

Categorical	Details
Exempted Hospital Discharge Criteria	<p>Applies only if all 3 of the following are present:</p> <ul style="list-style-type: none"> • If the individual is admitting to a nursing facility directly from hospital after receiving acute medical care, • Need for nursing facility is required for the condition treated in the hospital (diagnosis must be specified), and • The attending physician has certified prior to nursing facility admission the individual will require less than 30 calendar days of nursing facility services (the MD/APRN statement of need for 30 days of nursing facility care must be submitted by the discharging facility). <p>➤ MD Cert with 2nd option marked</p>
Provisional Emergency	<p>Applies if the following are present:</p> <ul style="list-style-type: none"> • The individual has been identified as having a Level II condition, • Is in the emergency department, and • There is an urgent need for nursing facility services due to the individual's medical needs (excludes need associated with psychiatric conditions alone) and lower level of care is not available and/or appropriate. <p>➤ MD Cert with 1st option marked and Level of Care is required</p>
Provisional Delirium	<p>Applies if the following are present:</p> <ul style="list-style-type: none"> • Presence of delirium precluded the ability to make accurate diagnosis and • Records supporting the dementia state must accompany this screen. <p>➤ MD Cert with 1st option marked and Level of Care is required.</p> <p>Note: The nursing facility must update the Level I and nursing facility Level of Care screen on or before the 7th calendar day if the individual is expected to remain in the nursing facility.</p>
Respite	<p>Applies if the following are present:</p> <ul style="list-style-type: none"> • The individual requires respite care for up to 30 calendar days to provide relief to the family or caregiver. • The referral source must submit a Level of Care (LOC) form which must be approved by Maximus before the admission can occur. • There is no current risk to self or others and behaviors/symptoms are stable. <p>➤ MD Cert with 1st option marked.</p> <p>*The NF must update the Level I and NF Level of Care screens at such time that is appears the individual's stay will exceed 30 days. Screens must be updated by or before the 30th calendar day.</p>
60 Day Convalescence	<p>Applies if the following are present:</p> <ul style="list-style-type: none"> • A temporary stay, physician certified as 60 or fewer days, for an individual admitted from a hospital to a nursing facility to convalesce specifically for the condition in which s/he was hospitalized. • If the individual is determined to need nursing home care beyond the 60 day period, and as soon as that decision occurs, s/he must be evaluated through the Level II process. • A signed physician's statement is required attesting to these criteria.

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	<p>➤ MD cert with 3rd option marked. This option excludes psychiatric discharges and applies only for continuing treatment of a medical condition.</p>
Severe Medical or Terminal State	<p>Terminal Illness applies if the following are present:</p> <ul style="list-style-type: none"> • Prognosis if life expectancy of < 6 months (records supporting the terminal state must accompany this screen) and • There is no current risk to self or others and behaviors/symptoms are stable. <p>➤ MD Cert with 1st option marked and LOC required.</p> <p>OR</p> <p>Severe Illness applies if the following are present:</p> <ul style="list-style-type: none"> • Coma, ventilator dependent, brain-stem functioning, progressed ALS progressed Huntington's, etc. so severe that the individual would be unable to participate in a program of specialized care associated with his/her MI and/or ID/RC. • Documentation of the individual's medical status must accompany the screen. • There is no current risk to self or others and behaviors/symptoms are stable. <p>Examples of conditions typically meeting criteria under this category include:</p> <ul style="list-style-type: none"> • comatose state, • ventilator dependence, • functioning at the brain stem level, • severe and progressed amyotrophic lateral sclerosis (ALS), and • severe and progressed Huntington's Disease <p>The following may also be considered under this criterion:</p> <ul style="list-style-type: none"> • COPD if: <ul style="list-style-type: none"> ○ There is shortness of breath and fatigue with minimal exertion ○ There is confusion, cyanosis, and recent signs and symptoms of heart failure, and/or ○ 24-hour oxygen required • Parkinson's if there is: <ul style="list-style-type: none"> ○ Slowness and poverty of movement ○ Muscular rigidity, ○ Tremors at rest, ○ Postural instability, and/or ○ CHF if symptomatic at rest or with minimal exertion <p>The nursing facility must submit an updated Level I and nursing facility Level of Care screens if the individual's medical state improves to the extent that s/he could potentially benefit from a program of services to address his/her MI and/or ID. Must obtain presenting information to confirm circumstances are consistent with categorical standards.</p> <p>➤ MD Cert with 1st option marked and LOC is required. Location information is entered, but a follow up evaluation does not occur unless the individual medically improves</p> <p>Note: The nursing facility must update the Level I and nursing facility Level of Care screens if the individual's medical state improves to the extent that s/he could potentially benefit from a program of services to address his/her MI and/or ID/RC needs.</p>

Additionally, a MD Certification with the first box marked is needed for Level of Care (LOC), retrospective, and Level II submissions.

Revision History:

Effective Date	08.21.2025
Last Revision Date	08.21.2025
Document Owner	CT PASRR - Program Manager
Document Approver	CT PASRR - Program Manager
Applies To	CT PASRR - Providers

Rev. #	Date	Initiator	Summary of Changes
0	08.21.2025	Jean Denton	Creation