# **Federal laws for hearing services in skilled nursing facilities:**

From Senator Burr’s office:

Hi Susan— The Minimum Data Set (MDS) requires a subjective hearing screening to determine if additional hearing screenings or interventions aimed at enhancing communication and care are needed.  Providers are required to meet the federal regulations under the Conditions of Participation.  For your reference, below is the current regulatory requirement with respect to hearing assessment:

**F685 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17)**

* **§483.25(a) Vision and hearing** To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident—
* **§483.25(a)(1)** In making appointments, and
* **§483.25(a)(2)** By arranging for transportation to and from the *office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.*

The **Resident Assessment Instrument (RAI)** consists of three basic components: the Minimum Data Set (MDS) version 3.0, the Care Area Assessment (CAA) process and the RAI utilization guidelines. The utilization of these components of the RAI yields information about a resident’s functional status, strengths, weaknesses, and preferences, as well as offering guidance on further assessment once problems have been identified.

**RAI SECTION B: HEARING, SPEECH, AND VISION, Steps for Assessment** directs staff to consult the resident’s family, direct care staff, activities personnel, *and speech or hearing specialists.*  As such, the MDS requires documentation including assessment of hearing based on any of these sources of information.

However, the **MDS is not a tool to test hearing** nor is the MDS designed to define professional guidelines or care standards. We note that **every professional providing services in nursing homes must adhere to the standards of care defined by their profession and requirements of their licensing body,** which is outside of the purview of CMS.

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