

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Changes to the State Medicaid Plan

The Department of Social Services (DSS) proposes to amend its Medicaid State Plan, effective on or after April 1, 2011, to implement changes to the PASRR (Preadmission Screening Resident Review) process specified in 42 CFR 483.100-483.138.

Under state plan amendment 11-005, the Department of Social Services has proposed to amend Section 4.39 and Attachment 4.39-A of the Connecticut Medicaid State Plan pertaining to administration of the PASRR. The Department has proposed to extend the definition of a 7 day emergency nursing home admission, clarify distinctions between exemptions and categorical decisions in PASRR and add a categorical decision for a 60 day convalescent care option. This amendment will not have a fiscal impact.

Copies of the proposed changes may be obtained at each of the DSS's regional offices and on the DSS web site: www.dss.state.ct.us. Go to "Publications" and then to "News and Updates." For problems, please contact 860-424-5177.

Written comments must be received by March 23rd at the following address:

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Revision: April 2011

State/Territory: Connecticut

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| <p>Citation
Secs:
1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act;
P.L. 100-203
(Sec. 4211(c));
P.L. 101-508
(Sec. 4801(b)).</p> | <p>4.39 Preadmission Screening and Resident Review in Nursing
Facilities</p> <ul style="list-style-type: none"> (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meets the requirements of 42 (CFR) 431.621(c) . (b) The State operates a preadmission and resident review program that meets the requirements of 42 CFR 483.100-138. (c) The State does not claim as “medical assistance under the State Plan” the cost of services to individuals who should receive preadmission screening or resident review until such individuals are screened or reviewed. (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(C)(1), the State does not claim as “medical assistance under the State plan” the cost of NF services to individuals who are not found to require NF services. (e) Attachment 4.39 specifies the State’s definition of specialized services. (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain medical conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized. (g) The State describes any categorical determinations and exemptions it applies in Attachment 4.39-A . |
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TN # 11-005
Supersedes
TN # 93-8

Approval Date _____

Effective Date: 4/1/2011

State Plan Under Title XIX of the Social Security Act

State: CONNECTICUT

CATERGORICAL DETERMINATION and EXEMPTIONS

The State of Connecticut recognizes the following exemptions to the PASRR process for individuals identified to have mental illness and/or mental retardation as permitted under regulatory language:

1. 483.106(b)(2): **Exempted hospital discharge** for individuals who meet all of the following:
 - a. Admitted to any NF directly from a hospital after receiving acute inpatient care at the hospital;
 - b. Requires NF services for the condition for which he or she received care in the hospital;
Psychiatric status is clearly/sufficiently stable for NF admission
 - c. Attending physician has certified before admission to the facility that the individual is likely to require less than 30 days nursing facility services.
2. If an individual who enters a NF as an exempted hospital discharge is later found to require more than 30 days of NF care, the State mental health or mental retardation authority shall conduct a resident review within 40 calendar days of admission.

The State of Connecticut recognizes the following categories of nursing facility applicants who may be admitted without the Level II evaluation even if mentally ill or developmentally disabled.

A. Individuals who may be admitted for 7 days:

The individual has been identified as having a Level II condition, there is an urgent need for NF services due to the individual's medical needs (excludes need associated with psychiatric conditions alone), lower level of care is not available and/or appropriate, and the authorization was provided by an appropriate state employee or authorized designee (Ombudsman, Protective Services Worker, DSS, DDS, or the entity assigned by DSS to approve/authorize categorical decisions). In these cases, the facility must notify the Department within one working day, and the Level II evaluation will be initiated within seven days. The evaluation will be completed and a determination will be rendered as soon as possible thereafter.

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B. Individuals who may be admitted for 30 days or less:

1. Individuals certified by a physician to be admitted for respite services for a period of less than 30 days.
2. Individuals certified by a physician to be delirious to the extent that an accurate primary or secondary diagnosis of the individual's condition cannot be made until the delirium clears.

C. Individuals who may be admitted for 60 days or less:

1. Individuals convalescing from an acute physical illness which required hospitalization and does not meet all the criteria for an exempt hospital discharge.

D. Individuals who may be admitted for an unlimited period of time:

1. Individuals certified by a physician to be terminally ill with a prognosis of six months or less.
2. Individuals certified by a physician to have a severe illness/condition results in a level of impairment so severe that the individual could not be expected to benefit from specialized services. The following conditions are included:

Comatose
Ventilator dependent
Functioning at brain stem level
Chronic obstructive pulmonary disease (COPD)
Severe Parkinson's
Huntington's
Amyotrophic lateral sclerosis (ALS)
Congestive Heart Failure (CHF)
Other conditions specified by the physician which would prohibit participation in specialized services

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