
Table of Contents

State/Territory Name: Utah

State Plan Amendment (SPA) #: UT-13-020

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

July 16, 2013

W. David Patton, Ph.D.
Utah Department of Health
288 North 1460 West
PO Box 143102
Salt Lake City, UT 84114

RE: Utah #13-020

Dear Dr. Patton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-020. This State Plan Amendment deals with Preadmission Screening by Categorical Determination (PASRR), implementing a new template and allowing the State to add the Short Stay Categorical Determination as a new category type.

Please be informed that this State Plan Amendment was approved today with an effective date of May 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Betty Strecker at (701) 540-4118.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health

CC: Michael Hales, Medicaid Director, UT
Craig Devashrayee, UT

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
13-020-UT

2. STATE:
Utah

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

TO: REGIONAL ADMINISTRATOR
HEALTHCARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
May 1, 2013

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)

FEDERAL STATUTE/REGULATION CITATION:

42 CFR 483.106(b)(2)

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$0
b. FFY 2014 \$0

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 1 through 4 of ATTACHMENT 4.39-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Page 1 of ATTACHMENT 4.39-A

SUBJECT OF AMENDMENT: Preadmission Screening by Categorical Determination

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:

SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

16. RETURN TO:

Craig Devashrayee, Manager
Technical Writing Unit
Utah Department of Health
PO Box 143102
Salt Lake City, UT 84114-3102

TYPED NAME: W. David Patton, Ph.D.

TITLE: Executive Director, Utah Department of Health

DATE SUBMITTED: May 6, 2013

DATE RECEIVED:

5/6/13

18. DATE APPROVED:

7/16/13

FOR REGIONAL USE ONLY

EFFECTIVE DATE OF APPROVED MATERIAL:

5/1/13

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

TYPED NAME:

RICHARD C. ALLEN

22.

AAA, DMICHO

PLAN APPROVED - ONE COPY ATTACHED

REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: UTAH

PASRR Level II Preadmission Screening by Categorical Determination

The following categories developed by the State mental health or intellectual disability authorities may be made applicable to individuals identified by Level I as possibly having serious mental illness/intellectual disability when existing data on the individual appear to be current and accurate and are sufficient to allow the evaluator to readily verify that the individual fits into 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 or the Specialized Services individualized Level II evaluation. Prior to admission, the State mental health or intellectual disability authority produces categorical evaluation and determination reports as required by 42 CFR 483.128 and .130. When existing data is not adequate, the evaluator must complete the individualized Level II evaluation. Specialized Services may be recommended for categorical determinations however, if the evaluator determines that the level of complexity for an individual exceeds that of a categorical determination, the evaluator must complete the individualized Level II evaluation.

Categorical Determination that NF placement is appropriate. Specialized Services evaluation and determination by the SMH/IDA

- Convalescent care from an acute physical illness which required hospitalization and does not meet all the criteria for an exempt hospital discharge, (which, as specified in 42 CFR 483.106(b)(2) is not subject to preadmission screening).

Definition: The Convalescent Care Categorical Determination only applies if the individual was at a hospital for a medical condition and is being admitted to the Medicaid certified nursing facility for the same medical condition.	Time limit 120 calendar days

- Terminal illness, as defined for hospice purposes in 42 CFR 418.3.

Additional Definition: <i>(optional)</i> The Terminal Illness Categorical Determination requires a physician statement that the individual is terminally ill. If the individual is not receiving Hospice service an individualized Level II evaluation is required.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: UTAH

- Other category(s) defined by the State.
Short Stay

Definition: The Short Stay Categorical Determination allows an individual who is suffering from an acute physical illness while living in a community setting to be admitted directly into the nursing facility for a short stay in order to stabilize the acute physical illness.	Time limit (optional) Not to exceed 120 calendar days

Categorical Determination that NF placement is appropriate. Option to also categorically determine by the SMH/IDA that Specialized Services (SS) are not needed. No categorical determinations are made that Specialized Services are needed.

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

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

- Severe physical illness; such as coma, ventilator dependence, functioning at a brain stem level, or at a level of impairment so severe that the individual could not be expected to benefit from specialized services.

Definition: The Severe Physical Illness Categorical Determination requires the presence of severe debilitation. Individuals given this determination are too ill to benefit from specialized services.
--

TN# 13-020
Supersedes
TN# New

Approval Date 7/16/13

Effective Date 5-1-13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: UTAH

- 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 MI or Intellectual disability is expected to return to a community placement following the brief NF stay.

Additional Definition (optional)	Categorical SS Not Needed	Time limit
	<input checked="" type="checkbox"/>	14 calendar days

Categorical determination that Specialized Services are not needed. No categorical determinations are made that Specialized Services are needed. Determination by the SMH/IDA that NF placement is appropriate is individualized.

- Dementia and Intellectual Disability. The State Intellectual disability authority or delegated agency (not Level I screeners) may make categorical determinations that individuals with dementia, which exists in combination with mental retardation or a related condition, do not need specialized services.

Additional Definition (optional)

TN# 13-020
Supersedes
TN# New

Approval Date 7/16/13

Effective Date 5-1-13