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

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).

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

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

Additional Definition: *(optional)* 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.

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State/Territory: UTAH

	Other category(s) defined by the State. Short Stay				
	Definition: The Short Stay Categorical Determination individual who is suffering from an acute physical in a community setting to be admitted directly into for a short stay in order to stabilize the acute physical	Time limit (optional) Not to exceed 120 calendar days			
dete	egorical Determination that NF placement is approermine by the SMH/IDA that Specialized Services (SS) erminations are made that Specialized Services are ne Provisional admission pending further assessment in c diagnosis cannot be made until the delirium clears.	are not needed. No eded.	o categorical		
	Additional Definition (optional)	Categorical SS Not Needed	Time limit		
		Ø	7 calendar days		
$\overline{\checkmark}$	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)		
		Ø	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.				
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	State/Territory: <u>U</u>	TAH					
	Very brief and finite stays of up to a fixed number of days to provide respite to inhome 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			
			$\overline{\checkmark}$	14 calendar days			
	ategorical 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 authorized agency (not Level I screeners) may make categorical determining individuals with dementia, which exists in combination with mental retardated condition, do not need specialized services.							
	Additional Definition (optional)						
Sup	# <u>13-020</u> Approval ersedes # New	Date <u>7-16-13</u>	Effective	e Date <u>5-1-13</u>			