

RELATIONS WITH STANDARD-SETTING AND SURVEY AGENCIES

Designated Agency

The Georgia Department of Human Resources establishes and maintains standards for health, and standards other than those relating to health, for institutions that provide services to Medicaid recipients. This Department is responsible for licensing health institutions in the State and determines for Medicaid if institutions meet requirements for participation in the Medicaid Program.

Standards

Categories of health and other standards which institutions must meet are described below.

Long Term Care Facilities

Facilities must meet Medicare conditions of participation at 42 CFR 405 Subpart K and requirements at 42 CFR 442 Subparts A through G, as appropriate to the facility type.

**SNF Nursing Service:** Nursing service must be under the direction of an appropriately licensed full-time nurse. There must be supervised nursing and sufficient nursing staff on duty at all times to provide care for each patient according to needs. All nursing care and related services must be carried out in accordance with the facility's patient care policies.

**ICF Personal Care Service:** An appropriately licensed nurse must be employed full-time as supervisor of care. Sufficient staff must be on duty at all times to insure proper care of each resident. All resident care and related services must be carried out according to written policies.

**SNF Professional Service:** Each facility must have an organized professional staff with a physician designated as chief of staff. Patients are admitted only on referral of a physician and are under the continuing care of a physician. Patients' plans of care are reviewed by the attending physician as directed by Federal and State requirements.

**ICF Professional Service:** Residents are admitted only through medical/psychological evaluation and referral. The health care of each resident is under continuing supervision of a physician who sees the resident as needed and in no case less often than directed by Federal and State agency requirements.

Long term care facilities must

Have a governing body which is responsible for the overall conduct of the facility and for compliance with pertinent laws and regulations.

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APPROVED 3-29-85  
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Be under the supervision of an appropriately licensed administrator.

Fully disclose ownership and make known to the State corporate officers and others owning ten percent or more of the ownership.

Satisfy fire, safety, sanitation and health requirements.

Have a written transfer agreement in effect with one or more hospitals or nursing homes, as appropriate, to assure prompt transfer of care when needed.

Be operated according to policies established by the State agency.

Maintain a separate personnel folder for each employee containing all personal information; application and qualifications for employment; physical examination and job title assigned.

Provide dietary service under supervision of qualified personnel. Nutritionally adequate meals are required in sufficient numbers with between-meal and bedtime snacks. Modified diets are provided on written orders of a physician or dentist.

Provide social services by on-staff caseworkers or through arrangements with an appropriate outside agency.

Comply with State and Federal laws and regulations in providing pharmacy services and in handling patient medication.

Provide care to each patient/resident according to need and the individual plan of care.

Have an effective microbial and infection control program.

Use restraint and/or forcible seclusion only on a signed physician order except in emergency and then only until a physician can be consulted.

Maintain medical and health records for each patient/resident according to accepted professional standards and practices.

Provide patient activities according to the needs and interests of patients/residents.

Be constructed, equipped and maintained to protect the health and safety of patients, personnel and the public and be accessible to and functional for the physically handicapped.

Have a written, acceptable disaster plan.

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## Hospitals must

Meet conditions of participation in the Medicare Program as provided at 42 CFR 405 Subpart J.

Have a governing body which is responsible for compliance with all pertinent laws and regulations.

Have a professional staff organized under bylaws which is responsible for quality of medical care provided and for ethical professional practices of its members.

Have an administrator who is responsible for the management and operation of the hospital.

Fully disclose ownership and make known to the State corporate officers and others owning ten percent or more of ownership.

Comply with all laws, codes, ordinances and regulations which apply to its location, construction, maintenance and operation. The condition of the physical plant and overall hospital environment must be developed and maintained to insure health and safety of patients and staff.

Provide nursing service under the supervision of a registered nurse and have available professional nursing service for all patients at all times.

Provide qualified personnel to operate services included in its program such as administration and business, dietary, emergency room, housekeeping, laboratory, laundry, maintenance, medical records, pharmacy, therapy and x-ray.

Maintain a separate personnel folder for each employee containing all personal information; application; qualifications for employment; physical examination and job description.

Maintain medical records for each patient containing sufficient information to validate the diagnosis and establish the basis for treatment.

Provide pharmaceutical services under the direction of a registered pharmacist in accordance with Federal and State laws.

Have a clinical laboratory equipped and staffed to perform services commensurate with needs.

Make available anatomical pathology and blood bank services in the facility or by arrangement.

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APPROVED 3-29-85  
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Provide radiological services within the facility or which are readily available by arrangement.

Have a written, acceptable disaster plan.

The Department keeps these standards on file and makes them available to HHS on request.

#### Written Agreement

The Department has a written agreement with the Department of Human Resources covering activities of the Office of Regulatory Services in carrying out its responsibilities. The agreement specifies that Federal standards and designated forms, methods and procedures will be used to determine institutional certification and enrollment eligibility.

Inspectors surveying the institution will complete inspection reports, note whether each requirement is satisfied and document deficiencies in reports.

The survey agency keeps on file all information/reports used to determine that participating facilities meet Federal requirements and will make them readily accessible to HHS and Medicaid as necessary for meeting other Plan requirements and effective administration of the Medicaid Program.

#### Responsibilities of Survey Agency

In certifying skilled and intermediate care facilities, the survey agency reviews and evaluates medical and independent professional review team reports and statements from facility payroll records showing the average number and types of personnel, in full-time equivalents, on each tour of duty during at least one week of each quarter.

The survey agency takes necessary action to achieve compliance or withdraws certification and has qualified personnel perform on-site inspections at least once during each certification period or more frequently if there is a compliance question. For ICFs with deficiencies described in 42 CFR 442.112-113, on-site inspections are performed within six months after initial correction plan approval and every six months thereafter as required.

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