§ 456.242 UR plan requirements for medical care evaluation studies.

(a) The UR plan must describe the methods that the committee uses to select and conduct medical care evaluation studies under paragraph (b)(1) of this section;

(b) The UR plan must provide that the UR committee—

(1) Determines the methods to be used in selecting and conducting medical care evaluation studies in the mental hospital;

(2) Documents for each study—

(i) Its results; and

(ii) How the results have been used to make changes to improve the quality

§ 456.237 Notification of adverse decision.

The UR plan must provide that written notice of any adverse final decision on the need for continued stay under § 456.236 (f) through (h) is sent to—

(a) The hospital administrator;

(b) The attending or staff physician;

(c) The Medicaid agency;

(d) The beneficiary; and

(e) If possible, the next of kin or sponsor.

§ 456.241 Purpose and general description.

(a) The purpose of medical care evaluation studies is to promote the most effective and efficient use of available health facilities and services consistent with patient needs and professionally recognized standards of health care.

(b) Medical care evaluation studies—

(1) Emphasize identification and analysis of patterns of patient care; and

(2) Suggest appropriate changes needed to maintain consistently high quality patient care and effective and efficient use of services.

§ 456.238 Time limits for final decision and notification of adverse decision.

The UR plan must provide that—

(a) The committee makes a final decision on a beneficiary’s need for continued stay and gives notice under § 456.237 of an adverse decision within 2 working days after the assigned continued stay review date, except as required under paragraph (b) of this section.

(b) If the committee makes an adverse final decision on a beneficiary’s need for continued stay before the assigned review date, the committee gives notice under § 456.237 within 2 working days after the date of the final decision.

§ 456.211 Notification of adverse decision.

The UR plan must provide that written notice of any adverse final decision on the need for continued stay under § 456.236 (f) through (h) is sent to—

(a) The hospital administrator;

(b) The attending or staff physician;

(c) The Medicaid agency;

(d) The beneficiary; and

(e) If possible, the next of kin or sponsor.

§ 456.232 UR plan requirements for medical care evaluation studies.

(a) The UR plan must describe the methods that the committee uses to select and conduct medical care evaluation studies under paragraph (b)(1) of this section

(b) The UR plan must provide that the UR committee—

(1) Determines the methods to be used in selecting and conducting medical care evaluation studies in the mental hospital;

(2) Documents for each study—

(i) Its results; and

(ii) How the results have been used to make changes to improve the quality
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of care and promote more effective and efficient use of facilities and services;

(3) Analyzes its findings for each study; and

(4) Takes action as needed to—

(i) Correct or investigate further any deficiencies or problems in the review process; or

(ii) Recommend more effective and efficient hospital care procedures.

§ 456.243  Content of medical care evaluation studies.

Each medical care evaluation study must—

(a) Identify and analyze medical or administrative factors related to the mental hospital’s patient care;

(b) Include analysis of at least the following:

(1) Admissions.

(2) Durations of stay.

(3) Ancillary services furnished, including drugs and biologicals.

(4) Professional services performed in the hospital; and

(c) If indicated, contain recommendations for change beneficial to patients, staff, the hospital, and the community.

§ 456.244  Data sources for studies.

Data that the committee uses to perform studies must be obtained from one or more of the following sources:

(a) Medical records or other appropriate hospital data.

(b) External organizations that compile statistics, design profiles, and produce other comparative data.

(c) Cooperative endeavors with—

(1) QIOs;

(2) Fiscal agents;

(3) Other service providers; or

(4) Other appropriate agencies.

§ 456.245  Number of studies required to be performed.

The mental hospital must, at least, have one study in progress at any time and complete one study each calendar year.

Subpart E [Reserved]

Subpart F—Utilization Control: Intermediate Care Facilities

§ 456.350  Scope.

This subpart prescribes requirements for control of utilization of intermediate care facility (ICF) services including requirements concerning—

(a) Certification of need for care;

(b) Medical evaluation and admission review;

(c) Plan of care; and

(d) Utilization review plans.

§ 456.351  Definition.

As used in this subpart:

Intermediate care facility services means those items and services furnished in an intermediate care facility as defined in §§440.140 and 440.150 of this subchapter, but excludes those services if they are provided in religious nonmedical institutions as defined in §440.170(b) of this chapter.

§ 456.350  Certification and recertification of need for care.

(a) Certification. (1) A physician must certify for each applicant or beneficiary that ICF services are or were needed.

(2) The certification must be at the time of admission or, if an individual applies for assistance while in an ICF, before the Medicaid agency authorizes payment.

(b) Recertification. (1) A physician, or physician assistant or nurse practitioner (as defined in §491.2 of this chapter) acting within the scope of practice as defined by State law and under the supervision of a physician, must recertify for each applicant or beneficiary that ICF services are needed.

(2) Recertification must be made at least—

(i) Every 12 months after certification in an institution for Individuals with Intellectual Disabilities or persons with related conditions; and

(ii) Every 60 days after certification in an ICF other than an institution for