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State/Territory Name: Maine

State Plan Amendment (SPA) #:15-011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

November 17, 2015

Mary Mayhew, Commissioner
Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011

RE: Maine ME 15-011

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 15-011; attached you will find an approved copy of the SPA. As requested, this SPA is effective July 1, 2015.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to update the state's Preadmission Screening and Annual Resident Review (PASRR) methodology to align it with the state's PASRR manual. This SPA is cost neutral.

If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617/565-1642, or at Aimee.Campbell-O'Connor@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services
Sam Senft, Director, Policy, Children's and Waiver Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:
15-011

2. STATE
Maine

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
Centers for Medicare and Medicaid Services
Department of Health and Human Services

4. PROPOSED EFFECTIVE DATE
July 1, 2015

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR §483, Sub Part C

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 cost neutral
b. FFY 2015 cost neutral

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

79s; 79t; Attachment 4.39-A, page 1; new page 2; new page 3
Also, Attachment 4.39, page 1 and new page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

79s; 79t; Attachment 4.39-A, page 1
and Attachment 4.39, page 1

10. SUBJECT OF AMENDMENT:

Preadmission Screening and Annual Resident Review in Nursing Facilities

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Commissioner, Dept. of Health and Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME:
Mary C. Mayhew

14. TITLE:
Commissioner, Department of Health and Human Services

15. DATE SUBMITTED:
06-25-2015

16. RETURN TO:

Stefanie Nadeau
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011


FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
6/26/15

18. DATE APPROVED: 11/17/15

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:
Richard McGreal

22. TITLE:
Associate Regional Administrator

23. REMARKS:

On 11/17/15, Maine provided approval for pen and ink changes to boxes 8 and 9 to make them consistent with the state's submission.

Revision: HCFA-PM-93-1
January 1993
State/Territory:

BPD)

Maine

OFFICIALCitationsSecs.

1902(a)(28)(D)(i)
and 1919 of
the Act:

P.L. 100-203

(Sec. 4211 (c)):

P.L. 101-508

(sec. 4801 (b))

4.39 Preadmission Screening and Annual
Resident Review in Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the state mental health and mental retardation authorities that meet the requirement of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual 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 annual resident review until such individuals are screened and 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 found not to require NF services.
- (e) Attachment 4.39 specifies the State’s definition of specialized services.



Revision: HCFA-PM-93-1
January 1993
State/Territory:

BPD)

Maine

4.39 (Continued)



- (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 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 it applies in ATTACHMENT 4.39-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maine

CATEGORICAL DETERMINATIONS

PASRR Level II Preadmission Screening by Categorical Determination

The following categories developed by the State mental health or intellectual disability authorities (SMH/IDA) and approved by the State Medicaid Agency may be made applicable to individuals identified by PASRR Level I as possibly having serious mental illness/intellectual disability/related condition 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 / intellectual disability, the individual is referred for individualized Level II evaluation. The State mental health or intellectual disability 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.

I. Categorical Determination that NF placement is appropriate. (Level II Specialized Services evaluation and determination by the SMH/IDA is individualized. A new, individualized, Level II Resident Review is required if at any time the resident demonstrates need for services related to serious mental illness, intellectual disability, or a related condition, or the admission exceeds the specified time limit.)

- NF services are needed for convalescent care from an acute physical illness which required hospitalization, and does not meet all the criteria for an exempt hospital discharge. (An exempt hospital discharge as specified in 42 CFR 483.106(b)(2) is not subject to Preadmission Screening, at State option.)

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CATEGORICAL DETERMINATIONS

Definition	Time limit
<p>Convalescent care from an acute physical illness is a person who:</p> <ul style="list-style-type: none"> • person must have been hospitalized for treatment; and • the discharge does not qualify as an exempted hospital discharge; and • the expected length of stay is not expected to exceed 30 calendar days. The discharging hospital physician must document in writing that the NF stay is expected to be 30 days or less. • If the stay exceeds 30 calendar days, the NF must request the Level II Assessment to be completed within 10 calendar days of the 30th day admission. 	30 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 individualized Specialized Services determination suggests 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 (*optional*)

Terminal illness is defined for hospice purposes in 42 CFR 418.3. The following conditions apply: the person has a medical prognosis that life expectancy is 6 months or less if the illness runs its normal course; and physician has documented the prognosis in writing.

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 such as coma, ventilator dependence, functioning at a brain stem level, or diagnoses which result in a level of impairment documented to be so severe that the individual could not be expected to benefit from Specialized Services.

Definition

The following conditions apply: the person must have a severe physical illness such as coma, ventilator dependence, functioning at a brain stem level or diagnoses which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services; and a physician has documented the diagnosis and condition in writing. If the medical condition improves to the extent that the individual might respond to specialized services for his/her MI/ID/RC condition, a request for a full Level II Assessment must be made.

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CATEGORICAL DETERMINATIONS

III. Provisional admissions. Categorical Determination that NF placement is appropriate for a brief period. Option to also categorically determine by the SMH/IDA (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 MI or DD services. (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)
The following conditions apply: an accurate diagnosis cannot be made until the delirium clears; and a physician documents the diagnosis and condition in writing.		7 days

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

Additional Definition (<i>optional</i>)	SS Not Needed Categorical	Time limit (≤ 7 days)
A brief stay not to exceed 7 days while pending further assessment in emergency situations requiring protective services.		7 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 with Intellectual Disability, Autism, or other Related Condition is expected to return following the brief NF stay.

Additional Definition (<i>optional</i>)	SS Not Needed Categorical	Time limit
The person is expected to return to the in-home caregivers following the respite stay; and no more than 15 calendar days per stay.		15 days per stay

IV. Categorical determination that Specialized Services are not needed. (Determination that Specialized Services are needed is individualized, not categorical. Determination by the SMRA that NF placement is appropriate is individualized.)

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CATEGORICAL DETERMINATIONS

- Dementia and MR. 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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DEFINITION OF SPECIALIZED SERVICES

The State's specialized services will be provided in accordance with the final rules for 42 CFR 483, Subpart C, Preadmission Screening and Annual Review of Mentally ill and Mentally Retarded Individuals, published in the Federal Register of November 1992.

The State's specialized services for people with developmental disability are combined with services provided by the nursing facility or other service providers, results in an individualized specialized services treatment program, which includes aggressive, consistent implementation of services that are directed towards both (i) acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and (ii) prevention or deceleration of regression or loss of current optimal functional status.

The State's specialized services for people with mental illness are any mental health services developed by an interdisciplinary team and which prescribed specific therapies and activities that are directed at diagnosing conditions, reducing symptoms and achieving a level of functioning that permits reduction in the intensity of mental health services.