

§ 456.244

§ 456.244 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]

§ 456.245 Number of studies required to be performed.

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

Subpart E [Reserved]

Subpart F—Utilization Control: Intermediate Care Facilities

§ 456.350 Scope.

This subpart prescribes requirements for control of utilization of intermediate care facility (ICF) services including requirements concerning—

- (a) Certification of need for care;
- (b) Medical evaluation and admission review;
- (c) Plan of care; and
- (d) Utilization review plans.

§ 456.351 Definition.

As used in this subpart:

Intermediate care facility services means those items and services furnished in an intermediate care facility as defined in §§ 440.140 and 440.150 of this subchapter, but excludes those services if they are provided in religious non-medical institutions as defined in § 440.170(b) of this chapter.

[43 FR 45266, Sept. 29, 1978, as amended at 64 FR 67052, Nov. 30, 1999]

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CERTIFICATION OF NEED FOR CARE

§ 456.360 Certification and recertification of need for inpatient care.

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

(2) The certification must be made at the time of admission or, if an individual applies for assistance while in an ICF, 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 ICF services are needed.

(2) Recertification must be made at least—

(i) Every 12 months after certification in an institution for the mentally retarded or persons with related conditions; and

(ii) Every 60 days after certification in an ICF other than an institution for the mentally retarded or persons with related conditions.

[46 FR 48561, Oct. 1, 1981, as amended at 50 FR 33034, Aug. 16, 1985]

MEDICAL, PSYCHOLOGICAL, AND SOCIAL EVALUATIONS AND ADMISSION REVIEW

§ 456.370 Medical, psychological, and social evaluations.

(a) Before admission to an ICF or before authorization for payment, an interdisciplinary team of health professionals must make a comprehensive medical and social evaluation and, where appropriate, a psychological evaluation of each applicant's or recipient's need for care in the ICF.

(b) In an institution for the mentally retarded or persons with related conditions, the team must also make a psychological evaluation of need for care. The psychological evaluation must be made before admission or authorization of payment, but not more than three months before admission.

(c) Each evaluation must include—

- (1) Diagnoses;
- (2) Summary of present medical, social, and where appropriate, developmental findings;

- (3) Medical and social family history;
- (4) Mental and physical functional capacity;
- (5) Prognoses;
- (6) Kinds of services needed;
- (7) Evaluation by an agency worker of the resources available in the home, family and community; and
- (8) A recommendation concerning—
 - (i) Admission to the ICF; or
 - (ii) Continued care in the ICF for individuals who apply for Medicaid while in the ICF.

§ 456.371 Exploration of alternative services.

If the comprehensive evaluation recommends ICF services for an applicant or recipient whose needs could be met by alternative services that are currently unavailable, the facility must enter this fact in the recipient's record and begin to look for alternative services.

§ 456.372 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 § 456.370.

PLAN OF CARE

§ 456.380 Individual written plan of care.

- (a) Before admission to an ICF or before authorization for payment, a 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 designed to meet the objectives of the plan of care;

- (5) Plans for continuing care, including review and modification of the plan of care; and
- (6) Plans for discharge.
- (c) The team must review each plan of care at least every 90 days.

§ 456.381 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 ICF, immediately upon completion of the evaluation or plan.

UTILIZATION REVIEW (UR) PLAN:
GENERAL REQUIREMENT

§ 456.400 Scope.

Sections 456.401 through 456.438 of this subpart prescribe requirements for a written utilization review (UR) plan for each ICF providing Medicaid services. Sections 456.405 through 456.407 prescribe administrative requirements; §§ 456.411 through 456.413 prescribe informational requirements; and §§ 456.431 through 456.438 prescribe requirements for continued stay review.

§ 456.401 State plan UR requirements and options; UR plan required for intermediate care facility services.

- (a) The State plan must provide that—
 - (1) UR is performed for each ICF that furnishes inpatient services under the plan;
 - (2) Each ICF has on file a written UR plan that provides for review of each recipient's need for the services that the ICF furnishes him; and
 - (3) Each written ICF UR plan meets requirements under §§ 456.401 through 456.438.
- (b) The State plan must specify the method used to perform UR, which may be—
 - (1) Review conducted by the facility;
 - (2) Direct review in the facility by individuals—
 - (i) Employed by the medical assistance unit of the Medicaid agency; or
 - (ii) Under contract to the Medicaid agency; or
 - (3) Any other method.