

Rule No. 560-X-10-.13. Resident Medical Evaluation

(1) The admitting or attending physician must certify the necessity of admission of a resident to an intermediate care facility and make a comprehensive medical evaluation, as described in Rule No. 560-X-10-.~~1411(3)(d)3~~. This evaluation will be maintained by the facility as part of the resident's permanent record.

(2) Each Medicaid resident in an intermediate care facility must have a written medical plan of care established by his physician and periodically reviewed and evaluated by the physician and other personnel involved in the individual's care.

(3) For nursing facilities, the resident must be seen by a physician at least once every 30 days for the first 90 days from admission, and at least once every 60 days thereafter.

(4) The physician's care plan must include:

- (a) Diagnosis.
- (b) Symptoms and treatments.
- (c) Complaints.
- (d) Activities.
- (e) Functional level.
- (f) Dietary.
- (g) Medications.
- (h) Plans for continuing care and discharge as appropriate.
- (i) Social services.

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Statutory Authority: State Plan; Title XIX, Social Security Act; P.L. 92-603; 42 C.F.R. Section 401, et seq.

History: New Rule Filed June 20, 2003; effective September 15, 2003. **Amended:** Filed November 17, 2016.