

8.400 LONG TERM CARE

- .10 Long term care includes nursing facility care as part of the standard Medicaid benefit package, and Home and Community Based Services provided under waivers granted by the Federal government.
- .101 Nursing facility services and Home and Community Based Services are benefits only under Medicaid. Nursing Facility Services and Home and Community Based Services are non-benefits under the Modified Medical Program.
- .102 State only funding will pay for nursing facility services for October 1988 and November 1988 for clients under the Modified Medical Program who were residing in a nursing facility October 1, 1988. This is intended to give clients time to qualify for Medicaid.
- .103 Until the implementation of SB 03-176 a legal immigrant, as defined in 26-4-103(8.5), C.R.S., who received Medicaid services in a nursing facility or through Home and Community Based Services for the Elderly, Blind and Disabled on July 1, 1997, who would have lost Medicaid eligibility due to his/her immigrant status, shall continue to receive services under State funding as long as he/she continues to meet Medicaid eligibility requirements.
- .104 If a nursing facility client, who is only eligible for the Modified Medical Program, is making a valid effort to dispose of excess resources but legal constraints do not allow the conversion to happen by December 1, 1988, the client may have 60 additional days to meet SSI eligibility requirements.
- .11 Standard Medicaid long term care services are services provided in:
 - Skilled care facilities (SNF)
 - Intermediate care facilities (ICF)
 - Intermediate care facilities for the mentally retarded (ICF/MR)
- .12 Home and Community Based Services under the Medicaid waivers include distinct service programs designed as alternatives to standard Medicaid nursing facility or hospital services for discrete categories of clients. These programs are Home and Community Based Services for the Elderly, Blind and Disabled (HCBS-EBD), Home and Community Based Services for the Developmentally Disabled (HCBS-DD); Home and Community Based Services for those inappropriately residing in nursing facilities (OBRA '87); and, Home and Community Based Services for Persons Living with AIDS (HCBS-PLWA).

8.400 LONG TERM CARE (Continued)

- .13 Unless specified by reference to the specific programs described above, the term Home and Community Based Services where it appears in these rules and regulations shall refer to the programs described herein above, and the rules and regulations within this section shall be applicable to all Home and Community Based Services programs.
- .14 Nursing facilities are prohibited from admitting any new client who has mental illness or mental retardation, as defined in 8.401.18 Determination Criteria for Mentally Ill and Developmentally Disabled unless that client has been determined to require the level of services provided by a nursing facility as defined in 8.401.19.
- .15 Clients eligible for Home and Community Based Services are eligible for all Medicaid services including home health services.
- .16 Target Population Definitions. For purposes of determining appropriate type of long term services, including home and community based services, as well as providing for a means of properly referring clients to the appropriate community agency, the following target group designations are established:
- A. Developmentally Disabled - includes all clients whose need for long term care services is based on a diagnosis of Developmental Disability and Related Conditions, as defined in Section 8.401.18.
 - B. Mentally Ill - includes all clients whose need for long term care is based on a diagnosis of mental disease as defined in Section 8.401.18.

8.400 LONG TERM CARE (Continued)

- C. Functionally Impaired Elderly - includes all clients who meet the level of care screening guidelines for SNF or ICF care, and who are age 65 or over. Clients who are mentally ill, as defined in Section 8.401.18, shall not be included in the target group of Functionally Impaired Elderly, unless the person's need for long term care services is primarily due to physical impairments that are not caused by any diagnosis included in the definition of mental illness at 8.401.18, and determined by Utilization Review Contractor from the medical evidence.
 - D. Physically Disabled or Blind Adult - includes all clients who meet the level of care screening guidelines for SNF or ICF care, and who are age 18 through 64. Clients who are developmentally disabled or mentally ill, as defined in 8.401.18, shall not be included in the Physically Disabled or Blind target group, unless the person's need for long term care services is primarily due to physical impairments not caused by any diagnosis included in the definition of developmental disability or mental illness at 8.401.18, as determined by Utilization Review Contractor from the medical evidence.
 - E. Persons Living with AIDS - includes all clients of any age who meet either the nursing home level of care or acute level of care screening guidelines for nursing facilities or hospitals, and have the diagnosis of Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS). Clients who are diagnosed with HIV or AIDS may alternatively request to be designated as any other target group for which they meet the definitions above.
- .17 Services in Home and Community Based Services programs established in accordance with federal waivers shall be provided to clients in accordance with the Utilization Review Contractor determined target populations as defined herein above.

8.400 LONG TERM CARE (Continued)

8.401 LEVEL OF CARE SCREENING GUIDELINES

- .01 The client must have been found by the Utilization Review Contractor to meet the applicable level of care guidelines for the type of services to be provided.
- .02 The Utilization Review Contractor shall not make a level of care determination unless the recipient has been determined to be Medicaid eligible or an application for Medicaid services has been filed with the county department of social services.
- .03 Payment for skilled (SNF) and intermediate nursing home care (ICF) and Home and Community Based Services will only be made for clients whose functional assessment and frequency of need for skilled and maintenance services meet the level of care guidelines for long term care.
- .04 Payment for care in an intermediate care facility for the mentally retarded (ICF/MR) will only be made for developmentally disabled clients whose programmatic and/or health care needs meet the level of care guidelines for the appropriate class of ICF/MRs. Payment for Home and Community Based Services for the Developmentally Disabled will only be made for developmentally disabled clients who meet the level of care guidelines for long term care services for the developmentally disabled.
- .05 Services provided by nursing facilities are available to those clients that meet the guidelines below and are not identified as mentally ill or mentally retarded by the Determination Criteria for Mentally Ill and Developmentally Disabled in 8.401.18.

8.400 LONG TERM CARE (Continued)

8.401 LEVEL OF CARE SCREENING GUIDELINES

8.401.1 GUIDELINES FOR LONG TERM CARE SERVICES (CLASS I SNF AND ICF FACILITIES, HCB-EBD, HCBS-MI, HCBS-BI, Children's HCBS, HCBS-CES, HCBS-DD, HCBS-SLS, HCBS-CHRP, HCBS-PLWA, and Long Term Home Health)

.11 The guidelines for long term care are based on a functional needs assessment in which individuals are evaluated in at least the following areas of activities of daily living:

- Mobility
- Bathing
- Dressing
- Eating
- Toileting
- Transferring
- Need for supervision

8.400 LONG TERM CARE (Continued)

8.401 LEVEL OF CARE SCREENING GUIDELINES

- .12 Skilled services shall be defined as those services which can only be provided by a skilled person such as a nurse or licensed therapist or by a person who has been extensively trained to perform that service.
- .13 Maintenance services shall be defined as those services which may be performed by a person who has been trained to perform that specific task, e.g., a family member, a nurses aide, a therapy aide, visiting homemaker, etc.
- .14 Skilled and maintenance services are performed in the following areas:
- Skin care
 - Medication
 - Nutrition
 - Activities of daily living
 - Therapies
 - Elimination
 - Observation and monitoring
- .15 A. The Utilization Review Contractor shall certify as to the functional need for the nursing facility level of care. A Utilization Review Contractor reviews the information submitted on the ULTC 100.2 and assigns a score to each of the functional areas described in subsection 8.401.11 above. The scores in each of the functional areas are based on a set of criteria and weights approved by the State which measures the degree of impairment in each of the functional areas. When the score in a minimum of two ADLs or the score for one category of supervision is at least a (2), the Utilization Review Contractor may certify that the person being reviewed is eligible for nursing facility level of care.

8.400 LONG TERM CARE (Continued)

8.401 LEVEL OF CARE SCREENING GUIDELINES (Continued)

- B. The Utilization Review Contractor's review shall include the information provided by the functional assessment screen.

8.400 LONG TERM CARE (Continued)

8.401 LEVEL OF CARE SCREENING GUIDELINES (Continued)

- C. A person's need for basic Medicaid benefits is not a proper consideration in determining whether a person needs long term care services (including Home and Community Based Services).
- D. The ULTC 100.2 shall be the comprehensive and uniform client assessment process for all individuals in need of long-term care, the purpose of which is to determine the appropriate services and levels of care necessary to meet clients' needs, to analyze alternative forms of care and the payment sources for such care, and to assist in the selection of long-term care programs and services that meet clients' needs most cost-efficiently.

LONG TERM CARE ELIGIBILITY ASSESSMENT

General Instructions: To qualify for Medicaid long-term care services, the recipient/applicant must have deficits in 2 of 6 Activities of Daily Living, ADLs, (2+ score) or require at least moderate (2+ score) in Behaviors or Memory/Cognition under Supervision.

ACTIVITIES OF DAILY LIVING

I. BATHING

Definition: The ability to shower, bathe or take sponge baths for the purpose of maintaining adequate hygiene.

ADL SCORING CRITERIA

- 0=The client is independent in completing the activity safely.
- 1=The client requires oversight help or reminding; can bathe safely without assistance or supervision, but may not be able to get into and out of the tub alone.
- 2=The client requires hands on help or line of sight standby assistance throughout bathing activities in order to maintain safety, adequate hygiene and skin integrity.
- 3=The client is dependent on others to provide a complete bath.

Due To: (Score must be justified through one or more of the following conditions)

<p>Physical Impairments :</p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Balance Problems <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Falls <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Muscle Tone <input type="checkbox"/>Amputation 	<ul style="list-style-type: none"> <input type="checkbox"/>Open Wound <input type="checkbox"/>Stoma Site <p>Supervision:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <p>Mental Health:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

LONG TERM CARE ELIGIBILITY ASSESSMENT: ADLS (continued)

II. DRESSING

Definition: The ability to dress and undress as necessary. This includes the ability to put on prostheses, braces, anti-embolism hose or other assistive devices and includes fine motor coordination for buttons and zippers. Includes choice of appropriate clothing for the weather. Difficulties with a zipper or buttons at the back of a dress or blouse do not constitute a functional deficit.

ADL SCORING CRITERIA

- 0= The client is independent in completing activity safely.
- 1=The client can dress and undress, with or without assistive devices, but may need to be reminded or supervised to do so on some days.
- 2= The client needs significant verbal or physical assistance to complete dressing or undressing, within a reasonable amount of time.
- 3= The client is totally dependent on others for dressing and undressing

Due To: (Score must be justified through one or more of the following conditions)

<p><u>Physical Impairments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Balance Problems <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Fine Motor Impairment <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Bladder Incontinence <input type="checkbox"/>Bowel Incontinence <input type="checkbox"/>Amputation <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Muscle Tone 	<ul style="list-style-type: none"> <input type="checkbox"/>Open Wound <p><u>Supervision:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

LONG TERM CARE ELIGIBILITY ASSESSMENT: ADLS (continued)

III. TOILETING

Definition: The ability to use the toilet, commode, bedpan or urinal. This includes transferring on/off the toilet, cleansing of self, changing of apparel, managing an ostomy or catheter and adjusting clothing.

ADL SCORING CRITERIA

- 0=The client is independent in completing activity safely.
- 1=The client may need minimal assistance, assistive device, or cueing with parts of the task for safety, such as clothing adjustment, changing protective garment, washing hands, wiping and cleansing.
- 2=The client needs physical assistance or standby with toileting, including bowel/bladder training, a bowel/bladder program, catheter, ostomy care for safety or is unable to keep self and environment clean.
- 3=The client is unable to use the toilet. The client is dependent on continual observation, total cleansing, and changing of garments and linens. This may include total care of catheter or ostomy. The client may or may not be aware of own needs.

Due To: (Score must be justified through one or more of the following conditions)

<p><u>Physical Impairments :</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Fine Motor Impairment <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Bladder Incontinence <input type="checkbox"/>Bowel Incontinence <input type="checkbox"/>Amputation <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Physiological defect <input type="checkbox"/>Balance <input type="checkbox"/>Muscle Tone <input type="checkbox"/>Impaction 	<ul style="list-style-type: none"> <input type="checkbox"/>Ostomy <input type="checkbox"/>Catheter <p><u>Supervision Need:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

LONG TERM CARE ELIGIBILITY ASSESSMENT: ADLS (continued)

IV. MOBILITY

Definition: The ability to move between locations in the individual's living environment inside and outside the home. Note: Score client's mobility without regard to use of equipment other than the use of prosthesis.

ADL SCORING CRITERIA

- 0=The client is independent in completing activity safely.
- 1=The client is mobile in their own home but may need assistance outside the home.
- 2=The client is not safe to ambulate or move between locations alone; needs regular cueing, stand-by assistance, or hands on assistance for safety both in the home and outside the home.
- 3=The client is dependent on others for all mobility.

Due To: (Score must be justified through one or more of the following conditions)

<p><u>Physical Impairments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Fine or Gross Motor Impairment <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Amputation <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Balance <input type="checkbox"/>Muscle Tone 	<p><u>Supervision Need:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <input type="checkbox"/>History of Falls <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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Comments:

LONG TERM CARE ELIGIBILITY ASSESSMENT: ADLS (continued)

V. TRANSFERRING

Definition: The physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position; the ability to get in and out of bed or usual sleeping place; the ability to use assisted devices, including properly functioning prosthetics, for transfers. Note: Score Client's ability to transfer without regard to use of equipment.

ADL SCORING CRITERIA

- 0=The client is independent in completing activity safely.
- 1=The client transfers safely without assistance most of the time, but may need standby assistance for cueing or balance; occasional hands on assistance needed.
- 2=The client transfer requires standby or hands on assistance for safety; client may bear some weight.
- 3=The client requires total assistance for transfers and/or positioning with or without equipment.

Due To: (Score must be justified through one or more of the following conditions)

<u>Physical Impairments:</u> <input type="checkbox"/> Pain <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Limited Range of Motion <input type="checkbox"/> Weakness <input type="checkbox"/> Balance Problems <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Falls <input type="checkbox"/> Decreased Endurance <input type="checkbox"/> Paralysis <input type="checkbox"/> Neurological Impairment <input type="checkbox"/> Amputation <input type="checkbox"/> Oxygen Use	<u>Supervision Need:</u> <input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Memory Impairment <input type="checkbox"/> Behavior Issues <input type="checkbox"/> Lack of Awareness <input type="checkbox"/> Difficulty Learning <input type="checkbox"/> Seizures <u>Mental Health:</u> <input type="checkbox"/> Lack of Motivation/Apathy <input type="checkbox"/> Delusional <input type="checkbox"/> Hallucinations <input type="checkbox"/> Paranoia
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Comments:

LONG TERM CARE ELIGIBILITY ASSESSMENT: ADLS (continued)

VI. EATING

Definition: The ability to eat and drink using routine or adaptive utensils. This also includes the ability to cut, chew and swallow food. Note: If a person is fed via tube feedings or intravenously, check box 0 if they can do independently, or box 1, 2, or 3 if they require another person to assist.

ADL SCORING CRITERIA

- 0=The client is independent in completing activity safely
- 1=The client can feed self, chew and swallow foods but may need reminding to maintain adequate intake; may need food cut up; can feed self if food brought to them, with or without adaptive feeding equipment.
- 2=The client can feed self but needs line of sight standby assistance for frequent gagging, choking, swallowing difficulty; or aspiration resulting in the need for medical intervention. The client needs reminder/assistance with adaptive feeding equipment; or must be fed some or all food by mouth by another person.
- 3=The client must be totally fed by another person; must be fed by another person by stomach tube or venous access.

Due To: (Score must be justified through one or more of the following conditions)

<p><u>Physical Impairments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Pain <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Limited Range of Motion <input type="checkbox"/>Weakness <input type="checkbox"/>Shortness of Breath <input type="checkbox"/>Decreased Endurance <input type="checkbox"/>Paralysis <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Amputation <input type="checkbox"/>Oxygen Use <input type="checkbox"/>Fine Motor Impairment <input type="checkbox"/>Poor Dentition <input type="checkbox"/>Tremors <input type="checkbox"/>Swallowing Problems <input type="checkbox"/>Choking <input type="checkbox"/>Aspiration 	<ul style="list-style-type: none"> <input type="checkbox"/>Tube Feeding <input type="checkbox"/>IV Feeding <p><u>Supervision Need:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Behavior Issues <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Seizures <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia
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<p>Comments:</p>

LONG TERM CARE ELIGIBILITY ASSESSMENT: Supervision

VII. SUPERVISION

Behaviors

Definition: The ability to engage in safe actions and interactions and refrain from unsafe actions and interactions (Note, consider the client’s inability versus unwillingness to refrain from unsafe actions and interactions).

Scoring Criteria

- 0=The client demonstrates appropriate behavior; there is no concern.
- 1=The client exhibits some inappropriate behaviors but not resulting in injury to self, others and/or property. The client may require redirection. Minimal intervention is needed.
- 2=The client exhibits inappropriate behaviors that put self, others or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors.
- 3=The client exhibits behaviors resulting in physical harm to self or others. The client requires extensive supervision to prevent physical harm to self or others.

Due To: (Score must be justified through one or more of the following conditions)

<p>Physical Impairments:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Chronic Medical Condition <input type="checkbox"/>Acute Illness <input type="checkbox"/>Pain <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Choking <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Communication Impairment (not inability to speak English) <p>Mental Health:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia <input type="checkbox"/>Mood Instability 	<p>Supervision needs:</p> <ul style="list-style-type: none"> <input type="checkbox"/>Short Term Memory Loss <input type="checkbox"/>Long Term Memory Loss <input type="checkbox"/>Agitation <input type="checkbox"/>Aggressive Behavior <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Memory Impairment <input type="checkbox"/>Verbal Abusiveness <input type="checkbox"/>Constant Vocalization <input type="checkbox"/>Sleep Deprivation <input type="checkbox"/>Self-Injurious Behavior <input type="checkbox"/>Impaired Judgment <input type="checkbox"/>Disruptive to Others <input type="checkbox"/>Disassociation <input type="checkbox"/>Wandering <input type="checkbox"/>Seizures <input type="checkbox"/>Self Neglect <input type="checkbox"/>Medication Management
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Comments:

LONG TERM CARE ELIGIBILITY ASSESSMENT: Supervision (Continued)

VIII. Memory/Cognition Deficit

Definition: The age appropriate ability to acquire and use information, reason, problem solve, complete tasks or communicate needs in order to care for oneself safely.

Scoring Criteria

- 0= Independent no concern
- 1= The client can make safe decisions in familiar/routine situations, but needs some help with decision making support when faced with new tasks, consistent with individual's values and goals.
- 2= The client requires consistent and ongoing reminding and assistance with planning, or requires regular assistance with adjusting to both new and familiar routines, including regular monitoring and/or supervision, or is unable to make safe decisions, or cannot make his/her basic needs known.
- 3= The client needs help most or all of time.

Due To: (Score must be justified through one or more of the following conditions)

<p><u>Physical Impairments:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Metabolic Disorder <input type="checkbox"/>Medication Reaction <input type="checkbox"/>Acute Illness <input type="checkbox"/>Pain <input type="checkbox"/>Neurological Impairment <input type="checkbox"/>Alzheimer's/Dementia <input type="checkbox"/>Sensory Impairment <input type="checkbox"/>Chronic Medical Condition <input type="checkbox"/>Communication Impairment (does not include ability to speak English) <input type="checkbox"/>Abnormal Oxygen Saturation <input type="checkbox"/>Fine Motor Impairment <p><u>Supervision Needs:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Disorientation <input type="checkbox"/>Cognitive Impairment <input type="checkbox"/>Difficulty Learning <input type="checkbox"/>Memory Impairment 	<ul style="list-style-type: none"> <input type="checkbox"/>Self-Injurious Behavior <input type="checkbox"/>Impaired Judgment <input type="checkbox"/>Unable to Follow Directions <input type="checkbox"/>Constant Vocalizations <input type="checkbox"/>Perseveration <input type="checkbox"/>Receptive Expressive Aphasia <input type="checkbox"/>Agitation <input type="checkbox"/>Disassociation <input type="checkbox"/>Wandering <input type="checkbox"/>Lack of Awareness <input type="checkbox"/>Seizures <input type="checkbox"/>Medication Management <p><u>Mental Health:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/>Lack of Motivation/Apathy <input type="checkbox"/>Delusional <input type="checkbox"/>Hallucinations <input type="checkbox"/>Paranoia <input type="checkbox"/>Mood Instability
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Comments:

8.401.18 PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) AND SPECIALIZED SERVICES FOR MENTALLY ILL AND MENTALLY RETARDED INDIVIDUALS

.181 Purpose of Program

- A. The PASARR program requires pre-screening or reviewing of all clients who apply to or reside in a Medicaid certified nursing facility regardless of:
 - 1. The source of payment for the nursing facility services; or
 - 2. The individual's or resident's diagnosis.
- B. The purpose of the PASARR Level I Identification screening is to identify for further review, all those clients seeking nursing facility admission, for whom it appears a diagnosis of mental illness or mental retardation is likely.
- C. The purpose of the PASARR Level II evaluation is to evaluate and determine whether nursing facility services are needed, whether an individual has mental illness or mental retardation and whether specialized mental health or mental retardation services are needed.

8.401.18 PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) AND SPECIALIZED SERVICES FOR MENTALLY ILL AND MENTALLY RETARDED INDIVIDUALS (Continued)

.182 Definitions

A. Mental Illness

1. An individual is considered to have mental illness if he/she has a current primary or secondary diagnosis of a major mental disorder (as defined in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IVR), revised in 1996). No amendments or later editions are incorporated. Copies are available for inspection at the following address: Colorado Department of Health Care Policy and Financing 1575 Sherman Street, Denver, Colorado 80203-1714.
2. A major mental disorder is defined as: A primary diagnosis of schizophrenic, paranoid, major affective, schizoaffective disorders or other psychosis.
3. An individual is considered to not have mental illness if he/she has:
 - a. a primary diagnosis of dementia (including Alzheimer's disease or a related disorder); or
 - b. a non-primary diagnosis of dementia (including Alzheimer's disease or a related disorder) without a primary diagnosis of serious mental illness, or mental retardation or a related condition.

8.401.18 PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) AND SPECIALIZED SERVICES FOR MENTALLY ILL AND MENTALLY RETARDED INDIVIDUALS (Continued)

.182 Definitions (continued)

B. Mental Retardation and Related Conditions

An individual is considered to have mental retardation if he or she has a level of retardation (mild, moderate, severe or profound) as described in the American Association on Mental Deficiency's Manual on Classification in Mental Retardation (1983). No amendments or later editions are incorporated. .

1. Mental Retardation refers to significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental years.
2. The provisions of this section also apply to individuals with "related conditions," as defined by 42 C. F. R. § 435.1009 (2000) which states: "Persons with related conditions" means individuals who have a severe, chronic disability that meets all of the following conditions:
 - a. It is attributable to:
 - 1) Cerebral palsy or epilepsy; or
 - 2) Any other condition, other than mental illness, found closely related to mental retardation. These related conditions result in impairment of general intellectual functioning or adaptive behavior similar to individuals with mental retardation, and require treatment or services similar to those required for these individuals.

8.401.18 PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) AND SPECIALIZED SERVICES FOR MENTALLY ILL AND MENTALLY RETARDED INDIVIDUALS (Continued)

Rev. .182 Definitions (continued)

B. Mental Retardation and Related Conditions (continued)

- b. It is manifested before the individual reaches age 22.
- c. It is likely to continue indefinitely.
- d. It results in substantial functional limitations in three or more of the following areas of major life activity:
 - 1) Self-care,
 - 2) Understanding and use of language,
 - 3) Learning,
 - 4) Mobility,
 - 5) Self-direction or
 - 6) Capacity for independent living."

8.401.183

Requirements for the PASARR Program

- A. The Level of Care determination and the Level I screening reviews shall be required by the Utilization Review Contractor prior to admission to a Medicaid certified nursing facility.
- B. The Utilization Review Contractor admission start date (the first date of care covered by Medicaid) shall be assigned after the required Level II PASARR evaluation is completed and the Utilization Review Contractor certifies the client is appropriate for nursing facility care. The admission start date for individuals who do not requiring a Level II evaluation shall be the date that the Initial Screening and Intake Form and Professional Medical Information pages from the ULTC 100.2 are faxed to the Single Entry Point.
- C. Individuals other than Medicaid eligible recipients, who require a Level II evaluation, shall have the Level II evaluation prior to admission. The Level II contractor shall perform the evaluation. The Level II contractor can be a qualified mental health professional, a corporation that specializes in mental health, the community mental health center, or the community centered board.
- D. The Level II contractor shall conduct a review and determination for individuals or clients found to be mentally ill or retarded who have had a change in mental health or developmental disabled status.
- E. PASARR findings, as related to care needs, shall be coordinated with the nursing facility federally prescribed, routine Resident Assessments (Minimum Data Set) requirements. These requirements are described at 42 C.F.R. §483.20 (October 1, 2000 edition). No amendments or later editions are incorporated. Copies are available for inspection at the following address: Health and Medical Services, Colorado Department of Health Care Policy and Financing, 1575 Sherman Street, Denver, Colorado 80203-1714.

8.401.18 PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) AND SPECIALIZED SERVICES FOR MENTALLY ILL AND MENTALLY RETARDED INDIVIDUALS (Continued)

8.401.184 Nursing Facilities Responsibilities Under the PASARR Program

- A. The Utilization Review Contractor/Single Entry Point shall complete the Level I screening on the functional assessment form for Medicaid clients. The nursing facility shall complete the Level I screening for non-Medicaid individuals admitted from the community or pay source change. The hospital shall complete the Level I for non-Medicaid individuals admitted to nursing facility from the hospital. Medicaid Level I information is on the Level I screen in the ULTC-100.2 and is submitted to the Utilization Review Contractor with the rest of the Level of Care information. Private pay Level I information that indicates the resident may be mentally ill or mentally retarded is submitted to the Utilization Review Contractor as well on the ULTC-100.2.
- B. Nursing facility staff shall be trained in which diagnoses, medications, history and behaviors would result in a positive finding in a Level I screening (e.g., a Yes response to a psychiatric diagnosis or history).
- C. Following review of information on the Functional Assessment form, the Utilization Review Contractor determines whether a Level II evaluation is necessary and notifies the facility.
- D. If a Level II evaluation is necessary, the facility and the Level II contractor shall assure that the Level II is completed. Level II PASARR evaluations shall be done at no cost to the individual or facility by the Level II contractor for that geographic area.
- E. If the individual is determined to be mentally ill or mentally retarded as a result of the Level II, the nursing facility shall retain the results of the Level II in the resident's charts. The Level II evaluation shall be updated when the resident's condition changes. The Level II evaluations must be kept current in the resident's charts.

8.401.18 PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) AND SPECIALIZED SERVICES FOR MENTALLY ILL AND MENTALLY RETARDED INDIVIDUALS (Continued)

8.401.184 Nursing Facilities Responsibilities Under the PASARR Program

- F. If a Level II evaluation is not required, documentation must be completed on the reasons a Level II one was not done and retained in the resident's chart.
- G. The resident's chart shall contain the following information:
 - 1. The psychiatric evaluation and/or Colorado Assessment Review form (COPAR);
 - 2. The findings; and
 - 3. The determination letter (from either mental health or mental retardation authorities).
- H. The nursing facility shall assure that the diagnoses are current and accurate by reconciling in the resident's record any diagnoses conflicting with the PASARR Level II diagnosis.
- I. The nursing facility is responsible to arrange for services based on service recommendations from the Level II evaluation.
- J. Nursing Facilities may contact the local community mental health centers or community center boards to make arrangements for the provisions of Specialized Services as indicated on the Level II reviews. Furthermore, nursing facilities are prohibited from providing Specialized Services.

8.401.18 PRE-ADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR) AND SPECIALIZED SERVICES FOR MENTALLY ILL AND MENTALLY RETARDED INDIVIDUALS (Continued)

.185 The State Survey and Certification Process

- A. The State Survey and Certification Process will be used to determine whether the resident had the following:
1. A comprehensive Level I and Level II assessment;
 2. An appropriate care plan; and
 3. Specialized treatment, if needed.
- B. The Department of Public Health and Environment shall conduct the PASARR program surveys in accordance with the Agency Agreement between Department of Public Health and Environment and the Department.

.186 Responsibilities of the Utilization Review Contractor in Determining Level of Care

- A. For private pay and nursing facility residents on admission with indications of mental illness or mental retardation, the Utilization Review Contractor shall first determine appropriate admission to a nursing facility through the following process:
1. A Level of Care review;
 2. The Level I identification screen verification;
 3. A Categorical determination, if appropriate; and
 4. A Level II referral, if appropriate.
- B. A nursing facility placement shall be considered appropriate when the following conditions are met:
1. An individual's needs are such that he or she passes the Level of Care screen for admission and the individual is seeking Medicaid reimbursement; and
 2. The Level I and II screens indicate nursing facility placement is appropriate.

8.401.19 LEVEL I IDENTIFICATION SCREEN

.191 The Level I Screen criteria shall be as follows:

- A. The Level I Screen, used by the Utilization Review Contractor to identify those who may be mentally ill shall, be applied under the following conditions:
1. The individual has a diagnosis of mental illness as defined above; and/or
 2. The individual has a recent (within the last two years) history of mental illness, as defined above; and/or
 3. A major tranquilizer, anti-depressant or psychotropic medication has been prescribed regularly without a justifiable diagnosis of neurological disorder to warrant the medication; and/or
 4. There is presenting evidence of mental illness (except a primary diagnosis of Alzheimer's disease or dementia) including possible disturbances in orientation, affect, or mood, as determined by the Utilization Review Contractor.
- B. The Level I Screen, used by the Utilization Review Contractor to identify those who may be mentally retarded or individuals with related conditions, shall be applied under the following conditions:
1. The individual has a diagnosis of mental retardation or related conditions as defined above; and/or
 2. There is a history of mental retardation or related conditions, as defined above, in the individual's past; and/or
 3. There is presenting evidence (cognitive or behavior functions) of mental retardation or related conditions; and/or
 4. The individual is referred by an agency that serves individuals with mental retardation or related conditions, and the individual has been determined to be eligible for that agency's services.

8.401.19 LEVEL I IDENTIFICATION SCREEN (Continued)

.192 When the results of the Level I Screen indicate the individual may have mental illness or mental retardation or related conditions, the individual must undergo the additional PASARR Level II evaluation specified below, unless one or more of the following is determined by the Utilization Review Contractor:

- A. There is substantial evidence that the individual is not mentally ill or mentally retarded; or
- B. A categorical determination is made that:
 - 1. The individual has:
 - a. A primary diagnosis of dementia, including Alzheimer's Disease or a related disorder;
 - b. The above must be substantiated based on a neurological examination.
 - 2. The individual is terminally ill (i.e., the physician documents that the individual has less than six months to live).
 - 3. An individual is in need of convalescent care.
 - a. Convalescent care is defined as:
 - 1) A discharge from an acute care hospital;
 - 2) An admission for a prescribed, limited nursing facility stay for rehabilitation or convalescent care; and
 - 3) An admission for a medical or surgical condition that required hospitalization.

8.401.19 LEVEL I IDENTIFICATION SCREEN (Continued)

- b. If an individual is determined to need convalescent care, the Utilization Review Contractor must follow-up to determine if the individual still needs convalescent care (and the following must occur, including):
 - 1) A referral shall be made for a Level II evaluation if the individual remains in the nursing facility for longer than 60 days;
 - 2) The above referral shall be made to the appropriate community mental health center or community centered board or other designated agencies; and
 - 3) The individual shall receive a Level II evaluation within 10 calendar days of the referral.
4. An individual is severely ill.
 - a. An individual is considered severely ill if he or she is:
 - 1) comatose;
 - 2) ventilator dependent;
 - 3) in a vegetative state.
 - b. The following PASARR criteria must be met when an individual is severely ill:
 - 1) A Mental Health referral shall be made and a Level II evaluation shall be completed if the individual no longer meets the above criteria as determined by the Utilization Review Contractor.
 - 2) A Mental Retardation Level II referral shall be made and an evaluation shall be completed within 60 days of admission, even if the individual meets the above criteria as determined for severely ill by the Utilization Review Contractor.
5. Emergency procedure in C.R.S. § 27-10-101, et. seq., shall supersede the PASARR process. When the State Mental Health authorities, pursuant to C.R.S. § 27-10-101, et. seq., determine that an individual requires inpatient psychiatric care and qualifies under the emergency procedures for a hold and treat order, this procedure shall supersede the PASARR determination process.

8.401.19 LEVEL I IDENTIFICATION SCREEN (Continued)

- .193 For individuals or residents who may have mental illness or mental retardation as determined through the Level I screen and who are referred by the State authorities or designees for a PASARR Level II evaluation, the following applies:
- A. The designated agencies completing the Level I screen shall send a written notice to the individual or resident and to his or her legal representative stating the Level I findings.
 - B. The Level I notice to the individual or resident shall be required if the Level I findings result in a referral for a Level II evaluation.
 - C. The Level I findings are not an appealable action.
- .194 Categorical determinations which may delay a Level II referral shall not prevent the nursing facility from meeting the psychosocial, physical and medical needs of the resident.
- .195 Categorical Determinations may be applied only if an individual is in no danger to him/herself or others.

88.401.20 LEVEL II PASARR EVALUATION

- .201 The purpose of the Level II evaluation is to determine whether:
- A. Each individual with mental illness or mental retardation requires the level of services provided by a nursing facility.
 - B. An individual has a major mental illness or is mentally retarded.
 - C. The individual requires a Specialized Services program for the mental illness or mental retardation.
- .202 Basic Requirements for LEVEL II PASARR Evaluations and Determinations include:
- A. The State Mental Health authority shall make determinations of whether individuals with mental illness require specialized services that can be provided in a nursing facility as follows:
 - 1. The determination must be based on an independent physical and mental evaluation.
 - 2. The evaluation must be performed by an individual or entity other than the State Mental Health authority.
 - B. The State Mental Retardation authority shall conduct both the evaluation and the determination functions of whether individuals with mental retardation require specialized services that can be provided in nursing facilities.
 - C. The PASARR Level II contractor shall complete the evaluation within 10 working days of the referral from the Utilization Review Contractor.
 - D. PASARR determinations made by the State Mental Health or Mental Retardation authorities cannot be countermanded by the Department through the claims payment process or through other utilization control/review processes, or by the State Department of Public Health and Environment, survey and certification agency, or by any receiving facility or other involved entities.

- E. The Final Agency action by the Department may overturn a PASARR adverse determination made by State Mental Health or Mental Retardation authorities.
 - F. Timely filing of PASARR billings from providers is 120 days.
- .203 An individual meets the requirements of a Depression Diversion Screen.
- A. A Depression Diversion Screen shall be applied under the following conditions:
 - 1. Depression is the only Level I positive finding (i.e. a depression diagnosis is the only Yes checked on the Level I screen); and
 - 2. The Utilization Review Contractor or the PASARR Level II Contractor for that geographic area shall make the determination of need for a Depression Diversion Screen.
 - B. The nursing facilities are not authorized to apply the Depression Diversion Screen.
 - C. When a non-major mental illness depression is validated as the only Level I positive finding through the Depression Diversion Screen, a complete Level II referral and evaluation is not required unless the individual's condition changes.

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.204 Appeals Hearing Process for the PASARR Program

- A. A resident has appeal rights when he or she has been adversely affected by a PASARR determination as a result of the Level II evaluation made by the State Mental Health or Mental Retardation authorities either at Pre-admission Screening or at Annual Resident Review.
- B. Adverse determinations related to PASARR mean a determination made in accordance with sections 1919(b)(3)(F) or 1919(e)(7)(B) of the Social Security Act that:
 - 1. The individual does not require the level of services provided by a Nursing Facility; and/or
 - 2. The individual does or does not require Specialized Services for mental illness or mental retardation.
- C. Appeals of Level of Care determination are processed through the Appeals section related to the Utilization Review Contractor's Level of Care process in Staff Manual Volume 8 §8.059.12.
- D. For adverse actions related to the need for Specialized Services, the individual or resident affected by the mental illness or mental retardation determination may appeal through procedures established for appeals in the Recipient Appeals and Hearings section of Staff Manual Volume 8 §8.059.17.

.401.20 LEVEL II PASARR EVALUATION (Continued)

.205 The Level II PASARR Evaluation Process

- A. The Utilization Review Contractor shall refer all Medicaid clients and private pay individuals who require a Level II evaluation, to the PASARR Level II contractor.
1. The PASARR Level II contractor shall complete the Level II evaluation. .
 2. The State Medicaid program shall pay for the private pay evaluations.
 3. Nursing facilities shall not complete the Level II evaluation.
 4. The findings of these evaluations shall be returned to the Utilization Review Contractor for review and referral to the State Mental Health and/or Mental Retardation authorities for final review and determination.
- B. Evaluations shall be adapted to the cultural background, language, ethnic origin and means of communication used by the individual.
- C. The Level II Mental Illness Evaluation for Specialized Services shall consist of the following:
1. A comprehensive medical examination of the individual. The examination shall address the following areas:
 - a. A comprehensive medical history;
 - b. An examination of all body systems; and

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.205 The Level II PASARR Evaluation Process (continued)

- c. An examination of the neurological system which consists of an evaluation in the following areas:
 - 1) Motor functioning;
 - 2) Sensory functioning;
 - 3) Gait and deep tendon reflexes;
 - 4) Cranial nerves; and
 - 5) Abnormal reflexes.
 - d. In cases of abnormal findings, additional evaluations shall be conducted by appropriate specialists; and
 - e. If the history and physical examinations are not performed by a physician, then a physician must review and concur with the conclusions and sign the examination form.
2. A psychosocial evaluation of the individual, which at a minimum, includes an evaluation of the following:
- a. Current living arrangements;
 - b. Medical and support systems; and
 - c. The individual's total need for services are such that:
 - 1) The level of support can be provided in an alternative community setting; or
 - 2) The level of support is such that nursing facility placement is required.
3. A Functional Assessment shall be completed on the individual's ability to engage in activities of daily living.

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.205 The Level II PASARR Evaluation Process (continued)

4. A comprehensive psychiatric evaluation, at a minimum, must address the following areas:
 - a. A comprehensive drug history is obtained on all current or immediate past utilization of medications that could mask symptoms or use of medications that could mimic mental illness;
 - b. A psychiatric history is obtained;
 - c. An evaluation is completed of intellectual functioning, memory functioning, and orientation;
 - d. A description is obtained on current attitudes, overt behaviors, affect, suicidal or homicidal ideation, paranoia and degree of reality testing (presence and content of delusions, paranoia and hallucinations); and
 - e. Certification status under provisions at 27-10-101, C.R.S., et.seq. and need for in-patient emergency psychiatric care shall be assessed. If an individual qualifies under the emergency provisions in the statute, emergency proceedings shall be considered. This action shall supersede any PASARR activity.
5. If the psychiatric evaluation is performed by a professional other than a psychiatrist, then a psychiatrist's countersignature shall be required.
6. The Mental Health evaluation shall identify all medical and psychiatric diagnoses which require treatment, and should include copies of previous discharge summaries from the hospital or nursing facility charts (during the past two years).
7. The Mental Health determination process shall insure that a qualified mental health professional, as designated by the State, must validate the diagnosis of mental illness and determine the appropriate level of mental health services needed.

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.205 The Level II PASARR Evaluation Process (continued)

- D. The Level II Mental Retardation or related conditions evaluation for Specialized Services shall consist of the following:
1. A comprehensive medical examination review so that the following information can be identified:
 - a. A list of the individual's medical problems;
 - b. The level of impact on the individual's independent functioning;
 - c. A list of all current medications; and
 - d. Current responses to any prescribed medications in the following drug groups:
 - 1) Hypnotics,
 - 2) Anti-psychotics (neuroleptics),
 - 3) Mood stabilizers and anti-depressants,
 - 4) Antianxiety-sedative agents, and
 - 5) Anti-Parkinsonian agents.
 2. The Mental Retardation process must assess:
 - a. Self-monitoring of health status;
 - b. Self-administering and/or scheduling of medical treatments;
 - c. Self-monitoring of nutrition status;
 - d. Self-help development such as: toileting, dressing, grooming, and eating);

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.205 The Level II PASARR Evaluation Process (continued)

- e. Sensorimotor development such as: ambulation, positioning, transfer skills, gross motor dexterity, visual motor/perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic, orthotic, corrective or mechanical supportive devices improve the individual's functional capacity);
- f. Speech and language (communication) development, such as: expressive language (verbal and nonverbal), receptive language (verbal and nonverbal), extent to which non-oral communication systems improve the individual's functional capacity, auditory functioning, and extent to which amplification devices (e.g., hearing aid) or a program of amplification improve the individual's functional capacity);
- g. Social development, such as: interpersonal skills, recreation-leisure skills, and relationships with others;
- h. Academic/educational development, including functional learning skills;
- i. Independent living development such as: meal preparation, budgeting and personal finances, survival skills, mobility skills (orientation to the neighborhood, town, city), laundry, housekeeping, shopping, bed making, care of clothing, and orientation skills (for individuals with visual impairments); and
- j. Vocational development, including present vocational skills;
- k. Affective development (such as: interests, and skills involved with expressing emotions, making judgments, and making independent decisions); and
- l. Presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation (including, but not limited to, the frequency and intensity of identified maladaptive or inappropriate behaviors).

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.205 The Level II PASARR Evaluation Process (continued)

3. The Level II Mental Retardation evaluation shall insure that a psychologist, who meets the qualifications of a qualified mental retardation professional completes the following:
 - a. The individual's intellectual functioning measurement shall be identified; and
 - b. The individual's mental retardation or related condition shall be validated.
4. The Level II Mental Retardation evaluation shall identify to what extent the individual's status compares with each of the following characteristics, commonly associated with need for specialized services including:
 - a. The inability to:
 - 1) Take care of most personal care needs;
 - 2) Understand simple commands;
 - 3) Communicate basic needs and wants;
 - 4) Be employed at a productive wage level without systematic long term supervision or support;
 - 5) Learn new skills without aggressive and consistent training;
 - 6) Apply skills learned to a training situation to other environments or settings without aggressive and consistent training; or
 - 7) Demonstrate behavior appropriate to the time, situation or place, without direct supervision.

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.205 The Level II PASARR Evaluation Process (continued)

- b. Demonstration of severe maladaptive behavior(s) which place the individual or others in jeopardy to health and safety;
 - c. Inability or extreme difficulty in making decisions requiring informed consent; and
 - d. Presence of other skill deficits or specialized training needs which necessitate the availability of trained mental retardation personnel, 24 hours per day, to teach the individual functional skills.
5. The Mental Retardation evaluation shall collect information to determine whether the individual's total needs for services are such that:
- a. The level of support may be provided in an alternative community setting; or
 - b. The level of support is such that nursing facility placement is required.
6. The Mental Retardation evaluation shall determine whether the mentally retarded individual needs a continuous Specialized Services program.

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.206 PASARR Findings from Level II Evaluations

- A. PASARR Level II findings shall include the following documentation:
1. The individual's current functional level must be addressed;
 2. The presence of diagnosis, numerical test scores, quotients, developmental levels, etc. shall be descriptive; and
 3. The findings shall be made available to the family or designated representatives of the nursing facility resident, the parent of the minor individual or the legal guardian of the individual.
- B. PASARR Findings from the Level II Evaluations shall be used by the Utilization Review Contractor in making determinations whether an individual with mental illness or mental retardation is appropriate or inappropriate for nursing facility care, and
- C. The individual shall be referred back to the Utilization Review Contractor for a determination of the need for long term care services if at any time it is found that the individual is not mentally ill or mentally retarded, or has a primary diagnosis of dementia or Alzheimer's disease or related disorders or a non-primary diagnosis of dementia (including Alzheimer's disease or a related disorder) without a primary diagnosis of serious mental illness, or mental retardation or a related condition.
- D. The results of the PASARR evaluation shall be described in a report by the State Mental Health or Mental Retardation authorities, which includes:
1. The name and professional title of the person completing the evaluation, and the date on which each portion of the evaluation was administered.
 2. A summary of the medical and social history including the individual's positive traits or developmental strengths and weaknesses or developmental needs.

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.206 PASARR Findings from Level II Evaluations

3. The mental health services and/or mental retardation services required to meet the individual's identified needs;
 4. If specialized services are not recommended, any specific services identified which are of a lesser intensity than specialized services required to meet the evaluated individual's needs;
 5. If specialized services are recommended, the specific services identified required to meet each one of the individual's needs; and
 6. The basis for the report's conclusions.
- E. Copies of the evaluation report will be made available to:
1. The individual and his or her legal representative;
 2. The appropriate state authorities who make the determination;
 3. The admitting or retaining nursing facility;
 4. The individual's attending physician; and
 5. The discharge hospital, if applicable.

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.207 PASARR Determinations from the Level II Evaluation

- A. Determinations which may result in admissions and/or specialized services shall include:
1. If an individual meets the level of care and needs the level of services provided in a nursing facility, as determined by the Utilization Review Contractor, and is determined not mentally ill or mentally retarded, the individual may be admitted to the facility.
 2. If an individual does not meet the level of care (as determined by the Utilization Review Contractor), and is determined to not be mentally ill or mentally retarded through the PASARR determination and is not seeking Medicaid reimbursement, the individual may be admitted to the facility.
 3. If the determination is that a resident or applicant for admission to a nursing facility requires BOTH the nursing facility level of care and specialized mental health or mental retardation services, as determined by the Utilization Review Contractor and the State Mental Health and Mental Retardation authorities:
 - a. The individual may be admitted or retained by the nursing facility; and
 - b. The State Mental Health or Mental Retardation authorities shall provide or arrange for the provision of specialized services needed by the individual while he or she resides in the nursing facility.
 4. Nursing facilities admitting residents requiring specialized mental health or mental retardation services shall be responsible for assuring the provisions of services to meet all the resident needs identified in the Level II evaluations. The provisions of services shall be monitored through the State's survey and certification process.

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.207 PASARR Determinations from the Level II Evaluation (Continued)

- B. Determinations which may result in denial of admission include:
1. If an individual does not require nursing facility services and is seeking Medicaid reimbursement, the individual cannot be admitted to the nursing facility.
 2. If the determination is that an individual requires neither the level of services provided in a nursing facility nor specialized services, the nursing facility shall:
 - a. Arrange for the safe and orderly discharge of the resident from the facility; and
 - b. Prepare and orient the resident for the discharge.
 - c. Provide the resident with a written notice of the action to be taken and his or her grievance and appeal rights under the procedure found at section 25-1-120, C.R.S. entitled "Nursing and intermediate care facilities - rights of patients".
- C. If the determination is that a resident does not require nursing facility services but requires specialized services, the following action shall be taken:
1. For long term residents who have resided continuously in a nursing facility at least 30 months before the date of the first annual review determination and who require only specialized services, the nursing facility, in cooperation with the resident's family or legal representative and care givers, shall complete the following:
 - a. The resident shall be offered the choice of remaining in the facility or receiving services in an alternative appropriate setting; and
 - b. The resident shall be informed of institutional and non-institutional alternatives; and

8.401.20 LEVEL II PASARR EVALUATION (Continued)

.207 PASARR Determinations from the Level II Evaluation (Continued)

- c. The effect on eligibility for Medicaid services shall be clarified if the resident chooses to leave the facility, including the effect on readmission to the facility; and
 - d. The provision of specialized services shall be provided for, or arranged regardless of the resident's choice of living arrangements.
 2. For short term residents who require only specialized services and who have not resided in a nursing facility for 30 continuous months before the date of PASARR determination, the nursing facility, in conjunction with the State Mental Health or Mental Retardation authority, in cooperation with the resident's family or legal representative and caregivers, shall complete the following:
 - a. The safe and orderly discharge of the resident from the facility shall be arranged;
 - b. The resident shall be prepared and oriented for the discharge; and
 - c. A written notice shall be given to the resident notifying him or her of the action to be taken and of his or her grievance and appeal rights.
 - d. The provision of specialized services shall be provided or arranged, regardless of the resident's choice of living arrangements.
- D. Any individual with mental illness, determined through the PASARR process, to be in need of in-patient psychiatric hospitalization, shall not be admitted to the nursing facility until treatment has been received and the individual certified as no longer needing in-patient psychiatric hospitalization.

8.401.21 SPECIALIZED SERVICES FOR MENTALLY ILL AND MENTALLY RETARDED

- .211 Specialized Services shall include the following requirements:
- A. Community Mental Health Centers and Community Centered Boards shall be authorized by the State to provide specialized services to individuals in Medicaid nursing facilities.
 - B. These services shall be reimbursed by the Medicaid program to the community mental health centers or community centered boards through Department of Institutions. The cost of these services shall not be reported on the Nursing Facility cost report.
 - C. Specialized services may be provided by agencies other than community mental health centers or community centered boards or other designated agencies on a fee for service basis, but the cost of these services shall not be included in the Medicaid cost report or the Medicaid rate paid to the nursing facility.
- .212 Specialized Services for Individuals with Mental Illness shall be defined as services, specified by the State, which include:
- A. Specified services combined with the services provided by the nursing facility, resulting in a program designed for the specific needs of eligible individuals who require the services.
 - B. An aggressive, consistent implementation of an individualized plan of care.
- .213 Specialized services shall have the following characteristics:
- A. The specialized services and treatment plan must be developed and supervised by an interdisciplinary team which includes a physician, a qualified mental health professional and other professionals, as appropriate.
 - B. Specific therapies, treatments and mental health interventions and activities, health services and other related services shall be prescribed for the treatment of individuals with mental illness who are experiencing an episode of severe mental illness which necessitates supervision by trained mental health personnel.

8.401.21 SPECIALIZED SERVICES FOR MENTALLY ILL AND MENTALLY RETARDED (Continued)

- .214 The intent of these specialized services is to:
- A. Reduce the applicant or resident's behavioral symptoms, that would otherwise necessitate institutionalization.
 - B. Improve the individual's level of independent functioning.
 - C. Achieve a functioning level that permits reduction in the intensity of mental health services to below the level of specialized services at the earliest possible time.
- .215 Levels of Mental Health services shall be provided, as defined by the State, including Enhanced and General Mental Health services.
- .216 Specialized Services for Individuals with Mental Retardation shall be defined as a continuous program for each individual which includes the following:
- A. An aggressive, consistent implementation of a program of specialized and generic training, specific therapies or treatments, activities, health services and related services, as identified in the plan of care.
 - B. The individual program plan includes the following:
 - 1. The acquisition of the behaviors necessary for the individual to function with as much self determination and independence as possible; and
 - 2. The prevention or deceleration of regression or loss of current optimal functional status.

8.401.4 GUIDELINES FOR INSTITUTIONS FOR MENTAL DISEASES (IMD's)

.41 DEFINITION

"Institution for Mental Diseases" (IMD) as defined in the Medicaid regulations at 42 C.F.R. 435.1009, is an institution of more than sixteen (16) beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, including medical attention, nursing care and related services. Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such.

.42 CRITERIA USED FOR DETERMINATION OF IMD STATUS

The primary criteria for the determination of the IMD status of an institution is that more than fifty percent (50%) of all patients in the facility have primary diagnoses of major mental illness as determined by the Level II Pre-Admission Screening and Annual Resident Review (PASARR) process which is verified by the Utilization Review Contractor.

The State has defined the following diagnostic codes contained in the DSM IV as valid for the purpose of determining whether an individual has a "mental disease":

295.10 through 295.90
296.0 through 296.9
297.10
298.9
300.40
301.13

The reference for the DSM IV is: American Psychiatric Press: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; Washington D.C., American Psychiatric Association, 1994.

8.401.4 GUIDELINES FOR INSTITUTIONS FOR MENTAL DISEASES (IMD's)
(Continued)

.42 CRITERIA USED FOR DETERMINATION OF IMD STATUS (continued)

Additional criteria applied for the purpose of IMD determination areas follows:

- A. The facility is licensed as a psychiatric facility for the care and treatment of individuals with mental diseases;
- B. The facility is accredited as a psychiatric facility by the Joint Commission for Accreditation for Health Care Organizations (JCAHCO);
- C. The facility is under the jurisdiction of the state's mental health authority;
- D. The facility specializes in providing psychiatric/psychological care and treatment as ascertained through a review of patients' records; and
- E. The current need for institutionalization for more than 50 percent of all patients in the facility results from major mental diseases.

Facilities that meet the primary "50%" criterion at a minimum are at serious risk of being classified as an IMD by the State and federal government. However, facilities meeting any lesser criteria may or may not be at risk of being identified as an IMD.

The assurance that a facility is not an IMD is included in all nursing facility contracts.

8.401.4 GUIDELINES FOR INSTITUTIONS FOR MENTAL DISEASES (IMD's)
(Continued)

.43 FFP DISALLOWANCE

FFP is not available for any medical assistance under Title XIX for individuals between the ages of 21 and 65 who are patients in an IMD. The Department of Social Services, in cooperation with the Departments of Health and Institutions, will monitor long term care facilities to determine whether any facility has a census of primary psychiatric patients in excess of fifty percent (50%) of its total census. Facilities whose psychiatric census approaches this fifty percent (50%) limit will be so notified by the Department. Should an on-site review by the Department document a psychiatric census in excess of fifty percent (50%) of total census in a facility, Medicaid reimbursement shall be denied for all residents between the ages of 21 and 65 until the Department determines that the facility is no longer an IMD.

.44 ADMINISTRATIVE PROCEDURES AND REQUIREMENTS

In order to determine whether a nursing home facility is an IMD the following administrative procedures and requirements are necessary:

- A. All nursing homes shall indicate on the patient's medical record the primary, secondary and tertiary diagnoses (as applicable) of all their patients, Medicaid and private pay. All medical records shall contain this information no later than three calendar months after the effective date of this regulation.
- B. All nursing homes shall report discharges to the Utilization Review Contractor. Discharge information shall include the name of the person, state identification number if applicable, discharge destination, date, payment source Utilization Review Contractor and primary and secondary diagnoses. Discharges of all patients shall be reported within one week of discharge. Discharge is defined to mean death, transfers, discharge to home, and absent without leave.
- C. Colorado Department of Public Health and Environment shall use the medical records diagnosis information to determine the percentage of patients with mental diseases. In cases where the percentage is higher than 40%, a notice of the potentially high percentage shall be sent to the Department and Utilization Review Contractor.

8.401.4 GUIDELINES FOR INSTITUTIONS FOR MENTAL DISEASES (IMD's)
(Continued)

.44 ADMINISTRATIVE PROCEDURES AND REQUIREMENTS (Continued)

- d. (1) In cases where the percentage is over 40% and less than 50% the nursing home will be instructed by the Department to provide admission data and discharge data on all private pay as well as Medicaid patients to the Utilization Review Contractor. The admission and discharge data is necessary on all patients so that the entire psychiatric census of the facility can be determined and monitored by the Utilization Review Contractor .
- (2) In cases where the percentage of psychiatric patients appears to be exceeding or about to exceed 50%, the Department may instruct the Utilization Review Contractor to deny admission authorization for Medicaid patients with psychiatric diagnoses. The facility shall be notified of the Department's intent to limit admissions to only non-psychiatric patients at least five (5) days in advance of the action. The facility may appeal this action in accordance with the regulations entitled PROVIDER APPEALS AND HEARINGS.
- e. (1) In cases where the percentage of psychiatric patients in the census of the facility is over fifty (50) percent, and/or the facility meets some of the other criteria, the Department shall conduct an audit of the facility to determine if it is primarily engaged in the care and treatment of persons with mental diseases (i.e. an institution for mental diseases). The basis of such a finding shall be the criteria described in the regulations. This audit shall be conducted with assistance from the Colorado Department of Public Health and Environment and shall include medical personnel with the necessary qualifications to determine the primary characterization of a facility.

8.401.4 GUIDELINES FOR INSTITUTIONS FOR MENTAL DISEASES (IMD's)
(Continued)

.44 ADMINISTRATIVE PROCEDURES AND REQUIREMENTS (Continued)

- e. (2) Should the audit indicate a finding that the facility is an Institution for Mental Disease, then all Medicaid funding for patients between the ages of 21 and 65 shall be denied. Furthermore, should the audit indicate the facility has been an IMD for a period of time prior to the time the audit was undertaken, the facility shall refund to the Medicaid program one hundred percent (100%) of the payments for patients between the ages of 21 and 65. Under no circumstances shall the refund extend to periods of time before the effective date of the GUIDELINES FOR INSTITUTIONS FOR MENTAL DISEASES, issued April, 1987.
- f. The Department shall make arrangements with the Medicaid patients of the facility determined to be an IMD to do any of the following:
 - (1) Relocate Medicaid patients between the ages of 21 and 65 in accordance with the regulations entitled NURSING HOME RESIDENT/CLIENT RELOCATION PLAN.
 - (2) Relocate a sufficient number of psychiatric patients from the facility so as to reduce the facility's psychiatric census to below 50%. Such relocation shall be completed in accordance with the NURSING HOME RESIDENT/CLIENT RELOCATION PLAN.
- g. A nursing home facility determined to be an IMD may appeal such a finding in accordance with the regulations entitled PROVIDER APPEALS AND HEARINGS. In cases where the administrative law judge issues a stay of the agency's action to terminate Medicaid payments to a provider, such an order of stay shall clearly indicate that should the State's IMD finding be correct, the facility shall repay the State one hundred percent (100%) of Medicaid payments it received during the period of the stay. In order to assure that such a payment shall be made, the administrative law judge shall require the facility to post a bond in the amount of one hundred percent (100%) of the anticipated nursing home payment for each month the stay is in effect.

8.401.50 GUIDELINES FOR CLASS V REHABILITATION FACILITIES