

441—81.6(249A) Continued review.

81.6(1) *Level of care.* The department will review Medicaid members' need for continued care in nursing facilities, pursuant to the standards and subject to the appeals process in subrule 81.2(1). For all members enrolled with a managed care organization, the managed care organization shall review a Medicaid member's need for continued care in a nursing facility at least annually. The managed care organization must submit documentation to the department for all reviews that indicate a change in the member's level of care. The department will make a final determination for any reviews that indicate a change in the level of care.

81.6(2) *PASRR.* As a condition of payment for nursing facility care under the Medicaid program when there is a significant change in a resident's condition, the nursing facility shall, within 24 hours, initiate a PASRR review by the department's contractor for PASRR evaluations. For purposes of this subrule, "significant change in a resident's condition" means any admission or readmission to the facility immediately following an inpatient psychiatric hospitalization or any change that is likely to impact the resident's treatment needs related to a mental illness or intellectual disability. The evaluation shall determine:

- a.* Whether nursing facility care or skilled nursing care is medically necessary and appropriate for the resident under 441—subrules 79.9(1) and 79.9(2);
- b.* Whether nursing facility services continue to be appropriate for the resident, as opposed to care in a more specialized facility or in a community-based setting; and
- c.* Whether the resident needs specialized services for mental illness or intellectual disability, as described in paragraph 81.2(3) "b."

This rule is intended to implement Iowa Code sections 249A.2(1), 249A.3(3), and 249A.4.

[ARC 9279C, IAB 5/14/25, effective 7/1/25]