

42 CFR 483.1

This section is current through the March 20, 2014 issue of the Federal Register

Code of Federal Regulations > TITLE 42-- PUBLIC HEALTH > CHAPTER IV-- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES > SUBCHAPTER G-- STANDARDS AND CERTIFICATION > PART 483-- REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES > SUBPART B-- REQUIREMENTS FOR LONG TERM CARE FACILITIES

§ 483.1 Basis and scope.

- (a) Statutory basis. (1) Sections 1819 (a), (b), (c), and (d) of the Act provide that --
- (i) Skilled nursing facilities participating in Medicare must meet certain specified requirements; and
 - (ii) The Secretary may impose additional requirements (see section 1819(d)(4)(B)) if they are necessary for the health and safety of individuals to whom services are furnished in the facilities.
- (2) Section 1861(l) of the Act requires the facility to have in effect a transfer agreement with a hospital.
- (3) Sections 1919 (a), (b), (c), and (d) of the Act provide that nursing facilities participating in Medicaid must meet certain specific requirements.
- (b) Scope. The provisions of this part contain the requirements that an institution must meet in order to qualify to participate as a SNF in the Medicare program, and as a nursing facility in the Medicaid program. They serve as the basis for survey activities for the purpose of determining whether a facility meets the requirements for participation in Medicare and Medicaid.

Statutory Authority

AUTHORITY NOTE APPLICABLE TO ENTIRE PART:

Secs. 1102, 1128I and 1871 of the Social Security Act ([42 U.S.C. 1302](#), 1320a-7j, and 1395hh).

History

[56 FR 48867, Sept. 26, 1991, as amended at 57 FR 43924, Sept. 23, 1992; [60 FR 50439, 50443](#), Sept. 29, 1995]

Annotations

Case Notes

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Case Notes Applicable to Entire Part

Healthcare Law : Actions Against Facilities : Facility Liability : Nursing Facilities

Public Health & Welfare Law : Healthcare : Services for Disabled & Elderly Persons : Care Facilities :

Public Health & Welfare Law : Social Security : Medicaid : General Overview

Public Health & Welfare Law : Social Security : Medicaid : Providers : General Overview

Public Health & Welfare Law : Social Security : Medicaid : Providers : Payments & Reimbursements : General Overview

Public Health & Welfare Law : Social Security : Medicaid : Providers : Payments & Reimbursements :

Public Health & Welfare Law : Social Security : Medicare : General Overview
Public Health & Welfare Law : Social Security : Medicare : Appeals Process & Judicial Review
Public Health & Welfare Law : Social Security : Medicare : Providers : General Overview
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Case Notes Applicable to Entire Part

[Part Note](#)

Healthcare Law : Actions Against Facilities : Facility Liability : Nursing Facilities

[Omni Manor Nursing Home v. Thompson, 2005 U.S. App. LEXIS 22019](#) (6th Cir Oct. 11, 2005) (Unpublished).

Overview: Court upheld civil penalty imposed under [42 C.F.R. § 483.20\(k\)\(3\)\(i\) \(2001\)](#) for failure to comply with Medicare/Medicaid regulations. Agency's interpretation of "professional standard of quality" applicable to nursing home's cardiopulmonary resuscitation procedures was not new rule subject to notice and comment requirements of [5 U.S.C.S. § 553](#).

- A nursing home that participates in the federal Medicare and Medicaid programs must be in "substantial compliance" with all federal requirements for skilled nursing homes in § 1819 ([42 U.S.C.S. § 1395i-3\(a\)-\(d\)](#)) of the Social Security Act, and corresponding regulations, [42 C.F.R. §§ 483.1-.75](#). Facilities that contract with the Secretary of Health and Human Services are periodically inspected by state health agencies to ensure compliance with federal regulations. [42 U.S.C.S. §§ 1395aa, 1395i-3\(g\)](#); [42 C.F.R. § 488.20](#). The Ohio Department of Health is such a facility. *Go To Headnote*

[Northern Health Facilities, Inc. v. United States, 39 F. Supp. 2d 563, 1998 U.S. Dist. LEXIS 20288](#) (D Md Dec. 28, 1998).

Overview: A nursing facility was denied a restraining order against the termination of its Medicare funding where the government had the authority to terminate the facility's funding.

- To be certified under the Medicare program, a facility must be in substantial compliance with various requirements set forth in [42 U.S.C.S. § 1395i-3 \(b\)-\(d\)](#), and in the federal regulations found in [42 C.F.R. § 483.1](#) et seq. *Go To Headnote*

Public Health & Welfare Law : Healthcare : Services for Disabled & Elderly Persons : Care Facilities :

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Public Health & Welfare Law : Social Security : Medicaid : General Overview

[Forum Healthcare Group, Inc. v. Ctrs. for Medicare & Medicaid Servs.](#), 495 F. Supp. 2d 1321, 2007 U.S. Dist. LEXIS 51985 (ND Ga July 11, 2007).

Overview: *Court lacked jurisdiction to (1) address plaintiffs' claim for an injunction as they had not adequately supported a traditional injunction claim as they failed to identify any cause of action or independent legal right defendants violated, and (2) consider case concerning Medicare and Medicaid benefits as administrative remedies were not exhausted.*

- The Medicare Act, established under Title XVIII of the Social Security Act, [42 U.S.C.S. § 1395](#) et seq., is a federal program designed to provide health insurance for aged and disabled persons. [42 U.S.C.S. §§ 1395c](#), 1395d. The Medicaid Act, established under Title XIX of the Social Security Act, [42 U.S.C.S. § 1396](#) et seq., is a joint program funded by both the federal and state governments designed to provide medical assistance to certain persons in need. The Medicaid Act is administered by the individual states that choose to participate in the program. If a state participates in the program, the state must comply with the requirements of the Medicaid Act and its implementing regulations. [42 U.S.C.S. § 1396a](#); 42 C.F.R. § 430. The Medicare and Medicaid programs both authorize the payment of federal funds to reimburse nursing facilities for certain services provided to their residents. To qualify for reimbursement, a facility must be certified to participate in the programs. To be certified under the Medicare program, a facility must comply with various requirements set forth at [42 U.S.C.S. § 1396r](#)(b)-(d) and the federal regulations found in [42 C.F.R. § 483.1](#) et seq. To be certified to participate in the Medicaid program, a facility must comply with various requirements set forth at [42 U.S.C.S. § 1396r](#)(b)-(d) and the federal regulations found in [42 C.F.R. § 442.1](#) et seq. [Go To Headnote](#)

[Libbie Rehabilitation Ctr. v. Shalala](#), 26 F. Supp. 2d 128, 1998 U.S. Dist. LEXIS 17435 (DDC Oct. 30, 1998).

Overview: *It was appropriate to issue a preliminary injunction to restrain the government from terminating a nursing facility's Medicare and Medicaid contracts where there was a strong likelihood that the facility would soon be found to be in compliance.*

- Facilities that receive payments from the Medicare and Medicaid programs must be certified pursuant to federal regulations set forth in [42 C.F.R. § 483.1](#) et seq. (Medicare) and [42 C.F.R. § 442.1](#) et seq. (Medicaid). The facilities are surveyed periodically by state agencies which make findings and recommendations to the Secretary of the United States

Department of Health and Human Services regarding each facility's compliance with the regulations. The Virginia Department of Health is the designated state survey agency for the state of Virginia. [Go To Headnote](#)

Public Health & Welfare Law : Social Security : Medicaid : Providers : General Overview

[Somerset Nursing & Rehab. Facility v. United States HHS, 2012 U.S. App. LEXIS 21795](#) (6th Cir Oct. 18, 2012) (Unpublished).

Overview: *Substantial evidence supported a finding that a nursing facility violated Medicare regulations, [42 C.F.R. § 483.13](#), by failing to implement methods to protect female residents from unsolicited sexual advances by a male resident. A civil monetary penalty ran from the time when it became apparent that the facility's methods were ineffective.*

- The United States Department of Health and Human Services Departmental Appeals Board has consistently interpreted the regulations under [42 C.F.R. § 483.1](#) et seq. to mean that an administrative law judge is not mandated to address each and every deficiency found in a survey, and it may choose to address only those deficiencies that have a material impact on the outcome of the dispute. It is neither arbitrary nor capricious for the agency to conclude that, in the interests of judicial economy, it will review only those deficiencies that have a material impact on the outcome of the dispute. [Go To Headnote](#)

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Public Health & Welfare Law : Social Security : Medicaid : Providers : Payments & Reimbursements : General Overview

[Claiborne-Hughes Health Ctr. v. Sebelius, 609 F.3d 839, 2010 U.S. App. LEXIS 13126](#) (6th Cir June 25, 2010).

Overview: *Substantial evidence supported the imposition of sanctions against a nursing facility where it, inter alia, failed to notify a resident's family and doctor when there was a significant change in the resident's condition, and where its noncompliance with [42 C.F.R. § 483.10\(b\)\(11\)](#) put other residents in immediate jeopardy.*

- To be eligible for reimbursement for services provided to patients under the federal Medicare and Medicaid programs, skilled nursing facilities must comply with the requirements set forth in [42 U.S.C.S. § 1395i-3](#) and [42 C.F.R. § 483.1](#) et seq. To determine compliance, the Secretary of the United States Department of Health and Human Services contracts with state agencies to conduct inspections known as surveys. [42 C.F.R. § 488.10](#). During the surveys, the state agency records any noncompliance that it discovers and notes its severity. The severity categories range from the lowest, no actual harm with a potential for minimum harm, to the highest, noncompliance that causes immediate jeopardy to resident health or safety. Instances of noncompliance are called "deficiencies." § 488.404(b). *Go To Headnote*

Public Health & Welfare Law : Social Security : Medicaid : Providers : Payments & Reimbursements :

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Public Health & Welfare Law : Social Security : Medicare : Providers : Types : Nursing Facilities

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[Cmtly. Care, L.L.C. v. Leavitt, 477 F. Supp. 2d 751, 2007 U.S. Dist. LEXIS 13598](#) (ED LA Feb. 27, 2007), affirmed by [537 F.3d 546, 2008 U.S. App. LEXIS 16123](#) (5th Cir. La. 2008).

Overview: *Conclusion that company's skilled nursing facility (SNF) was a separate provider was supported by [42 U.S.C.S. § 1395x\(u\)](#) and [42 C.F.R. § 400.202](#), and thus, was not arbitrary or capricious; SNF's cost reporting period did not commence until it first admitted a Medicare patient, which was subsequent to the cutoff date for cost based reimbursement.*

- As a "provider of services" under the Medicare program, a skilled nursing facility (SNF) must meet certain specified requirements, as distinct from a hospital, with regard to provision of services, quality of care, and relationships with other providers. [42 C.F.R. § 483.1](#) et seq. Moreover, federal regulations explicitly provide that for purposes of Medicare, the SNF is always the entity that participates in the program for purposes of eligibility, coverage, certification, and payment. [42 C.F.R. § 483.5](#). Thus, the federal regulations support a finding that an SNF is a separate provider. [Go To Headnote](#)

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NOTES APPLICABLE TO ENTIRE CHAPTER:

[PUBLISHER'S NOTE: Nomenclature changes affecting Chapter IV appear at 45 FR 53806, Aug. 13, 1980; 50 FR 12741, Mar. 29, 1985; 50 FR 33034, Aug. 16, 1985; 51 FR 41338, Nov. 14, 1986; 53 FR 6634, Mar. 2, 1988; 53 FR 47201, Nov. 22, 1988; 56 FR 8852, Mar. 1, 1991; 66 FR 39450, 39452, July 31, 2001; 67 FR 36539, 36540, May 24, 2002; 77 FR 29002, 29028, May 16, 2012.]

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