

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

The State uses other factors described below to determine the seriousness of deficiencies in addition to those described at §488.404(b)(1):

None

TN No. 95-13

Supersedes

TN No. 89-36

Approval Date: 1-16-96

Effective Date: 7/1/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

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Supersedes

TN No. 89-36

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Temporary Management: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. 95-13

Supersedes

TN No. None

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Denial of Payment for New Admissions: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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Civil Money Penalty: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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State Monitoring: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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Transfer of residents; Transfer of residents with closure of facility: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 486.408).

Not applicable

TN No. 95-13

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DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

Not applicable

TN No. 92-2
Supersedes
TN No. None

Approval Date 2-26-92

Effective Date 2-1-92

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kentucky

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

Not applicable

TN No. 92-2
Supersedes
TN No. None

Approval Date 2-26-92

Effective Date 2-1-92

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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DEFINITION OF SPECIALIZED SERVICES

Mental Illness

Specialized services (active treatment) is defined as the implementation of an individualized plan of care developed and supervised by a physician and provided by an interdisciplinary team of qualified mental health professionals, that prescribes specific therapies and activities for the treatment of persons who are experiencing an acute episode of serious mental illness, which necessitates continuous supervision by trained mental health personnel. Specialized services (active treatment) require the level of intensity provided in a psychiatric inpatient service.

Mental Retardation

Specialized services (active treatment) is defined as the continuous aggressive and consistent implementation of a program of specialized and generic training, treatment, health and related services, which are comparable to services an individual would receive in an Intermediate Care Facility for the Mentally Retarded (ICF/MR), and in the Alternative Intermediate Services for Mental Retardation (AIS/MR) Waiver Program where 24-hour supervision is available that is directed toward: (1) the acquisition of the skills necessary for the person 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. {NOTE: Continuous is defined as the interaction, at all times and in all settings, between staff and individuals served, in the implementation of specific Individual Program Plan (IPP) objectives.}

TN No. 94-1 Approval Date APR 12 1994 Effective Date 1-1-94
Supersedes _____
TN No. None

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CATEGORICAL DETERMINATIONS

**Advance Group Determination for Nursing Facility Level of Care
(Provisional Admission for up to 14 Days)**

An advance group determination, or provisional admission, is one in which the Level I reviewer, after nursing facility certification, takes into account certain diagnoses or the need for a particular service which clearly indicates that admission into or residence in a nursing facility is normally needed. Persons who enter the nursing facility under the provisional admissions category do not require an individualized evaluation to determine that specialized services are needed prior to admission. However, a request for a Level II PASARR should be made within nine (9) days of admission with each provisional admission if they are not going to be discharged within the fourteen (14) days. This allows the PASARR evaluator five (5) days to provide a verbal determination.

**Provisional Admissions
(Nursing Facility Placement up to 14 Days)**

- 1) A diagnosis of delirium as defined in the DSMIII-R, allows for a fourteen (14) day admission pending further assessment, when an accurate diagnosis cannot be made until the delirium clears.
- 2) Respite is allowed to in-home care givers to whom the person with mental illness or mental retardation is expected to return following a fourteen (14) day or less stay.

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