46:20:34:03. Level II review exemptions. An individual is exempt from a Level II review if at least one of the following occurs:

(1) The diagnosis of mental illness is unsubstantiated;

(2) The individual is readmitted to a Medicaid certified swing bed or nursing facility from a hospital to which the individual was transferred for the purpose of receiving care;

(3) The individual is transferred from one Medicaid certified swing bed or nursing facility to another and a PASRR has previously been completed;

(4) The physician identifies the need for ~~rehabilitation~~ convalescent care following hospitalization for a duration of less than ~~30~~ 100 days;

(5) The physician orders a respite stay of 30 days or less;

(6) The individual has a diagnosis of situational depression that is of short duration and in direct relation to an occurrence in an individual's life and does not appear to be a chronic disability;

(7) The individual is using psychotropic medication in the absence of a major mental illness diagnosis; or

(8) The individual has a diagnosis of an anxiety disorder that is not identified as severe and does not appear to be leading to a chronic disability.

The Department of Social Services shall complete a Level I screening form to notify appropriate parties of the determination of the exemption.

Source: 37 SDR 131, effective January 10, 2011.

General Authority: SDCL ~~1-36A-1.26(4)~~ 1-36-25(4).

Law Implemented: SDCL ~~1-36A-1.26(4)~~ 1-36-25(4).

46:20:34:05. Categorical determinations for Level I. The Department of Social Services shall make a categorical determination in one of the following situations:

(1) A terminal illness diagnosis, determined by a physician or hospice involvement that includes a life expectancy of 6 months or less;

(2) A severe physical illness that has resulted in coma or ventilator dependence;

(3) The age of an individual is 75 years or older; or

(4) A primary diagnosis of dementia, including Alzheimer's disease or a related disorder~~, in a client at least 65 years old~~ or a non-primary diagnosis of dementia without a primary diagnosis that is a serious mental illness.

For any of these situations, the Department of Social Services shall complete a Level I screening form. A copy of the form shall be sent to the division and any appropriate facility. A categorical determination may warrant Medicaid certified swing bed or nursing facility services but does not warrant mental health services or specialized services.

Source: 37 SDR 131, effective January 10, 2011.

General Authority: SDCL ~~1-36A-1.26(4)~~ 1-36-25(4).

Law Implemented: SDCL ~~1-36A-1.26(4)~~ 1-36-25(4).