

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1301 Young Street, Room 833  
Dallas, Texas 75202



**Division of Medicaid & Children's Health, Region VI**

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December 21, 2011

Our Reference: SPA TX 11-053

Mr. Billy Millwee  
Associate Commissioner for Medicaid & CHIP  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code: H100  
Austin, Texas 78711

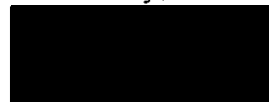
Dear Mr. Millwee:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 11-053, dated September 30, 2011. This state plan amendment defines categorical determinations of need for nursing facility services and specialized services under the Preadmission Screening and Resident Review (PASRR) program.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of February 1, 2013. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

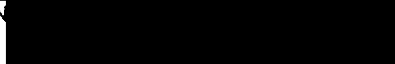
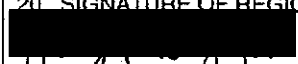
If you have any questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks  
Associate Regional Administrator

cc: Emily Zalkovsky, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>11-053</b>	2. STATE: <b>TEXAS</b>
		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: <b>February 1, 2013</b>	
5. TYPE OF PLAN MATERIAL (Circle 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: <b>42 CFR 483.100-483.138</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013      \$0 b. FFY 2014      \$0 c. FFY 2015      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT: <b>The proposed amendment adds categorical determinations to the Preadmission Screening and Resident Review program.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE: 		16. RETURN TO: <b>Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Billy R. Millwee</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED: <b>September 30, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>30 September, 2011</b>		18. DATE APPROVED: <b>21 December 2011</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 February, 2013</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Bill Brooks</b>		20. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 11-053**

**Number of the  
Plan Section or Attachment**

Attachment 4.39-A  
Page 1  
Page 2  
Page 3

**Number of the Superseded  
Plan Section or Attachment**

Attachment 4.39-A  
Page 1 (TN 93-010)  
N/A – new page  
N/A – new page

STATE <u>Texas</u>	A
DATE REC'D <u>9-30-11</u>	
DATE APPV'D <u>12-21-11</u>	
DATE EFF <u>2-1-13</u>	
HCFA 179 <u>11-53</u>	

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

State/Territory: Texas

**PASRR Level II Preadmission Screening by Categorical Determination**

The following categories developed by the state mental health or mental retardation authorities may be made applicable to individuals identified by Level I as possibly having serious mental illness/mental retardation 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 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 nursing facility (NF) or the specialized services individualized Level II evaluation. The state mental health or mental retardation authority produces categorical evaluation and determination reports as required by 42 CFR 483.128 and 483.130. When existing data is not adequate, or any judgment is required about the presence of serious mental illness/mental retardation, the individual is referred for individualized Level II evaluation. Individuals are either discharged or evaluated by Level II Resident Review within the specified time limits (if any). *(Check each that applies, and supply definitions and time limits as required.)*

**I. Categorical determination that NF placement is appropriate.** Specialized services evaluation and determination by the SMH/MRA is individualized.

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

Definition	Time limit
Individual is admitted from an acute care hospital to an NF for convalescent care with an acute physical illness or injury which required hospitalization and is expected to remain in the NF for greater than 30 days. An individualized Level II determination must be completed within 7 working days.	7 days

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

Additional Definition (optional)	Time limit
Terminally ill means that the individual has a medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course. An individual's medical prognosis is documented by a physician's certification, which is kept in the individual's medical record maintained by the nursing facility. An individualized Level II determination must be completed within 7 working days.	7 days

TN: 11-53      Approval Date: 12-21-11      Effective Date: 2-1-13

Supersedes TN: 93-10

SUPERSEDES: TN- 93-10

**PASRR Level II Preadmission Screening by Categorical Determination (continued)**

- Severe physical illness resulting in ventilator dependence or diagnosis such as chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, congestive heart failure, which result in a level of impairment so severe that the individual could not be expected to benefit from specialized services.

Definition	Time limit
The individual's level of physical impairment is so severe that it is evident that the individual requires NF services and is not likely to benefit from specialized services. An individualized Level II determination must be completed within 7 working days.	7 days

**II. Categorical determination that NF placement is appropriate.** Option to also categorically determine by the SMH/MRA that specialized services are not needed. No categorical determinations are made that specialized services (SS) 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
Individuals whose stay in the nursing facility exceeds seven days must have a PASRR Resident Review.	<input checked="" type="checkbox"/>	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 (optional)	Categorical SS Not Needed	Time limit (≤7 days)
Individuals whose stay in the nursing facility exceeds seven days must have a PASRR Resident Review.	<input checked="" type="checkbox"/>	7 days

STATE <u>Texas</u>	<b>A</b>
DATE REC'D <u>9-30-11</u>	
DATE APPV'D <u>12-21-11</u>	
DATE EFF <u>2-1-13</u>	
HCFA 179 <u>11-53</u>	

TN: 11-53 Approval Date: 12-21-11 Effective Date: 2-1-13  
**SUPERSEDES: NONE - NEW PAGE**  
 Supersedes TN: \_\_\_\_\_

**PASRR Level II Preadmission Screening by Categorical Determination (continued)**

- 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 MR is expected to return following the brief NF stay.

Additional Definition (optional)	Categorical SS Not Needed	Time limit
Individuals whose stay in the nursing facility exceeds fourteen days must have a PASRR Resident Review.	<input checked="" type="checkbox"/>	14 days

- Coma or functioning at brain stem level

Definition	Categorical SS Not Needed	Time limit
Severe illness or injury resulting in inability to respond to external communication or stimuli, such as coma or functioning at brain stem level. The state categorically determines that NF services are needed and specialized services are not needed. Significant improvements in client status resulting in a significant change in status assessment require PASRR resident review to be completed within 7 working days.	<input checked="" type="checkbox"/>	7 days after minimum data set significant change in status assessment is submitted and shows improvement in status.

**III. Categorical determination that specialized services are not needed.** No categorical determinations are made that specialized services are needed. Determination by the SMH/MRA that NF placement is appropriate is individualized.

- Dementia and MR. The state mental retardation authority (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)

STATE <u>Texas</u>	A
DATE REC'D <u>9-30-11</u>	
DATE APP'VD <u>12-21-11</u>	
DATE EFF <u>2-1-13</u>	
HCFA 179 <u>11-08</u> <span style="background-color: yellow;">11-53</span>	

TN: 11-08 11-53 Approval Date: 12-21-11 Effective Date: 2-1-13

Supersedes TN: SUPERSEDES: NONE - NEW PAGE

## Marks, Marsha L. (CMS/SC)

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**From:** Marks, Marsha L. (CMS/SC)  
**Sent:** Tuesday, January 10, 2012 11:46 AM  
**To:** CMS SPA  
**Cc:** Prisby, Karen L. (CMS/CMCHO); Portz, Joshua T. (CMS/CMCHO); Rupley, Cheryl A. (CMS/SC); Spencer, Rene (CMS/CMCHO); Richardson, Daryl C. (CMS/CMCHO); Castro, John B. (CMS/CMCHO); Seng, Suzette (CMS/SC); Foster, Mary D. (CMS/CMCHO); Arceneaux, Janice M. (CMS/CMCHO)  
**Subject:** Approval Pkg for TX 11-53  
**Attachments:** TX1153APPROVAL.doc; Final Approval Pkg for 11-53.pdf

See Attached. SPW has been updated.

State: Texas

**Brief Description:** This plan amendment defines categorical determinations of need for nursing facility services and Specialized Services under the Preadmission Screening and resident Review PASRR program. The amendment does not have a direct impact on Indians, Indian Health programs, or Urban Indian organizations.

**Approval Date:** December 21, 2011

**Effective Date:** 1 February, 2013

*Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 445-380-6499 // [marsha.marks@cms.hhs.gov](mailto:marsha.marks@cms.hhs.gov)*

Are you uninsured? Do you have a pre-existing condition? If so, you may be eligible for the new Pre-Existing Condition Insurance Plan. Call toll free 1-866-717-5826 (TTY 1-866-561-1604) or visit [www.pcip.gov](http://www.pcip.gov) and click on "Find Your State" to learn more.