



STATE OF MARYLAND

DHMH

Office of Health Services  
Medical Care Programs

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM****Nursing Home Transmittal No. 249****Hospital Transmittal No. 228****June 30, 2014**

TO: Nursing Facility Administrators  
Hospital Discharge Planners

FROM: Susan J. Tucker, Executive Director  
Office of Health Services

RE: Categorical Advance Group Determinations under PASRR

**NOTE: Please ensure that the appropriate staff members in your organization are informed of the content of this memorandum.**

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Federal regulations governing the Preadmission Screening and Resident Review (PASRR) process (42CFR §483.130(b)-(h)) permit states to identify circumstances under which a person may be deemed to be appropriate for nursing facility (NF) placement. In limited circumstances, states may also determine that a person does not require specialized services. These circumstances are known as *Categorical Advance Group Determinations (CAGD)*. This transmittal describes these categories in detail and provides guidance to hospitals and nursing facilities in applying these categories.

The Maryland Department of Health and Mental Hygiene (DHMH) has identified certain groups of people who are typically best served in a NF, and may therefore be covered under CAGD. A NF may admit a person who falls into a CAGD category without having to first obtain a DHMH determination that a NF is the most appropriate placement.

DHMH has elected to designate the categories listed below for CAGD:

1. Provisional admissions pending further assessment in emergency situations requiring protective services, with placement in a NF not to exceed seven days. This CAGD applies only if the person was placed in cooperation with Adult Protective Services.
2. Temporary stays not to exceed 30 days<sup>1</sup>, to provide respite to in-home caregivers to whom the person is expected to return following the NF stay.

<sup>1</sup> Previously 14 days.

3. Severe physical illness such as coma, ventilator dependence, functioning at a brain stem level, or other diagnoses that result in a level of impairment so severe that the person cannot be expected to benefit from Specialized Services. Because of the physical illness, he or she requires extensive assistance from others to perform most activities of daily living<sup>2</sup>.
4. Convalescent care not to exceed 120 days from an acute physical illness which required hospitalization and does not meet all the criteria for an exempted hospital discharge. This category is limited to people whose care needs are primarily physical/somatic, and does not apply to psychiatric hospitalizations.
5. Terminal illness (life expectancy of less than six months) certified by a physician. This category is limited to admissions to a NF with a hospice contract, unless the terminal illness is documented and the person has waived hospice services.

When a Level I screen (DHMH 4345) finds that the person is suspected of having serious mental illness, intellectual disability, or related condition, the screener (usually staff of a hospital or NF) shall complete Section C of the Level I screen. If existing data are sufficient to allow the screener to determine that the person meets the criteria in one or more of the above categories, he or she is deemed appropriate for NF services under PASRR and may be admitted to a NF. If category #1, 2, or 3 applies, no further evaluation is necessary. If, however, category #4 or 5 applies, the screener must refer the person to the Adult Evaluation and Review Services (AERS) unit in the local health department for an individualized evaluation to determine whether Specialized Services are needed. Admission may take place pending the outcome of this evaluation.

For people admitted under CAGD, the screener shall complete the attached PASRR Categorical Advance Group Determination Evaluation Report DHMH 4345B, and share and explain the findings to the person and legal representative, if applicable. Copies of the completed Report and Level I screen must be provided to the person/legal representative, local health department, admitting or retaining NF, attending physician, and discharging hospital if applicable.

If the person is later determined to need a longer stay than the above time limits allow, the facility shall obtain an individualized Level II evaluation and determination before continuation of the stay is permitted and Medicaid reimbursement authorized for the continued stay.

**IMPORTANT NOTE: Even though a person falling into one of the above categories may be deemed appropriate for NF services under PASRR, this should not be construed to mean that he or she meets the NF level of care criteria for Medicaid coverage of the NF stay. To qualify for Medicaid coverage, the NF level of care criteria must be met.**

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<sup>2</sup> Should the person's physical condition improve significantly, the nursing facility shall request a Level II resident review as required in the Program's Nursing Home Transmittal No. 239.



Distinction Between CAGD and Exempted Hospital Discharge (EHD)

It is important to note that a person admitted to a NF under CAGD is *not* “exempt” from PASRR. Under an exempted hospital discharge (EHD), he or she does not undergo Level I screening. EHD is limited to people admitted to a NF directly from a hospital after receiving acute inpatient care, require NF services for the condition for which care was received in the hospital, and deemed by the attending physician to require less than 30 days of NF services.

Under CAGD, on the other hand, the hospital or facility is required to complete a Level I screening. If the person is suspected of having a serious mental illness, intellectual disability, or a related condition, the CAGD criteria are then applied.

Any questions regarding this transmittal may be directed to the Nursing Home Program at (410) 767-1736.

## Attachment

cc: Nursing Home Liaison Committee  
Local Health Departments  
Developmental Disabilities Administration  
Mental Hygiene Administration

**PASRR CATEGORICAL ADVANCE GROUP DETERMINATIONS  
EVALUATION REPORT**

Name of Individual \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Admitting Nursing Facility \_\_\_\_\_ Date of Admission \_\_\_\_\_

Applicable Categorical Advance Group Determination (check all that apply and complete the applicable information):

- Provisional admissions in emergency situations not to exceed seven days in cooperation with Adult Protective Services.

Name of APS Contact \_\_\_\_\_ Jurisdiction \_\_\_\_\_ Email \_\_\_\_\_

- Respite stays not to exceed 30 days - Anticipated length of stay \_\_\_\_\_ Reason for respite \_\_\_\_\_

- Severe physical illness – Applicable diagnoses \_\_\_\_\_

- Convalescent care not to exceed 120 days (*Specialized Services referral required*)

Diagnoses for which convalescent care is required \_\_\_\_\_

- Terminal illness (life expectancy of less than 6 months) certified by a physician (*Specialized Services referral required*)

Diagnoses \_\_\_\_\_ Contract hospice \_\_\_\_\_

If NF does not have a contract with a hospice, has the terminal illness been documented and has the individual waived hospice services? \_\_\_\_\_

**SERVICES TO BE PROVIDED**

Modality	Brief Description of Service	Frequency	Anticipated Duration
Physical therapy			
Occupational therapy			
Supportive Mental Health Services (e.g., medication management, referral for evaluation)			
Other therapy/treatment (specify)			

I certify that the foregoing information is true to the best of my knowledge. I also certify that if CAGD is being applied due to the need for convalescent care or terminal illness, the individual has been referred to the local health department Adult Evaluation and Review Services unit for evaluation of the need for Specialized Services.

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Name of Evaluator (print) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Evaluating Source (NF or Hospital) \_\_\_\_\_