§ 441.152 Certification of need for services.
Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the State.

(3) Provided before the individual reaches age 21, or, if the individual was receiving the services immediately before he or she reached age 21, before the earlier of the following—
   (i) The date the individual no longer requires the services; or
   (ii) The date the individual reaches 22; and

(4) Certified in writing to be necessary in the setting in which the services will be provided (or are being provided in emergency circumstances) in accordance with §441.152.

(b) Inpatient psychiatric services furnished in a psychiatric residential treatment facility as defined in §483.352 of this chapter, must satisfy all requirements in subpart G of part 483 of this chapter governing the use of restraint and seclusion.

§ 441.153 Team certifying need for services.

Certification under §441.152 must be made by terms specified as follows:

(a) For an individual who is a beneficiary when admitted to a facility or program, certification must be made by an independent team that—
   (1) Includes a physician;
   (2) Has competence in diagnosis and treatment of mental illness, preferably in child psychiatry; and
   (3) Has knowledge of the individual’s situation.

(b) For an individual who applies for Medicaid while in the facility of program, the certification must be—
   (1) Made by the team responsible for the plan of care as specified in §441.156; and
   (2) Cover any period before application for which claims are made.

(c) For emergency admissions, the certification must be made by the team responsible for the plan of care (§441.156) within 14 days after admission.

§ 441.154 Active treatment.

Inpatient psychiatric services must involve “active treatment”, which means implementation of a professionally developed and supervised individual plan of care, described in §441.155 that is—

(a) Developed and implemented no later than 14 days after admission; and
(b) Designed to achieve the beneficiary’s discharge from inpatient status at the earliest possible time.

§ 441.155 Individual plan of care.

(a) “Individual plan of care” means a written plan developed for each beneficiary in accordance with §§456.180 and 456.181 of this chapter, to improve his condition to the extent that inpatient care is no longer necessary.

(b) The plan of care must—
   (1) Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the beneficiary’s situation and reflects the need for inpatient psychiatric care;
   (2) Be developed by a team of professionals specified under §441.156 in consultation with the beneficiary; and his parents, legal guardians, or others in