

Centers for Medicare & Medicaid Services, HHS

§ 456.231

§§ 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.

§ 456.206 Organization and composition of UR committee; disqualification from UR committee membership.

(a) For the purpose of this subpart, "UR committee" includes any group organized under paragraphs (b) and (c) of this section.

(b) The UR committee must be composed of two or more physicians, one of whom is knowledgeable in the diagnosis and treatment of mental diseases, and assisted by other professional personnel.

(c) The UR committee must be constituted as—

(1) A committee of the mental hospital staff;

(2) A group outside the mental hospital staff, established by the local medical or osteopathic society and at least some of the hospitals and SNFs in the locality; or

(3) A group capable of performing utilization review, established and organized in a manner approved by the Secretary.

(d) The UR committee may not include any individual who—

(1) Is directly responsible for the care of patients whose care is being reviewed; or

(2) Has a financial interest in any mental hospital.

UR PLAN: INFORMATIONAL
REQUIREMENTS

§ 456.211 Recipient information required for UR.

The UR plan must provide that each recipient's record includes information needed to perform UR required under this subpart. This information must include, at least, the following:

(a) Identification of the recipient.

(b) The name of the recipient's physician.

(c) Date of admission, and dates of application for and authorization of Medicaid benefits if application is made after admission.

(d) The plan of care required under § 456.172.

(e) Initial and subsequent continued stay review dates described under §§ 456.233 and 456.234.

(f) Reasons and plan for continued stay, if the attending physician believes continued stay is necessary.

(g) Other supporting material that the committee believes appropriate to be included in the record.

§ 456.212 Records and reports.

The UR plan must describe—

(a) The types of records that are kept by the committee; and

(b) The type and frequency of committee reports and arrangements for their distribution to appropriate individuals.

§ 456.213 Confidentiality.

The UR plan must provide that the identities of individual recipients in all UR records and reports are kept confidential.

UR PLAN: REVIEW OF NEED FOR
CONTINUED STAY

§ 456.231 Continued stay review required.

The UR plan must provide for a review of each recipient's continued stay