

**Rule No. 560-X-10-.12. Utilization Review for ICF/~~MR~~IID**

(1) The Utilization Review function in the ICF/~~MR~~IID facilities is the responsibility of Medicaid or its designee.

(~~2a~~) The Utilization Review function in the ICF/~~MR~~IID facility will be a facility based review carried out by ~~DMH/MR~~Medicaid or its designee every six months, or more frequently if indicated at the time of initial or subsequent continued stay review, in order to determine the need for continued stay in the ICF/IID.

~~(b) DMH/MR~~The designee will provide Medicaid with a written Utilization Review Plan. ~~The Utilization Review Plan must include:~~

~~1. A written description of who will perform the Utilization Review.~~  
~~2. At least one team member will be knowledgeable in the treatment of this type resident (Qualified Mental Retardation Professional).~~

~~3. The Utilization Review team may not include any individual who:~~

~~(i) Is directly responsible for the care of the recipient whose case is being reviewed;~~

~~(ii) Is employed by the ICF/MR~~

~~(iii) Has a financial interest in any ICF/MR~~

~~4. The facility staff will provide necessary administrative support to the review team.~~

~~5. The review team will review each resident for the necessity of continued stay.~~

~~6. Certification must be made at the time of admission.~~

~~7. Recertification must be made at least every 12 months after certification in an institution for the mentally retarded or persons with related conditions.~~

~~(3e) DMH/MR~~Medicaid's designee will provide Medicaid ~~with a semi-annual~~an annual report of utilization reviews carried out in the ICF/~~MR's~~IID.

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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:** Rule effective October 1, 1982. Emergency rule effective October 1, 1990. Rule amended February 13, 1991, August 14, 1991, and January 14, 1994. **Amended:** Filed November 17, 2016.