§ 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.

§ 456.171 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.

§ 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) Each 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;