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(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.

§ 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.
§ 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.

(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.

§ 456.180 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.

(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.

§ 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;