

§ 482.66

42 CFR Ch. IV (10–1–03 Edition)

that they are immediately available or a satisfactory agreement must be established for transferring patients to a general hospital that participates in the Medicare program.

(d) *Standard: Nursing services.* The hospital must have a qualified director of psychiatric nursing services. In addition to the director of nursing, there must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide nursing care necessary under each patient's active treatment program and to maintain progress notes on each patient.

(1) The director of psychiatric nursing services must be a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent from a school of nursing accredited by the National League for Nursing, or be qualified by education and experience in the care of the mentally ill. The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.

(2) The staffing pattern must insure the availability of a registered professional nurse 24 hours each day. There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each patient's active treatment program.

(e) *Standard: Psychological services.* The hospital must provide or have available psychological services to meet the needs of the patients.

(f) *Standard: Social services.* There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished. The services must be furnished in accordance with accepted standards of practice and established policies and procedures.

(1) The director of the social work department or service must have a master's degree from an accredited school of social work or must be qualified by education and experience in the social services needs of the mentally ill. If the director does not hold a masters

degree in social work, at least one staff member must have this qualification.

(2) Social service staff responsibilities must include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of appropriate, information with sources outside the hospital.

(g) *Standard: Therapeutic activities.* The hospital must provide a therapeutic activities program.

(1) The program must be appropriate to the needs and interests of patients and be directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.

(2) The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program.

[51 FR 22042, June 17, 1986; 51 FR 27848, Aug. 4, 1986]

§ 482.66 Special requirements for hospital providers of long-term care services ("swing-beds").

A hospital that has a Medicare provider agreement must meet the following requirements in order to be granted an approval from CMS to provide post-hospital extended care services, as specified in § 409.30 of this chapter, and be reimbursed as a swing-bed hospital, as specified in § 413.114 of this chapter:

(a) *Eligibility.* A hospital must meet the following eligibility requirements:

(1) The facility has fewer than 100 hospital beds, excluding beds for newborns and beds in intensive care type inpatient units (for eligibility of hospitals with distinct parts electing the optional reimbursement method, see § 413.24(d)(5) of this chapter).

(2) The hospital is located in a rural area. This includes all areas not delineated as "urbanized" areas by the Census Bureau, based on the most recent census.

(3) The hospital does not have in effect a 24-hour nursing waiver granted under § 488.54(c) of this chapter.

(4) The hospital has not had a swing-bed approval terminated within the two years previous to application.

(b) *Skilled nursing facility services.* The facility is substantially in compliance with the following skilled nursing facility requirements contained in subpart B of part 483 of this chapter.

(1) Resident rights (§ 483.10 (b)(3), (b)(4), (b)(5), (b)(6), (d), (e), (h), (i), (j)(1)(vii), (j)(1)(viii), (l), and (m)).

(2) Admission, transfer, and discharge rights (§ 483.12 (a)(1), (a)(2), (a)(3), (a)(4), (a)(5), (a)(6), and (a)(7)).

(3) Resident behavior and facility practices (§ 483.13).

(4) Patient activities (§ 483.15(f)).

(5) Social services (§ 483.15(g)).

(6) Discharge planning (§ 483.20(e)).

(7) Specialized rehabilitative services (§ 483.45).

(8) Dental services (§ 483.55).

[51 FR 22042, June 17, 1986; 51 FR 27848, Aug. 4, 1986, as amended at 51 FR 34833, Sept. 30, 1986; 54 FR 37275, Sept. 7, 1989; 56 FR 54546, Oct. 22, 1991; 59 FR 45403, Sept. 1, 1994; 65 FR 47052, Aug. 1, 2000]

PART 483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

Subpart A [Reserved]

Subpart B—Requirements for Long Term Care Facilities

Sec.

483.1 Basis and scope.

483.5 Definitions.

483.10 Resident rights.

483.12 Admission, transfer and discharge rights.

483.13 Resident behavior and facility practices.

483.15 Quality of life.

483.20 Resident assessment.

483.25 Quality of care.

483.30 Nursing services.

483.35 Dietary services.

483.40 Physician services.

483.45 Specialized rehabilitative services.

483.55 Dental services.

483.60 Pharmacy services.

483.65 Infection control.

483.70 Physical environment.

483.75 Administration.

Subpart C—Preadmission Screening and Annual Review of Mentally Ill and Mentally Retarded Individuals

483.100 Basis.

483.102 Applicability and definitions.

483.104 State plan requirement.

483.106 Basic rule.

483.108 Relationship of PASARR to other Medicaid processes.

483.110 Out-of-State arrangements.

483.112 Preadmission screening of applicants for admission to NFs.

483.114 Annual review of NF residents.

483.116 Residents and applicants determined to require NF level of services.

483.118 Residents and applicants determined not to require NF level of services.

483.120 Specialized services.

483.122 FFP for NF services.

483.124 FFP for specialized services.

483.126 Appropriate placement.

483.128 PASARR evaluation criteria.

483.130 PASARR determination criteria.

483.132 Evaluating the need for NF services and NF level of care (PASARR/NF).

483.134 Evaluating whether an individual with mental illness requires specialized services (PASARR/MI).

483.136 Evaluating whether an individual with mental retardation requires specialized services (PASARR/MR).

483.138 Maintenance of services and availability of FFP.

Subpart D—Requirements That Must Be Met by States and State Agencies: Nurse Aide Training and Competency Evaluation; and Paid Feeding Assistants

483.150 Statutory basis; Deemed meeting or waiver of requirements.

483.151 State review and approval of nurse aide training and competency evaluation programs and competency evaluation programs.

483.152 Requirements for approval of a nurse aide training and competency evaluation program.

483.154 Nurse aide competency evaluation.

483.156 Registry of nurse aides.

483.158 FFP for nurse aide training and competency evaluation.

483.160 Requirements for training of paid feeding assistants.

Subpart E—Appeals of Discharges, Transfers, and Preadmission Screening and Annual Resident Review (PASARR) Determinations

483.200 Statutory basis.

483.202 Definitions.

483.204 Provision of a hearing and appeal system.