

**§ 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.