

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities: Annotated Table of Contents

The purpose of this document is to help readers navigate through the final rule. We have inserted short descriptions of each section, with advice about how to use the section, a few additional contents sub-items, and page numbers based on the [official Federal Register publication](#). We will work toward creation of an index, so members may easily locate sections of the rule that address specific sub-topics.

Section	Page
I. Background	68688
A. Executive Summary	68688
1. Purpose	68688
2. Summary of the Major Provisions <i>This section provides one-paragraph summaries of each of the 23 sections covered by the new regulations. These summaries don't provide much substance, but they offer a snapshot of the final rule; they might provide a starting place for sharing basic information with board members/trustees, residents, families, community members, etc.</i>	68689
3. Summary of Costs and Benefits <i>Federal agencies are required by law to estimate the costs and benefits of the rules they issue. Skip this and see section VI (Regulatory Impacts) for more detailed information.</i>	68690
B. Statutory and Regulatory Authority of the Requirements for Long-Term Care Facilities <i>This section provides a brief explanation of CMS's authority to issue the rules. Low value except for citations to federal statutes that mandated certain requirements.</i>	68690
C. Why revise the LTC requirements? <i>These pages provide high-level policy rationales for the new rules. They are worth reading and provide a useful frame for understanding CMS's broad goals.</i>	68691
<p>II. Provisions of the Proposed Regulation and Responses to Public Comments <i>The following sections (II.A. – II.Z.) generally break down into three parts:</i></p> <ul style="list-style-type: none"> ✓ <i>A summary of what CMS <u>proposed</u> in the draft rule published in July 2015. <u>Value</u>: refreshes your memory of what you read last summer.</i> ✓ <i>A recitation of the public comments it received in response to its proposal and CMS's responses to those comments; the responses explain whether CMS did or did not choose to change the proposed rule based on the comment(s) and/or whether it will address the comment through interpretive guidelines or survey and certification letters (what it calls 'sub-regulatory guidance') or future rule-making. <u>Value</u>: In some of its responses, CMS provides an explanation for what intends or how it interprets a specific requirement.</i> ✓ <i>A condensed list of modifications CMS decided to make to its proposed rule. <u>Value</u>: provides a snapshot of how the final rule differs from the proposed rule on a specific topic; this is useful if you have detailed knowledge of the proposed rule in general, or if you commented on a specific issue and want to know where CMS landed on that issue.</i> <p><i>You will not find the actual, final regulatory language neatly presented in any of these sections.</i></p>	

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A. General Comments	68692
B. Implementation Date <i>This section includes a key table that lists what requirements are effective in Phase 1 (11.28.16), Phase 2 (11.28.17) and Phase 3 (11.28.19). See p. 68696.</i>	68695
C. Basis and Scope (§ 483.1)	68698
D. Definitions (§ 483.5)	68698
E. Resident Rights (§ 483.10) <i>CMS has combined proposed sections 483.10 and 483.11 into one section that will be numbered 483.10. It is important to read sections II.E. and II.F. together.</i>	68702
F. Facility Responsibilities (§ 483.11) <i>CMS has combined proposed sections 483.10 and 483.11 into one section that will be numbered 483.10. It is important to read sections II.E. and II.F. together.</i>	68704
G. Freedom From Abuse, Neglect, and Exploitation (§ 483.12)	68726
H. Transitions of Care (§ 483.15) <i>This section is actually headed “H. Admission, Transfer and Discharge Rights”</i>	68729
I. Resident Assessments (§ 483.20)	68736
J. Comprehensive Resident-Centered Care Planning (§ 483.21)	68737
K. Quality of Care and Quality of Life (§ 483.25)	68745
L. Physician Services (§ 483.30)	68752
M. Nursing Services (§ 483.35)	68753
N. Behavioral Health Services (§ 483.40)	68759
O. Pharmacy Services (§ 483.45)	68765
P. Laboratory, Radiology, and Other Diagnostic Services (§ 483.50)	68774
Q. Dental Services (§ 483.55)	68775
R. Food and Nutrition Services (§ 483.60)	68776
S. Specialized Rehabilitative Services (§ 483.65)	68781
T. Outpatient Rehabilitative Services (§ 483.67)	68783
U. Administration (§ 483.70)	68784
V. Quality Assurance and Performance Improvement (§ 483.75)	68802
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Y. Physical Environment (§ 483.90)	68816

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Z. Training Requirements (§ 483.95)	68819
<p>III. Provisions of the Final Regulations</p> <p><i>You might think this is where you will find the actual, final regulatory language neatly presented - but it's not. This section lists all of the revisions CMS is making based on public comments; in other words, it's a complete listing of how the final rule differs from the proposed rule issued in July 2015. This is useful if you have detailed knowledge of the proposed rule in general, or if you commented on a specific issue and want to know where CMS landed on that issue.</i></p>	68822
<p>IV. Long-Term Care Facilities Crosswalk</p> <p><i>This is a table showing the cross-references between the current regulatory sections and the new regulatory sections. Since CMS is renumbering and reordering many of the current rules (in addition to revising them), this table will be helpful.</i></p>	68825
<p>V. Collection of Information Requirements</p> <p><i>This section and the following section VI describe how CMS evaluated and estimated the burden/impact of these requirements on providers, including public comments about those issues and CMS responses. The potential value here would be to provide suggested frameworks for estimating the time and cost your organization may expend to comply with the new requirements.</i></p>	68831
<p>VI. Regulatory Impact Analysis</p> <p><i>See comment at Section V above.</i></p>	68836
<p>Final Regulatory Language</p> <p><i>It's not in the official CMS Table of Contents, but this is where you will find the actual, final regulatory language. Note that it does not provide a side-by-side comparison to the existing regulations.</i></p>	
<ul style="list-style-type: none"> • 42 CFR Parts 405, 431, and 447 	68847
<ul style="list-style-type: none"> • 42 CFR Part 482 – Conditions of Participation for Hospitals (hospital providers of swing beds) 	68847
<ul style="list-style-type: none"> • 42 CFR Part 483 – Conditions of Participation for States and Long-Term Care Facilities 	68847-68871
<ul style="list-style-type: none"> • 42 CFR Part 485 – Critical Access Hospital providers of swing bed services 	68871
<ul style="list-style-type: none"> • 42 CFR Part 488 – Survey, Certification and Enforcement Procedures 	68871
<ul style="list-style-type: none"> • 42 CFR Part 489 – Provider Agreements and Supplier Approval 	68872