

UPCOMING CHANGES TO THE NURSING FACILITY ASSESSMENT REQUIREMENTS

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Conditions of participation for nursing facilities accepting Medicare or Medicaid beneficiaries were recently updated as part of new rules implementing CMS' minimum staffing requirements. The facility assessment requirement is now located at 42 CFR 483.71 and was updated to require:

- “Day to Day Operations” include “nights and weekends”;
- Facilities must evaluate the care required by their resident populations “using evidenced based, data-driven methods” ensuring they take into account not just physical needs but behavioral health needs also, and consistent with and informed by individual resident assessments required by § 483.20;
- Consideration of staffing needs must include not just staff competency but also staff “skill sets”;
- Facilities must now ensure active involvement in the assessment process of (i) nursing home leadership and management, including but not limited to a member of the governing body, the medical director, an administrator and the director of nursing; and (ii) direct care staff, including but not limited to RNs, LPNs, VPNs, NAs, and representatives of the direct care staff, if applicable;
- Facilities must solicit and consider in their assessments input received from residents, resident representatives and family members;
- The facility assessment must be used to inform staffing decisions to ensure there are a sufficient number of staff with appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care, and consider specific staffing needs for each resident unit and for each shift and adjust as necessary based on any changes to its resident population;
- The facility assessment must also be used to develop and maintain a plan to maximize recruitment and retention of direct care staff and inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to the availability of direct care nursing staffing or other resources needed for resident care.

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