**Resident Rights**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Resident Rights**

| **Regulation:** | **Recommended Actions:** |
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| **“§483.10(a) Resident Rights.**  The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility,  **§483.10(a)(1)** A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident’s individuality. The facility must protect and promote the rights of the resident.  **§483.10(a)(2)** The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.” | * Review and update all resident rights policies and procedures, including updated definitions and language from Appendix PP * Review and update all resident rights postings * Review and update admission and discharge process and respective paperwork * Review and observe staff interactions and communications with residents (dignity, respect exercise of rights, preferences and needs) * Review and update orientation for all staff, agency staff, vendors and volunteers * Review and update new and ongoing training program to include resident rights education * Review and update resident’s life style and personal choices identified through their assessment processes to obtain a picture of his or her individual needs and preferences |
| **“§483.10(b) Exercise of Rights.**  The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.  **§483.10(b)(1)** The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.  **§483.10(b)(2)** The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.” | * Review and update all resident rights policies and procedures, including updated definitions and language from Appendix PP * Review and update all resident rights postings * Review and update admission and discharge process and respective paperwork * Review and observe staff interactions and communications with residents (dignity, respect exercise of rights, preferences and needs) * Review and update orientation for all staff, agency staff, vendors and volunteers * Review and update new and ongoing training program to include resident rights education * Review and interview residents on access to meet, space, attend meetings, ability to vote, participate in community at large * Review and update grievance policies and procedures |
| **“§483.10(b)(3)** In the case of a resident who has not been adjudged incompetent by the state court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident’s rights to the extent provided by state law. The same-sex spouse of a resident must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated.  (i) The resident representative has the right to exercise the resident’s rights to the extent those rights are delegated to the representative.  (ii) The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.  §483.10(b)(4) The facility must treat the decisions of a resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law.  §483.10(b)(5) The facility shall not extend the resident representative the right to make decisions on behalf of the resident beyond the extent required by the court or delegated by the resident, in accordance with applicable law.  §483.10(b)(6) If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and, in the manner, required under State law.  §483.10(b)(7) In the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident’s behalf. The court-appointed resident representative exercises the resident’s rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law.  (i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative’s authority.  (ii) The resident’s wishes and preferences must be considered in the exercise of rights by the representative.  (iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.” | * Review and update all resident rights policies and procedures, including updated definitions and language from Appendix PP * Review and update all guardianship and legal paperwork as well as HCPOA, DPOA for legal representative confirmation * Review and update admission and discharge process and respective paperwork * Review and update new and ongoing training program to include resident rights education to reflect roles and responsibilities of resident representatives * Review and update notification policies and procedures * Provide targeted training to IDT related to resident representative requirements, IDT role and participation of the resident * Verify resident representative, guardian or conservator documents and accessibility of the documentation in the medical record |
| **“§483.10(c)** Planning and Implementing Care.  The resident has the right to be informed of, and participate in, his or her treatment, including:  **§483.10(c)(1**) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.  **§483.10(c)(4)** The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.  **§483.10(c)(5**) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.” | * Review and update all resident rights policies and procedures, including updated definitions and language from Appendix PP * Review and update new and ongoing training program to include resident rights education to reflect roles and responsibilities of resident representatives * Review and update notification, base line care plan, care planning, assessment, social services and medical direction policies and procedures * Provide targeted update and training for all practitioners as well as Medical Director * Review and update notification policies and procedures |
| **“§483.10(c)(2) The right to participate in the development and implementation of his or her person-centered plan of care**, including but not limited to:  (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care.  (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care.  (iii) The right to be informed, in advance, of changes to the plan of care.  (iv) The right to receive the services and/or items included in the plan of care.  (v) The right to see the care plan, including the right to sign after significant changes to the plan of care.  **§483.10(c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right.** The planning process must—  (i) Facilitate the inclusion of the resident and/or resident representative.  (ii) Include an assessment of the resident’s strengths and needs.  (iii) Incorporate the resident’s personal and cultural preferences in developing goals of care.”  “§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate***.”*** | * Review policies to reflect inclusion of resident representative in all aspects of person-centered care planning and provision of services to enable the resident to live with dignity and supports the resident’s goals, choices, and preferences including, but not limited to, goals related to their daily routines and goals to potentially return to a community setting * Review and update all resident rights policies and procedures, including updated definitions and language from Appendix PP * Review and update advance directives policies and procedures * Review and update process for advance directives and advance care planning as an integral part of participating in the residents’ plan of care. * Review and update self-administration policy and procedures to include resident representative changes and IDT determines clinical appropriateness * Review and revise all other applicable policies and procedures related to resident rights including refusal of treatment, accommodation of needs, resident preferences, cultural preferences, care planning, assessment, participation in total health status, and others * Review and update orientation for all staff, agency staff, vendors and volunteers * Review and update new and ongoing training program to include resident rights education |
| **“§483.10(d) Choice of Attending Physician.**  The resident has the right to choose his or her attending physician.  §483.10(d)(1) The physician must be licensed to practice, and  §483.10(d)(2) If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation as specified in paragraphs (d)(4) and (5) of this section to assure provision of appropriate and adequate care and treatment.  §483.10(d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.  §483.10(d)(4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the resident’s preferences, if any, among options.  §483.10(d)(5) If the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice.” | * Review and revise medical direction and attending physician policies and procedures * Provide targeted training for practitioners as indicated |
| **“§483.10(e) Respect and Dignity.**  The resident has a right to be treated with respect and dignity, including:  §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.” | * Review and update policies related to resident furnishings and possessions; homelike environment. * Update admission paperwork to reflect policies related to homelike environment, resident furnishing and possessions * Review policies and procedures related to person possessions – encouraging that those items be brought in, aligning with current guidance * Review policy related to facility searching a resident’s body or possessions, requiring permission. Update in Admissions information. * Review and revise policies related to illegal substances - facility staff to have knowledge of signs, symptoms, and triggers of possible illegal substance use; such as changes in resident behavior, increased unexplained drowsiness, lack of coordination, slurred speech, mood changes, and/or loss of consciousness, etc. This may include asking residents, who appear to have used an illegal substance (e.g., cocaine, hallucinogens, heroin), whether or not they possess or have used an illegal substance. * Update training for all staff related to policies and procedures for illegal substance possession and use. |
| **“§483.10(e)(3)** The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.”  **“§483.10(e)(4)** The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.  **§483.10(e)(5**) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents’ consent to the arrangement.  **§483.10(e)(6)** The right to receive written notice, including the reason for the change, before the resident’s room or roommate in the facility is changed.”  **“§483.10(e)(7)** The right to refuse to transfer to another room in the facility, if the purpose of the transfer is:  (i) to relocate a resident of a SNF from the distinct part of the institution that is a SNF to a part of the institution that is not a SNF, or  (ii) to relocate a resident of a NF from the distinct part of the institution that is a NF to a distinct part of the institution that is a SNF.  (iii) solely for the convenience of staff.  §483.10(e)(8) A resident's exercise of the right to refuse transfer does not affect the resident's eligibility or entitlement to Medicare or Medicaid benefits.”  **“§483.10(i)(1)** A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.  (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. Effective November 28, 2017  (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.  **§483.10(i)(2)** Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;  **§483.10(i)(3)** Clean bed and bath linens that are in good condition;  **§483.10(i)(4)** Private closet space in each resident room, as specified in  **§483.90 (e)(2)(iv);**  **§483.10(i)(5)** Adequate and comfortable lighting levels in all areas;  **§483.10(i)(6)** Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and  **§483.10(i)(7)** For the maintenance of comfortable sound levels.” | |  | | --- | | * Review, develop and/or implement the reasonable accommodation of resident needs and preferences policy and procedure * Assure that policy contains the necessary components of the reasonable accommodation of residents needs and preferences to include: |  * Individualizing the physical environment of the resident’s bedroom and bathroom, as well as individualizing common living areas as much as feasible * The environment must reflect the unique needs and preferences of each resident * Common areas frequented by residents should accommodate residents’ physical limitations. * Resident seating should have appropriate seat height, depth, firmness, and with arms that assist residents to independently rise to a standing position. * Functional furniture must be arranged to accommodate residents’ needs and preferences. * Educate the interdisciplinary team about the reasonable accommodation of resident needs and preferences policy and procedure and their role in development and implementation of interventions. * Conduct updated training for interdisciplinary team leaders about supervising and monitoring for compliance with the reasonable accommodation of resident needs and preferences policy and procedure * Review the reasonable accommodation of resident needs and preferences policy with the Medical Director in conjunction with the Quarterly Quality Assurance Committee meeting;      * Review roommate and room change policies and procedures to reflect updated verbiage and definitions * Review, develop and/or implement the policy and procedure for resident’s right to a homelike environment * Assure that the policy and procedure contain the necessary components to include:   • The right to retain and use personal possessions  • The resident’s possessions will be treated with respect  • The resident’s right to retain and use the possessions to promote a homelike environment and support independence  • The physical layout of the facility will maximize resident independence and safety  • Protection of the resident’s property from loss or theft  • Housekeeping and maintenance for a safe, sanitary, orderly and comfortable interior, clean linens, private closet space, adequate and comfortable lighting and sound, and comfortable and safe temperatures   * Educate the interdisciplinary team about the homelike environment policy and procedure and their role in implementation of interventions. * Conduct updated training for   interdisciplinary team leaders about  supervising and monitoring for  compliance with the homelike  environment policy and procedure   * Review the homelike environment   Policy with the Medical Director in  conjunction with the Quarterly Quality  Assurance Committee meeting |
| **“§483.10(f)** Self-determination.  The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.  **§483.10(f)(1)** The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.  **§483.10(f)(2)** The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.  **§483.10(f)(3)** The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.  **§483.10(f)(8)** The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.”[[1]](#footnote-1) | * Review, develop and/or implement   policy as it relates the residents right  to resident has the opportunity to exercise his or her autonomy regarding those things that are important in his or her life. This includes the residents’ interests and preferences.   * Interview and observe staff and resident interactions for compliance with policies - resident choice to participate, resident needs and choices, resident schedule and preferences * Review Smoking Policy to include:   e Cigarettes and procedures in accordance with the new guidance.  If a facility changes its policy to prohibit smoking (including electronic cigarettes), it should allow current residents who smoke to continue smoking in an area that maintains the quality of life for these residents and takes into account non-smoking residents. The smoking area may be an outside area provided that residents remain safe. Residents admitted after the facility changes its policy must be informed of this policy at admission. |
| **“§483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.**  (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident’s right to deny or withdraw consent at any time;  (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident’s right to deny or withdraw consent at any time;  (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident’s right to deny or withdraw consent at any time; and  (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.”  **“§483.10(f)(4)(vi)** A facility must meet the following requirements:  (A) Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section.  **(B)** Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she **designates,** including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.  (C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.  (D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences.” | * Review visitation polices to reflect current updates and changes - including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation * Develop and provide training related to visitation policies, access, resident consent, clinical limitations, discrimination and limitations * Align visitation policies, including admission packet, related to procedures for visitation considerations during a communicable disease outbreak – See updated Appendix PP * Visitation Hours – Policy should reflect updated guidance including – “Resident’s family members are not subject to visiting hour limitations or other restrictions not   imposed by the resident, with the exception of reasonable clinical and safety restrictions, consistent with §483.10(f)(4)(v), placed by the facility based on recommendations of CMS, CDC, or the local health department.  Visitation should be person-centered, consider the residents’ physical, mental, and psychosocial well-being, and support their quality of life.”   * Visitation and Illegal Substance Use – review current policies to reflect the requirements outlined in Appendix PP. * Educate staff on visitation requirements and visitation with potential for illegal substance use. |
| **“§483.10(f)(5)** The resident has a right to organize and participate in resident groups in the facility.  (i) The facility must provide a resident or  family group, if one exists, with private space;  and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner.  (ii) Staff, visitors, or other guests may attend  resident group or family group meetings only  at the respective group's invitation.  (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings.  (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.  (A) The facility must be able to demonstrate their response and rationale for such response.  (B) This should not be construed to  mean that the facility must implement  as recommended every request of the  resident or family group.”  **§483.10(f)(6)** The resident has a right to participate in family groups.”  **“§483.10(f)(7)** The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.” | * Review, develop and/or implement   policy as it relates the residents right  to participate in resident groups in the  facility   * Assure that the policy contains the   essential components which are:   * Provision of a private space for * a resident or family group, if * one exists * To take reasonable steps to * make residents and family * members aware of upcoming * meetings in a timely manner * with approval of the group * Who may or may not attend * the resident or family group * meetings * The provision of a designated * staff person, approved by the * resident or family group who * will provide assistance and * respond to written requests * resulting from the group * meetings * A system for consideration and * prompt action from grievance * and/or recommendations concerning issues of resident   care and life in the facility to include the response and rationale.   * Assure the policy includes the   resident’s right to participate in family  groups   * Assure that the policy includes the   residents right to have family  member(s) or another resident  representative(s) meet in the facility  with the families or resident  representative(s) of other residents in  the facility.   * Educate the interdisciplinary team   about the facility policy and procedure  regarding residents right to organize  include the response and  rationale.   * Assure the policy includes the   resident’s right to participate in family  groups   * Assure that the policy includes the   residents right to have family  member(s) or other resident  representative(s) meet in the facility  with the families or resident  representative(s) of other residents in  the facility.   * Educate the interdisciplinary team   about the facility policy and procedure  regarding residents right to organize  and participate in groups   * Conduct updated training for   interdisciplinary team leaders about  supervising and monitoring for  compliance with the facility policy and  procedure regarding residents right to  organize and participate in groups   * Review the facility policy and   procedure regarding residents right to  organize and participate in groups  with the Medical Director in  conjunction with the Quarterly Quality  Assurance Committee meeting |
| **§483.10(g)(18)** The facility must inform each resident before, or at the time of admission,and periodically during the resident’s stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility’s per diem rate.  (i)Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of  (ii)Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.  (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility’s per diem rate, for  the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.  (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident’s date of discharge from the facility.  (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these  regulations.  F582 Medicaid/Medicare Coverage/Liability Notice | * Review and Update NOMNC Policy and Procedure to include new guidance as indicated. * Review and Update ABN Policy and Procedure to include new guidance as indicated. * Review and Update demand bill Policy and Procedure to include new guidance as indicated. * Update Admissions packet * Update financial postings in the facility to reflect the revised Guidance |
| **Remainder Resident Rights Regulations:** **§483.10**  F550 Dining  F567 Protection/Management of Personal Funds  F568 Accounting and Records of Personal Funds  F569 Notice and Conveyance of Personal Funds  F570 Surety Bond- Security of Personal Funds  F571 Limitations on Charges to Personal Funds  F572 Notice of Rights and Rules  F573 Right to Access/Purchase Copies of Records  F574 Required Notices and Contact Information  F575 Required Postings  F576 Rights to Forms of Communication with Privacy  F577 Right to Survey Results/Advocate Agency Info  F578 Request/Refuse/Discontinue Treatment; Formulate Advance Directive  F579 Posting/Notice of Medicare/Medicaid on Admission  F580 Notice of Changes (Injury/Decline/Room, Etc.)  F583 Personal Privacy/Confidentiality of Records  F584 Safe/Clean/Comfortable/Homelike Environment  F585 Grievances  F586 Resident Contact with External Entities  F600 Freedom from Abuse Neglect and Exploitation  F676 Activities of Daily Living (ADLs)/Maintain Abilities  F685 Treatment/Devices to Maintain Hearing/Vision  F655 Baseline Care Plan  F656 Comprehensive Care Plans  F636 Comprehensive Assessments & Timing  F637 Comprehensive Assessment After Significant Change  F656 Develop/Implement Comprehensive Care Plan  F657 Care Plan Timing and Revision  F658 Services Provided to Meet Professional Standards  F675 Quality of Life  F684 Quality of Care  F699 Trauma Informed Care  F741 Sufficient Staff  F745 Medically Related Social Services  F774 Assist with Transportation  F811 Paid Feeding Assistance  F865 QAA/QAPI  F942 Training Requirements – Resident Rights | * Review F Tag list with team to make sure all resident rights are address in applicable polices and across departments. * Review and update all applicable policies, procedures and postings to reflect the new changes * Educate the applicable staff related to their respective roles and responsibilities per the above facility policy and procedures * Review resident trust fund process, accounting and records related to resident accounts * Review surety bond on an annual basis as well as policy and procedure * Review advance directive policy and procedures; Educate the interdisciplinary team about the facility policy and procedure * Review and updated confidentiality and HIPAA policies and procedures; Educate the team about the facility policy and procedure * Review grievance policy and procedures and Educate the team about the facility policy and procedure |

**References and Resources:**

* 1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
* Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
* LTC Survey Pathways (Download)
* <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>
* Social Security Act (referenced throughout): [https://www.ssa.gov/OP\_Home/ssact/ssact-toc.htm](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.ssa.gov_OP-5FHome_ssact_ssact-2Dtoc.htm&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=s_hegMWNszTS2sFjtX1XywvTRQqDmHGcUZXGU18MbKA&e=)
* NFPA 13 (pg. 5, 670) : [http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards?mode=code&code=13](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.nfpa.org_codes-2Dand-2Dstandards_all-2Dcodes-2Dand-2Dstandards_list-2Dof-2Dcodes-2Dand-2Dstandards-3Fmode-3Dcode-26amp-3Bcode-3D13&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=GVuSbO-mi9EZGqn9aDb36f_96tKp9TanhaSK7tz_gJc&e=)
* Older Americans Act – Section 712 (pg. 6, 11, 26, 43, 415, 416): [https://www.fns.usda.gov/sites/default/files/OAA65.pdf](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.fns.usda.gov_sites_default_files_OAA65.pdf&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=3npVA0YDavguS2-Pyuysg4nZkEJ8G1VsemRDIW6g1E0&e=)
* The Federal Patient Self Determination Act (pg. 15): [https://www.congress.gov/bill/101st-congress/house-bill/4449/text](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.congress.gov_bill_101st-2Dcongress_house-2Dbill_4449_text&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=Sd54rKTqLjaaDvewQht3rYPFPg0ZURYBlYPu6ANNNH4&e=)
* Developmental Disabilities Assistance and Bill of Rights Act of 2000 (pg. 26): [https://www.law.cornell.edu/topn/developmental\_disabilities\_assistance\_and\_bill\_of\_rights\_act\_of\_2000](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.law.cornell.edu_topn_developmental-5Fdisabilities-5Fassistance-5Fand-5Fbill-5Fof-5Frights-5Fact-5Fof-5F2000&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=qFH82hWEgoHeEpd7z0zHJamGsEBBnwPVf_8yPacVCz8&e=)
* Protection and Advocacy for Mentally Ill Individuals Act (pg. 26, 65): [https://www.law.cornell.edu/uscode/text/42/chapter-114](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.law.cornell.edu_uscode_text_42_chapter-2D114&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=mkIyW25vQCB3H2Rzy6wTwNrv5TnaRE2XJG-12EZiYok&e=)
* Older Americans Act - Section 202(a)(20)(B)(iii) (pg.43): [https://www.fns.usda.gov/sites/default/files/OAA65.pdf](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.fns.usda.gov_sites_default_files_OAA65.pdf&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=3npVA0YDavguS2-Pyuysg4nZkEJ8G1VsemRDIW6g1E0&e=)
* The Aging and Disability Resource Center and No Wrong Door Program (pg. 43, 44): [https://nwd.acl.gov/index.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__nwd.acl.gov_index.html&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=U5dzW9ClT4TRi4rQV4CW_BQQSSEvZxYVPLsOIVPfCQk&e=)
* Skilled Nursing Facility Advanced Beneficiary Notice, form CMS-10055 (SNF ABN) (pg. 54): [https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS019508.html](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cms.gov_Medicare_CMS-2DForms_CMS-2DForms_CMS-2DForms-2DItems_CMS019508.html&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=t3W-R4OO7ZKSdl8ArNEOgU8Jfm_j38M_xIS56Trdgeo&e=)
* Notice to Medicare Provider Non-coverage (NOMNC), form CMS-10123 (pg. 54): [https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/Instructions-for-Notice-of-Medicare-Non-Coverage-NOMNC.pdf](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.cms.gov_Medicare_Medicare-2DGeneral-2DInformation_BNI_Downloads_Instructions-2Dfor-2DNotice-2Dof-2DMedicare-2DNon-2DCoverage-2DNOMNC.pdf&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=fviuByvCWEM3blSNk17rWMKw7SA3M7sw8lT1mXZ6nXc&s=iOyBkHUHrdfwle5NjHaDTxj5bBGQtWLiPiIJgcAeZXY&e=)

1. [↑](#footnote-ref-1)