

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 18-0026

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
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



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

January 31, 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. 18-026 submitted to CMS on December 31, 2018. 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 January 31, 2019, effective November 13, 2018.

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 (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

A handwritten signature in red ink, appearing to be "R. McGreal", written over a faint red line.

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

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

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|--|--|--|---|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER <div style="text-align: center;">1 8 — 0 2 6</div> | 2. STATE <div style="text-align: center;">MA</div> |
| | | 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 <div style="text-align: center;">11/13/2018</div> | |
| 5. TYPE OF PLAN MATERIAL (Check One) | | | |
| <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 (Separate transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION <div style="text-align: center;">42 CFR Part 447</div> | | 7. FEDERAL BUDGET IMPACT a. FFY 2019 \$ 0 b. FFY 2020 \$ 0 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div style="text-align: center;">Attachment 4.39-A pages 1-4</div> | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <div style="text-align: center;">Attachment 4.39-A</div> | |
| 10. SUBJECT OF AMENDMENT <div style="text-align: center;">Pre-Admission Screening and Resident Review Process</div> | | | |
| 11. GOVERNOR'S REVIEW (Check One) | | | |
| <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 <div style="text-align: center;">/s/</div> | | 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 <div style="text-align: center;">Marylou Sudders</div> | | | |
| 14. TITLE <div style="text-align: center;">Secretary</div> | | | |
| 15. DATE SUBMITTED <div style="text-align: center;">12/31/2018</div> | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED <div style="text-align: center;">12/31/2018</div> | | 18. DATE APPROVED <div style="text-align: center;">01/31/2019</div> | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center;">11/13/2018</div> | | 20. SIGNATURE OF REGIONAL OFFICIAL <div style="text-align: center;">/s/</div> | |
| 21. TYPED NAME <div style="text-align: center;">Richard R. McGreal</div> | | 22. TITLE Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA | |
| 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

State Plan under Title XIX of the Social Security Act
State: Massachusetts

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). | 30 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.

State Plan under Title XIX of the Social Security Act
State: Massachusetts

| Definition |
|---|
| <p>A categorical determination that applies if:</p> <ol style="list-style-type: none"> 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 2. Due to the severity of the illness or condition, the individual would not be expected to benefit from specialized services. |

- ☐ 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) |
|------------|--------------------------|
| | |

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 (optional) | 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.

State Plan under Title XIX of the Social Security Act
State: Massachusetts

| 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"/> | 10 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>) |
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