

- their rights to current or future enrollment in Medicare or Medicaid
- claims of liability against the facility for loss of personal property
- Requirements or requests for a third party guarantee of payment as a condition of admission or expedited admission.
- Requirements for payment for services which are covered under Medicaid as a condition of admission, or continued stay.

In addition, if the facility has any special characteristics or service limitations, review the admissions package to determine if they are and have been disclosed to residents and their representative prior to admission. For composite distinct part facilities, determine if the facility discloses and has disclosed its various locations that make up the composite distinct parts and its policies for room changes between its different locations.

For concerns regarding a facility charging for services that may be covered by the State Medicaid plan, surveyors are expected to review State covered services. Compare with the list of items for which the facility charges to determine if the facility is charging for covered services.

Interviews

Ask resident and/or their representative if there were any preconditions or requirements for admission, such as a third party guarantee of payment, or requests for gifts, money, donations or other considerations.

Ask resident and/or their representative if there were any other preconditions or requirements, or limitations in care that they did not expect or know about prior to admission.

Ask resident and/or their representative if they were required to waive:

- Their rights to Medicare or Medicaid, or future enrollment in either; and/or
- Claims of liability against the facility for loss of personal property.

Interview staff about information that is provided to potential residents to help them make informed decisions.

F621

(Rev. 229; Issued: 04-25-25; Effective: 04-25-25; Implementation: 04-28-25)

§483.15(b) Equal access to quality care.

§483.15(b)(1) A facility must establish, maintain and implement identical policies and practices regarding transfer and discharge, as defined in §483.5 and the provision of services for all individuals regardless of source of payment, consistent with §483.10(a)(2);

§483.15(b)(2) The facility may charge any amount for services furnished to non-Medicaid residents unless otherwise limited by state law and consistent with the notice requirement in §483.10(g)(18)(i) and (g)(4)(i) describing the charges; and

§483.15(b)(3) The State is not required to offer additional services on behalf of a resident other than services provided in the State plan.

§483.15(c)(9) Room changes in a composite distinct part. Room changes in a facility that is a composite distinct part (as defined in § 483.5) are subject to the requirements of § 483.10(e)(7) and must be limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another of the composite distinct part's locations.

DEFINITIONS

“Composite Distinct Part”: A composite distinct part is a distinct part consisting of two or more noncontiguous components that are not located within the same campus, as defined in §413.65(a)(2) of this chapter. Additional requirements specific to SNF/NF composite distinct parts are found at §483.5.

“Campus”: Campus is defined in §413.65(a)(2) and means the physical area immediately adjacent to the provider's main buildings, other areas and structures that are not strictly contiguous to the main buildings but are located within 250 yards of the main buildings, and any other areas determined on an individual case basis, by the CMS *location*, to be part of the provider's campus.

“Distinct Part”: A distinct part SNF or NF is physically distinguishable from the larger institution or institutional complex that houses it, meets the requirements of this paragraph and of paragraph (b)(2) of this section, and meets the applicable statutory requirements for SNFs or NFs in sections 1819 or 1919 of the Act, respectively. A distinct part SNF or NF may be comprised of one or more buildings or designated parts of buildings (that is, wings, wards, or floors) that are: In the same physical area immediately adjacent to the institution's main buildings; other areas and structures that are not strictly contiguous to the main buildings but are located within close proximity of the main buildings; and any other areas that CMS determines on an individual basis, to be part of the institution's campus. A distinct part must include all of the beds within the designated area, and cannot consist of a random collection of individual rooms or beds that are scattered throughout the physical plant. The term “distinct part” also includes a composite distinct part that meets the additional requirements of paragraph (c) of this section. Additional requirements specific to SNF/NF distinct parts are found at §483.5.

INTENT

To ensure residents are treated equally regarding transfer, discharge, and the provision of services, regardless of their payment source.

GUIDANCE

All services, including but not limited to nursing services, specialized rehabilitative services, behavioral health services, social services, dietary services, and pharmacy services, or activities, that are mandated by the law must be provided to residents according to their individual needs, as determined by assessments and care plans. “Identical policies and practices” concerning services means that facilities must not distinguish between residents based on their source of payment when providing services that are required to be provided under the law.

Notice Requirements for Changes to Medicare/Medicaid Coverage

Facilities must inform each resident in writing before or at admission, and periodically during their stay, such as when a change in coverage occurs, of the facility’s available services and associated costs. The facility may charge any amount for services furnished to non- Medicaid residents unless otherwise limited by state law. Section §483.10(f)(11) and F571 provide additional information regarding services and charges for which a facility may or may not charge the resident. Pursuant to §483.10(g)(18)(i) and F582, the facility must provide notice of changes in coverage for services to residents as soon as is reasonably possible.

Facility Requirements Regarding Room Changes in a Composite Distinct Part

If a facility does not have a composite distinct part this provision does not apply. If there are concerns as to whether or not a facility meets the requirements for a distinct or composite distinct part of a larger institution or institutional complex, consult with the CMS *location* for clarification.

Room changes within either a composite distinct part SNF or a distinct part SNF are subject to the requirements at §483.10(e)(7) and F560, which address the resident’s right to refuse transfer/room change. For concerns regarding the resident’s right to refuse such a transfer or room change, refer to §483.10(e)(7) and F560.

PROBES

Determine if residents are grouped in separate wings or floors for reasons other than care needs, and if the quality of care is different between the different wings/floors.

Ask nursing home administrator, social worker, charge nurses, unit managers, and/or Director of Nursing:

- What factors led to decisions to place residents in different wings or floors (or locations if a SNF composed of composite distinct parts)?
- Do factors other than medical and nursing needs affect where residents are placed?