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State Name: Delaware

State Plan Amendment (SPA) #: 14-0012

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
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #100120144067

DEC 17 2014

Mr. Stephen M. Groff, Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, DE 19720-0906

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 14-0012 to amend the State Plan to implement the nursing facility preadmission screening and resident review (PASRR) categorical determinations and specialized services definitions. This regulatory process defines the Level II evaluation provided to all individuals suspected of having mental illness or an intellectual developmental disability seeking admission to a Medicaid-certified nursing facility under the PASRR program.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is August 1, 2014. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,


Francis McCullough
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
SPA #14-0012

2. STATE
DELAWARE

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

4. PROPOSED EFFECTIVE DATE
AUGUST 1, 2014

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:
1919(e)(7)
42 CFR 483 Subpart C

7. FEDERAL BUDGET IMPACT:
a. FFY **2014** \$ **13,449.00** (Aug 2014 and Sept 2014)
b. FFY **2015** \$ **95,145.00**
c. FFY **2016** \$ **105,209.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

General Program Administration 4.39 Page 79s
General Program Administration 4.39 Page 79t
Attachment 4.39 Page 1
Attachment 4.39 Page 1.1
Attachment 4.39-A Page 1
Attachment 4.39-A Page 1.1
Attachment 4.39-A Page 1.2
Attachment 4.39-A Page 1.3
Attachment 4.39-A Page 1.4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

General Program Administration 4.39 Page 79s
General Program Administration 4.39 Page 79t
Attachment 4.39 Page 1
NEW
Attachment 4.39-A Page 1
NEW
NEW
NEW
NEW
NEW

10. SUBJECT OF AMENDMENT: PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) – CATEGORICAL DETERMINATIONS AND SPECIALIZED SERVICES

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:
Governor's comments under separate
correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:
//Stephen M. Groff – signature//

13. TYPED NAME:
Stephen M. Groff, Director, Division of Medicaid and Medical Assistance

14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services

15. DATE SUBMITTED:
September 30, 2014

16. RETURN TO:

Stephen M. Groff
Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, Delaware 19720-0906

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 30, 2014

18. DATE APPROVED: **DEC 17 2014**

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2014

21. TYPED NAME:

Francis McCullough

20. SIGNATURE OF REGIONAL OFFICIAL:

Associate Regional Administrator

Revision: HCFA-PM-93-1
January 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
1902(a)(28)(D)(i),
1919(e)(7), 1919(b)(3)(E)
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 requirements 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, and Section 1919e)(7)(B)(iii) of the Act.
- (c) The State identifies Nursing Facility (NF) applicants and residents who are known to, or have indications of possible, serious mental illness, intellectual disability or a related condition, and refers them to the State mental health or intellectual disability authorities for preadmission screening or resident review according to 42 CFR 483.128(a).
- (d) 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 or reviewed.

TN No. <u>SPA #14-0012</u> Supersedes TN No. <u>SP 335</u>	Approval Date <u>DEC 17 2014</u> Effective Date <u>August 1, 2014</u>
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Revision: HCFA-PM-93-1
January 1993

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

- (e) With the exception of NF services furnished to certain long-term 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 meet the State's medical necessity criteria for NF, but for whom NF is determined not to be a needed and appropriate setting according to 42 CFR 483.132. Determining appropriate placement considers community and other institutional options.
- (f) The State defines minimum criteria, related to the resident assessment process for significant change in a residents physical or mental condition as required at 1919(b)(3)(E) of the Social Security Act, that require nursing facilities to promptly notify the State mental health or mental retardation authority that a resident review as required at section 1919(e)(7)(B)(iii) may be needed for residents with serious mental illness, intellectual disability or a related condition. The State mental health and intellectual disability authorities assess notifications from nursing facilities and upon determining that a resident review is needed, will promptly perform a PASRR Level II evaluation and determination.
- (g) ATTACHMENT 4.39 Page 1 specifies the State's definition of specialized services.
- (h) The State applies any categorical determinations, as specified in ATTACHMENT 4.39-A.

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TN No. SP 335

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

DEFINITION OF SPECIALIZED SERVICES

Specialized Services for PASRR

As defined in 42 CFR 483.120, Specialized Services for Preadmission Screening and Resident Review (PASRR) means services that are provided to supplement the care provided by a nursing facility under its Medicaid per diem payment that are intended to result in the continuous and aggressive implementation of an individualized plan of care for a nursing facility resident who has a mental illness or intellectual disability or developmental disability.

Mental Illness

For individuals with serious mental illness, defined in 42 CFR 483.102(b)(1), specialized services, as defined in 42 CFR 483.120(a)(1), means the services specified by the State which, combined with services provided by the nursing facility, results in the continuous and aggressive implementation of an individual plan of care that:

- Is developed and supervised by an interdisciplinary team, which includes a physician, qualified mental health professional and, as appropriate, other professionals,
- Prescribes specific therapies and activities for the treatment of persons experiencing an acute episode of serious mental illness, which necessitates supervision by trained mental health personnel, and
- Treatment is directed toward stabilization and restoration of the level of functioning that preceded the acute episode.

Specialized Services do not include services that can be routinely managed by a primary care provider.

TN No. <u>SPA #14-0012</u> Supersedes TN No. <u>SP 335</u>	<div style="text-align: right;">DEC 17 2014</div> Approval Date _____ Effective Date <u>August 1, 2014</u>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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DEFINITION OF SPECIALIZED SERVICES Continued

Intellectual Disability or Developmental Disability and Related Conditions

For individuals with intellectual disability or developmental disability, defined in 42 CFR 483.102(b)(3), specialized services, as defined in 42 CFR 483.120(a)(2), means the services that are specified by the State, which, combined with services provided by the nursing facility and other service providers results in a continuous active treatment which meets the requirements of 42 CFR 483.440(a)(1) and includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services directed toward:

- The acquisition of skills and behaviors necessary for the client to function with as much self-determination and independence as possible, and
- The prevention or deceleration of regression or loss of current optimal functional status

Specialized Services do not include services that can be routinely managed by a primary care provider.

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TN No. NEWApproval Date DEC 17 2014Effective Date August 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

CATEGORICAL DETERMINATIONS

PASRR Level II Preadmission Screening by Categorical Determination

The following categories developed by the State mental health or intellectual/developmental disability authorities 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/developmental disability /related condition (MI/IDD/RC) 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 nursing facility (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 or intellectual/developmental disability, the individual is referred for individualized Level II evaluation. The State mental health or intellectual/developmental 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. Federal Financial Participation (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.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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CATEGORICAL DETERMINATIONS

PASRR Level II Preadmission Screening by Categorical Determination Continued

(Check each that applies, and supply definitions and time limits as required.)

I. Categorical Determination that nursing facility (NF) placement is appropriate. (Level II Specialized Services evaluation and determination by the State Mental Health/ Intellectual Disabilities/ Developmental Disabilities Authorities (SMH/ID/DDA) 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, developmental disability, or a related condition, or the admission exceeds the specified time limit.)

X Convalescent Care: 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.)

Definition	Time limit
No risk to self or others	
Admission directly from hospital to NF for same condition can include special medical services. Individual lacks adequate supports to safely remain in the community for the needed medical services, observation or intervention.	120 days

X Terminal Illness (as defined for hospice purposes at 42 CFR 418.3: a life expectancy of six (6) months or less if the illness runs its normal course). 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>
No risk to self or others

☐ Other category(s) defined by the State.

Definition	Time limit

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STATE: DELAWARE

CATEGORICAL DETERMINATIONS

PASRR Level II Preadmission Screening by Categorical Determination Continued

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.)

X Medical Dependence: documented 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. For example: coma, ventilator dependence, functioning at a brain stem level, or diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and congestive heart failure 42 CFR 483.130 (c)(3).

Definition
No risk to self or others

☐ 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 (optional)

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STATE: DELAWARE

CATEGORICAL DETERMINATIONS

PASRR Level II Preadmission Screening by Categorical Determination Continued

III. Provisional admissions. Categorical Determination that NF placement is appropriate for a brief period. Option to also categorically determine by the SMH/ID/DDA (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 ID/DD services. (Determination that Specialized Services (SS) are needed is individualized, not categorical.)

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

Additional Definition (<i>optional</i>)	SS Not Needed Categorical	Time limit (≤ 7 days)
No risk to self or others	<input type="checkbox"/>	7 days

X Emergency Situations: Provisional admission pending further assessment requiring protective services, with placement in the nursing facility not to exceed seven (7) days.

Additional Definition (<i>optional</i>)	SS Not Needed Categorical	Time limit (≤ 7 days)
No risk to self or others	<input type="checkbox"/>	7 days

X Respite: Very brief and finite stays of up to a fixed number of days to provide to in-home caregivers to whom the individual with MI or ID/DD is expected to return following the brief NF stay.

Additional Definition (<i>optional</i>)	SS Not Needed Categorical	Time limit
No risk to self or others	<input type="checkbox"/>	Fourteen (14) days

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CATEGORICAL DETERMINATIONS

PASRR Level II Preadmission Screening by Categorical Determination Continued

IV. Categorical determination that Specialized Services are not needed. (Determination that Specialized Services are needed is individualized, not categorical. Determination by the State MH/ID/DD authority that NF placement is appropriate and is individualized.)

X Dementia and Intellectual Disability/Developmental Disability (ID/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>)

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