

§ 456.603

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the problems and needs of mentally retarded individuals.

(e) For an institution for Individuals with Intellectual Disabilities or persons with related conditions, each team must have at least one member who knows the problems and needs of mentally retarded individuals.

(f) For ICFs primarily serving individuals 65 years of age or older, each team must have at least one member who knows the problems and needs of those individuals.

(g) If there is no physician on the team, the Medicaid agency must insure that a physician is available to provide consultation to the team.

(h) If a team has one or more physicians, it must be supervised by a physician.

§ 456.603 Financial interests and employment of team members.

(a) Except as provided in paragraph (b) of this section—

(1) [Reserved]

(2) No member of a team that reviews care in an ICF may have a financial interest in or be employed by any ICF.

(b) A member of a team that reviews care in an IMD or an institution for Individuals with Intellectual Disabilities or persons with related conditions—

(1) May not have a financial interest in any institution of that same type but may have a financial interest in other facilities or institutions; and

(2) May not review care in an institution where he is employed but may review care in any other facility or institution.

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

§ 456.604 Physician team member inspecting care of beneficiaries.

No physician member of a team may inspect the care of a beneficiary for whom he is the attending physician.

§ 456.605 Number and location of teams.

There must be a sufficient number of teams so located within the State that onsite inspections can be made at appropriate intervals in each facility caring for beneficiaries.

§ 456.606 Frequency of inspections.

The team and the agency must determine, based on the quality of care and services being provided in a facility and the condition of beneficiaries in the facility, at what intervals inspections will be made. However, the team must inspect the care and services provided to each beneficiary in the facility at least annually.

§ 456.607 Notification before inspection.

No facility may be notified of the time of inspection more than 48 hours before the scheduled arrival of the team.

§ 456.608 Personal contact with and observation of beneficiaries and review of records.

(a) For beneficiaries under age 21 in psychiatric facilities and beneficiaries in ICFs, other than those described in paragraph (b) of this section, the team's inspection must include—

(1) Personal contact with and observation of each beneficiary; and

(2) Review of each beneficiary's medical record.

(b) For beneficiaries age 65 or older in IMDs, the team's inspection must include—

(1) Review of each beneficiary's medical record; and

(2) If the record does not contain complete reports of periodic assessments required by § 441.102 of this subchapter or, if such reports are inadequate, personal contact with and observation of each beneficiary

[43 FR 45266, Sept. 29, 1978, as amended at 44 FR 17940, Mar. 23, 1979; 61 FR 38399, July 24, 1996]

§ 456.609 Determinations by team.

The team must determine in its inspection whether—

(a) The services available in the facility are adequate to—

(1) Meet the health needs of each beneficiary, and the rehabilitative and social needs of each beneficiary in an ICF; and

(2) Promote his maximum physical, mental, and psychosocial functioning.

(b) It is necessary and desirable for the beneficiary to remain in the facility;

(c) It is feasible to meet the beneficiary's health needs and, in an ICF, the beneficiary's rehabilitative needs, through alternative institutional or noninstitutional services; and

(d) Each beneficiary under age 21 in a psychiatric facility and each beneficiary in an institution for Individuals with Intellectual Disabilities or persons with related conditions is receiving active treatment as defined in § 441.154 of this subchapter.

§ 456.610 Basis for determinations.

In making the determinations on adequacy of services and related matters under § 456.609 for each beneficiary, the team may consider such items as whether—

(a) The medical evaluation, any required social and psychological evaluations, and the plan of care are complete and current; the plan of care and, where required, the plan of rehabilitation are followed; and all ordered services, including dietary orders, are provided and properly recorded;

(b) The attending physician reviews prescribed medications—

(1) At least every 30 days in psychiatric facilities, and mental hospitals; and

(2) At least quarterly in ICFs;

(c) Tests or observations of each beneficiary indicated by his medication regimen are made at appropriate times and properly recorded;

(d) Physician, nurse, and other professional progress notes are made as required and appear to be consistent with the observed condition of the beneficiary;

(e) The beneficiary receives adequate services, based on such observations as—

(1) Cleanliness;

(2) Absence of bedsores;

(3) Absence of signs of malnutrition or dehydration; and

(4) Apparent maintenance of maximum physical, mental, and psychosocial function;

(f) In an ICF, the beneficiary receives adequate rehabilitative services, as evidenced by—

(1) A planned program of activities to prevent regression; and

(2) Progress toward meeting objectives of the plan of care;

(g) The beneficiary needs any service that is not furnished by the facility or through arrangements with others; and

(h) The beneficiary needs continued placement in the facility or there is an appropriate plan to transfer the beneficiary to an alternate method of care.

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

§ 456.611 Reports on inspections.

(a) The team must submit a report promptly to the agency on each inspection.

(b) The report must contain the observations, conclusions, and recommendations of the team concerning—

(1) The adequacy, appropriateness, and quality of all services provided in the facility or through other arrangements, including physician services to beneficiaries; and

(2) Specific findings about individual beneficiaries in the facility.

(c) The report must include the dates of the inspection and the names and qualifications of the members of the team.

[43 FR 45266, Sept. 29, 1978, as amended at 44 FR 56337, Oct. 1, 1979]

§ 456.612 Copies of reports.

The agency must send a copy of each inspection report to—

(a) The facility inspected;

(b) The facility's utilization review committee;

(c) The agency responsible for licensing, certification, or approval of the facility for purposes of Medicare and Medicaid; and

(d) Other State agencies that use the information in the reports to perform their official function, including, if inspection reports concern IMD's, the appropriate State mental health authorities.

§ 456.613 Action on reports.

The agency must take corrective action as needed based on the report and recommendations of the team submitted under this subpart.