Florida Health Care Association

Medical Director Expectations

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Objectives

- Medical Directors to understand the expectations for the role
- To understand the new Florida regulations for Medical Directors
- To understand how the Florida regulations and the new CMS guidance are similar
- The attendee will learn the requirements for the Medical Director during survey

2025 New Florida Legislative Requirements

Gold Standard SB 2514

How did we get here?

Quality Improvement Things in SB 2514

- Customer Satisfaction Surveys
- Patient Safety Culture Surveys
- Quality Incentive Program Study
- Health Information Exchange (HIE) Program
- Certified Medical Director
- Medical Directors on AHCA website

59A-4.1075 Medical Director

- Each nursing home licensee must have only one physician who is appointed as Medical Director.
- The Medical Director must be a physician licensed under Chapter 458 or 459, F.S., and beginning on January 1, 2026, must hold an active certification as a medical director or be in the process of seeking such certification. Recognized certifying or credentialing organizations include the American Medical Directors Association now known as the Post-Acute and Long-Term Care Medical Association (PALTmed).

https://paltmed.org/news-media/palttalk-dr-diane-sanders-cepeda-what-floridas-certified-medical-director-law-means

59A-4.1075 Medical Director

- For the purpose of this rule, “in the process of seeking such certification” means the Medical Director is actively engaged in obtaining certification as evidenced by his or her enrollment and participation in the PALTmed “Core Curriculum on Medical Direction in Post-Acute and Long-Term Care” program or other required certification program education in clinical or management topics for post-acute and long-term care.

59A-4.1075 Medical Director

- 1. For a Medical Director appointed before January 1, 2026, the individual must complete certification or recertification, if applicable, by December 31, 2028.
- 2. For a Medical Director appointed on or after January 1, 2026, who is not certified, the individual must complete certification within 3 years from the date of appointment as the medical director of a nursing home facility.

59A-4.1075 Medical Director

- A physician must have his or her principal office within 60 miles of all facilities for which he or she serves as Medical Director.
- The Medical Director must visit the facility at least once per month. The Medical Director must review all new policies and procedures; review all new incident and new accident reports from the facility to identify clinical risk and safety hazards. The Medical Director must review the most recent grievance logs for any complaints or concerns related to clinical issues. Each visit must be documented in writing by the Medical Director.

59A-4.1075 Medical Director

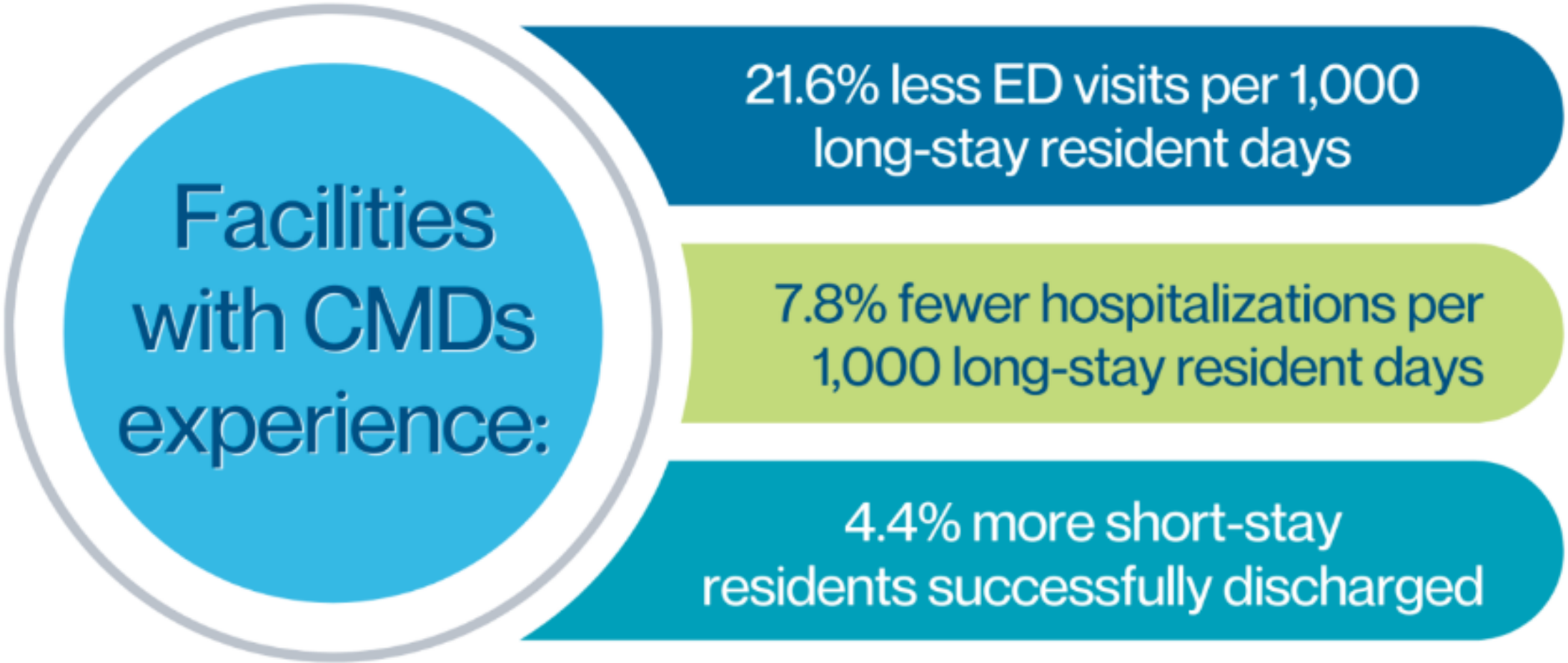
- A physician may be Medical Director of a maximum of 10 nursing homes at any one time. The Medical Director, in an emergency where the health of a resident is in jeopardy and the attending physician or covering physician cannot be located, may assume temporary responsibility of the care of the resident and provide the care deemed necessary.
- The Medical Director must meet at least quarterly with the risk management and quality assessment and assurance committee of the facility.

59A-4.1075 Medical Director

- The Medical Director must participate in the development of the comprehensive care plan for the resident when he or she is also the attending physician of the resident.
- Each nursing home facility must provide information on the facility's appointed medical director to the Agency including proof of certification or progress towards certification for the medical director. This information must be reported to the Agency as part of the nursing home's licensure application for initial, renewal, change of ownership, or as the medical director changes. https://quality.healthfinder.fl.gov

Steps to Certification

Check	Check Elegibility
Submit	Submit Application
Complete	Complete Core Cirriculum
Complete	Complete Required CME/CMD hours
Receive	Receive Certification



Based on national SNF claims (Jan–Dec 2021) and CMS Nursing Home Care Compare data (July 2022)

CMS Federal Regulations and Guidance for Medical Directors

42 CFR 483.75 Key Responsibilities of a Medical Director

- The Medical Director cannot simply be a figurehead; the regulation mandates specific, hands-on clinical and administrative responsibilities.
  - Implementing Resident Care Policies
  - Coordinating Medical Care
  - Quality Assurance and Performance Improvement (QAPI)

42 CFR 483.75 Key Responsibilities of a Medical Director

- **Implementing Resident Care Policies**:
  - Ensuring the facility has clinically sound policies for areas such as infection control, the use of restraints, medication management, and overall quality of care, and that staff actually follow them.
  - This does not mean the medical director has to write all resident care policies but must play a role in ensuring that they meet the needs of the center and its residents.

42 CFR 483.75 Key Responsibilities of a Medical Director

- **Coordinating Medical Care**:
  - Overseeing how physician services work across the facility. This involves ensuring attending physicians are reachable, orders are carried out, and changes in a resident's health are evaluated on time.

42 CFR 483.75 Key Responsibilities of a Medical Director

- **Quality Assurance and Performance Improvement (QAPI):**
  - Collaborating with facility leadership to identify and correct quality deficiencies and improve resident outcomes.

Why Does This Matter?

- Surveyors that are contracted with the Center for Medicare & Medicaid Services (CMS) use this regulation to hold facilities accountable for the quality of care their residents receive.
- If a facility experiences persistent problems – such as medication errors or poor infection control – surveyors will often review whether the medical director activity stepped in to investigate, evaluate, and correct systemic issues.

Example of Medical Director Expectation

- Medical Director arrives to facility to address any urgent needs during his/her routine monthly visit
- Medical Director participates in QAA/QAPI meeting where an issue is raised regarding a patient with repeated UTIs affecting care and quality measures. The need for continued catheter is not justified so the medical director contacts the attending physician to discuss and gets agreement to remove catheter.
- Incidents of falls are reviewed, and medical director gives guidance on correction.

Survey Expectations of Medical Director

- Implementation of resident care policies, such as ensuring physicians and other practitioners adhere to facility policies on diagnosing and prescribing medications and intervening with a health care practitioner regarding medical care that is inconsistent with current professional standards of care. (Refer to F841)
- Participation in the Quality Assessment and Assurance (QAA) committee or assign a designee to represent him/her. (Refer to F868)
- Addressing issues related to the coordination of medical care and implementation of resident care policies identified through the facility's assessment and assurance committee and other activities.
- Active involvement in the process of conducting the facility assessment (Refer to F838)

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