

CMS ISSUES PROPOSED RULE REVISING LONG-TERM CARE FACILITY REQUIREMENTS

Health Alert
July 17, 2015

On July 16, 2015, the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) issued a proposed rule to revise the requirements long-term care facilities must meet to participate in the Medicare and Medicaid programs. The text of the proposed rule, the first major change in the long-term care regulations since 1991, is available online here. Comments on the proposed rule are due **September 14, 2015**.

The proposed rule adds new requirements, reorganizes existing requirements, and makes other extensive changes. Some of the new sections relate to facility responsibilities for protecting resident rights and enhancing quality of life; requirements for comprehensive person-centered care planning; changes relating to behavioral health service and laboratory, radiology, and other diagnostic services; requirements for Quality Assurance and Performance Improvement (QAPI) and Compliance and Ethics Programs; and staff training requirements. Other requirements relate to electronic medical records, roommate choice, and arbitration agreements, and among many other issues.

Given the scope of the proposed changes, the impact of the proposed rule will be significant. If finalized, CMS estimates that the cost to comply will be \$729,495,614 in year one, or \$46,491 per facility, and \$638,386,760 in year two and thereafter, or \$40,685 per facility.

CMS is seeking comments on the scope and type of changes in the proposed rule, potential unintended consequences, and an appropriate timeframe for implementation. Long-term care providers should review the proposed rule carefully, evaluate its potential impact, and consider whether to submit written comments in advance of the September 14, 2015, deadline.

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