

Centers for Medicare & Medicaid Services, HHS

§ 456.400

Individuals with Intellectual Disabilities or persons with related conditions.

[46 FR 48561, Oct. 1, 1981, as amended at 50 FR 33034, Aug. 16, 1985]

MEDICAL, PSYCHOLOGICAL, AND SOCIAL EVALUATIONS AND ADMISSION REVIEW

§ 456.370 Medical, psychological, and social evaluations.

(a) Before admission to an ICF or before authorization for payment, an interdisciplinary team of health professionals must make a comprehensive medical and social evaluation and, where appropriate, a psychological evaluation of each applicant's or beneficiary's need for care in the ICF.

(b) In an institution for Individuals with Intellectual Disabilities or persons with related conditions, the team must also make a psychological evaluation of need for care. The psychological evaluation must be made before admission or authorization of payment, but not more than three months before admission.

(c) Each evaluation must include—

- (1) Diagnoses;
- (2) Summary of present medical, social, and where appropriate, developmental findings;
- (3) Medical and social family history;
- (4) Mental and physical functional capacity;
- (5) Prognoses;
- (6) Kinds of services needed;
- (7) Evaluation by an agency worker of the resources available in the home, family and community; and
- (8) A recommendation concerning—
 - (i) Admission to the ICF; or
 - (ii) Continued care in the ICF for individuals who apply for Medicaid while in the ICF.

§ 456.371 Exploration of alternative services.

If the comprehensive evaluation recommends ICF services for an applicant or beneficiary whose needs could be met by alternative services that are currently unavailable, the facility must enter this fact in the beneficiary's record and begin to look for alternative services.

§ 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

§ 456.401

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

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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.