(c) The plan of care must be established by the team described in §441.156.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

### § 456.482 Medical, psychiatric, and social evaluations.

If a facility provides inpatient psychiatric services to a recipient under age 21, the medical, psychiatric, and social evaluations required by §§ 456.170, and 456.370 must be made by the team described in § 441.153.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

#### Subpart H—Utilization Review Plans: FFP, Waivers, and Variances for Hospitals and Mental Hospitals

#### § 456.500 Purpose.

For hospitals and mental hospitals, this subpart—

- (a) Prescribes conditions for the availability of FFP relating to UR plans;
- (b) Prescribes conditions for granting a waiver of UR plan requirements; and
- (c) Prescribes conditions for granting a variance in UR plan requirements for remote facilities.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

## § 456.501 UR plans as a condition for FFP.

- (a) Except when waived under §§ 456.505 through 456.508, FFP is not available in expenditures for Medicaid services furnished by a hospital or mental hospital unless the facility has in effect a UR plan that meets the utilization review requirements for Medicare under section 1861(k) of the Act.
- (b) A facility that participates in Medicare and Medicaid must use the same UR standards and procedures and review committee for Medicaid as it uses for Medicare.
- (c) A facility that does not participate in Medicare must meet the UR plan requirements in subpart C or D of this part, which are equivalent to the Medicare UR plan requirements in

§§ 405.1137, 482.30, and 482.60 of this chapter.

[43 FR 45266, Sept. 29, 1978, as amended at 51 FR 22042, June 17, 1986; 61 FR 38399, July 24, 1996]

UR PLAN: WAIVER OF REQUIREMENTS

#### § 456.505 Applicability of waiver.

The Administrator may waive the UR plan requirements of subparts C or D of this part, except for provisions relating to disqualification of UR committee members under §456.106 of subpart C, and §456.206 of subpart D, if the Medicaid agency—

- (a) Applies for a waiver; and
- (b) Demonstrates to the Administrator's satisfaction that it has in operation specific UR procedures that are superior in their effectiveness to the UR plan requirements under subpart C or D of this part.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

# § 456.506 Waiver options for Medicaid agency.

- (a) The agency may apply for a waiver at any time it has the procedures referred to under §456.505(b) in operation at least—
  - (1) On a demonstration basis; or
  - (2) In any part of the State.
- (b) Any hospital or mental hospital participating under the plan that is not covered by a waiver must continue to meet all the UR plan requirements under subpart C or D of this part.

[43 FR 45266, Sept. 29, 1978, as amended at 61 FR 38399, July 24, 1996]

## § 456.507 Review and granting of waiver requests.

- (a) When the agency applies for a waiver, the Administrator will assess the agency's UR procedures and grant the waiver if he determines that the procedures meet criteria he establishes.
- (b) The Administrator will review and evaluate each waiver between 1 and 2 years after he has granted it and between 1 and 2 years periodically thereafter.