

A physician certifies as to each patient's need for in-patient services prior to or at the time of admission or, if later, the time the patient applies for medical assistance. This is done by a special form designed for this. The local social worker completes the medical social summary and submits it with the physician's form. The information on these forms is reviewed by a team consisting of a physician and a social worker in the Medical Evaluation Unit. If additional medical information, such as specialist reports, is required, this is secured prior to the final decision on the request for medical care. Recertification of need is accomplished each 60 days.

For each patient, the services are furnished under a plan established and periodically reviewed and reevaluated by a physician. Established on-site survey procedures have significantly improved documentation in facility medical records of medical care plans: Specific treatment and medication orders and related therapeutic regimens that are to be followed in the care of the patient, based on the physician's evaluation. The survey team endeavors to ensure that the plan of care states treatment goals, estimates the prognosis and possible length of stay, and anticipates the probable kind of after-care that may be appropriate for meeting the patient's needs when his condition reaches a point where the care recommended initially no longer is necessary. The medical record review seeks to assure a nursing plan of care, in conjunction with the physician's orders and plan for medical care, which is kept current, and includes observation of the patient and information elicited from him.

The utilization review program is continuous in nature. Each patient's admission to and continued stay in the institution are reviewed and evaluated through established procedures. Recertification is made in the same manner as the admission procedure described in paragraph one above, each 60 days and patient on-site review is carried out each twelve months. Certification and recertification forms are maintained in the patient's medical chart in the institution.

The claim which each non-hospital medical care facility, skilled and intermediate care, submits each month for payment lists all patients and the number of days each is provided care. This information is computerized and reported monthly to the Medical Evaluation Unit where it is closely analyzed in relation, in part, to total usage, admissions, levels of care, and discharges. This form also shows total occupancy of each facility, which information is sent to the State Department of Health, the State Licensing Authority, for use in evaluating requests for certificates of need for such health care facilities in any given area of the State.

A patient on-site review is conducted each twelve months to ensure the provision of a range and quality of medical and nursing management and social work support commensurate with clinical and physical needs and optimum social functioning of Title XIX nursing home patients. Individual forms are completed by the survey team at each scheduled review. The summary interview permits the survey team to discuss management and compliance problems with the administrative staff of the facility. Although consideration is given to the possible effects of any changes in care arrangements on health and functional status of the patients, the feasibility of alternate care where appropriate is evaluated. A copy of the summary interview report is left with the administrator to serve as a guide to improved management. Reports on each individual patient are submitted to the Medical Evaluation Unit, which staff gives final approval to the type of care required, based on the recommendation of the patient on-site review team or, if deemed necessary, with additional medical and/or social information which has been secured following receipt of the patient on-site review report. In case of an appeal of the decision by the

patient, a hearing is held by an appeals referee in the same procedure as is followed for an appeal of any other action taken by the agency.

Annually, or more often if indicated, members of the staff of the Special Medical Services Unit visit each skilled nursing facility and intermediate care facility to ensure compliance with the Department's agreement with such facilities to provide non-hospital medical care. The Patient On-Site Review Unit has been established to conduct timely medical reviews for Title XIX patients in skilled nursing facilities and professional reviews in intermediate care facilities. Survey team composition for skilled care is a physician, a social worker, and a registered nurse; for intermediate care, a social worker and a registered nurse under the supervision of a physician. Twelve to fourteen such teams are regularly scheduled for reviews of approximately 8,500 patients in 365 licensed non-hospital medical care facilities. Valuable utilization guidelines are available to the administrative staff involved in policy and procedure design for continuance of appropriate patient care and for the best use of available funds. The review frequency so involves facility management in the necessity for constant improvement in medical care and nursing care practices that significant changes for the better have been made.

Methods used are effective in that they assure appropriate care and proper use of funds made on behalf of these patients. Since nurses and social workers, who are employees of the agency, see these patients frequently, continuity of care and plans for alternate care are carried out without interruption.