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**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 19-016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages



**Boston Regional Operations Group**

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July 10, 2019

Marylou Sudders, Secretary  
Executive Office of Health and Human Services  
One Ashburton Place, Room 1109  
Boston, Massachusetts 02108

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 19-016, submitted to CMS on June 28, 2019. This SPA was submitted to revise your approved Title XIX State plan to update the Pre-Admission Screening and Resident Review (PASRR) process for nursing facilities. This SPA was approved on July 10, 2019, effective June 15, 2019.

Enclosed are copies of the following approved State plan pages.

- Attachment 4.39-A, pages 1-4.

If you have any questions regarding this matter you may contact Julie McCarthy at (781) 961-1070 or by e-mail at [Julie.McCarthy@cms.hhs.gov](mailto:Julie.McCarthy@cms.hhs.gov).

Sincerely,

/s/

Francis T. McCullough, Director  
Division of Medicaid Field Operations East (Boston)

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director  
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>1 9 — 0 1 6</u>	2. STATE <b>MA</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>06/15/2019</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447.250 et seq		7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>0</u> b. FFY <u>2020</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.39-A pages 1-4		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Attachment 4.39-A pages 1-4	
10. SUBJECT OF AMENDMENT  Pre-Admission Screening and Resident Review Process			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Not required under 42 CFR 430.12(b)(2)(i) <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL  /s/		16. RETURN TO  Kaela Konefal State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108	
13. TYPED NAME Marylou Sudders			
14. TITLE Secretary			
15. DATE SUBMITTED 06/28/2019			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED      06/28/2019		18. DATE APPROVED      07/10/2019	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL  06/15/2019		20. SIGNATURE OF REGIONAL OFFICIAL  /s/	
21. TYPED NAME  Francis T. McCullough		22. TITLE    Director, Division of Medicaid Field Operations East (Boston)	
23. REMARKS			

State Plan under Title XIX of the Social Security Act  
State: MassachusettsCategorical Determinations**PASRR Level II Preadmission Screening by Categorical Determination**

The following categories developed by the State mental health authority and approved by the State Medicaid Agency may be made applicable to individuals identified by PASRR Level I as possibly having serious mental illness when existing data on the individual appear to be current and accurate and are sufficient to allow the reviewer readily to determine that the individual fits the category. The data available includes physical, mental, and functional assessments as required by 42 CFR 483.132(c).

An adequate inspection of records for a categorical determination takes the place of the NF individualized Level II evaluation and/or the Specialized Services individualized Level II evaluation as indicated below. Categorical evaluation and determination reports as required by 42 CFR 483.128 and .130, are produced, prior to admission, for all categorical determinations.

When existing data is not adequate, or any judgment is required about the presence of serious mental illness, the individual is referred for individualized Level II evaluation. The State mental health authority is responsible for: 1. assuring that the categorical determinations meet requirements; 2. assuring that the determinations are in the best interests of the residents; 3. retaining copies of the categorical evaluation and determination reports, and 4. maintaining a tracking system for all categorical determinations.

For time limited categories — individuals are either discharged, or evaluated by individualized Level II Resident Review, within the specified time limits. FFP is not available for days of NF care after the time limit expires and before a Level II Resident Review is completed according to requirements.

The state intellectual disability authority has elected not to allow the application of categorical determinations to individuals who screen positive for intellectual or developmental disability, whether alone or in combination with serious mental illness  
(Check each that applies, and supply definitions and time limits as required.)

**I. Categorical Determination that NF placement is appropriate.** (Level II Specialized Services evaluation and determination by the appropriate Level II authority is individualized. A new, individualized, Level II Resident Review is required if at any time the resident experiences a qualifying significant change in physical or mental condition, or the admission exceeds the specified time limit.)

NF services are needed for convalescent care from an acute physical illness which

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required hospitalization, and does not meet all the criteria for an exempt hospital discharge as defined in 42 CFR 483.106(b)(2).

Definition	Time limit
A time-limited categorical determination that applies to an individual who will be directly admitted to a nursing facility after being hospitalized to treat a medical condition (excluding psychiatric care) and the individual's admission does not meet all of the requirements of an Exempted Hospital Discharge (EHD).	75 calendar days

Terminal illness (as defined for hospice purposes at 42 CFR 418.3: a life expectancy of 6 months or less if the illness runs its normal course), unless the Level II authority determines that this category does not apply to the individual. NF admission is not approved to a facility without a hospice contract unless terminal illness is documented and the individual waives a hospice contract.

Additional Definition ( <i>optional</i> )
A categorical determination that applies when a clinician has certified that an individual seeking admission to a nursing facility has a life expectancy of 6 months or less if the illness runs its normal course.

Other category(s) defined by the State.

Definition	Time limit

**II. Categorical Determination that NF placement is appropriate, and that Specialized Services are not needed.** (Determination that Specialized Services are needed is individualized, not categorical.)

Severe physical illness which results in a level of impairment documented to be so severe that the individual could not be expected to benefit from Specialized Services, such as coma, or functioning at or near a brain stem level. The end stages of other conditions may, on an individual basis, be documented to cause such impairment, such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and congestive heart failure.

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<b>Definition</b>
A categorical determination that applies if: <ol style="list-style-type: none"> <li>1. An individual seeking admission to a nursing facility has at least one of the following conditions: coma, persistent vegetative state, end-stage Parkinson’s disease, end-stage Huntington’s chorea, end-stage congestive heart failure, end-stage chronic obstructive pulmonary disease, end-stage amyotrophic lateral sclerosis, and chronic respiratory failure (ventilator dependent); and</li> <li>2. Due to the severity of the illness or condition, the individual would not be expected to benefit from specialized services.</li> </ol>

- Other category(s) defined by the State, in which a level of impairment is documented to be so severe that the individual could not be expected to benefit from Specialized Services.

Definition	Time limit ( <i>optional</i> )

**III. Provisional admissions. Categorical Determination that NF placement is appropriate for a brief period.** Option to also categorically determine by the Level II authority (not Level I screeners) that Specialized Services are not needed because stay is expected to be brief and the individual does not have a history of need for intensive services related to the individual’s PASRR disability. (Determination that Specialized Services are needed is individualized, not categorical.)

- Provisional admission pending further assessment in case of delirium where an accurate diagnosis cannot be made until the delirium clears.

Additional Definition ( <i>optional</i> )	SS Not Needed Categorical	Time limit (≤7 days)
	<input type="checkbox"/>	

- Provisional admission pending further assessment in emergency situations requiring protective services, with placement in the nursing facility not to exceed 7 days.

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Additional Definition ( <i>optional</i> )	SS Not Needed Categorical	Time limit (≤7 days)
A time-limited categorical determination that applies when an individual seeking admission to a nursing facility requires protective services or seeks admission during an emergency situation on a night, weekend, or holiday.	<input checked="" type="checkbox"/>	7 calendar days

Very brief and finite stays of up to a fixed number of days to provide respite to in-home caregivers to whom the individual is expected to return following the brief NF stay.

Additional Definition ( <i>optional</i> )	SS Not Needed Categorical	Time limit
A time-limited categorical determination that applies when an individual is admitted to a nursing facility to provide relief to the family and/or in-home caregiver.	<input checked="" type="checkbox"/>	15 calendar days

**IV. Categorical determination that Specialized Services are not needed.**

(Determination that Specialized Services are needed is individualized, not categorical. Determination that NF placement is appropriate is individualized.)

Dementia and I/DD. The State intellectual disability authority (not Level I screeners) makes categorical determinations that an individual with dementia in combination with intellectual disability or a related condition, does not need Specialized Services. The dementia is of a severity to affect the individual's need for or ability to make use of Specialized Services.

Additional Definition ( <i>optional</i> )