



IDAHO DEPARTMENT OF
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INFORMATIONAL LETTER #2015-13

DATE: July 24, 2015

TO: ALL IDAHO INTERMEDIATE CARE FACILITIES FOR
INDIVIDUALS WITH INTELLECTUAL DISABILITIES

FROM: DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

SUBJECT: **APPENDIX J, PART II - CLARIFICATIONS TO THE INTERPRETIVE
GUIDANCE AT TAG W187 FOR §483.430(D)(3)**

The Appendix J, Part II – Clarifications to the Interpretive Guidance at Tag W187 for §483-430(d)(3) is being distributed to all Intermediate Care Facilities for Individuals with Intellectual Disabilities in Idaho.

If you have any questions, please contact Nicole Wisenor, Co-Supervisor of the Non-Long Term Care program in our office at 208/334-6626, option 4.

DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

DR/nm
Attachments



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 15-48-ICF/IID

DATE: July 17, 2015

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
Appendix J, Part II - Clarifications to the Interpretive Guidance at Tag W187 for
§483.430(d)(3)

Memorandum Summary

Appendix J – Interpretive Guidelines (IGs): The Centers for Medicare & Medicaid Services (CMS) has revised the Interpretive Guidance for 42 CFR §483.430(d) (3) at Tag W187 within the State Operations Manual (SOM) Appendix J for ICF/IIDs to reflect erroneously omitted guidance language.

Background

On October 3, 1988, the CMS published the Final Rule for the Conditions of Participation (CoPs) for ICF/IIDs at 42 CFR 483, Subpart I. The associated IGs were developed and published in the SOM Appendix J and have been periodically updated. The IGs were recently revised on February 27, 2015 to acknowledge and address current standards of practice in the field of ICF/IIDs with an effective and implementation date of April 27, 2015. In the revision process, the guidance associated with regulation §483.430(d)(3) at tag W187 was erroneously revised and omitted important and relevant guidance.

Discussion

The regulation at §483.430(d)(3) at tag W187 provides that direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients:

- (i) For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2;
- (ii) For each defined residential living unit serving moderately retarded clients, the staff to client ratio is 1 to 4;
- (iii) For each defined residential living unit serving clients who function within the range of mild retardation, the staff to client ratio is 1 to 6.4.

The guidance added on February 27, 2015 associated with the above referenced regulation §483.430(d)(3) at Tag W187 has been revised now to reinstate the previous guidance as follows:

*The minimum ratios in this standard indicate the **minimum** number of direct-care staff that must be present and on duty, 24 hours a day, 365 days a year, for each discrete living unit. For example, to calculate the minimum number of living unit staff that must be present and on duty in a discrete living unit serving 16 individuals with multiple disabilities: divide the number of individuals “16,” by the number corresponding to the regulation “3.2,” the result equals “5.” Therefore, the facility must determine how many staff it must hire to ensure that at least 5 staff will be able to be present and on duty during the 24 hour period in which those individuals are present.*

Using the living unit described above, “calculated over all shifts in a 24-hour period” means that there are present and on duty every day of the year: one direct care staff for each eight individuals on the first shift (1:8), one direct care staff for each eight individuals on the second shift (1:8), and one direct care staff for each 16 individuals on the third shift (1:16). Therefore, there are five (5) direct care staff present and on duty for each twenty-four hour day, for 16 individuals. The same calculations are made for the other ratios, whichever applies. Determine if absences of staff for breaks and meals results in a pattern of prolonged periods in which present and on-duty staff do not meet the ratios.

An advance copy of the transmittal form for the revision of the guidance language under regulation §483.430(d)(3) at Tag W187 reflecting on-duty staffing ratios has been attached to this memorandum.

Contact: If you have any questions or concerns, please direct them to the ICF/IID mailbox at ICFIID@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

Attachment - Advance Copy Transmittal for W187

cc: Survey and Certification Regional Office Management

CMS Manual System

Pub. 100-07 State Operations Provider Certification

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

Transmittal- Advance Copy

Date:

SUBJECT: Revisions to State Operations Manual (SOM) Appendix J, Part II – Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities tag W187 guidance.

I. SUMMARY OF CHANGES: Revisions have been made to the Guidance content of Appendix J, Part II–Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities tag W187. In the last revision process on February 27, 2015, the guidance associated with regulation §483.430(d)(3) at tag W187 was erroneously revised and omitted important and relevant guidance reflecting on-duty staffing ratios. The guidance added on February 27, 2015 associated with regulation §483.430(d)(3) at Tag W187 has been revised now to reinstate the previous guidance on the minimum ratios of direct-care staff to clients.

**NEW/REVISED MATERIAL - EFFECTIVE DATE*: UPON ISSUANCE
IMPLEMENTATION: UPON ISSUANCE**

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/W187

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

IV. ATTACHMENTS:

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

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

W187

(Rev.)

§483.430(d)(3) Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients:

(i) For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2.

(ii) For each defined residential living unit serving moderately retarded clients, the staff to client ratio is 1 to 4.

(iii) For each defined residential living unit serving clients who function within the range of mild retardation, the staff to client ratio is 1 to 6.4.

Guidance §483.430(d)(3)

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