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§ 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.

UR PLAN: ADMINISTRATIVE REQUIREMENTS

§ 456.405 Description of UR review function: How and when.

The UR plan must include a written description of—

(a) How UR is performed in the ICF; and

(b) When UR is performed.

§ 456.406 Description of UR review function: Who performs UR; disqualification from performing UR.

(a) The UR plan must include a written description of who performs UR in the ICF.

(b) UR must be performed using a method specified under § 456.401(b) by a group of professional personnel that includes—

(1) At least one physician;

(2) In an ICF that cares primarily for mental patients, at least one individual