

**Effective Date:** 01/28/1998

**Title:** Section 415.37 - Services for residents with Acquired Immune Deficiency Syndrome (AIDS)

415.37 Services for residents with Acquired Immune Deficiency Syndrome (AIDS).

(a) Applicability. (1) This section applies to a nursing home approved by the commissioner pursuant to Part 710 of this Title as a provider of specialized services for residents with AIDS. Such facility shall provide comprehensive and coordinated health services and programs in accordance with the requirements set forth in this section and this Part, unless a contrary requirement is contained in this section.

(2) For purposes of these regulations, AIDS shall mean acquired immune deficiency syndrome and other human immunodeficiency virus (HIV) related illness.

(b) General requirements. The nursing home shall ensure that:

(1) the facility is staffed and equipped to manage the care and treatment of residents with AIDS requiring nursing home care;

(2) reserved;

(3) a written transfer agreement exists with a designated AIDS center or other hospital for the transfer of residents in need of emergency or acute inpatient care services;

(4) special services are provided to residents in need thereof. Such special services shall include, as a minimum, substance abuse services, case management, HIV education, risk reduction, mental health services and pastoral counseling. These special services may be provided directly by the facility or through a formal arrangement;

(5) a written, comprehensive care plan is developed and implemented for each resident by an interdisciplinary team of health-care professionals in coordination with the case manager and in consultation with the resident or the resident's legal representative. The interdisciplinary team shall include health-care professionals as appropriate to the needs of the AIDS resident, but as a minimum shall include the attending physician, a registered professional nurse and a social worker. The resident care plan is reviewed at least every month by the interdisciplinary team and modified as necessary;

(6) in-service and continuing education programs, which address the medical, psychological, social problems and care needs specific to persons with AIDS, are conducted for all nursing home personnel on a regular basis but not less than every three months. A record of the programs attended shall be maintained for each employee;

(7) staff counseling and supportive services are made available to personnel to address problems related to the care of persons with AIDS; and

(8) as part of the facility's infection control program, infection control policies and procedures specific to AIDS are developed and implemented.

(c) Staffing requirements. The nursing home shall ensure that:

- (1) specialty oversight of the AIDS program, including the development of policies and procedures, is provided by a physician who has experience in the care and clinical management of persons with AIDS;
- (2) the health care of each resident is under the continuing supervision of an attending physician who sees and evaluates the resident whenever necessary;
  - (i) physician visits for residents who are assessed as requiring a skilled level of nursing care shall not be less frequent than once per week; and
  - (ii) physician visits for residents who are assessed as requiring an intermediate level of nursing care based on their ambulant status and other relevant medical factors, shall not be less frequent than once per month;
- (3) the facility makes provision for onsite physician coverage sufficient to meet the medical needs of residents seven days a week. This coverage may be part of the routine physician visits or in addition to such visits;
- (4) nursing services for the AIDS program are under the supervision of a registered professional nurse with experience in the care and management of persons with AIDS; and
- (5) each resident is evaluated by rehabilitation therapy staff to include, as a minimum, physical therapy and occupational therapy staff. Based on the evaluation, a plan of care is developed which establishes restoration or maintenance rehabilitation goals.

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