

**§ 456.372**

**42 CFR Ch. IV (10–1–12 Edition)**

**§ 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 beneficiary'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 beneficiary.

(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 beneficiary'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 beneficiary'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

knowledgeable in the treatment of mental diseases; and

(3) In an institution for individuals with intellectual disabilities, a least one individual knowledgeable in the treatment of intellectual disability.

(c) The group performing UR may not include any individual who—

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

(2) Is employed by the ICF; or

(3) Has a financial interest in any ICF.

**§ 456.407 UR responsibilities of administrative staff.**

The UR plan must describe—

(a) The UR support responsibilities of the ICF's administrative staff; and

(b) Procedures used by the staff for taking needed corrective action.

UR PLAN: INFORMATIONAL  
REQUIREMENTS

**§ 456.411 Beneficiary information required for UR.**

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

(a) Identification of the beneficiary.

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

(c) The name of the qualified Intellectual Disability professional (as defined under § 442.401 of this subchapter), if applicable.

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

(e) The plan of care required under § 456.372;

(f) Initial and subsequent continued stay review dates described under §§ 456.433 and 456.434.

(g) Reasons and plan for continued stay, if the attending physician or qualified Intellectual Disability professional believes continued stay is necessary.

(h) Other supporting material that the UR group believes appropriate to be included in the record.

**§ 456.412 Records and reports.**

The UR plan must describe—

(a) The types of records that are kept by the group performing UR; and

(b) The type and frequency of reports made by the UR group, and arrangements for distribution of the reports to appropriate individuals.

**§ 456.413 Confidentiality.**

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

UR PLAN: REVIEW OF NEED FOR  
CONTINUED STAY

**§ 456.431 Continued stay review required.**

(a) The UR plan must provide for a review of each beneficiaries continued stay in the ICF at least every 6 months to decide whether it is needed.

(b) The UR plan requirement for continued stay review may be met by—

(1) Reviews that are performed in accordance with the requirements of §§ 456.432 through 456.437; or

(2) Reviews that meet on-site inspection requirements under subpart I if—

(i) The composition of the independent professional review team under subpart I meets the requirements of § 456.406; and

(ii) Reviews are conducted as frequently as required under §§ 456.433 and 456.434.

**§ 456.432 Evaluation criteria for continued stay.**

The UR plan must provide that—

(a) The group performing UR develops written criteria to assess the need for continued stay.

(b) The group develops more extensive written criteria for cases that its experience shows are—

(1) Associated with high costs;

(2) Associated with the frequent furnishing of excessive services; or

(3) Attended by physicians whose patterns of care are frequently found to be questionable.

**§ 456.433 Initial continued stay review date.**

The UR plan must provide that—