

§ 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 non-medical institutions as defined in § 440.170(b) of this chapter.

[43 FR 45266, Sept. 29, 1978, as amended at 64 FR 67052, Nov. 30, 1999]

CERTIFICATION OF NEED FOR CARE

§ 456.360 Certification and recertification of need for inpatient 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 made 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 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—