

reside. relax. rehab.

Bethany
retirement *living*

Bethany on University:

172 Skilled Nursing

53 Basic Care

88 Assisted Living

Bethany on 42nd

117 Skilled Nursing

40 Assisted Living

Skilled Nursing federal regulations require the facility to provide or obtain from an outside resource, routine and emergency dental services. Regulations define routine services as “an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor dental plate adjustments, smoothing of broken teeth, and limited prosthodontics procedures, e.g. taking impressions for dentures and fitting dentures.” (See attached copies of regulation and surveyor guidance).

Bethany has contracted with Apple Tree dental to provide Oral Health Services. They serve as the Facility Oral Health Director in coordination with our staff. Apple Tree provides a dental hygienist to complete periodic oral health screenings for our residents. The screening includes preventive services with recommendations such as improved oral care or dental care services that might be needed. The periodic visits coincide with the oral health related assessments for the Minimum Data Set (MDS). Facility staff coordinates these visits. Any recommendations for additional dental services can be provided by Apple Tree or the resident’s primary dentist. Contracting for Oral Health Services allows us to access on-site Medical Assistance dental care from Apple Tree’s mobile dental clinic for our residents. Our contract with Apple Tree is based on a per resident/per month fee. The fee currently is \$5.25 per resident per month. The 42nd Street campus pays \$7,308 per year and University pays \$10,836 per year.

Fees paid to Apple Tree Dental, used by Bethany and many other LTC facilities, are for oral care assessment. Facilities are not paying for professional dental services, those are billed separately by the dental care provider. Bethany’s contract with Apple Tree Dental is primarily for the assessment of oral care needs.

reside. relax. rehab.

DHS has taken the position that the contract fees we pay for this service are not allowable expenses in determining facility rates. They have cited the Rate Setting Manual for Nursing Facilities, Section 12.22, "All costs for services paid directly by the department to an outside provider" as the reason for denying reimbursement of expenses.

In summary, unless we pay the \$5.25 per resident per month it would be very difficult, if not impossible, to access to Medical Assistance dental care for our MA skilled residents in Fargo.

In addition to the needs of our skilled nursing resident, Bethany at its University campus offers Basic Care as a living option. Our basic care program participates in ND Basic Care Assistance Program or BCAP, thereby admitting and serving residents who are medical assistance recipients. Although regulations do not specifically refer to dental care, regulations do require that we meet the needs of residents. Fortunately our Basic Care residents are able to be seen and treated by Appletree dental along with our skilled residents. At times our residents have had to wait to be seen as the skilled nursing residents have priority, due to regulations.

Joyce Linnerud Fowler
Senior Executive Housing & Assisted Living

F-TAG #	REGULATION	GUIDANCE TO SURVEYORS
<p>F411 cont.</p>	<p>§483.55(a) Skilled Nursing Facilities</p> <p>A facility—</p> <p>(1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident;</p> <p>(2) May charge a Medicare resident an additional amount for routine and emergency dental services;</p> <p>(3) Must if necessary assist the resident—</p> <p>(i) In making appointments; and</p> <p>(ii) By arranging for transportation to and from the dentist’s office; and</p> <p>(4) Promptly refer residents with lost or damaged dentures to a dentist.</p>	<p>For Medicare and private pay residents, facilities are responsible for having the services available, but they may impose an additional charge for the services.</p> <p>For all residents of the facility, if they are unable to pay for needed dental services, the facility should attempt to find an alternative funding source or alternative service delivery systems so that the resident is able to maintain his/her highest practicable level of well-being. (See §483.15(g).)</p> <p>The facility is responsible for selecting a dentist who provides dental services in accordance with professional standards of quality and timeliness under §483.75(h)(2).</p> <p>“Routine dental services” means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor dental plate adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g., taking impressions for dentures and fitting dentures.</p> <p>“Emergency dental services” includes services needed to treat an episode of acute pain in teeth, gums, or palate; broken, or otherwise damaged teeth, or any other problem of the oral cavity by a dentist that required immediate attention.</p> <p>“Prompt referral” means, within reason, as soon as the dentures are lost or damaged. Referral does not mean that the resident must see the dentist at that time, but does mean that an appointment (referral) is made, or that the facility is aggressively working at replacing the dentures.</p> <p>Probes: §483.55</p> <p>Do residents with dentures, selected for comprehensive or focused reviews, as appropriate, use them?</p> <p>Are residents missing teeth and possibly in need of dentures?</p> <p>Do sampled residents have problems eating and maintaining nutritional status because of poor oral health or oral hygiene?</p> <p>Are residents’ dentures intact? Proper fit?</p>

F-TAG #	REGULATION	GUIDANCE TO SURVEYORS
F412	<p>§483.55(b) Nursing Facilities</p> <p>The facility—</p> <p>(1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, the following dental services to meet the needs of each resident:</p> <ul style="list-style-type: none">(i) Routine dental services (to the extent covered under the State plan); and(ii) Emergency dental services; <p>(2) Must, if necessary, assist the resident—</p> <ul style="list-style-type: none">(i) In making appointments; and(ii) By arranging for transportation to and from the dentist's office; and <p>(3) Must promptly refer residents with lost or damaged dentures to a dentist.</p>	<p>Interpretive Guidelines §483.55(b)(1)(i)</p> <p>For Medicaid residents, the facility must provide the resident, without charge, all emergency dental services, as well as those <u>routine dental services</u> that are covered under the State plan.</p>

3

§ 483.55 Dental services.

The facility must assist residents in obtaining routine and 24-hour emergency dental care.

(a) Skilled nursing facilities. A facility

(1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident;

(2) May charge a Medicare resident an additional amount for routine and emergency dental services;

(3) Must if necessary, assist the resident—

- (i) In making appointments; and
- (ii) By arranging for transportation to and from the dentist's office; and

(4) Promptly refer residents with lost or damaged dentures to a dentist.

(b) Nursing facilities. The facility

(1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, the following dental services to meet the needs of each resident:

- (i) Routine dental services (to the extent covered under the State plan); and
- (ii) Emergency dental services;

(2) Must, if necessary, assist the resident—

- (i) In making appointments; and
- (ii) By arranging for transportation to and from the dentist's office; and

(3) Must promptly refer residents with lost or damaged dentures to a dentist.

[56 FR 48875, Sept. 26, 1991]

§ 483.60 Pharmacy services.

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

(b) Service consultation. The facility must employ or obtain the services of a licensed pharmacist who—

- (1) Provides consultation on all aspects of the provision of pharmacy services in the facility;
- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and
- (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

(c) Drug regimen review.

- (1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.
- (2) The pharmacist must report any irregularities to the attending physician and the director of nursing, and these reports must be acted upon.

(d) Labeling of drugs and biologicals.

Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

(e) Storage of drugs and biologicals.

- (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.