

Long-Term Care Survey Alert

News Briefs: Survey & Clinical News To Use

Are you following the revised rules spelling out when physician extenders may certify/recertify Medicare SNF care? Nurse practitioners and clinical nurse specialists may sign Medicare SNF certification/recertification paperwork, as long as they aren't employed by the facility - and if state law permits.

That's according to a Nov. 13 letter from the **Centers for Medicare & Medicaid Services** to state survey agency directors (S&C-04-08). But a physician assistant may not sign, regardless of his employment status, which is a shift from CMS' earlier stand. By contrast, PAs, NPs and CNSs may sign cert/recert documents in Medicaid-certified nursing facilities (or for Medicaid residents in a dually certified facility), regardless of whether they are on the facility's payroll, if state law permits.

The letter also spells out when physician extenders can perform initial comprehensive visits/orders and other visits/orders for Medicare as opposed to Medicaid residents. For example, only physicians may perform the initial comprehensive visit/orders for Medicare residents. The letter, which replaces one issued in April (S&C-03-18), is available at www.cms.hhs.gov/medicaid/survey-cert/sc0408.pdf. **Tip:** To stay on track, print and use the handy chart that clearly explains who can do what and when for Medicare versus Medicaid residents.

Get ready for a new CMS chief. Tom Scully has confirmed that he will step down as CMS administrator on Dec. 15. At press time, an interim replacement had not been named. Scully cited implementation of the CMS Nursing Home Quality Initiative as one of his major accomplishments (see story on the NHQI, p. 2).

Make sure you're posting your nursing facility's staffing information in a conspicuous place. Cindy Graunke, director of CMS' division of nursing homes, reiterated that requirement during a policy update at the **American Health Care Association's** 2003 annual conference in San Diego. Effective January 2003, facilities are supposed to post daily the number of FTEs for licensed and unlicensed direct-care staff each shift. "At this point, surveyors have been directed to observe whether the information is posted," Graunke told AHCA attendees, "but they are not asked to audit any of the information on the notice." CMS plans to issue a proposed rule, probably by the end of January, that should shed some light on the staff posting requirement, such as how the agency defines direct care, Graunke reported.

Consider including short-term memory loss and depression on your list of fall risk indicators. Short-term memory loss is not uncommon in the elderly - and it is also one of the risk factors for accidental falls. So are depressive symptoms, the need for transfer assistance, urinary incontinence and the use of trunk restraints. Those are the findings

of a German study looking at fall risks in institutionalized frail elderly. Nurses could easily use the fall risk indicators to assess residents for their propensity to fall, the researchers maintain.

The study is reported in a recent issue of the American Journal of Epidemiology.