August 23, 2007

POLARIS PULSE®

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CMS Issues New Survey Tag F373 - Paid Feeding Assistants

The Centers for Medicare and Medicaid Services (CMS) implemented the Paid Feeding Assistant Survey F Tag 373 on August 18, 2007. This Tag is located under the Dietary Regulatory grouping of Appendix PP in the State Operations Manual.

The intent behind the use of paid feeding assistants is to provide nutrition and hydration support to residents who may be at risk for unplanned weight loss and dehydration, are without complicated problems associated with eating or drinking, who cannot or do not eat independently due to physical or cognitive disabilities, or those who simply need cueing or encouragement to eat.

Facilities are required to have sufficient qualified nursing staff available on a daily basis to meet residents' needs for nursing care. The use of paid feeding assistants is intended to supplement certified nurse aides, not substitute for nurse aides or licensed nursing staff.

Paid feeding assistants are only an option for nursing homes if their state approves the use of paid feeding assistants and establishes a mechanism to approve training programs for paid feeding assistants. States and facilities may use whatever term they prefer, such as dining assistant, nutritional aide, etc.

The Paid Feeding Assistant requirement has five aspects:

1. Staff who are used as paid feeding assistants must have completed a State-approved training course.

   The Federal requirements for training of paid feeding assistants include a minimum of 8 hours of training in the following:
   a. Feeding techniques.
   b. Assistance with feeding and hydration.
   c. Communication and interpersonal skills.
   d. Appropriate responses to resident behavior.
   e. Safety and emergency procedures, including the Heimlich maneuver.
   f. Infection control.
   g. Resident rights.
   h. Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.
2. The facility must base resident selection to be fed by a paid feeding assistant on the charge nurse's assessment and resident's latest assessment and care plan.
3. Paid feeding assistants must work under the supervision of an RN or LPN/LVN, and, in an emergency, must call a supervisory nurse for help on the resident call system.

   "Resident call system," for the purposes of this requirement includes not only the standard hard-wired call system but other means in an emergency situation a paid feeding assistant can achieve timely notification of a supervisory nurse (when not present in the room) by a paid feeding assistant in an emergency situation.

   The requirement does not prescribe the exact manner in which the supervision must be done. However, it is expected that the supervision of paid feeding assistants will be performed in a manner that avoids negative outcomes for the residents.

   As long as the activity is supervised, the paid feeding assistant may provide assistance at regular mealtimes or snack times or other occasions when food or drinks are served.
4. Paid feeding assistants assist only residents who have no complicated health problems related to eating or drinking that make them ineligible for these services.

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Complicated feeding problems include, but are not limited to:

- Difficulty swallowing,
- Recurrent lung aspirations, and
- Tube or Parenteral / IV feedings

5. The facility must maintain a record of all individuals used by the facility as paid feeding assistants, and must maintain documentation of successful completion of a State-approved training course by these individuals.

   Employees used as paid feeding assistants, regardless of their position, are subject to the same training and supervisory requirements as any other paid feeding assistant.

   These requirements do not apply to family and/or volunteers who may be providing the resident with assistance. "Ultimately, facilities are responsible for the care and safety of residents, even if the resident is fed by a relative or friend." - CMS training to surveyors.

The Feeding Assistant Investigative Protocol is not required during the standard survey unless the surveyor identifies a concern related to the requirement.

Examples of Potential Citations:

Immediate Jeopardy to Resident Health or Safety

- An eligible resident in an activity room who is being improperly assisted to eat by a paid feeding assistant, experiences choking, there was no call system readily available, and/or the supervising nurse was not available to assist, and the resident expired;
- A resident who is not eligible to receive these services due to complicated feeding problems is assisted by a paid feeding assistant, whether or not the resident has experienced negative outcomes.

Severity Level 3 Considerations: Actual Harm that is not Immediate Jeopardy

- An eligible resident who was assessed to have the potential to improving their eating ability was assisted to eat by a paid feeding assistant. The assistant provided too much food, too quickly and the resident was pocketing the food in her cheeks. The resident experienced choking and coughing and subsequently vomited. As a result, the resident became fearful, refused solid foods, and would only consume liquid dietary supplements.

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Severity Level 2 Considerations: No Actual Harm with potential for more than minimal harm that is not Immediate Jeopardy

- Paid feeding assistants are assisting eligible residents to eat in an area with no call system, and the supervising nurses are not nearby, but there have been no resident outcomes.
- Eligible residents are being assisted to eat by employees who have not successfully completed a State-approved paid feeding assistant training course and who otherwise by State law would not be allowed to feed residents (such as RNs, LPN/LVNs or CNAs), and there were no resident negative outcomes.

Severity Level 1: No actual harm with potential for minimal harm

- Facility did not maintain a record of employees who had completed a State approved paid feeding assistant training program and were used by the facility as paid feeding assistants.

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CMS Post Acute Care Payment Reform Demonstration Project

The Centers for Medicare & Medicaid Services (CMS) announced the start of participant recruitment for the Post Acute Care Payment Reform Demonstration (PAC-PRD) that will include Long Term Care Hospitals, Inpatient Rehabilitation Hospitals, Skilled Nursing Facilities and Home Health Agencies.

A key goal of this project is to generate recommendations for improving CMS payment models based on data collected in the demonstration. The goals of payment reform include aligning incentives among the four PAC settings with a particular focus on patient populations seen in more than one PAC setting. Other analyses to be explored include the examination of discharge patterns and the comparison of outcomes between settings.

An important part of PAC-PRD is improving CMS's ability to understand and compare the populations served in acute hospitals and each of the four PAC settings and the care that is received. Work has been underway for the past year to develop a uniform patient assessment tool for use at discharge from acute hospitals and at admit and discharge from PAC settings.

This patient assessment tool is known as CARE: Continuity Assessment Record and Evaluation. In addition to the CARE instrument, the demonstration has developed methods for measuring the costs and resource use associated with individual patients. The next step will be to implement the demonstration by collecting

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information from participating providers.

At this point, CMS is recruiting providers to participate in this data collection effort. Participation is voluntary. CMS does not envision exercising any waivers of payment rules for this project. CMS will collect data in ten distinct parts of the country. The choice of which ten markets to select will be influenced by a variety of factors, including population density, geographic area, the presence of different types of PAC providers, and whether there are volunteer providers available. The selection of which providers to include in a given market will depend on characteristics such as patterns of corporate ownership, profit status and size of individual providers, the ability to recruit other providers in the same referral network, and the need to recruit a representative sample.

This demonstration is expected to give CMS and Medicare-participating providers better information on the case-mix severity of Medicare beneficiaries using their services. Adopting techniques that provide greater uniformity in how patients are assessed and quality is measured will allow CMS to improve PAC payments.

Providers may express interest in participating. In addition, providers may also be targeted for recruitment from analysis of Medicare administrative files and will be contacted. Final selection of the provider participants will occur in the fall of 2007.

SOLUTION CENTER Q&A

"Where No Question Goes Unanswered"

Q. If a patient is on a leave of absence, is the day of that leave reimbursable to the SNF?

A. If a patient begins the leave of absence and returns before midnight the same day, the day of the leave is reimbursable to the SNF. However, if the patient has not returned to the SNF by midnight of the day of leave, that day is not reimbursable to the SNF. The non-reimbursable leave days do not count against the beneficiary's 100 day SNF benefit, but do count as part of the "episode of care" period. They should be billed included in "Non-covered Days" under Revenue Code 018X. Occurrence span code 74 is used to report the dates the leave began and ended.

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Paid Feeding Assistants	9/12
ICD9 Coding-Part 2	9/13
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