

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.

§ 456.171

(b) Each medical evaluation must include—

- (1) Diagnoses;
- (2) Summary of present medical findings;
- (3) Medical history;
- (4) Mental and physical functional capacity;
- (5) Prognoses; and
- (6) A recommendation by a physician concerning—
 - (i) Admission to the mental hospital; or
 - (ii) Continued care in the mental hospital for individuals who apply for Medicaid while in the mental hospital.

§ 456.171 Medicaid agency review of need for admission.

Medical and other professional personnel of the Medicaid agency or its designees must evaluate each applicant's or recipient's need for admission by reviewing and assessing the evaluations required by § 456.170.

PLAN OF CARE

§ 456.180 Individual written plan of care.

(a) Before admission to a mental hospital or before authorization for payment, the attending physician or staff physician must establish a written plan of care for each applicant or recipient.

- (b) The plan of care must include—
- (1) Diagnoses, symptoms, complaints, and complications indicating the need for admission;
 - (2) A description of the functional level of the individual;
 - (3) Objectives;
 - (4) Any orders for—
 - (i) Medications;
 - (ii) Treatments;
 - (iii) Restorative and rehabilitative services;
 - (iv) Activities;
 - (v) Therapies;
 - (vi) Social services;
 - (vii) Diet; and
 - (viii) Special procedures recommended for the health and safety of the patient;
 - (5) Plans for continuing care, including review and modification to the plan of care; and
 - (6) Plans for discharge.

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(c) The attending or staff physician and other personnel involved in the recipient's care must review each plan of care at least every 90 days.

§ 456.181 Reports of evaluations and plans of care.

A written report of each evaluation and plan of care must be entered in the applicant's or recipient's record—

- (a) At the time of admission; or
- (b) If the individual is already in the facility, immediately upon completion of the evaluation or plan.

UTILIZATION REVIEW (UR) PLAN:
GENERAL REQUIREMENTS

§ 456.200 Scope.

Sections 456.201 through 456.245 of this subpart prescribe requirements for a written utilization review (UR) plan for each mental hospital providing Medicaid services. Sections 456.205 and 456.206 prescribe administrative requirements; §§ 456.211 through 456.213 prescribe informational requirements; §§ 456.231 through 456.238 prescribe requirements for continued stay review; and §§ 456.241 through 456.245 prescribe requirements for medical care evaluation studies.

§ 456.201 UR plan required for inpatient mental hospital services.

(a) The State plan must provide that each mental hospital furnishing inpatient services under the plan has in effect a written UR plan that provides for review of each recipient's need for the services that the mental hospital furnishes him.

(b) Each written mental hospital UR plan must meet the requirements under §§ 456.201 through 456.245.

UR PLAN: ADMINISTRATIVE
REQUIREMENTS

§ 456.205 UR committee required.

The UR plan must—

- (a) Provide for a committee to perform UR required under this subpart;
- (b) Describe the organization, composition, and functions of this committee; and
- (c) Specify the frequency of meetings of the committee.