



**American Association
of Homes and Services
for the Aging**

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CMS Final Rule: Paid Feeding Assistants

The Rule:

- Permits a LTC Facility to use paid feeding assistants to supplement CNAs under certain conditions.
- Requires that States approve training programs for feeding assistants using Federal requirements as minimum standards.
- Requires that feeding assistants complete a state-approved training program and work under the supervision of an RN / LPN.

Preamble:

- CMS believes there is a place feeding assistants, trained in feeding techniques and working with the elderly to assist who do not have complicated feeding problems. "It is reasonable to require that feeding assistants receive a lower level of training than a CNA because [they] would not handle complicated feeding cases."
- WI and ND are cited as states already using single-task workers. States cited that have expressed interest include OH, MN, FL, CA, IL. FL and IL are cited as states that have already passed legislation.
- 6000+ comments were received; 99% were in favor.
- Both part-time external and / or existing in-house non-nursing staff may be trained as feeding assistants.
- There is no requirement for competency testing of feeding assistants, i.e., this is left to the instructor and/or supervisory nurse).
- Because feeding assistants do not qualify as licensed or unlicensed nursing staff, they do not fall under the BIPA posting requirements that were effectively implemented on January 1, 2003.
- The survey process will provide the federal oversight of use of feeding assistants as it does for other participation requirements, i.e. through observation, interview, record review.
- Use of feeding assistants is not limited to mealtimes; may be used any time that supervision requirements are met.

Provisions:

- Feeding assistants must successfully complete a state-approved training course.
- Facilities may use a paid feeding assistant if it is consistent with state law.
- Proposed 483.35(h)(2) requiring "direct" supervision has been revised to delete "direct" from the text. CMS' rationale is that use of the term "direct" may unintentionally imply a requirement for visual contact between the feeding assistant and a supervisory nurse, i.e., not possible in most facilities, especially, if residents are being assisted in their rooms.

- The proposed requirement that a nurse be in the unit or on the floor where feeding assistance is being provided and immediately available to give help has also been removed. All facilities are required to have a call system. Feeding assistants are required to use the system to call a supervisory nurse in the event of an emergency or need for help.
- Feeding assistants may assist only those residents who have no complicated feeding problems.
- Complicated feeding problems include, but are not limited to, difficulty swallowing, lung aspirations, and tube or parenteral/IV feedings.
- The determination of which / whether residents may be assisted by a feeding assistant is based on the charge nurse's assessment and the residents latest [MDS] assessment and plan of care.

A minimum of 8 hours of training is required, including training in the following areas:

- Feeding techniques
 - Assistance with feeding and hydration
 - Communication and interpersonal skills
 - Appropriate responses to resident behavior
 - Safety and emergency procedures, including the Heimlich maneuver
 - Infection control
 - Resident rights
 - Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.
- Facilities must maintain records of those individuals used as feeding assistants who have successfully completed the training course.
 - CMS is not mandating requirements on how states are to approve programs, but has included suggested models in section VI.B. of the Regulatory Impact Statement

A copy of the final rule can be obtained by emailing WAHSA's Yvonne Mick at www.ymick.org

Written summary provide by:

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September 26, 2003

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