
CMS Manual System

Pub. 100-07 State Operations Provider Certification

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 10

Date: AUGUST 12, 2005

SUBJECT: Revisions - Appendix J – Interpretive Guidelines Intermediate Care Facilities With Mental Retardation

I. SUMMARY OF CHANGES: The purpose of this revision is to include deleted, misplaced text, add missing tags, regulations, facility practices, guidelines and probes within Tags W462 thru W489

NEW/REVISED MATERIAL - EFFECTIVE DATE*: August 12, 2005

IMPLEMENTATION DATE: August 12, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

**II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix J /483.480(a)/Standard: Food & Nutrition Services/Tag W462
R	483.480(c)/Standard: Menus/ Tag W477
R	483.480(d)/Standard: Dining areas & services/Tags W482-W484
R	483.480(d)/Standard: Dining areas & services/Tag W489

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

W462

(Rev.10, Issued: 08-12-05, Effective: 08-12-05, Implementation: 08-12-05)

§483.480(a)(3) If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food services.

§483.480(a)(4) The client's interdisciplinary team, including a qualified dietitian and physician must prescribe

§483.480(c) Standard: Menus

(1) Menus must --

W477

(Rev.10, Issued: 08-12-05, Effective: 08-12-05, Implementation: 08-12-05)

§483.480(c)(1)(i) Be prepared in advance;

Probes §483.480(c)(1)(i)

Are menus available for those individuals who can read?

§483.480(d) Standard: Dining Areas and Service

The facility must ---

W482

(Rev.10, Issued: 08-12-05, Effective: 08-12-05, Implementation: 08-12-05)

§483.480(d)(1) Serve meals for all clients, including persons with ambulation deficits, in dining areas, unless otherwise specified by the interdisciplinary team or a physician;

Facility Practices §483.480(d)(1)

If an individual does not eat in the dining area, the physician has documented the medical necessity for, and/or the IPP documents the plan to teach the individual the physical and/or other skills necessary for inclusion.

Individuals are not precluded from eating in the dining room solely based on diagnosis or level of functioning.

Guidelines §483.480(d)(1)

For purposes of this standard, “dining areas” mean discrete eating areas located outside of bedrooms, established, furnished, and equipped for the purpose of eating meals. For purposes of this standard, provision of meals in dining areas outside of the home (such as restaurants, food vendors, etc.) may also be included.

To the maximum extent possible, individuals should be afforded the opportunity to eat routine meals (like breakfast and dinner) in dining areas that approximate those afforded to their peers without disabilities (e.g., dining areas that are a part of the living unit, rather than eating all meals in buildings exclusively established for eating purposes).

Probes §483.480(d)(1)

Is the dining room a pleasant environment in which to eat? Is there a pattern of individuals eating their meals in their bedrooms, or other non-eating areas?

What is the rationale for prohibiting an individual from eating in a dining area? Has eating in a dining area ever been tried with the individual before? What happened? Are periodic attempts to get such individuals to eat in a dining area, continued?

W483

(Rev.10, Issued: 08-12-05, Effective: 08-12-05, Implementation: 08-12-05)

§483.480(d)(2) Provide table service for all clients who can and will eat at a table, including clients in wheelchairs;

Guidelines §483.480(d)(2)

The intent of this regulation is to afford individuals the opportunity to participate in the social experience of dining with their companions. Observe whether or not facility staff model and reinforce appropriate communication and social behavior between dining companions seated at the same table.

Probes §483.480(d)(2)

Do individuals eat together with others at the same table?

Are individuals in wheelchairs positioned correctly and included in dining groupings of their peers without physical disabilities? Or do all individuals in wheelchairs eat together or are they located around the edges of dining areas?

Are individuals in wheelchairs lined-up to eat?

Do individuals in wheelchairs routinely eat at table? or do they eat on their lap trays or hospital bed trays?

On what basis does the facility determine if an individual in a wheelchair needs to eat the meal in the wheelchair rather than transferring to a regular chair?

W484

(Rev.10, Issued: 08-12-05, Effective: 08-12-05, Implementation: 08-12-05)

§483.480(d)(3) *Equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client;*

Facility Practices §483.480(d)(3)

Individuals are provided with adapted furniture and equipment as identified by the IDT at each meal.

Individuals use adaptive equipment or are being trained to use it when needed.

Guidelines §483.480(d)(3)

Single service eating devices must be discarded after each use.

Determine if the following types of adaptive devices are made available when needed:

- Double suction cups or other devices to anchor dishes on a table or tray for individuals with major coordination problems;
- Rocking one-handed knife-fork or knife-spoon for an individual with the use of only one hand;
- Built up or extended handles or silverware for those with problems of grasp or range of motion;
- Plate guards or plates with raised rims to provide a surface against which the individual with a physical disability can push food onto a fork or a spoon;
- Flexible drinking straws;
- Spoon bent to a 90 degree angle at the bowl or a swivel spoon to assist an individual without normal wrist motions.
- Any other adaptive device deemed by the team as needed by the individual to eat more independently.

Probes §483.480(d)(3)

Are condiments, napkins and appropriate eating utensils provided? Are individuals trained to use them?

Is there a pattern of staff allowing individuals to use **any** piece of adapted equipment, regardless of the individual's need for that equipment?

Is the height of the dining table sufficient so that an individual in a wheelchair can sit in the wheelchair at the table, if needed?

W489

(Rev.10, Issued: 08-12-05, Effective: 08-12-05, Implementation: 08-12-05)

§483.480(d)(5) Ensure that each client eats in an upright position, unless otherwise specified by the interdisciplinary team or a physician.

Facility Practices §483.480(d)(5)

Individuals are positioned appropriately for eating.

If an individual eats in a reclining position, the physician documents the medical necessity for the position, and/or the IPP includes the program plan to teach the individual the physical skill necessary for eating upright.

Guidelines §483.480(d)(5)

This applies to all individuals, including those fed by nasogastric tube or gastrostomy tube. The IPP should identify the most appropriate position for the individual to be positioned during mealtime, in relation to the placement of the food contents.

Probes §483.480(d)(5)

For individuals who have great physical difficulty in eating or swallowing and must be fed, is the individual positioned in the upright position appropriate to the individual's needs?