

**§ 456.136**

subgroup or designee reviews and evaluates the documentation described under § 456.111 against the criteria developed under § 456.132 and applies close professional scrutiny to cases selected under § 456.129(b);

(d) If the committee, subgroup, or designee finds that a recipient's continued stay in the hospital is needed, the committee assigns a new continued stay review date in accordance with § 456.133;

(e) If the committee, subgroup, or designee finds that a continued stay case does not meet the criteria, the committee or a subgroup that includes at least one physician reviews the case to decide the need for continued stay;

(f) If the committee or subgroup making the review under paragraph (e) of this section finds that a continued stay is not needed, it notifies the recipient's attending physician and gives him an opportunity to present his reviews before it makes a final decision on the need for the continued stay;

(g) If the attending physician does not present additional information or clarification of the need for the continued stay, the decision of the committee or subgroup is final; and

(h) If the attending physician presents additional information or clarification, at least two physician members of the committee review the need for the continued stay. If they find that the recipient no longer needs inpatient hospital services, their decision is final.

**§ 456.136 Notification of adverse decision.**

The UR plan must provide that written notice of any adverse final decision on the need for continued stay under § 456.135 (f) through (h) is sent to—

- (a) The hospital administrator;
- (b) The attending physician;
- (c) The Medicaid agency;
- (d) The recipient; and
- (e) If possible, the next of kin or sponsor.

**§ 456.137 Time limits for final decision and notification of adverse decision.**

The UR plan must provide that—

- (a) The committee makes a final decision on a recipient's need for contin-

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ued stay and gives notice under § 456.136 of an adverse final decision within 2 working days after the assigned continued stay review dates, except as required under paragraph (b) of this section.

(b) If the committee makes an adverse final decision on a recipient's need for continued stay before the assigned review date, the committee gives notice under § 456.136 within 2 working days after the date of the final decision.

**UR PLAN: MEDICAL CARE EVALUATION STUDIES**

**§ 456.141 Purpose and general description.**

(a) The purpose of medical care evaluation studies is to promote the most effective and efficient use of available health facilities and services consistent with patient needs and professionally recognized standards of health care.

(b) Medical care evaluation studies—

- (1) Emphasize identification and analysis of patterns of patient care; and
- (2) Suggest appropriate changes needed to maintain consistently high quality patient care and effective and efficient use of services.

**§ 456.142 UR plan requirements for medical care evaluation studies.**

(a) The UR plan must describe the methods that the committee uses to select and conduct medical care evaluation studies under paragraph (b)(1) of this section.

(b) The UR plan must provide that the UR committee—

- (1) Determines the methods to be used in selecting and conducting medical care evaluation studies in the hospital;
- (2) Documents for each study—
  - (i) Its results; and
  - (ii) How the results have been used to make changes to improve the quality of care and promote more effective and efficient use of facilities and services;
- (3) Analyzes its findings for each study; and
- (4) Takes action as needed to—
  - (i) Correct or investigate further any deficiencies or problems in the review

process for admissions or continued stay cases;

- (ii) Recommend more effective and efficient hospital care procedures; or
- (iii) Designate certain providers or categories of admissions for review prior to admission.

**§ 456.143 Content of medical care evaluation studies.**

Each medical care evaluation study must—

- (a) Identify and analyze medical or administrative factors related to the hospital's patient care;
- (b) Include analysis of at least the following:
  - (1) Admissions;
  - (2) Durations of stay;
  - (3) Ancillary services furnished, including drugs and biologicals;
  - (4) Professional services performed in the hospital; and
- (c) If indicated, contain recommendations for changes beneficial to patients, staff, the hospital, and the community.

**§ 456.144 Data sources for studies.**

Data that the committee uses to perform studies must be obtained from one or more of the following sources:

- (a) Medical records or other appropriate hospital data;
- (b) External organizations that compile statistics, design profiles, and produce other comparative data;
- (c) Cooperative endeavors with—
  - (1) QIOs;
  - (2) Fiscal agents;
  - (3) Other service providers; or
  - (4) Other appropriate agencies.

[43 FR 45266, Sept. 29, 1978, as amended at 51 FR 43198, Dec. 1, 1986]

**§ 456.145 Number of studies required to be performed.**

The hospital must, at least, have one study in progress at any time and complete one study each calendar year.

**Subpart D—Utilization Control:  
Mental Hospitals**

**§ 456.150 Scope.**

This subpart prescribes requirements for control of utilization of inpatient services in mental hospitals, including requirements concerning—

- (a) Certification of need for care;

(b) Medical evaluation and admission review;

- (c) Plan of care; and
- (d) Utilization review plans.

**§ 456.151 Definitions.**

As used in this subpart:

*Medical care appraisal norms* or *norms* means numerical or statistical measures of usually observed performance.

*Medical care criteria* or *criteria* means predetermined elements against which aspects of the quality of a medical service may be compared. These criteria are developed by health professionals relying on their expertise and the professional health care literature.

**CERTIFICATION OF NEED FOR CARE**

**§ 456.160 Certification and recertification of need for inpatient care.**

(a) *Certification.* (1) A physician must certify for each applicant or recipient that inpatient services in a mental hospital are or were needed.

(2) The certification must be made at the time of admission or, if an individual applies for assistance while in a mental hospital, before the Medicaid agency authorizes payment.

(b) *Recertification.* (1) A physician, or physician assistant or nurse practitioner (as defined in § 491.2 of this chapter) acting within the scope of practice as defined by State law and under the supervision of a physician, must recertify for each applicant or recipient that inpatient services in a mental hospital are needed.

(2) Recertification must be made at least every 60 days after certification.

[46 FR 48561, Oct. 1, 1981]

**MEDICAL, PSYCHIATRIC, AND SOCIAL  
EVALUATIONS AND ADMISSION REVIEW**

**§ 456.170 Medical, psychiatric, and social evaluations.**

(a) Before admission to a mental hospital or before authorization for payment, the attending physician or staff physician must make a medical evaluation of each applicant's or recipient's need for care in the hospital; and appropriate professional personnel must make a psychiatric and social evaluation.