

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 8, 2022

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7443

Re: California State Plan Amendment (SPA) 22-0047

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) California 22-0047. This amendment proposes changes to the Preadmission Screening and Resident Review (PASRR) program procedures as follows: include and reinforce the conditions of the Exempted Hospital Discharge option for hospitals; change the term “severe mental illness” to “serious mental illness;” and remove the categorical options Convalescent Care, 5150 and 5250 in the PASRR Level I Screening process. The effective date of the SPA is July 1, 2022.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at section 1902(a)(28)(D)(i) and 1919(e)(7) of Social Security Act and in accordance with 42 Code of Federal Regulations (CFR) 431.621. This letter is to inform you that California Medicaid SPA 22-0047 was approved on August 8, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

Ruth

Hughes -S

Ruth A. Hughes, Acting Director
Division of Program Operations

Digitally signed by
Ruth Hughes -S
Date: 2022.08.08
15:33:39 -05'00'

cc: Erika Sperbeck, California Department of Health Care Services (DHCS)
Bill Otterbeck, DHCS
Margaret Hoffeditz, DHCS

Dr. Timothy VanNetta, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 4 7

2. STATE

CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Section 431.621(b), Sections 1902 (a)(28)(D)(i) and 1919 (e)(7) of the Social Security Act; P.L. 100-203 [Section 4211(c)]; P.L. 101-508 [Section 4801(b)]

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4.39, pages 79s-79t
Attachment 4.39-A, page 1 pages 1-2

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

Section 4.39, pages 79s-79t
Attachment 4.39-A, page 1 pages 1-2

9. SUBJECT OF AMENDMENT

This amendment seeks to make three changes: a) Add the administrative function "Exempted Hospital Discharge" to reinforce terms of the procedure for the Level I Screening, b) Change the term "severe mental illness" to "serious mental illness", and c) Remove Convalescent Care, 5150, and 5250 as a categorical options.

10. 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:

Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
June 30, 2022

15. RETURN TO

Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED
June 30, 2022

17. DATE APPROVED
August 8, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
Ruth Hughes - S Digitally signed by Ruth Hughes - S
Date: 2022.08.08 15:32:59 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

Boxes 7-8: CMS pen & ink change to add submitted page made on 8/04/22 per email with CA DHCS.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

CATEGORICAL DETERMINATIONS

- I. The State mental health or intellectual disability authority may make categorical determinations as to whether nursing facility (NF) level of services are needed under the categories below, pursuant to 42 CFR § 483.130 (b)(1), (c), (d), and (e).
 - A. BRIEF STAY (Time limited)
 1. Provisional admissions pending further assessment in emergency situations requiring protective services, with placement in a nursing facility not to exceed 6 days.
 2. Finite stays of less than 15 days to provide respite to in-home caregivers to whom the individual with serious mental illness or Intellectual Disability, Developmental Disability and/or Related Conditions is expected to return following the brief NF stay.
 - B. DELIRIUM:
Provisional admissions pending further assessment in cases of delirium where accurate diagnosis cannot be made until the delirium clears. The individual must have a primary diagnosis of delirium, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.
 - C. SEVERE PHYSICAL ILLNESS:
There is a severe physical condition such as coma, ventilator dependence, or neurocognitive disorder (dementia) that prevents the individual from engaging with others, communicating effectively, and/or participating in mental health care.
 - D. TERMINAL ILLNESS:
The individual has a terminal illness that is currently being treated under palliative, comfort, or hospice care.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

RESERVED FOR FUTURE USE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

Citation

Section 1902 (a)(28)(D)(i)

And 1919 (e)(7) of the Act;

P.L. 100-203 (Section 4211 (c)); P.L. 101-508 (Section 4801 (b)).

4.39 Preadmission Screening and Resident Review

- (a) The Department of Health Care Services (The Department), as both the Medicaid Agency and state mental health authority, must have in effect a written agreement with the intellectual disability authority that meets the requirements of 42 CFR § 431.621(c).
- (b) The State operates a preadmission screening and resident review (PASRR) program that meets the requirements of 42 CFR §§ 483.100-138.
- (c) Federal Financial Participation (FFP) for medical assistance as defined in 42 USC § 1396b is available for services furnished after the PASRR process has been completed and for individuals who meet the requirements defined in 42 CFR § 483.118(c)(1).
- (d) FFP is not available for the cost of nursing facility (NF) services to individuals who are found not to require NF level of care.
- (e) If an individual with serious mental illness (SMI) or intellectual disability, developmental disability, and/or related conditions (ID/DD/RC) is determined to require a NF level of services, the state mental authority or intellectual disability authority (as appropriate) must also determine, in accordance with 42 CFR § 483.130, whether the individual requires specialized add-on services as specified in ATTACHMENT 4.39.
- (f) The state mental health authority makes categorical determinations as specified in ATTACHMENT 4.39-A that take into account that certain diagnoses, levels of severity of illness, or need for a particular service clearly indicate that admission to or residence in a NF is normally needed, or that the provision of specialized add-on services is not normally needed.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

- (g) The state mental health authority and intellectual disability authority make individualized determinations based on more extensive individualized evaluations as required in 42 CFR §§ 483.132, 483.134, and 483.136.
- (h) PASRR screenings must be completed using an electronic online system operated and maintained by the Department.
- (i) Per 42 CFR § 483.106(b)(2), exemption from the preadmission screening may be applied as the Exempted Hospital Discharge (EHD). An EHD means an individual:
 1. Who is admitted to any NF directly from a hospital after receiving acute inpatient care at the hospital;
 2. Who requires NF Services for the condition for which he or she received care in the hospital; and
 3. Whose attending physician has certified before admission to the facility that the individual is likely to require less than 30 days NF services.

The hospital must complete the Level I to substantiate an EHD with supporting documentation prior to NF admission. If an individual who enters a NF as an EHD is later found to require more than 30 days of NF care, the NF must submit a new Level I Screening marked as a Resident Review by the 31st day.