

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.1	§482.1 Basis and scope.		
§482.1(a)	(a) Statutory basis.		
§482.1(a)(1)	(1) Section 1861(e) of the		
	[Social Security] Act provides		
	that—		
§482.1(a)(1)(i)	(i) Hospitals participating in		LD.13.01.01, EP 1
	Medicare must meet certain		The critical access hospital provides care, treatment, and
	specified requirements; and		services in accordance with licensure requirements and
			federal, state, and local laws, rules, and regulations.
§482.1(a)(1)(ii)	(ii) The Secretary may impose		LD.13.01.01, EP 1
	additional requirements if they		The critical access hospital provides care, treatment, and
	are found necessary in the		services in accordance with licensure requirements and
	interest of the health and safety		federal, state, and local laws, rules, and regulations.
	of the individuals who are		
	furnished services in hospitals.		
§482.1(b)	(b) Scope. Except as provided in		LD.13.01.01, EP 1
	subpart A of part 488 of this		The critical access hospital provides care, treatment, and
	chapter, the provisions of this		services in accordance with licensure requirements and
	part serve as the basis of survey		federal, state, and local laws, rules, and regulations.
	activities for the purpose of		
	determining whether a hospital		
	qualifies for a provider		
	agreement under Medicare and		
	Medicaid.		
§482.11	§482.11 Condition of		
	Participation: Compliance with		
	Federal, State and Local Laws		
§482.11(a)	(a) The hospital must be in	LD.04.01.01, EP 2	LD.13.01.01, EP 1
	compliance with applicable	The critical access hospital provides care, treatment, and	The critical access hospital provides care, treatment, and

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	Federal laws related to the	services in accordance with licensure requirements, laws	services in accordance with licensure requirements and
	health and safety of patients.	(including state law), and rules and regulations.	federal, state, and local laws, rules, and regulations.
§482.11(b)	(b) The hospital must be		
§482.11(b)(1)	(1) Licensed; or	LD.04.01.01, EP 1 The critical access hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the critical access hospital is seeking accreditation from The Joint Commission.  Note 1: Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state law.  Note 2: For more information on how to obtain a CLIA certificate, see http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certif	LD.13.01.01, EP 2 The critical access hospital is licensed in accordance with law and regulation to provide the care, treatment, or services for which the critical access hospital is seeking accreditation from The Joint Commission.  Note: For rehabilitation or psychiatric distinct part units in critical access hospitals: The critical access hospital is licensed or approved as meeting the standards for licensing established by the state or responsible locality.
§482.11(b)(2)	(2) Approved as meeting standards for licensing established by the agency of the State or locality responsible for licensing hospitals.	icate_International_Laboratories.html.  LD.04.01.01, EP 1  The critical access hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the critical access hospital is seeking accreditation from The Joint Commission.  Note 1: Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88)	LD.13.01.01, EP 2  The critical access hospital is licensed in accordance with law and regulation to provide the care, treatment, or services for which the critical access hospital is seeking accreditation from The Joint Commission.  Note: For rehabilitation or psychiatric distinct part units in critical access hospitals: The critical access hospital is licensed or approved as meeting the standards for licensing
		certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state law.  Note 2: For more information on how to obtain a CLIA certificate, see http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html.	established by the state or responsible locality.
§482.11(c)	(c) The hospital must assure	HR.01.01.01, EP 2	HR.11.01.03, EP 1
	that personnel are licensed or	The critical access hospital verifies and documents the	All staff who provide patient care, treatment, and services

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	meet other applicable	following:	are qualified and possess a current license, certification, or
	standards that are required by	- Credentials of staff using the primary source when	registration, in accordance with law and regulation.
	State or local laws.	licensure, certification, or registration is required by law and	
		regulation to practice their profession. This is done at the	MS.17.01.03, EP 3
		time of hire and at the time credentials are renewed.	The credentialing process requires that the critical access
		- Credentials of staff (primary source not required) when	hospital verifies in writing and from the primary source
		licensure, certification, or registration is not required by law	whenever feasible, or from a credentials verification
		and regulation. This is done at the time of hire and at the time credentials are renewed.	organization (CVO), the following information for the applicant:
		Note 1: It is acceptable to verify current licensure,	- Current licensure at the time of initial granting, renewal,
		certification, or registration with the primary source via a	and revision of privileges and at the time of license expiration
		secure electronic communication or by telephone, if this	- Relevant training
		verification is documented.	- Current competence
		Note 2: A primary verification source may designate another	
		agency to communicate credentials information. The	MS.17.02.01, EP 9
		designated agency can then be used as a primary source.	All physicians and other licensed practitioners that provide
		Note 3: An external organization (for example, a credentials	care, treatment, and services possess a current license,
		verification organization [CVO]) may be used to verify	certification, or registration, as required by law and
		credentials information. A CVO must meet the CVO	regulation.
		guidelines identified in the Glossary.	
		HR.01.01.01, EP 3	
		The critical access hospital verifies and documents that the	
		applicant has the education and experience required by the	
		job responsibilities.	
		MS.06.01.03, EP 6	
		The credentialing process requires that the critical access	
		hospital verifies in writing and from the primary source	
		whenever feasible, or from a credentials verification	
		organization (CVO), the following information:	
		- The applicant's current licensure at the time of initial	
		granting, renewal, and revision of privileges, and at the time	

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		of license expiration	
		- The applicant's relevant training	
		- The applicant's current competence	
		MS.06.01.05, EP 1	
		All physicians and other licensed practitioners that provide	
		care, treatment, and services possess a current license,	
		certification, or registration, as required by law and	
		regulation.	
		MS.06.01.05, EP 2	
		The critical access hospital, based on recommendations by	
		the organized medical staff and approval by the governing	
		body, establishes criteria that determine a physician's or	
		other licensed practitioner's ability to provide patient care,	
		treatment, and services within the scope of the privilege(s)	
		requested. Evaluation of all of the following are included in	
		the criteria:	
		- Current licensure and/or certification, as appropriate,	
		verified with the primary source	
		- The applicant's specific relevant training, verified with the	
		primary source	
		- Evidence of physical ability to perform the requested	
		privilege	
		- Data from professional practice review by an organization(s)	
		that currently privileges the applicant (if available)	
		- Peer and/or faculty recommendation	
		- When renewing privileges, review of the physician's or other	
		licensed practitioner's performance within the critical	
		access hospital	
		MS.06.01.05, EP 8	
		Peer recommendation includes written information regarding	

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		the physician's or other licensed practitioner's current:	
		- Medical/clinical knowledge	
		- Technical and clinical skills	
		- Clinical judgment	
		- Interpersonal skills	
		- Communication skills	
		- Professionalism	
		Note: Peer recommendation may be in the form of written	
		documentation reflecting informed opinions on each	
		applicant's scope and level of performance, or a written peer	
		evaluation of physician- or other licensed practitioner-	
		specific data collected from various sources for the purpose	
		of validating current competence.	
§482.12	§482.12 Condition of	LD.01.01, EP 1	LD.11.01.01, EP 1
	Participation: Governing Body	The critical access hospital identifies those responsible for	The critical access hospital has a governing body or an
	There must be an effective	governance.	individual that assumes full legal responsibility for
	governing body that is legally		determining, implementing, and monitoring policies
	responsible for the conduct of	LD.01.01.01, EP 2	governing the critical access hospital's total operation and
	the hospital. If a hospital does	The governing body identifies those responsible for planning,	for administering those policies to provide quality health care
	not have an organized	management, and operational activities.	in a safe environment.
	governing body, the persons	LD 04 00 04 ED 4	
	legally responsible for the	LD.01.03.01, EP 1	
	conduct of the hospital must	The governing body defines in writing its responsibilities.	
	carry out the functions	LD.01.03.01, EP 2	
	specified in this part that pertain to the governing body.		
	pertain to the governing body.	For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body provides for	
		organization management and planning.	
		organization management and planning.	
		LD.01.03.01, EP 5	
		The governing body provides for the resources needed to	
		maintain safe, quality care, treatment, and services.	
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		LD.01.03.01, EP 12	
		The critical access hospital has a governing body that	
		assumes full legal responsibility for the operation of the	
		critical access hospital.	
		LD.03.01.01, EP 5	
		Leaders create and implement a process for managing	
		behaviors that undermine a culture of safety.	
		LD.03.06.01, EP 2	
		Leaders provide for a sufficient number and mix of	
		individuals to support safe, quality care, treatment, and	
		services.	
		Note: The number and mix of individuals is appropriate to the	
		scope and complexity of the services offered.	
		LD.04.01.01, EP 3	
		Leaders act on or comply with reports or recommendations	
		from external authorized agencies, such as accreditation,	
		certification, or regulatory bodies.	
		LD.04.01.05, EP 1	
		Leaders of the program, service, site, or department oversee	
		operations.	
		LD.04.01.07, EP 1	
		Leaders review, approve, and manage the implementation of	
		policies and procedures that guide and support patient care,	
		treatment, and services.	
§482.12(a)	§482.12(a) Standard: Medical		
	Staff. The governing body		
	must:		

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§482.12(a)(1)	(1) Determine, in accordance	MS.01.01.01, EP 2	LD.11.01.01, EP 2
	with State law, which	The organized medical staff adopts and amends medical	The governing body does the following:
	categories of practitioners are	staff bylaws. Adoption or amendment of medical staff	- Approves and is responsible for the effective operation of
	eligible candidates for	bylaws cannot be delegated. After adoption or amendment	the grievance process
	appointment to the medical	by the organized medical staff, the proposed bylaws are	- Reviews and resolves grievances, unless it delegates
	staff;	submitted to the governing body for action. Bylaws become	responsibility in writing to a grievance committee
		effective only upon governing body approval. (See the	
		"Leadership" [LD] chapter for requirements regarding the	For rehabilitation and psychiatric distinct part units in critical
		governing body's authority and conflict management	access hospitals: The governing body also does the
		processes.)	following:
			- Determines, in accordance with state law, which categories
		MS.01.01.01, EP 7	of practitioners are eligible candidates for appointment to
		The governing body upholds the medical staff bylaws, rules	the medical staff
		and regulations, and policies that have been approved by the	- Appoints members of the medical staff after considering
		governing body.	the recommendations of the existing members of the
			medical staff
		MS.01.01.01, EP 12	- Makes certain that the medical staff has bylaws
		The medical staff bylaws include the following requirements:	- Approves medical staff bylaws and other medical staff rules
		The structure of the medical staff.	and regulations
			- Makes certain that the medical staff is accountable to the
		MS.01.01.01, EP 13	governing body for the quality of care provided to patients
		The medical staff bylaws include the following requirements:	- Makes certain that the criteria for selection to the medical
		Qualifications for appointment to the medical staff.	staff are based on individual character, competence,
		Note: For rehabilitation and psychiatric distinct part units in	training, experience, and judgment
		critical access hospitals: The medical staff must be	- Makes certain that under no circumstances is the
		composed of doctors of medicine or osteopathy. In	accordance of staff membership or professional privileges in
		accordance with state law, including scope of practice laws,	the critical access hospital dependent solely upon
		the medical staff may also include other categories of	certification, fellowship, or membership in a specialty body
		physicians as listed at 482.12(c)(1) and other licensed	or society
		practitioners who are determined to be eligible for	- Makes certain that the medical staff develops and
		appointment by the governing body.	implements written policies and procedures for appraisal of
			emergencies, initial treatment, and referral of patients at the
		MS.01.01.01, EP 27	locations without emergency services when emergency

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		The medical staff bylaws include the following requirements:	services are not provided at the critical access hospital, or
		The process for appointment and re-appointment to	are provided at the critical access hospital but not at one or
		membership on the medical staff.	more off-campus locations
§482.12(a)(2)	(2) Appoint members of the	MS.02.01.01, EP 8	LD.11.01.01, EP 2
	medical staff after considering	For rehabilitation and psychiatric distinct part units in critical	The governing body does the following:
	the recommendations of the	access hospitals: The medical staff executive committee	- Approves and is responsible for the effective operation of
	existing members of the	makes recommendations, as defined in the medical staff	the grievance process
	medical staff;	bylaws, directly to the governing body on, at least, medical	- Reviews and resolves grievances, unless it delegates
		staff membership.	responsibility in writing to a grievance committee
		MS.06.01.07, EP 8	For rehabilitation and psychiatric distinct part units in critical
		The governing body or delegated governing body committee	access hospitals: The governing body also does the
		has final authority for granting, renewing, or denying	following:
		privileges.	- Determines, in accordance with state law, which categories
			of practitioners are eligible candidates for appointment to
		MS.07.01.01, EP 5	the medical staff
		Membership is recommended by the medical staff and	- Appoints members of the medical staff after considering
		granted by the governing body.	the recommendations of the existing members of the medical staff
			- Makes certain that the medical staff has bylaws
			- Approves medical staff bylaws and other medical staff rules and regulations
			- Makes certain that the medical staff is accountable to the
			governing body for the quality of care provided to patients
			- Makes certain that the criteria for selection to the medical
			staff are based on individual character, competence,
			training, experience, and judgment
			- Makes certain that under no circumstances is the
			accordance of staff membership or professional privileges in
			the critical access hospital dependent solely upon
			certification, fellowship, or membership in a specialty body
			or society
			- Makes certain that the medical staff develops and

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			implements written policies and procedures for appraisal of
			emergencies, initial treatment, and referral of patients at the
			locations without emergency services when emergency
			services are not provided at the critical access hospital, or
			are provided at the critical access hospital but not at one or
			more off-campus locations
§482.12(a)(3)	(3) Assure that the medical staff	MS.01.01.01, EP 1	LD.11.01.01, EP 2
	has bylaws;	The organized medical staff develops medical staff bylaws,	The governing body does the following:
		rules and regulations, and policies.	- Approves and is responsible for the effective operation of
			the grievance process
		MS.01.01.01, EP 2	- Reviews and resolves grievances, unless it delegates
		The organized medical staff adopts and amends medical	responsibility in writing to a grievance committee
		staff bylaws. Adoption or amendment of medical staff	
		bylaws cannot be delegated. After adoption or amendment	For rehabilitation and psychiatric distinct part units in critical
		by the organized medical staff, the proposed bylaws are	access hospitals: The governing body also does the
		submitted to the governing body for action. Bylaws become	following:
		effective only upon governing body approval. (See the	- Determines, in accordance with state law, which categories
		"Leadership" [LD] chapter for requirements regarding the	of practitioners are eligible candidates for appointment to
		governing body's authority and conflict management	the medical staff
		processes.)	- Appoints members of the medical staff after considering
			the recommendations of the existing members of the
		MS.01.01.01, EP 7	medical staff
		The governing body upholds the medical staff bylaws, rules	- Makes certain that the medical staff has bylaws
		and regulations, and policies that have been approved by the governing body.	- Approves medical staff bylaws and other medical staff rules and regulations
			- Makes certain that the medical staff is accountable to the
			governing body for the quality of care provided to patients
			- Makes certain that the criteria for selection to the medical
			staff are based on individual character, competence,
			training, experience, and judgment
			- Makes certain that under no circumstances is the
			accordance of staff membership or professional privileges in
			the critical access hospital dependent solely upon

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			certification, fellowship, or membership in a specialty body
			or society
			- Makes certain that the medical staff develops and
			implements written policies and procedures for appraisal of
			emergencies, initial treatment, and referral of patients at the
			locations without emergency services when emergency
			services are not provided at the critical access hospital, or
			are provided at the critical access hospital but not at one or
			more off-campus locations
§482.12(a)(4)	(4) Approve medical staff	MS.01.01, EP 2	LD.11.01.01, EP 2
	bylaws and other medical staff	The organized medical staff adopts and amends medical	The governing body does the following:
	rules and regulations;	staff bylaws. Adoption or amendment of medical staff	- Approves and is responsible for the effective operation of
		bylaws cannot be delegated. After adoption or amendment	the grievance process
		by the organized medical staff, the proposed bylaws are	- Reviews and resolves grievances, unless it delegates
		submitted to the governing body for action. Bylaws become	responsibility in writing to a grievance committee
		effective only upon governing body approval. (See the	
		"Leadership" [LD] chapter for requirements regarding the	For rehabilitation and psychiatric distinct part units in critical
		governing body's authority and conflict management	access hospitals: The governing body also does the
		processes.)	following:
			- Determines, in accordance with state law, which categories
		MS.01.01.01, EP 7	of practitioners are eligible candidates for appointment to
		The governing body upholds the medical staff bylaws, rules	the medical staff
		and regulations, and policies that have been approved by the	- Appoints members of the medical staff after considering
		governing body.	the recommendations of the existing members of the
			medical staff
			- Makes certain that the medical staff has bylaws
			- Approves medical staff bylaws and other medical staff rules
			and regulations - Makes certain that the medical staff is accountable to the
			governing body for the quality of care provided to patients - Makes certain that the criteria for selection to the medical
			staff are based on individual character, competence,
			training, experience, and judgment

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			- Makes certain that under no circumstances is the
			accordance of staff membership or professional privileges in
			the critical access hospital dependent solely upon
			certification, fellowship, or membership in a specialty body
			or society
			- Makes certain that the medical staff develops and
			implements written policies and procedures for appraisal of
			emergencies, initial treatment, and referral of patients at the
			locations without emergency services when emergency
			services are not provided at the critical access hospital, or
			are provided at the critical access hospital but not at one or
			more off-campus locations
§482.12(a)(5)	(5) Ensure that the medical staff	LD.01.05.01, EP 6	LD.11.01.01, EP 2
	is accountable to the governing	The organized medical staff is accountable to the governing	The governing body does the following:
	body for the quality of care	body for the quality of care provided to patients.	- Approves and is responsible for the effective operation of
	provided to patients;		the grievance process
			- Reviews and resolves grievances, unless it delegates
			responsibility in writing to a grievance committee
			For rehabilitation and psychiatric distinct part units in critical
			access hospitals: The governing body also does the
			following:
			- Determines, in accordance with state law, which categories
			of practitioners are eligible candidates for appointment to
			the medical staff
			- Appoints members of the medical staff after considering
			the recommendations of the existing members of the
			medical staff
			- Makes certain that the medical staff has bylaws
			- Approves medical staff bylaws and other medical staff rules
			and regulations
			- Makes certain that the medical staff is accountable to the
			governing body for the quality of care provided to patients

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			- Makes certain that the criteria for selection to the medical
			staff are based on individual character, competence,
			training, experience, and judgment
			- Makes certain that under no circumstances is the
			accordance of staff membership or professional privileges in
			the critical access hospital dependent solely upon
			certification, fellowship, or membership in a specialty body
			or society
			- Makes certain that the medical staff develops and
			implements written policies and procedures for appraisal of
			emergencies, initial treatment, and referral of patients at the
			locations without emergency services when emergency
			services are not provided at the critical access hospital, or
			are provided at the critical access hospital but not at one or
			more off-campus locations
§482.12(a)(6)	(6) Ensure the criteria for	MS.06.01.03, EP 6	LD.11.01.01, EP 2
	selection are individual	The credentialing process requires that the critical access	The governing body does the following:
	character, competence,	hospital verifies in writing and from the primary source	- Approves and is responsible for the effective operation of
	training, experience, and	whenever feasible, or from a credentials verification	the grievance process
	judgment; and	organization (CVO), the following information:	- Reviews and resolves grievances, unless it delegates
		- The applicant's current licensure at the time of initial	responsibility in writing to a grievance committee
		granting, renewal, and revision of privileges, and at the time	
		of license expiration	For rehabilitation and psychiatric distinct part units in critical
		- The applicant's relevant training	access hospitals: The governing body also does the
		- The applicant's current competence	following:
		MO 00 04 05 FD 0	- Determines, in accordance with state law, which categories
		MS.06.01.05, EP 2	of practitioners are eligible candidates for appointment to
		The critical access hospital, based on recommendations by	the medical staff
		the organized medical staff and approval by the governing	- Appoints members of the medical staff after considering
		body, establishes criteria that determine a physician's or	the recommendations of the existing members of the
		other licensed practitioner's ability to provide patient care,	medical staff
		treatment, and services within the scope of the privilege(s)	- Makes certain that the medical staff has bylaws
		requested. Evaluation of all of the following are included in	- Approves medical staff bylaws and other medical staff rules

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		the criteria:	and regulations
		- Current licensure and/or certification, as appropriate,	- Makes certain that the medical staff is accountable to the
		verified with the primary source	governing body for the quality of care provided to patients
		- The applicant's specific relevant training, verified with the	- Makes certain that the criteria for selection to the medical
		primary source	staff are based on individual character, competence,
		- Evidence of physical ability to perform the requested	training, experience, and judgment
		privilege	- Makes certain that under no circumstances is the
		- Data from professional practice review by an organization(s)	accordance of staff membership or professional privileges in
		that currently privileges the applicant (if available)	the critical access hospital dependent solely upon
		- Peer and/or faculty recommendation	certification, fellowship, or membership in a specialty body
		- When renewing privileges, review of the physician's or other	or society
		licensed practitioner's performance within the critical	- Makes certain that the medical staff develops and
		access hospital	implements written policies and procedures for appraisal of
			emergencies, initial treatment, and referral of patients at the
		MS.06.01.05, EP 7	locations without emergency services when emergency
		The critical access hospital queries the National Practitioner	services are not provided at the critical access hospital, or
		Data Bank (NPDB) in accordance with applicable law and	are provided at the critical access hospital but not at one or
		regulation.	more off-campus locations
		MS.06.01.05, EP 8	
		Peer recommendation includes written information regarding	
		the physician's or other licensed practitioner's current:	
		- Medical/clinical knowledge	
		- Technical and clinical skills	
		- Clinical judgment	
		- Interpersonal skills	
		- Communication skills	
		- Professionalism	
		Note: Peer recommendation may be in the form of written	
		documentation reflecting informed opinions on each	
		applicant's scope and level of performance, or a written peer	
		evaluation of physician- or other licensed practitioner-	
		specific data collected from various sources for the purpose	

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		of validating current competence.	
		MS.06.01.05, EP 9  Before recommending privileges, the organized medical staff also evaluates the following:  - Challenges to any licensure or registration  - Voluntary and involuntary relinquishment of any license or registration  - Voluntary and involuntary termination of medical staff membership  - Voluntary and involuntary limitation, reduction, or loss of clinical privileges  - Any evidence of an unusual pattern or an excessive number of professional liability actions resulting in a final judgment against the applicant  - Documentation as to the applicant's health status  - Relevant physician- or other licensed practitioner-specific	
		data as compared to aggregate data, when available - Morbidity and mortality data, when available	
§482.12(a)(7)	(7) Ensure that under no circumstances is the accordance of staff membership or professional privileges in the hospital dependent solely upon certification, fellowship or membership in a specialty body or society.	MS.06.01.07, EP 2  The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a requested privilege.  Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.  MS.07.01.01, EP 1  The organized medical staff develops criteria for medical staff membership.  Note: Medical staff membership and professional privileges	LD.11.01.01, EP 2 The governing body does the following: - Approves and is responsible for the effective operation of the grievance process - Reviews and resolves grievances, unless it delegates responsibility in writing to a grievance committee  For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body also does the following: - Determines, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff - Appoints members of the medical staff after considering

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		are not dependent solely upon certification, fellowship, or	the recommendations of the existing members of the
		membership in a specialty body or society.	medical staff
			- Makes certain that the medical staff has bylaws
			- Approves medical staff bylaws and other medical staff rules
			and regulations
			- Makes certain that the medical staff is accountable to the
			governing body for the quality of care provided to patients
			- Makes certain that the criteria for selection to the medical
			staff are based on individual character, competence,
			training, experience, and judgment
			- Makes certain that under no circumstances is the
			accordance of staff membership or professional privileges in the critical access hospital dependent solely upon
			certification, fellowship, or membership in a specialty body
			or society
			- Makes certain that the medical staff develops and
			implements written policies and procedures for appraisal of
			emergencies, initial treatment, and referral of patients at the
			locations without emergency services when emergency
			services are not provided at the critical access hospital, or
			are provided at the critical access hospital but not at one or
			more off-campus locations
§482.12(a)(8)	(8) Ensure that, when	LD.04.03.09, EP 2	MS.20.01.01, EP 1
	telemedicine services are	The critical access hospital describes, in writing, the nature	When telemedicine services are furnished to the critical
	furnished to the hospital's	and scope of services provided through contractual	access hospital's patients through an agreement with a
	patients through an agreement	agreements.	distant-site hospital or telemedicine entity, the governing
	with a distant-site hospital, the		body of the originating critical access hospital may choose to
	agreement is written and that it	LD.04.03.09, EP 4	rely upon the credentialing and privileging decisions made by
	specifies that it is the	Leaders monitor contracted services by establishing	the distant-site hospital or telemedicine entity for the
	responsibility of the governing	expectations for the performance of the contracted services.	individual distant-site physicians and other licensed
	body of the distant-site hospital	Note 1: When the critical access hospital contracts with	practitioners providing such services if the critical access
	to meet the requirements in	another accredited organization for patient care, treatment,	hospital's governing body includes all of the following
	paragraphs (a)(1) through (a)(7)	and services to be provided off site, it can do the following:	provisions in its written agreement with the distant-site

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	of this section with regard to	- Verify that all physicians and other licensed practitioners	hospital or telemedicine entity:
	the distant-site hospital's	who will be providing patient care, treatment, and services	- The distant site telemedicine entity provides services in
	physicians and practitioners	have appropriate privileges by obtaining, for example, a copy	accordance with contract service requirements.
	providing telemedicine	of the list of privileges.	- The distant-site telemedicine entity's medical staff
	services. The governing body of	- Specify in the written agreement that the contracted	credentialing and privileging process and standards is
	the hospital whose patients are	organization will ensure that all contracted services provided	consistent with the critical access hospital's process and
	receiving the telemedicine	by physicians and other licensed practitioners will be within	standards, at a minimum.
	services may, in accordance	the scope of their privileges.	- The distant-site hospital providing the telemedicine
	with §482.22(a)(3) of this part,	Note 2: The leaders who monitor the contracted services are	services is a Medicare-participating hospital.
	grant privileges based on its	the governing body.	- The individual distant-site physician or other licensed
	medical staff		practitioner is privileged at the distant-site hospital or
	recommendations that rely on	LD.04.03.09, EP 23	telemedicine entity providing the telemedicine services, and
	information provided by the	When telemedicine services are furnished to the critical	the distant-site hospital or telemedicine entity provides a
	distant-site hospital.	access hospital's patients, the originating site has a written	current list of the distant-site physician's or practitioner's
		agreement with the distant site that specifies the following:	privileges at the distant-site hospital or telemedicine entity.
		- The distant site is a contractor of services to the critical	- The individual distant-site physician or other licensed
		access hospital.	practitioner holds a license issued or recognized by the state
		- The distant site furnishes services in a manner that permits	in which the critical access hospital whose patients are
		the originating site to be in compliance with the Medicare	receiving the telemedicine services is located.
		Conditions of Participation	- For distant-site physicians or other licensed practitioners
		- The originating site makes certain through the written	privileged by the originating critical access hospital, the
		agreement that all distant-site telemedicine providers'	originating critical access hospital internally reviews services
		credentialing and privileging processes meet, at a minimum,	provided by the distant-site physician or other licensed
		the Medicare Conditions of Participation at 42 CFR	practitioner and sends the distant-site hospital or
		485.616(c)(1)(i) through (c)(1)(vii).	telemedicine entity information for use in the periodic
		Note: For the language of the Medicare Conditions of	evaluation of the practitioner. At a minimum, this information
		Participation pertaining to telemedicine, see Appendix A.	includes adverse events that result from the telemedicine
		If the originating site chooses to use the credentialing and	services provided by the distant-site physician or other
		privileging decision of the distant-site telemedicine provider,	licensed practitioner to the critical access hospital's patients
		then the following requirements apply:	and complaints the critical access hospital has received
		- The governing body of the distant site is responsible for	about the distant-site physician or other licensed
		having a process that is consistent with the credentialing and	practitioner.
		privileging requirements in the "Medical Staff" (MS) chapter	Note 1: In the case of distant-site physicians and licensed

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		(Standards MS.06.01.01 through MS.06.01.13).	practitioners providing telemedicine services to the critical
		- The governing body of the originating site grants privileges	access hospital's patients under a written agreement
		to a distant-site physician or other licensed practitioner	between the critical access hospital and a distant-site
		based on the originating site's medical staff	telemedicine entity, the distant-site telemedicine entity is
		recommendations, which rely on information provided by the	not required to be a Medicare participating
		distant site.	provider or supplier.
			Note 2: For rehabilitation and psychiatric distinct part units in
			critical access hospitals: The distant-site telemedicine
			entity's medical staff credentialing and privileging process
			and standards at least meet the standards at 42 CFR
0.400.404.440			482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
§482.12(a)(9)	(9) Ensure that when	LD.04.03.09, EP 2	LD.13.03.03, EP 3
	telemedicine services are	The critical access hospital describes, in writing, the nature	When telemedicine services are furnished to the critical
	furnished to the hospital's	and scope of services provided through contractual	access hospital's patients, the originating site has a written
	patients through an agreement	agreements.	agreement with the distant site that specifies the following:
	with a distant-site telemedicine	LD 4440 CO FD C	- The distant site is a contractor of services to the critical
	entity, the written agreement	LD.04.03.09, EP 3	access hospital.
	specifies that the distant-site	Designated leaders approve contractual agreements.	- The distant site furnishes services in a manner that permits
	telemedicine entity is a	LD 04 00 00 FD 4	the originating site to be in compliance with all applicable
	contractor of services to the	LD.04.03.09, EP 4	Medicare Conditions of Participation for the contracted
	hospital and as such, in	Leaders monitor contracted services by establishing	services, in accordance with 42 CFR 485.635(c)(4)(ii).
	accordance with \$482.12(e),	expectations for the performance of the contracted services.	- The originating site makes certain through the written
	furnishes the contracted services in a manner that	Note 1: When the critical access hospital contracts with	agreement that all distant-site telemedicine providers'
	permits the hospital to comply	another accredited organization for patient care, treatment, and services to be provided off site, it can do the following:	credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR
	with all applicable conditions of	- Verify that all physicians and other licensed practitioners	485.616(c)(1)(i) through (c)(1)(vii).
	participation for the contracted	who will be providing patient care, treatment, and services	Note: For the language of the Medicare Conditions of
	services, including, but not	have appropriate privileges by obtaining, for example, a copy	Participation pertaining to telemedicine, refer to
	limited to, the requirements in	of the list of privileges.	https://www.ecfr.gov.
	paragraphs (a)(1) through (a)(7)	- Specify in the written agreement that the contracted	If the originating site chooses to use the credentialing and
	of this section with regard to	organization will ensure that all contracted services provided	privileging decision of the distant-site telemedicine provider,
	the distant-site telemedicine	by physicians and other licensed practitioners will be within	then the following requirements apply:
	entity's physicians and	the scope of their privileges.	- The governing body of the distant site is responsible for
	Gridly a priyalcidita dilu	the scope of their himtekes.	- The governing body of the distant site is responsible for

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	practitioners providing	Note 2: The leaders who monitor the contracted services are	having a process that is consistent with the credentialing and
	telemedicine services. The	the governing body.	privileging requirements in the "Medical Staff" (MS) chapter
	governing body of the hospital		(Standards MS.17.01.01 through MS.17.04.01).
	whose patients are receiving	LD.04.03.09, EP 5	- The governing body of the originating site grants privileges
	the telemedicine services may,	Leaders monitor contracted services by communicating the	to a distant-site physician or other licensed practitioner
	in accordance with	expectations in writing to the provider of the contracted	based on the originating site's medical staff
	§482.22(a)(4) of this part, grant	services.	recommendations, which rely on information provided by the
	privileges to physicians and	Note: A written description of the expectations can be	distant site.
	practitioners employed by the	provided either as part of the written agreement or in	The written agreement includes that it is the responsibility of
	distant-site telemedicine entity	addition to it.	the governing body of the distant-site hospital to meet the
	based on such hospital's		requirements of this element of performance.
	medical staff	LD.04.03.09, EP 6	
	recommendations; such staff	Leaders monitor contracted services by evaluating these	
	recommendations may rely on	services in relation to the critical access hospital's	
	information provided by the	expectations.	
	distant-site telemedicine entity.	LD 04 00 00 ED 00	
		LD.04.03.09, EP 23	
		When telemedicine services are furnished to the critical	
		access hospital's patients, the originating site has a written	
		agreement with the distant site that specifies the following:  - The distant site is a contractor of services to the critical	
		access hospital.  - The distant site furnishes services in a manner that permits	
		the originating site to be in compliance with the Medicare	
		Conditions of Participation	
		- The originating site makes certain through the written	
		agreement that all distant-site telemedicine providers'	
		credentialing and privileging processes meet, at a minimum,	
		·	
		the Medicare Conditions of Participation at 42 CFR 485.616(c)(1)(i) through (c)(1)(vii).  Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses to use the credentialing and	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		privileging decision of the distant-site telemedicine provider,	
		then the following requirements apply:	
		- The governing body of the distant site is responsible for	
		having a process that is consistent with the credentialing and	
		privileging requirements in the "Medical Staff" (MS) chapter	
		(Standards MS.06.01.01 through MS.06.01.13).	
		- The governing body of the originating site grants privileges	
		to a distant-site physician or other licensed practitioner	
		based on the originating site's medical staff	
		recommendations, which rely on information provided by the	
		distant site.	
§482.12(a)(10)	(10) Consult directly with the	LD.01.03.01, EP 8	LD.11.01.01, EP 5
	individual assigned the	The governing body provides the organized medical staff with	For rehabilitation and psychiatric distinct part units in critical
	responsibility for the	the opportunity to participate in governance.	access hospitals: The governing body consults directly with
	organization and conduct of the		the individual assigned the responsibility for the organization
	hospital's medical staff, or his	LD.01.03.01, EP 9	and conduct of the critical access hospital's medical staff or
	or her designee. At a minimum,	The governing body provides the organized medical staff with	with the individual's designee. At a minimum, this direct
	this direct consultation must	the opportunity to be represented at governing body	consultation occurs periodically throughout the fiscal or
	occur periodically throughout	meetings (through attendance and voice) by one or more of	calendar year and includes a discussion of matters related to
	the fiscal or calendar year and	its members, as selected by the organized medical staff.	the quality of medical care provided to the critical access
	include discussion of matters		hospital's patients. For a multihospital system using a single
	related to the quality of medical	LD.01.03.01, EP 10	governing body, the single multihospital system governing
	care provided to patients of the	Organized medical staff members are eligible for full	body consults directly with the individual responsible for the
	hospital. For a multi-hospital	membership in the critical access hospital's governing body,	organized medical staff (or the individual's designee) of each
	system using a single governing	unless legally prohibited.	hospital within its system.
	body, the single multihospital	LD 00 00 04 FD 4	
	system governing body must	LD.03.02.01, EP 1	
	consult directly with the	Leaders set expectations for using data and information,	
	individual responsible for the	including patient care data and other relevant data, for the	
	organized medical staff (or his	following:	
	or her designee) of each	- Improving the safety and quality of care, treatment, or	
	hospital within its system in	services in order to achieve the goals of the performance	
	addition to the other	improvement program	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	requirements of this paragraph (a).	- Creating a culture of safety and quality - Decision making that supports the safety and quality of care, treatment, and services - Identifying and responding to internal and external changes in the environment	
		LD.03.03.01, EP 3 Leaders evaluate the effectiveness of planning activities.	
		LD.03.05.01, EP 2 Structures for managing change and performance improvement do the following: - Foster the safety of the patient and the quality of care, treatment, and services - Support a culture of safety and quality - Adapt to changes in the environment	
		LD.03.05.01, EP 3 Leaders evaluate the effectiveness of processes for the management of change and performance improvement.	
§482.12(b)	§482.12(b) Standard: Chief Executive Officer The governing body must appoint a chief executive officer who is responsible for managing the hospital.	LD.01.03.01, EP 4 The governing body selects the chief executive responsible for managing the critical access hospital.	LD.11.01.01, EP 6 The governing body appoints the chief executive officer responsible for managing the critical access hospital.
§482.12(c)	§482.12(c) Standard: Care of Patients In accordance with hospital policy, the governing body must ensure that the following requirements are met:		
§482.12(c)(1)	(1) Every Medicare patient is under the care of:		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.12(c)(1)(i)	(i) A doctor of medicine or	MS.03.01.03, EP 1	LD.11.01.01, EP 7
	osteopathy. (This provision is	Physicians and other licensed practitioners with appropriate	For rehabilitation and psychiatric distinct part units in critical
	not to be construed to limit the	privileges manage and coordinate the patient's care,	access hospitals: The governing body makes certain that
	authority of a doctor of	treatment, and services. For rehabilitation and psychiatric	patients are under the care of the appropriate licensed
	medicine or osteopathy to	distinct part units in critical access hospitals: Physicians and	practitioners.
	delegate tasks to other	clinical psychologists with appropriate privileges manage	
	qualified health care personnel	and coordinate the patient's care, treatment, and services.	MS.16.01.03, EP 4
	to the extent recognized under	Note: For rehabilitation and psychiatric distinct part units in	For rehabilitation and psychiatric distinct part units in critical
	State law or a State's regulatory	critical access hospitals: The definition of "physician" is the	access hospitals: Every Medicare patient is under the care of
	mechanism.);	same as that used by the Centers for Medicare & Description (1997)	at least one of the following:
		Medicaid Services (CMS) (refer to the Glossary).	- A doctor of medicine or osteopathy (This requirement does
			not limit the authority of a doctor of medicine or osteopathy
		MS.03.01.03, EP 3	to delegate tasks to other qualified health care staff to the
		For rehabilitation and psychiatric distinct part units in critical	extent recognized under state law or a state's regulatory
		access hospitals: A patient's general medical condition is	mechanism.)
		managed and coordinated by a doctor of medicine or	- A doctor of dental surgery or dental medicine who is legally
		osteopathy. A doctor of medicine or osteopathy manages	authorized to practice dentistry by the state and who is
		and coordinates the care of any Medicare or Medicaid	acting within the scope of their license
		patient's psychiatric problem that is not specifically within	- A doctor of podiatric medicine, but only with respect to
		the scope of practice of a doctor of dental surgery, dental	functions which they are legally authorized by the state to
		medicine, podiatric medicine, or optometry; a chiropractor,	perform
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	- A doctor of optometry who is legally authorized to practice
		psychologist.	optometry by the state in which they practice
			- A chiropractor who is licensed by the state or legally
			authorized to perform the services of a chiropractor, but only
			with respect to treatment by means of manual manipulation
			of the spine to correct a subluxation demonstrated by x-ray
			to exist
			- A clinical psychologist as defined in 42 CFR 410.71, but only
			with respect to clinical psychologist services as defined in 42
			CFR 410.71 and only to the extent permitted by state law
§482.12(c)(1)(ii)	(ii) A doctor of dental surgery or	MS.03.01.03, EP 1	LD.11.01.01, EP 7
	dental medicine who is legally	Physicians and other licensed practitioners with appropriate	For rehabilitation and psychiatric distinct part units in critical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	authorized to practice dentistry	privileges manage and coordinate the patient's care,	access hospitals: The governing body makes certain that
	by the State and who is acting	treatment, and services. For rehabilitation and psychiatric	patients are under the care of the appropriate licensed
	within the scope of his or her	distinct part units in critical access hospitals: Physicians and	practitioners.
	license;	clinical psychologists with appropriate privileges manage	
		and coordinate the patient's care, treatment, and services.	MS.16.01.03, EP 4
		Note: For rehabilitation and psychiatric distinct part units in	For rehabilitation and psychiatric distinct part units in critical
		critical access hospitals: The definition of "physician" is the	access hospitals: Every Medicare patient is under the care of
		same as that used by the Centers for Medicare & Description 1	at least one of the following:
		Medicaid Services (CMS) (refer to the Glossary).	- A doctor of medicine or osteopathy (This requirement does
			not limit the authority of a doctor of medicine or osteopathy
		MS.03.01.03, EP 3	to delegate tasks to other qualified health care staff to the
		For rehabilitation and psychiatric distinct part units in critical	extent recognized under state law or a state's regulatory
		access hospitals: A patient's general medical condition is	mechanism.)
		managed and coordinated by a doctor of medicine or	- A doctor of dental surgery or dental medicine who is legally
		osteopathy. A doctor of medicine or osteopathy manages	authorized to practice dentistry by the state and who is
		and coordinates the care of any Medicare or Medicaid	acting within the scope of their license
		patient's psychiatric problem that is not specifically within	- A doctor of podiatric medicine, but only with respect to
		the scope of practice of a doctor of dental surgery, dental	functions which they are legally authorized by the state to
		medicine, podiatric medicine, or optometry; a chiropractor,	perform
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	- A doctor of optometry who is legally authorized to practice
		psychologist.	optometry by the state in which they practice
			- A chiropractor who is licensed by the state or legally
			authorized to perform the services of a chiropractor, but only
			with respect to treatment by means of manual manipulation
			of the spine to correct a subluxation demonstrated by x-ray
			to exist
			- A clinical psychologist as defined in 42 CFR 410.71, but only
			with respect to clinical psychologist services as defined in 42
			CFR 410.71 and only to the extent permitted by state law
§482.12(c)(1)(iii)	(iii) A doctor of podiatric	MS.03.01.03, EP 1	LD.11.01.01, EP 7
	medicine, but only with respect	Physicians and other licensed practitioners with appropriate	For rehabilitation and psychiatric distinct part units in critical
	to functions which he or she is	privileges manage and coordinate the patient's care,	access hospitals: The governing body makes certain that
		treatment, and services. For rehabilitation and psychiatric	patients are under the care of the appropriate licensed

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	legally authorized by the State to perform;	distinct part units in critical access hospitals: Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of "physician" is the same as that used by the Centers for Medicare & Lamp; Medicaid Services (CMS) (refer to the Glossary).  MS.03.01.03, EP 3  For rehabilitation and psychiatric distinct part units in critical access hospitals: A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. A doctor of medicine or osteopathy manages and coordinates the care of any Medicare or Medicaid patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.	practitioners.  MS.16.01.03, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: Every Medicare patient is under the care of at least one of the following:  - A doctor of medicine or osteopathy (This requirement does not limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified health care staff to the extent recognized under state law or a state's regulatory mechanism.)  - A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the state and who is acting within the scope of their license  - A doctor of podiatric medicine, but only with respect to functions which they are legally authorized by the state to perform  - A doctor of optometry who is legally authorized to practice optometry by the state in which they practice  - A chiropractor who is licensed by the state or legally authorized to perform the services of a chiropractor, but only with respect to treatment by means of manual manipulation of the spine to correct a subluxation demonstrated by x-ray to exist  - A clinical psychologist as defined in 42 CFR 410.71, but only with respect to clinical psychologist services as defined in 42 CFR 410.71 and only to the extent permitted by state law
§482.12(c)(1)(iv)	(iv) A doctor of optometry who is legally authorized to practice optometry by the State in which he or she practices;	MS.03.01.03, EP 1 Physicians and other licensed practitioners with appropriate privileges manage and coordinate the patient's care, treatment, and services. For rehabilitation and psychiatric distinct part units in critical access hospitals: Physicians and clinical psychologists with appropriate privileges manage	LD.11.01.01, EP 7  For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body makes certain that patients are under the care of the appropriate licensed practitioners.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		and coordinate the patient's care, treatment, and services.	MS.16.01.03, EP 4
		Note: For rehabilitation and psychiatric distinct part units in	For rehabilitation and psychiatric distinct part units in critical
1		critical access hospitals: The definition of "physician" is the	access hospitals: Every Medicare patient is under the care of
		same as that used by the Centers for Medicare & Description (1997)	at least one of the following:
		Medicaid Services (CMS) (refer to the Glossary).	- A doctor of medicine or osteopathy (This requirement does not limit the authority of a doctor of medicine or osteopathy
1		MS.03.01.03, EP 3	to delegate tasks to other qualified health care staff to the
1		For rehabilitation and psychiatric distinct part units in critical	extent recognized under state law or a state's regulatory
I		access hospitals: A patient's general medical condition is	mechanism.)
1		managed and coordinated by a doctor of medicine or	- A doctor of dental surgery or dental medicine who is legally
		osteopathy. A doctor of medicine or osteopathy manages	authorized to practice dentistry by the state and who is
1		and coordinates the care of any Medicare or Medicaid	acting within the scope of their license
		patient's psychiatric problem that is not specifically within	- A doctor of podiatric medicine, but only with respect to
		the scope of practice of a doctor of dental surgery, dental	functions which they are legally authorized by the state to
1		medicine, podiatric medicine, or optometry; a chiropractor,	perform
1		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	- A doctor of optometry who is legally authorized to practice
		psychologist.	optometry by the state in which they practice
			- A chiropractor who is licensed by the state or legally
1			authorized to perform the services of a chiropractor, but only
			with respect to treatment by means of manual manipulation
			of the spine to correct a subluxation demonstrated by x-ray
			to exist
			- A clinical psychologist as defined in 42 CFR 410.71, but only
			with respect to clinical psychologist services as defined in 42
			CFR 410.71 and only to the extent permitted by state law
§482.12(c)(1)(v)	(v) A chiropractor who is	MS.03.01.03, EP 1	LD.11.01.01, EP 7
1	licensed by the State or legally	Physicians and other licensed practitioners with appropriate	For rehabilitation and psychiatric distinct part units in critical
1	authorized to perform the	privileges manage and coordinate the patient's care,	access hospitals: The governing body makes certain that
	services of a chiropractor, but	treatment, and services. For rehabilitation and psychiatric	patients are under the care of the appropriate licensed
	only with respect to treatment	distinct part units in critical access hospitals: Physicians and	practitioners.
	by means of manual	clinical psychologists with appropriate privileges manage	
	manipulation of the spine to	and coordinate the patient's care, treatment, and services.	MS.16.01.03, EP 4
<u> </u>	correct a subluxation	Note: For rehabilitation and psychiatric distinct part units in	For rehabilitation and psychiatric distinct part units in critical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	demonstrated by x-ray to exist;	critical access hospitals: The definition of "physician" is the	access hospitals: Every Medicare patient is under the care of
	and	same as that used by the Centers for Medicare & Description (1997)	at least one of the following:
		Medicaid Services (CMS) (refer to the Glossary).	- A doctor of medicine or osteopathy (This requirement does
			not limit the authority of a doctor of medicine or osteopathy
		MS.03.01.03, EP 3	to delegate tasks to other qualified health care staff to the
		For rehabilitation and psychiatric distinct part units in critical	extent recognized under state law or a state's regulatory
		access hospitals: A patient's general medical condition is	mechanism.)
		managed and coordinated by a doctor of medicine or	- A doctor of dental surgery or dental medicine who is legally
		osteopathy. A doctor of medicine or osteopathy manages	authorized to practice dentistry by the state and who is
		and coordinates the care of any Medicare or Medicaid	acting within the scope of their license
		patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental	- A doctor of podiatric medicine, but only with respect to functions which they are legally authorized by the state to
		medicine, podiatric medicine, or optometry; a chiropractor,	perform
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	- A doctor of optometry who is legally authorized to practice
		psychologist.	optometry by the state in which they practice
		poyonotogioti	- A chiropractor who is licensed by the state or legally
			authorized to perform the services of a chiropractor, but only
			with respect to treatment by means of manual manipulation
			of the spine to correct a subluxation demonstrated by x-ray
			to exist
			- A clinical psychologist as defined in 42 CFR 410.71, but only
			with respect to clinical psychologist services as defined in 42
			CFR 410.71 and only to the extent permitted by state law
§482.12(c)(1)(vi)	(vi) A clinical psychologist as	MS.03.01.03, EP 1	LD.11.01.01, EP 7
	defined in §410.71 of this	Physicians and other licensed practitioners with appropriate	For rehabilitation and psychiatric distinct part units in critical
	chapter, but only with respect	privileges manage and coordinate the patient's care,	access hospitals: The governing body makes certain that
	to clinical psychologist services	treatment, and services. For rehabilitation and psychiatric	patients are under the care of the appropriate licensed
	as defined in §410.71 of this	distinct part units in critical access hospitals: Physicians and	practitioners.
	chapter and only to the extent	clinical psychologists with appropriate privileges manage	
	permitted by State law.	and coordinate the patient's care, treatment, and services.	MS.16.01.03, EP 4
		Note: For rehabilitation and psychiatric distinct part units in	For rehabilitation and psychiatric distinct part units in critical
		critical access hospitals: The definition of "physician" is the	access hospitals: Every Medicare patient is under the care of
		same as that used by the Centers for Medicare & Description 1.	at least one of the following:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Medicaid Services (CMS) (refer to the Glossary).	- A doctor of medicine or osteopathy (This requirement does
			not limit the authority of a doctor of medicine or osteopathy
		MS.03.01.03, EP 3	to delegate tasks to other qualified health care staff to the
		For rehabilitation and psychiatric distinct part units in critical	extent recognized under state law or a state's regulatory
		access hospitals: A patient's general medical condition is	mechanism.)
		managed and coordinated by a doctor of medicine or	- A doctor of dental surgery or dental medicine who is legally
		osteopathy. A doctor of medicine or osteopathy manages	authorized to practice dentistry by the state and who is
		and coordinates the care of any Medicare or Medicaid	acting within the scope of their license
		patient's psychiatric problem that is not specifically within	- A doctor of podiatric medicine, but only with respect to
		the scope of practice of a doctor of dental surgery, dental	functions which they are legally authorized by the state to
		medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical	perform - A doctor of optometry who is legally authorized to practice
		psychologist.	optometry by the state in which they practice
		psychologist.	- A chiropractor who is licensed by the state or legally
			authorized to perform the services of a chiropractor, but only
			with respect to treatment by means of manual manipulation
			of the spine to correct a subluxation demonstrated by x-ray
			to exist
			- A clinical psychologist as defined in 42 CFR 410.71, but only
			with respect to clinical psychologist services as defined in 42
			CFR 410.71 and only to the extent permitted by state law
§482.12(c)(2)	(2) Patients are admitted to the	MS.03.01.01, EP 2	LD.11.01.01, EP 7
	hospital only on the	Physicians and other licensed practitioners practice only	For rehabilitation and psychiatric distinct part units in critical
	recommendation of a licensed	within the scope of their privileges as determined through	access hospitals: The governing body makes certain that
	practitioner permitted by the	mechanisms defined by the organized medical staff.	patients are under the care of the appropriate licensed
	State to admit patients to a		practitioners.
	hospital. If a Medicare patient is	MS.03.01.03, EP 1	
	admitted by a practitioner not	Physicians and other licensed practitioners with appropriate	MS.16.01.03, EP 1
	specified in paragraph (c)(1) of	privileges manage and coordinate the patient's care,	For rehabilitation and psychiatric distinct part units in critical
	this section, that patient is	treatment, and services. For rehabilitation and psychiatric	access hospitals: Patients are admitted to the critical access
	under the care of a doctor of	distinct part units in critical access hospitals: Physicians and	hospital only on the recommendation of a licensed
	medicine or osteopathy.	clinical psychologists with appropriate privileges manage	practitioner permitted by the state to admit patients to a
		and coordinate the patient's care, treatment, and services.	hospital. If a Medicare patient is admitted by a practitioner

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: For rehabilitation and psychiatric distinct part units in	not specified in MS.16.01.03, EP 4, that patient is under the
		critical access hospitals: The definition of "physician" is the	care of a doctor of medicine or osteopathy.
		same as that used by the Centers for Medicare & Description (1997).	
		Medicaid Services (CMS) (refer to the Glossary).	
		MS.03.01.03, EP 3	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: A patient's general medical condition is	
		managed and coordinated by a doctor of medicine or	
		osteopathy. A doctor of medicine or osteopathy manages	
		and coordinates the care of any Medicare or Medicaid	
		patient's psychiatric problem that is not specifically within	
		the scope of practice of a doctor of dental surgery, dental	
		medicine, podiatric medicine, or optometry; a chiropractor,	
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	
		psychologist.	
		MS.03.01.03, EP 13	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Patients are admitted to the hospital only	
		on the decision of a licensed practitioner permitted by the	
		state to admit patients to a hospital.	
§482.12(c)(2)	Element Deleted	MS.03.01.03, EP 1	
continued		Physicians and other licensed practitioners with appropriate	
		privileges manage and coordinate the patient's care,	
		treatment, and services. For rehabilitation and psychiatric	
		distinct part units in critical access hospitals: Physicians and	
		clinical psychologists with appropriate privileges manage	
		and coordinate the patient's care, treatment, and services.	
		Note: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: The definition of "physician" is the	
		same as that used by the Centers for Medicare & Description (OMO) (or for the the Olegans)	
		Medicaid Services (CMS) (refer to the Glossary).	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		MS.03.01.03, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: A patient's general medical condition is managed and coordinated by a doctor of medicine or osteopathy. A doctor of medicine or osteopathy manages and coordinates the care of any Medicare or Medicaid patient's psychiatric problem that is not specifically within the scope of practice of a doctor of dental surgery, dental medicine, podiatric medicine, or optometry; a chiropractor, as limited under 42 CFR 482.12(c)(1)(v); or a clinical psychologist.	
§482.12(c)(3)	(3) A doctor of medicine or osteopathy is on duty or on call at all times.	MS.03.01.03, EP 12 For rehabilitation and psychiatric distinct part units in critical access hospitals: A doctor of medicine or osteopathy is on duty or on call at all times.	ED.11.01.01, EP 7  For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body makes certain that patients are under the care of the appropriate licensed practitioners.  MS.16.01.03, EP 2  For rehabilitation and psychiatric distinct part units in critical access hospitals: A doctor of medicine or osteopathy is on duty or on call at all times.
\$482.12(c)(4)	(4) A doctor of medicine or osteopathy is responsible for the care of each Medicare patient with respect to any medical or psychiatric problem that	MS.03.01.03, EP 1 Physicians and other licensed practitioners with appropriate privileges manage and coordinate the patient's care, treatment, and services. For rehabilitation and psychiatric distinct part units in critical access hospitals: Physicians and clinical psychologists with appropriate privileges manage and coordinate the patient's care, treatment, and services. Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of "physician" is the same as that used by the Centers for Medicare & Eamp; Medicaid Services (CMS) (refer to the Glossary).	LD.11.01.01, EP 7  For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body makes certain that patients are under the care of the appropriate licensed practitioners.  MS.16.01.03, EP 3  For rehabilitation and psychiatric distinct part units in critical access hospitals: A doctor of medicine or osteopathy is responsible for the care of each Medicare patient with respect to any medical or psychiatric problem that is present

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			on admission or develops during hospitalization and is not
		MS.03.01.03, EP 3	specifically within the scope of practice, as defined by the
		For rehabilitation and psychiatric distinct part units in critical	medical staff and in accordance with state law, of a doctor of
		access hospitals: A patient's general medical condition is	dental surgery, dental medicine, podiatric medicine, or
		managed and coordinated by a doctor of medicine or	optometry; a chiropractor, as limited under 42 CFR
		osteopathy. A doctor of medicine or osteopathy manages	12(c)(1)(v); or clinical psychologist.
		and coordinates the care of any Medicare or Medicaid	
		patient's psychiatric problem that is not specifically within	
		the scope of practice of a doctor of dental surgery, dental	
		medicine, podiatric medicine, or optometry; a chiropractor,	
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	
		psychologist.	
§482.12(c)(4)(i)	(i) Is present on admission or	MS.03.01.03, EP 1	LD.11.01.01, EP 7
	develops during hospitalization;	Physicians and other licensed practitioners with appropriate	For rehabilitation and psychiatric distinct part units in critical
	and	privileges manage and coordinate the patient's care,	access hospitals: The governing body makes certain that
		treatment, and services. For rehabilitation and psychiatric	patients are under the care of the appropriate licensed
		distinct part units in critical access hospitals: Physicians and	practitioners.
		clinical psychologists with appropriate privileges manage	
		and coordinate the patient's care, treatment, and services.	MS.16.01.03, EP 3
		Note: For rehabilitation and psychiatric distinct part units in	For rehabilitation and psychiatric distinct part units in critical
		critical access hospitals: The definition of "physician" is the	access hospitals: A doctor of medicine or osteopathy is
		same as that used by the Centers for Medicare & Comp;	responsible for the care of each Medicare patient with
		Medicaid Services (CMS) (refer to the Glossary).	respect to any medical or psychiatric problem that is present
		MS.03.01.03, EP 3	on admission or develops during hospitalization and is not
		For rehabilitation and psychiatric distinct part units in critical	specifically within the scope of practice, as defined by the medical staff and in accordance with state law, of a doctor of
		access hospitals: A patient's general medical condition is	dental surgery, dental medicine, podiatric medicine, or
		managed and coordinated by a doctor of medicine or	optometry; a chiropractor, as limited under 42 CFR
		osteopathy. A doctor of medicine or osteopathy manages	12(c)(1)(v); or clinical psychologist.
		and coordinates the care of any Medicare or Medicaid	
		patient's psychiatric problem that is not specifically within	
		the scope of practice of a doctor of dental surgery, dental	
		medicine, podiatric medicine, or optometry; a chiropractor,	
		medicine, podiatile medicine, or optometry, a cimopractor,	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	
		psychologist.	
§482.12(c)(4)(ii)	(ii) Is not specifically within the	MS.03.01.03, EP 1	LD.11.01.01, EP 7
	scope of practice of a doctor of	Physicians and other licensed practitioners with appropriate	For rehabilitation and psychiatric distinct part units in critical
	dental surgery, dental	privileges manage and coordinate the patient's care,	access hospitals: The governing body makes certain that
	medicine, podiatric medicine,	treatment, and services. For rehabilitation and psychiatric	patients are under the care of the appropriate licensed
	or optometry; a chiropractor; or	distinct part units in critical access hospitals: Physicians and	practitioners.
	clinical psychologist, as that	clinical psychologists with appropriate privileges manage	
	scope is	and coordinate the patient's care, treatment, and services.	MS.16.01.03, EP 3
		Note: For rehabilitation and psychiatric distinct part units in	For rehabilitation and psychiatric distinct part units in critical
		critical access hospitals: The definition of "physician" is the	access hospitals: A doctor of medicine or osteopathy is
		same as that used by the Centers for Medicare & Description (1997)	responsible for the care of each Medicare patient with
		Medicaid Services (CMS) (refer to the Glossary).	respect to any medical or psychiatric problem that is present
			on admission or develops during hospitalization and is not
		MS.03.01.03, EP 3	specifically within the scope of practice, as defined by the
		For rehabilitation and psychiatric distinct part units in critical	medical staff and in accordance with state law, of a doctor of
		access hospitals: A patient's general medical condition is	dental surgery, dental medicine, podiatric medicine, or
		managed and coordinated by a doctor of medicine or	optometry; a chiropractor, as limited under 42 CFR
		osteopathy. A doctor of medicine or osteopathy manages	12(c)(1)(v); or clinical psychologist.
		and coordinates the care of any Medicare or Medicaid	
		patient's psychiatric problem that is not specifically within	
		the scope of practice of a doctor of dental surgery, dental	
		medicine, podiatric medicine, or optometry; a chiropractor,	
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	
		psychologist.	
§482.12(c)(4)(ii)(A)	(A) Defined by the medical	MS.03.01.01, EP 2	LD.11.01.01, EP 7
	staff;	Physicians and other licensed practitioners practice only	For rehabilitation and psychiatric distinct part units in critical
		within the scope of their privileges as determined through	access hospitals: The governing body makes certain that
		mechanisms defined by the organized medical staff.	patients are under the care of the appropriate licensed
		MC 00 04 00 FD 4	practitioners.
		MS.03.01.03, EP 1	MC 40 04 00 FD 0
		Physicians and other licensed practitioners with appropriate	MS.16.01.03, EP 3
		privileges manage and coordinate the patient's care,	For rehabilitation and psychiatric distinct part units in critical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		treatment, and services. For rehabilitation and psychiatric	access hospitals: A doctor of medicine or osteopathy is
		distinct part units in critical access hospitals: Physicians and	responsible for the care of each Medicare patient with
		clinical psychologists with appropriate privileges manage	respect to any medical or psychiatric problem that is present
		and coordinate the patient's care, treatment, and services.	on admission or develops during hospitalization and is not
		Note: For rehabilitation and psychiatric distinct part units in	specifically within the scope of practice, as defined by the
		critical access hospitals: The definition of "physician" is the	medical staff and in accordance with state law, of a doctor of
		same as that used by the Centers for Medicare & Description (1997)	dental surgery, dental medicine, podiatric medicine, or
		Medicaid Services (CMS) (refer to the Glossary).	optometry; a chiropractor, as limited under 42 CFR
			12(c)(1)(v); or clinical psychologist.
		MS.03.01.03, EP 3	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: A patient's general medical condition is	
		managed and coordinated by a doctor of medicine or	
		osteopathy. A doctor of medicine or osteopathy manages	
		and coordinates the care of any Medicare or Medicaid	
		patient's psychiatric problem that is not specifically within	
		the scope of practice of a doctor of dental surgery, dental	
		medicine, podiatric medicine, or optometry; a chiropractor,	
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	
		psychologist.	
§482.12(c)(4)(ii)(B)	(B) Permitted by State law; and	MS.03.01.03, EP 1	LD.11.01.01, EP 7
		Physicians and other licensed practitioners with appropriate	For rehabilitation and psychiatric distinct part units in critical
		privileges manage and coordinate the patient's care,	access hospitals: The governing body makes certain that
		treatment, and services. For rehabilitation and psychiatric	patients are under the care of the appropriate licensed
		distinct part units in critical access hospitals: Physicians and	practitioners.
		clinical psychologists with appropriate privileges manage	
		and coordinate the patient's care, treatment, and services.	MS.16.01.03, EP 3
		Note: For rehabilitation and psychiatric distinct part units in	For rehabilitation and psychiatric distinct part units in critical
		critical access hospitals: The definition of "physician" is the	access hospitals: A doctor of medicine or osteopathy is
		same as that used by the Centers for Medicare & Comp;	responsible for the care of each Medicare patient with
		Medicaid Services (CMS) (refer to the Glossary).	respect to any medical or psychiatric problem that is present
		MS 02 04 02 ED 2	on admission or develops during hospitalization and is not
		MS.03.01.03, EP 3	specifically within the scope of practice, as defined by the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		For rehabilitation and psychiatric distinct part units in critical	medical staff and in accordance with state law, of a doctor of
		access hospitals: A patient's general medical condition is	dental surgery, dental medicine, podiatric medicine, or
		managed and coordinated by a doctor of medicine or	optometry; a chiropractor, as limited under 42 CFR
		osteopathy. A doctor of medicine or osteopathy manages	12(c)(1)(v); or clinical psychologist.
		and coordinates the care of any Medicare or Medicaid	
		patient's psychiatric problem that is not specifically within	
		the scope of practice of a doctor of dental surgery, dental	
		medicine, podiatric medicine, or optometry; a chiropractor,	
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	
		psychologist.	
§482.12(c)(4)(ii)(C)	(C) Limited, under paragraph	MS.03.01.03, EP 1	LD.11.01.01, EP 7
	(c)(1)(v) of this section, with	Physicians and other licensed practitioners with appropriate	For rehabilitation and psychiatric distinct part units in critical
	respect to chiropractors.	privileges manage and coordinate the patient's care,	access hospitals: The governing body makes certain that
		treatment, and services. For rehabilitation and psychiatric	patients are under the care of the appropriate licensed
		distinct part units in critical access hospitals: Physicians and	practitioners.
		clinical psychologists with appropriate privileges manage	
		and coordinate the patient's care, treatment, and services.	MS.16.01.03, EP 3
		Note: For rehabilitation and psychiatric distinct part units in	For rehabilitation and psychiatric distinct part units in critical
		critical access hospitals: The definition of "physician" is the	access hospitals: A doctor of medicine or osteopathy is
		same as that used by the Centers for Medicare & Description (1997)	responsible for the care of each Medicare patient with
		Medicaid Services (CMS) (refer to the Glossary).	respect to any medical or psychiatric problem that is present
			on admission or develops during hospitalization and is not
		MS.03.01.03, EP 3	specifically within the scope of practice, as defined by the
		For rehabilitation and psychiatric distinct part units in critical	medical staff and in accordance with state law, of a doctor of
		access hospitals: A patient's general medical condition is	dental surgery, dental medicine, podiatric medicine, or
		managed and coordinated by a doctor of medicine or	optometry; a chiropractor, as limited under 42 CFR
		osteopathy. A doctor of medicine or osteopathy manages	12(c)(1)(v); or clinical psychologist.
		and coordinates the care of any Medicare or Medicaid	
		patient's psychiatric problem that is not specifically within	
		the scope of practice of a doctor of dental surgery, dental	
		medicine, podiatric medicine, or optometry; a chiropractor,	
		as limited under 42 CFR 482.12(c)(1)(v); or a clinical	
		psychologist.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.12(d)	§482.12(d) Standard: Institutional Plan and Budget The institution must have an overall institutional plan that meets the following conditions:		
§482.12(d)(1)	(1) The plan must include an annual operating budget that is prepared according to generally accepted accounting principles.	ED.04.01.03, EP 4  For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.	ED.13.01.05, EP 1  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has an overall institutional plan that meets the following conditions:  - The plan includes an annual operating budget that is prepared according to generally accepted accounting principles and that has all anticipated income and expenses. This provision does not require that the budget identify item by item the components of each anticipated income or expense.  - The plan provides for capital expenditures for at least a 3-year period, including the year in which the operating budget is applicable.
§482.12(d)(2)	(2) The budget must include all anticipated income and expenses. This provision does not require that the budget identify item by item the components of each anticipated income or expense.	LD.04.01.03, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The operating budget reflects the critical access hospital's goals and objectives. Note: The critical access hospital meets the Centers for Medicare & Medicaid Services' (CMS) Institutional Plan and Budget requirements in accordance with 42 CFR 482.12(d). (See Appendix B [AXB] for the language of this CMS requirement.)  LD.04.01.03, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.	LD.13.01.05, EP 1  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has an overall institutional plan that meets the following conditions:  - The plan includes an annual operating budget that is prepared according to generally accepted accounting principles and that has all anticipated income and expenses. This provision does not require that the budget identify item by item the components of each anticipated income or expense.  - The plan provides for capital expenditures for at least a 3-year period, including the year in which the operating budget is applicable.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.12(d)(3)	(3) The plan must provide for	LD.04.01.03, EP 3	LD.13.01.05, EP 1
	capital expenditures for at least	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	a 3-year period, including the	access hospitals: The operating budget reflects the critical	access hospitals: The critical access hospital has an overall
	year in which the operating	access hospital's goals and objectives.	institutional plan that meets the following conditions:
	budget specified in paragraph	Note: The critical access hospital meets the Centers for	- The plan includes an annual operating budget that is
	(d)(2) of this section is	Medicare & Medicaid Services' (CMS) Institutional Plan	prepared according to generally accepted accounting
	applicable.	and Budget requirements in accordance with 42 CFR	principles and that has all anticipated income and expenses.
		482.12(d). (See Appendix B [AXB] for the language of this	This provision does not require that the budget identify item
		CMS requirement.)	by item the components of each anticipated income or
			expense.
		LD.04.01.03, EP 4	- The plan provides for capital expenditures for at least a 3-
		For rehabilitation and psychiatric distinct part units in critical	year period, including the year in which the operating budget
		access hospitals: The governing body approves an annual	is applicable.
		operating budget and, when needed, a long-term capital	
		expenditure plan.	
§482.12(d)(4)	(4) The plan must include and	LD.04.01.03, EP 3	LD.13.01.05, EP 2
	identify in detail the objective	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	of, and the anticipated sources	access hospitals: The operating budget reflects the critical	access hospitals: The institutional plan includes and
	of financing for, each	access hospital's goals and objectives.	identifies in detail the objective of, and the anticipated
	anticipated capital expenditure	Note: The critical access hospital meets the Centers for	sources of financing for, each anticipated capital expenditure
	in excess of \$600,000 (or a	Medicare & Dedicaid Services' (CMS) Institutional Plan	in excess of \$600,000 (or a lesser amount that is established,
	lesser amount that is	and Budget requirements in accordance with 42 CFR	in accordance with section 1122(g)(1) of the Social Security
	established, in accordance	482.12(d). (See Appendix B [AXB] for the language of this	Act [42 U.S.C. 1320a–1], by the state in which the critical
	with section 1122(g)(1) of the	CMS requirement.)	access hospital is located) that relates to any of the
	Act, by the State in which the		following:
	hospital is located) that relates	LD.04.01.03, EP 4	- Acquisition of land
	to any of the following:	For rehabilitation and psychiatric distinct part units in critical	- Improvement of land, buildings, and equipment
		access hospitals: The governing body approves an annual	- Replacement, modernization, and expansion of buildings
		operating budget and, when needed, a long-term capital	and equipment
		expenditure plan.	
§482.12(d)(4)(i)	(i) Acquisition of land;	LD.04.01.03, EP 3	LD.13.01.05, EP 2
		For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The operating budget reflects the critical	access hospitals: The institutional plan includes and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access hospital's goals and objectives.	identifies in detail the objective of, and the anticipated
		Note: The critical access hospital meets the Centers for	sources of financing for, each anticipated capital expenditure
		Medicare & Dedicaid Services' (CMS) Institutional Plan	in excess of \$600,000 (or a lesser amount that is established,
		and Budget requirements in accordance with 42 CFR	in accordance with section 1122(g)(1) of the Social Security
		482.12(d). (See Appendix B [AXB] for the language of this	Act [42 U.S.C. 1320a–1], by the state in which the critical
		CMS requirement.)	access hospital is located) that relates to any of the
			following:
		LD.04.01.03, EP 4	- Acquisition of land
		For rehabilitation and psychiatric distinct part units in critical	- Improvement of land, buildings, and equipment
		access hospitals: The governing body approves an annual	- Replacement, modernization, and expansion of buildings
		operating budget and, when needed, a long-term capital	and equipment
2422 424 104 404 410		expenditure plan.	
§482.12(d)(4)(ii)	(ii) Improvement of land,	LD.04.01.03, EP 3	LD.13.01.05, EP 2
	buildings, and equipment; or	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The operating budget reflects the critical	access hospitals: The institutional plan includes and
		access hospital's goals and objectives.	identifies in detail the objective of, and the anticipated
		Note: The critical access hospital meets the Centers for	sources of financing for, each anticipated capital expenditure
		Medicare & Dudret and Plan and Budret and Services' (CMS) Institutional Plan	in excess of \$600,000 (or a lesser amount that is established,
		and Budget requirements in accordance with 42 CFR	in accordance with section 1122(g)(1) of the Social Security
		482.12(d). (See Appendix B [AXB] for the language of this	Act [42 U.S.C. 1320a–1], by the state in which the critical
		CMS requirement.)	access hospital is located) that relates to any of the
		LD.04.01.03, EP 4	following: - Acquisition of land
		For rehabilitation and psychiatric distinct part units in critical	- Improvement of land, buildings, and equipment
		access hospitals: The governing body approves an annual	- Replacement, modernization, and expansion of buildings
		operating budget and, when needed, a long-term capital	and equipment
		expenditure plan.	and oquipmone
§482.12(d)(4)(iii)	(iii) The replacement,	LD.04.01.03, EP 3	LD.13.01.05, EP 2
	modernization, and expansion	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	of buildings and equipment.	access hospitals: The operating budget reflects the critical	access hospitals: The institutional plan includes and
		access hospital's goals and objectives.	identifies in detail the objective of, and the anticipated
		Note: The critical access hospital meets the Centers for	sources of financing for, each anticipated capital expenditure
		Medicare & Defication of the Medicare & Defic	in excess of \$600,000 (or a lesser amount that is established,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		and Budget requirements in accordance with 42 CFR	in accordance with section 1122(g)(1) of the Social Security
		482.12(d). (See Appendix B [AXB] for the language of this	Act [42 U.S.C. 1320a–1], by the state in which the critical
		CMS requirement.)	access hospital is located) that relates to any of the
			following:
		LD.04.01.03, EP 4	- Acquisition of land
		For rehabilitation and psychiatric distinct part units in critical	- Improvement of land, buildings, and equipment
		access hospitals: The governing body approves an annual	- Replacement, modernization, and expansion of buildings
		operating budget and, when needed, a long-term capital	and equipment
		expenditure plan.	
§482.12(d)(5)	(5) The plan must be submitted	LD.04.01.01, EP 2	LD.13.01.05, EP 4
	for review to the planning	The critical access hospital provides care, treatment, and	For rehabilitation and psychiatric distinct part units in critical
	agency designated in	services in accordance with licensure requirements, laws	access hospitals: The institutional plan is submitted for
	accordance with section	(including state law), and rules and regulations.	review to the planning agency designated in accordance with
	1122(b) of the Act, or if an		section 1122(b) of the Social Security Act (42 U.S.C. 1320a-
	agency is not designated, to the		1(b)), or if an agency is not designated, to the appropriate
	appropriate health planning		health planning agency in the state. A capital expenditure is
	agency in the State. (See part		not subject to section 1122 review if 75 percent of the health
	100 of this title.) A capital		care facility's patients who are expected to use the service
	expenditure is not subject to		for which the capital expenditure is made are individuals
	section 1122 review if 75		enrolled in a health maintenance organization (HMO) or
	percent of the health care		competitive medical plan (CMP) that meets the
	facility's patients who are		requirements of section 1876(b) of the Social Security Act
	expected to use the service for		(42 U.S.C. 1395mm(b)), and if the US Department of Health
	which the capital expenditure is		and Human Services determines that the capital expenditure
	made are individuals enrolled in		is for services and facilities that are needed by the HMO or
	a health maintenance		CMP in order to operate efficiently and economically and
	organization (HMO) or		that are not otherwise readily accessible to the HMO or CMP
	competitive medical plan		because of one of the following:
	(CMP) that meets the		- The facilities do not provide common services at the same
	requirements of section		site.
	1876(b) of the Act, and if the		- The facilities are not available under a contract of
	Department determines that		reasonable duration.
	the capital expenditure is for		- Full and equal medical staff privileges in the facilities are

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	services and facilities that are		not available.
	needed by the HMO or CMP in		- Arrangements with these facilities are not administratively
	order to operate efficiently and		feasible.
	economically and that are not		- The purchase of these services is more costly than if the
	otherwise readily accessible to		HMO or CMP provided the services directly.
	the HMO or CMP because		
§482.12(d)(5)	Element Deleted	LD.04.01.01, EP 2	
continued		The critical access hospital provides care, treatment, and	
		services in accordance with licensure requirements, laws	
		(including state law), and rules and regulations.	
		LD.04.01.03, EP 3	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The operating budget reflects the critical	
		access hospital's goals and objectives.	
		Note: The critical access hospital meets the Centers for	
		Medicare & Dedicaid Services' (CMS) Institutional Plan	
		and Budget requirements in accordance with 42 CFR	
		482.12(d). (See Appendix B [AXB] for the language of this	
		CMS requirement.)	
§482.12(d)(5)(i)	(i) The facilities do not provide	LD.04.01.01, EP 2	LD.13.01.05, EP 4
	common services at the same	The critical access hospital provides care, treatment, and	For rehabilitation and psychiatric distinct part units in critical
	site;	services in accordance with licensure requirements, laws	access hospitals: The institutional plan is submitted for
		(including state law), and rules and regulations.	review to the planning agency designated in accordance with
			section 1122(b) of the Social Security Act (42 U.S.C. 1320a-
		LD.04.01.03, EP 3	1(b)), or if an agency is not designated, to the appropriate
		For rehabilitation and psychiatric distinct part units in critical	health planning agency in the state. A capital expenditure is
		access hospitals: The operating budget reflects the critical	not subject to section 1122 review if 75 percent of the health
		access hospital's goals and objectives.	care facility's patients who are expected to use the service
		Note: The critical access hospital meets the Centers for	for which the capital expenditure is made are individuals
		Medicare & Description (CMS) Institutional Plan	enrolled in a health maintenance organization (HMO) or
		and Budget requirements in accordance with 42 CFR	competitive medical plan (CMP) that meets the
			requirements of section 1876(b) of the Social Security Act

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		482.12(d). (See Appendix B [AXB] for the language of this	(42 U.S.C. 1395mm(b)), and if the US Department of Health
		CMS requirement.)	and Human Services determines that the capital expenditure
			is for services and facilities that are needed by the HMO or
			CMP in order to operate efficiently and economically and
			that are not otherwise readily accessible to the HMO or CMP
			because of one of the following:
			- The facilities do not provide common services at the same
			site.
			- The facilities are not available under a contract of
			reasonable duration.
			- Full and equal medical staff privileges in the facilities are
			not available.
			- Arrangements with these facilities are not administratively
			feasible.
			- The purchase of these services is more costly than if the
0.400.407.17(2)	('') TI ( ''')		HMO or CMP provided the services directly.
§482.12(d)(5)(ii)	(ii) The facilities are not	LD.04.01.01, EP 2	LD.13.01.05, EP 4
	available under a contract of	The critical access hospital provides care, treatment, and	For rehabilitation and psychiatric distinct part units in critical
	reasonable duration;	services in accordance with licensure requirements, laws	access hospitals: The institutional plan is submitted for
		(including state law), and rules and regulations.	review to the planning agency designated in accordance with section 1122(b) of the Social Security Act (42 U.S.C. 1320a–
		LD.04.01.03, EP 3	1(b)), or if an agency is not designated, to the appropriate
		For rehabilitation and psychiatric distinct part units in critical	health planning agency in the state. A capital expenditure is
		access hospitals: The operating budget reflects the critical	not subject to section 1122 review if 75 percent of the health
		access hospital's goals and objectives.	care facility's patients who are expected to use the service
		Note: The critical access hospital meets the Centers for	for which the capital expenditure is made are individuals
		Medicare & Medicaid Services' (CMS) Institutional Plan	enrolled in a health maintenance organization (HMO) or
		and Budget requirements in accordance with 42 CFR	competitive medical plan (CMP) that meets the
		482.12(d). (See Appendix B [AXB] for the language of this	requirements of section 1876(b) of the Social Security Act
		CMS requirement.)	(42 U.S.C. 1395mm(b)), and if the US Department of Health
		. ,	and Human Services determines that the capital expenditure
			is for services and facilities that are needed by the HMO or
			CMP in order to operate efficiently and economically and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			that are not otherwise readily accessible to the HMO or CMP
			because of one of the following:
			- The facilities do not provide common services at the same
			site.
			- The facilities are not available under a contract of
			reasonable duration.
			- Full and equal medical staff privileges in the facilities are
			not available.
			- Arrangements with these facilities are not administratively
			feasible.
			- The purchase of these services is more costly than if the
			HMO or CMP provided the services directly.
§482.12(d)(5)(iii)	(iii) Full and equal medical staff	LD.04.01.01, EP 2	LD.13.01.05, EP 4
	privileges in the facilities are	The critical access hospital provides care, treatment, and	For rehabilitation and psychiatric distinct part units in critical
	not available;	services in accordance with licensure requirements, laws	access hospitals: The institutional plan is submitted for
		(including state law), and rules and regulations.	review to the planning agency designated in accordance with
			section 1122(b) of the Social Security Act (42 U.S.C. 1320a-
		LD.04.01.03, EP 3	1(b)), or if an agency is not designated, to the appropriate
		For rehabilitation and psychiatric distinct part units in critical	health planning agency in the state. A capital expenditure is
		access hospitals: The operating budget reflects the critical	not subject to section 1122 review if 75 percent of the health
		access hospital's goals and objectives.	care facility's patients who are expected to use the service
		Note: The critical access hospital meets the Centers for	for which the capital expenditure is made are individuals
		Medicare & Description (CMS) Institutional Plan	enrolled in a health maintenance organization (HMO) or
		and Budget requirements in accordance with 42 CFR	competitive medical plan (CMP) that meets the
		482.12(d). (See Appendix B [AXB] for the language of this	requirements of section 1876(b) of the Social Security Act
		CMS requirement.)	(42 U.S.C. 1395mm(b)), and if the US Department of Health
			and Human Services determines that the capital expenditure
			is for services and facilities that are needed by the HMO or
			CMP in order to operate efficiently and economically and
			that are not otherwise readily accessible to the HMO or CMP
			because of one of the following:
			- The facilities do not provide common services at the same
			site.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			- The facilities are not available under a contract of
			reasonable duration.
			- Full and equal medical staff privileges in the facilities are
			not available.
			- Arrangements with these facilities are not administratively
			feasible.
			- The purchase of these services is more costly than if the
			HMO or CMP provided the services directly.
§482.12(d)(5)(iv)	(iv) Arrangements with these	LD.04.01.01, EP 2	LD.13.01.05, EP 4
	facilities are not	The critical access hospital provides care, treatment, and	For rehabilitation and psychiatric distinct part units in critical
	administratively feasible; or	services in accordance with licensure requirements, laws	access hospitals: The institutional plan is submitted for
		(including state law), and rules and regulations.	review to the planning agency designated in accordance with
			section 1122(b) of the Social Security Act (42 U.S.C. 1320a-
		LD.04.01.03, EP 3	1(b)), or if an agency is not designated, to the appropriate
		For rehabilitation and psychiatric distinct part units in critical	health planning agency in the state. A capital expenditure is
		access hospitals: The operating budget reflects the critical	not subject to section 1122 review if 75 percent of the health
		access hospital's goals and objectives.	care facility's patients who are expected to use the service
		Note: The critical access hospital meets the Centers for	for which the capital expenditure is made are individuals
		Medicare & Description of the Medicare & Med	enrolled in a health maintenance organization (HMO) or
		and Budget requirements in accordance with 42 CFR	competitive medical plan (CMP) that meets the
		482.12(d). (See Appendix B [AXB] for the language of this	requirements of section 1876(b) of the Social Security Act
		CMS requirement.)	(42 U.S.C. 1395mm(b)), and if the US Department of Health
			and Human Services determines that the capital expenditure
			is for services and facilities that are needed by the HMO or
			CMP in order to operate efficiently and economically and
			that are not otherwise readily accessible to the HMO or CMP because of one of the following:
			- The facilities do not provide common services at the same
			site.
			- The facilities are not available under a contract of
			reasonable duration.
			- Full and equal medical staff privileges in the facilities are
			not available.
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CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			- Arrangements with these facilities are not administratively
			feasible.
			- The purchase of these services is more costly than if the
			HMO or CMP provided the services directly.
§482.12(d)(5)(v)	(v) The purchase of these	LD.04.01.01, EP 2	LD.13.01.05, EP 4
	services is more costly than if	The critical access hospital provides care, treatment, and	For rehabilitation and psychiatric distinct part units in critical
	the HMO or CMP provided the	services in accordance with licensure requirements, laws	access hospitals: The institutional plan is submitted for
	services directly.	(including state law), and rules and regulations.	review to the planning agency designated in accordance with
			section 1122(b) of the Social Security Act (42 U.S.C. 1320a-
		LD.04.01.03, EP 3	1(b)), or if an agency is not designated, to the appropriate
		For rehabilitation and psychiatric distinct part units in critical	health planning agency in the state. A capital expenditure is
		access hospitals: The operating budget reflects the critical	not subject to section 1122 review if 75 percent of the health
		access hospital's goals and objectives.	care facility's patients who are expected to use the service
		Note: The critical access hospital meets the Centers for	for which the capital expenditure is made are individuals
		Medicare & Dedicaid Services' (CMS) Institutional Plan	enrolled in a health maintenance organization (HMO) or
		and Budget requirements in accordance with 42 CFR	competitive medical plan (CMP) that meets the
		482.12(d). (See Appendix B [AXB] for the language of this	requirements of section 1876(b) of the Social Security Act
		CMS requirement.)	(42 U.S.C. 1395mm(b)), and if the US Department of Health
			and Human Services determines that the capital expenditure
			is for services and facilities that are needed by the HMO or
			CMP in order to operate efficiently and economically and
			that are not otherwise readily accessible to the HMO or CMP
			because of one of the following:
			- The facilities do not provide common services at the same
			site.
			- The facilities are not available under a contract of
			reasonable duration.
			- Full and equal medical staff privileges in the facilities are
			not available.
			- Arrangements with these facilities are not administratively feasible.
			- The purchase of these services is more costly than if the
			•
			HMO or CMP provided the services directly.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.12(d)(6)	(6) The plan must be reviewed and updated annually	LD.04.01.03, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body approves an annual operating budget and, when needed, a long-term capital expenditure plan.	LD.13.01.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The institutional plan is prepared by representatives of the critical access hospital's governing body, the administrative staff, and the medical staff under the direction of the governing body. The institutional plan is reviewed and updated annually.
§482.12(d)(7) §482.12(d)(7)(i)	(7) The plan must be prepared (i) Under the direction of the governing body; and	LD.01.03.01, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The governing body provides for organization management and planning.	LD.13.01.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The institutional plan is prepared by representatives of the critical access hospital's governing body, the administrative staff, and the medical staff under the direction of the governing body. The institutional plan is reviewed and updated annually.
§482.12(d)(7)(ii)	(ii) By a committee consisting of representatives of the governing body, the administrative staff, and the medical staff of the institution.	LD.01.01, EP 2 The governing body identifies those responsible for planning, management, and operational activities.  LD.01.03.01, EP 8 The governing body provides the organized medical staff with the opportunity to participate in governance.  LD.04.01.03, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders solicit comments from those who work in the critical access hospital when developing the operational and capital budgets.	ED.13.01.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The institutional plan is prepared by representatives of the critical access hospital's governing body, the administrative staff, and the medical staff under the direction of the governing body. The institutional plan is reviewed and updated annually.
§482.12(e)	\$482.12(e) Standard: Contracted Services The governing body must be responsible for services furnished in the hospital	LD.04.03.09, EP 2 The critical access hospital describes, in writing, the nature and scope of services provided through contractual agreements.	LD.13.03.03, EP 1 The critical access hospital maintains a current list of all patient care services provided under contract, arrangement, or agreement. The list describes nature and scope of services provided.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	whether or not they are	LD.04.03.09, EP 3	
	furnished under contracts. The	Designated leaders approve contractual agreements.	LD.13.03.03, EP 2
	governing body must ensure		The governing body is responsible for all services provided in
	that a contractor of services	LD.04.03.09, EP 4	the critical access hospital, including contracted services.
	(including one for shared	Leaders monitor contracted services by establishing	The governing body assesses that services are provided in a
	services and joint ventures)	expectations for the performance of the contracted services.	safe and effective manner and takes action to address issues
	furnishes services that permit	Note 1: When the critical access hospital contracts with	pertaining to quality and performance.
	the hospital to comply with all	another accredited organization for patient care, treatment,	Note: For rehabilitation and psychiatric distinct part units in
	applicable conditions of	and services to be provided off site, it can do the following:	critical access hospitals: The governing body makes certain
	participation and standards for	- Verify that all physicians and other licensed practitioners	that a contractor of services (including one for shared
	the contracted services.	who will be providing patient care, treatment, and services	services and joint ventures) provides services that permit the
		have appropriate privileges by obtaining, for example, a copy	critical access hospital to that comply with applicable
		of the list of privileges.	Centers for Medicare & Destination and standards for central
		- Specify in the written agreement that the contracted organization will ensure that all contracted services provided	Conditions of Participation and standards for contract services.
		by physicians and other licensed practitioners will be within	Services.
		the scope of their privileges.	
		Note 2: The leaders who monitor the contracted services are	
		the governing body.	
		LD.04.03.09, EP 5	
		Leaders monitor contracted services by communicating the	
		expectations in writing to the provider of the contracted	
		services.	
		Note: A written description of the expectations can be	
		provided either as part of the written agreement or in	
		addition to it.	
		LD.04.03.09, EP 6	
		Leaders monitor contracted services by evaluating these	
		services in relation to the critical access hospital's	
		expectations.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.12(e)(1)	(1) The governing body must	LD.01.03.01, EP 5	LD.13.03.03, EP 2
	ensure that the services	The governing body provides for the resources needed to	The governing body is responsible for all services provided in
	performed under a contract are	maintain safe, quality care, treatment, and services.	the critical access hospital, including contracted services.
	provided in a safe and effective		The governing body assesses that services are provided in a
	manner.	LD.04.03.09, EP 6	safe and effective manner and takes action to address issues
		Leaders monitor contracted services by evaluating these	pertaining to quality and performance.
		services in relation to the critical access hospital's	Note: For rehabilitation and psychiatric distinct part units in
		expectations.	critical access hospitals: The governing body makes certain
			that a contractor of services (including one for shared
		LD.04.03.09, EP 7	services and joint ventures) provides services that permit the
		Leaders take steps to improve contracted services that do	critical access hospital to that comply with applicable
		not meet expectations.	Centers for Medicare & Medicaid Services (CMS)
		Note: Examples of improvement efforts to consider include	Conditions of Participation and standards for contract
		the following:	services.
		- Increase monitoring of the contracted services	
		- Provide consultation or training to the contractor	
		- Renegotiate the contract terms	
		- Apply defined penalties	
		- Terminate the contract	
§482.12(e)(2)	(2) The hospital must maintain	LD.04.03.09, EP 2	LD.13.03.03, EP 1
	a list of all contracted services,	The critical access hospital describes, in writing, the nature	The critical access hospital maintains a current list of all
	including the scope and nature	and scope of services provided through contractual	patient care services provided under contract, arrangement,
	of the services provided.	agreements.	or agreement. The list describes nature and scope of
			services provided.
§482.12(f)	§482.12(f) Standard:		
	Emergency Services		
§482.12(f)(1)	(1) If emergency services are	LD.01.03.01, EP 3	LD.13.03.01, EP 8
	provided at the hospital, the	The governing body approves the critical access hospital's	For rehabilitation and psychiatric distinct part units in critical
	hospital must comply with the	written scope of services.	access hospitals: If emergency services are provided at the
	requirements of §482.55.		critical access hospital, the critical access hospital complies
		LD.04.01.01, EP 2	with the requirements of 42 CFR 482.55.
		The critical access hospital provides care, treatment, and	
		services in accordance with licensure requirements, laws	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		(including state law), and rules and regulations.	
		LD.04.03.01, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital provides	
		essential services, including the following:	
		- Diagnostic radiology	
		- Dietary	
		- Emergency	
		- Medical records	
		- Nuclear medicine	
		- Nursing care	
		- Pathology and clinical laboratory	
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
§482.12(f)(2)	(2) If emergency services are	MS.03.01.01, EP 14	LD.11.01.01, EP 2
	not provided at the hospital, the	For rehabilitation and psychiatric distinct part units in critical	The governing body does the following:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	governing body must assure	access hospitals: The medical staff has written policies and	- Approves and is responsible for the effective operation of
	that the medical staff has	procedures for appraisal of emergencies, initial treatment,	the grievance process
	written policies and procedures	and referral of patients when needed.	- Reviews and resolves grievances, unless it delegates
	for appraisal of emergencies,		responsibility in writing to a grievance committee
	initial treatment, and referral		
	when appropriate.		For rehabilitation and psychiatric distinct part units in critical
			access hospitals: The governing body also does the
			following:
			- Determines, in accordance with state law, which categories
			of practitioners are eligible candidates for appointment to
			the medical staff
			- Appoints members of the medical staff after considering
			the recommendations of the existing members of the
			medical staff
			- Makes certain that the medical staff has bylaws
			- Approves medical staff bylaws and other medical staff rules
			and regulations
			- Makes certain that the medical staff is accountable to the
			governing body for the quality of care provided to patients
			- Makes certain that the criteria for selection to the medical
			staff are based on individual character, competence,
			training, experience, and judgment
			- Makes certain that under no circumstances is the
			accordance of staff membership or professional privileges in
			the critical access hospital dependent solely upon
			certification, fellowship, or membership in a specialty body
			or society
			- Makes certain that the medical staff develops and
			implements written policies and procedures for appraisal of
			emergencies, initial treatment, and referral of patients at the
			locations without emergency services when emergency
			services are not provided at the critical access hospital, or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			are provided at the critical access hospital but not at one or
			more off-campus locations
§482.12(f)(3)	(3) If emergency services are	MS.03.01.01, EP 13	LD.11.01.01, EP 2
	provided at the hospital but are	For rehabilitation and psychiatric distinct part units in critical	The governing body does the following:
	not provided at one or more off-	access hospitals: When emergency services are provided at	- Approves and is responsible for the effective operation of
	campus departments of the	the critical access hospital but not at one or more off-	the grievance process
	hospital, the governing body of	campus locations, the medical staff has written policies and	- Reviews and resolves grievances, unless it delegates
	the hospital must assure that	procedures for appraisal of emergencies, initial treatment,	responsibility in writing to a grievance committee
	the medical staff has written	and referral of patients at the off-campus locations.	
	policies and procedures in		For rehabilitation and psychiatric distinct part units in critical
	effect with respect to the off-		access hospitals: The governing body also does the
	campus department(s) for		following:
	appraisal of emergencies and		- Determines, in accordance with state law, which categories
	referral when appropriate.		of practitioners are eligible candidates for appointment to
			the medical staff
			- Appoints members of the medical staff after considering
			the recommendations of the existing members of the
			medical staff
			- Makes certain that the medical staff has bylaws
			- Approves medical staff bylaws and other medical staff rules
			and regulations
			- Makes certain that the medical staff is accountable to the
			governing body for the quality of care provided to patients
			- Makes certain that the criteria for selection to the medical
			staff are based on individual character, competence,
			training, experience, and judgment
			- Makes certain that under no circumstances is the
			accordance of staff membership or professional privileges in
			the critical access hospital dependent solely upon
			certification, fellowship, or membership in a specialty body
			or society
			- Makes certain that the medical staff develops and
			implements written policies and procedures for appraisal of

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			emergencies, initial treatment, and referral of patients at the
			locations without emergency services when emergency
			services are not provided at the critical access hospital, or
			are provided at the critical access hospital but not at one or
			more off-campus locations
§482.13	§482.13 Condition of	RI.01.01.01, EP 1	RI.11.01.01, EP 1
	Participation: Patient's Rights A	The critical access hospital has written policies on patient	The critical access hospital develops and implements
	hospital must protect and	rights.	written policies to protect and promote patient rights.
	promote each patient's rights.	Note: The critical access hospital's written policies address	
		procedures regarding patient visitation rights, including any	
		clinically necessary or reasonable restrictions or limitations.	
		RI.01.01.01, EP 2	
		The critical access hospital informs the patient of the	
		patient's rights.	
		Note 1: The critical access hospital informs the patient (or	
		support person, where appropriate) of the patient's visitation	
		rights. Visitation rights include the right to receive the visitors	
		designated by the patient, including, but not limited to, a	
		spouse, a domestic partner (including a same-sex domestic	
		partner), another family member, or a friend. Also included is	
		the right to withdraw or deny such consent at any time.	
		Note 2: The critical access hospital informs each patient (or	
		support person, where appropriate) of the patient's rights in	
		advance of furnishing or discontinuing patient care whenever	
		possible.	
		RI.01.01.01, EP 4	
		The critical access hospital treats the patient in a dignified	
		and respectful manner that supports the patient's dignity.	
§482.13(a)	§482.13(a) Standard: Notice of		
	Rights		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(a)(1)	(1) A hospital must inform each	RI.01.01.01, EP 1	RI.11.01.01, EP 2
	patient, or when appropriate,	The critical access hospital has written policies on patient	The critical access hospital informs each patient, or when
	the patient's representative (as	rights.	appropriate, the patient's representative (as allowed, under
	allowed under State law), of the	Note: The critical access hospital's written policies address	state law) of the patient's rights in advance of providing or
	patient's rights, in advance of	procedures regarding patient visitation rights, including any	discontinuing care, treatment, or services whenever
	furnishing or discontinuing	clinically necessary or reasonable restrictions or limitations.	possible.
	patient care whenever possible.		
		RI.01.01.01, EP 2	
		The critical access hospital informs the patient of the	
		patient's rights.	
		Note 1: The critical access hospital informs the patient (or	
		support person, where appropriate) of the patient's visitation	
		rights. Visitation rights include the right to receive the visitors	
		designated by the patient, including, but not limited to, a	
		spouse, a domestic partner (including a same-sex domestic	
		partner), another family member, or a friend. Also included is	
		the right to withdraw or deny such consent at any time.	
		Note 2: The critical access hospital informs each patient (or	
		support person, where appropriate) of the patient's rights in	
		advance of furnishing or discontinuing patient care whenever	
		possible.	
		RI.01.02.01, EP 2	
		When a patient is unable to make decisions about their care,	
		treatment, and services, the critical access hospital involves	
		a surrogate decision-maker in making these decisions.	
		Note: For swing beds in critical access hospitals: The	
		selection of the surrogate decision-maker is in accordance	
		with state law.	
		RI.01.02.01, EP 3	
		The critical access hospital provides the patient or surrogate	
		decision-maker with written information about the right to	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		refuse care, treatment, and services.	
		RI.01.02.01, EP 8	
		The critical access hospital involves the patient's family in	
		care, treatment, and services decisions to the extent	
		permitted by the patient or surrogate decision-maker, in	
		accordance with law and regulation.	
§482.13(a)(2)	Element Deleted	RI.01.07.01, EP 1	
		The critical access hospital establishes a complaint	
		resolution process for the prompt resolution of patient	
		complaints that includes a clearly explained procedure for	
		the submission of a patient's written or verbal complaint and	
		informs the patient and the patient's family about it.	
		Note: The governing body is responsible for the effective	
		operation of the complaint resolution process unless it	
		delegates this responsibility in writing to a complaint resolution committee.	
§482.13(a)(2)	(2) The hospital must establish	RI.01.07.01, EP 20	LD.11.01.01, EP 2
continued	a process for prompt resolution	The process for resolving complaints includes a mechanism	The governing body does the following:
Continued	of patient grievances and must	for timely referral of patient concerns regarding quality of	- Approves and is responsible for the effective operation of
	inform each patient whom to	care or premature discharge to the appropriate Utilization	the grievance process
	contact to file a grievance. The	and Quality Control Quality Improvement Organization.	- Reviews and resolves grievances, unless it delegates
	hospital's governing body must	and Quanty Control Quanty Improvement Organization.	responsibility in writing to a grievance committee
	approve and be responsible for		responsibility in writing to a grievance committee
	the effective operation of the		For rehabilitation and psychiatric distinct part units in critical
	grievance process and must		access hospitals: The governing body also does the
	review and resolve grievances,		following:
	unless it delegates the		- Determines, in accordance with state law, which categories
	responsibility in writing to a		of practitioners are eligible candidates for appointment to
	grievance committee. The		the medical staff
	grievance process must include		- Appoints members of the medical staff after considering
	a mechanism for timely referral		the recommendations of the existing members of the
	of patient concerns regarding		medical staff

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	quality of care or premature		- Makes certain that the medical staff has bylaws
	discharge to the appropriate		- Approves medical staff bylaws and other medical staff rules
	Utilization and Quality Control		and regulations
	Quality Improvement		- Makes certain that the medical staff is accountable to the
	Organization. At a minimum:		governing body for the quality of care provided to patients
			- Makes certain that the criteria for selection to the medical
			staff are based on individual character, competence,
			training, experience, and judgment
			- Makes certain that under no circumstances is the
			accordance of staff membership or professional privileges in
			the critical access hospital dependent solely upon
			certification, fellowship, or membership in a specialty body
			or society
			- Makes certain that the medical staff develops and
			implements written policies and procedures for appraisal of
			emergencies, initial treatment, and referral of patients at the
			locations without emergency services when emergency
			services are not provided at the critical access hospital, or
			are provided at the critical access hospital but not at one or
			more off-campus locations
			RI.14.01.01, EP 1
			The process for resolving grievances includes a mechanism
			for timely referral of patient concerns regarding quality of
			care or premature discharge to the appropriate Utilization
			and Quality Control Quality Improvement Organization.
			RI.14.01.01, EP 2
			The critical access hospital develops and implements
			policies and procedures for the prompt resolution of patient
			grievances. The policies clearly explain the procedure for
			patients to submit written or verbal grievances and specify
			timeframes for the review of and response to the grievance.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(a)(2) continued	Element Deleted	RI.01.07.01, EP 1  The critical access hospital establishes a complaint resolution process for the prompt resolution of patient complaints that includes a clearly explained procedure for the submission of a patient's written or verbal complaint and informs the patient and the patient's family about it.  Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.	
§482.13(a)(2)(i)	(i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.	RI.01.03, EP 1  The critical access hospital provides information in a manner tailored to the patient's age, language, and ability to understand.  RI.01.07.01, EP 1  The critical access hospital establishes a complaint resolution process for the prompt resolution of patient complaints that includes a clearly explained procedure for the submission of a patient's written or verbal complaint and informs the patient and the patient's family about it.  Note: The governing body is responsible for the effective operation of the complaint resolution process unless it delegates this responsibility in writing to a complaint resolution committee.	RI.14.01.01, EP 2  The critical access hospital develops and implements policies and procedures for the prompt resolution of patient grievances. The policies clearly explain the procedure for patients to submit written or verbal grievances and specify timeframes for the review of and response to the grievance.
§482.13(a)(2)(ii)	(ii) The grievance process must specify time frames for review of the grievance and the provision of a response.	RI.01.07.01, EP 19  The critical access hospital determines time frames for complaint review and response.	RI.14.01.01, EP 2  The critical access hospital develops and implements policies and procedures for the prompt resolution of patient grievances. The policies clearly explain the procedure for patients to submit written or verbal grievances and specify timeframes for the review of and response to the grievance.
§482.13(a)(2)(iii)	(iii) In its resolution of the grievance, the hospital must	RI.01.07.01, EP 18 In its resolution of complaints, the critical access hospital	RI.14.01.01, EP 3 In its resolution of grievances, the critical access hospital

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.	provides the individual with a written notice of its decision, which contains the following:  -The name of the critical access hospital contact person -The steps taken on behalf of the individual to investigate the complaint -The results of the process -The date of completion of the complaint process	provides the patient with a written notice of its decision, which contains the following:  -Name of the critical access hospital contact person -Steps taken on behalf of the individual to investigate the grievances -Results of the process -Date of completion of the grievance process
§482.13(b)	§482.13(b) Standard: Exercise of Rights		
§482.13(b)(1)	(1) The patient has the right to participate in the development and implementation of his or her plan of care.	RI.01.02.01, EP 1  The critical access hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the critical access hospital.  Note 1: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post–acute care services providers and suppliers. The critical access hospital has a process for documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations.  Note 2: For swing beds in critical access hospitals: The resident has the right to be informed in advance of changes to their plan of care.	PC.11.03.01, EP 2 The critical access hospital involves the patient in the development and implementation of their plan of care. Note: For swing beds in critical access hospitals: The resident has the right to be informed, in advance, of changes to their plan of care.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		RI.01.02.01, EP 2 When a patient is unable to make decisions about their care, treatment, and services, the critical access hospital involves a surrogate decision-maker in making these decisions.  Note: For swing beds in critical access hospitals: The selection of the surrogate decision-maker is in accordance with state law.	
		RI.01.02.01, EP 8  The critical access hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.	
§482.13(b)(2)	(2) The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care. The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.	RI.01.01.03, EP 3  The critical access hospital communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs.  RI.01.02.01, EP 1  The critical access hospital involves the patient in making decisions about their care, treatment, and services, including the right to have the patient's family and physician or other licensed practitioner promptly notified of their admission to or discharge or transfer from the critical access hospital.  Note 1: The patient is informed, prior to the notification occurring, of any process to automatically notify the patient's established primary care practitioner, primary care practice group/entity, or other practitioner group/entity, as well as all applicable post—acute care services providers and suppliers. The critical access hospital has a process for documenting a patient's refusal to permit notification of	RI.12.01.01, EP 1  The patient or their representative (as allowed, in accordance with state law) has the right to make informed decisions regarding their care. The patient's rights include being informed of their health status, being involved in care planning and treatment, and being able to request or refuse treatment. This does not mean the patient has the right to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		registration to the emergency department, admission to an	
		inpatient unit, or discharge or transfer from the emergency	
		department or inpatient unit. Notifications with primary care	
		practitioners and entities are in accordance with all	
		applicable federal and state laws and regulations.	
		Note 2: For swing beds in critical access hospitals: The resident has the right to be informed in advance of changes	
		to their plan of care.	
		to their plan or care.	
		RI.01.02.01, EP 2	
		When a patient is unable to make decisions about their care,	
		treatment, and services, the critical access hospital involves	
		a surrogate decision-maker in making these decisions.	
		Note: For swing beds in critical access hospitals: The	
		selection of the surrogate decision-maker is in accordance	
		with state law.	
		RI.01.02.01, EP 3	
		The critical access hospital provides the patient or surrogate	
		decision-maker with written information about the right to	
		refuse care, treatment, and services.	
		RI.01.02.01, EP 4	
		The critical access hospital respects the right of the patient	
		or surrogate decision-maker to refuse care, treatment, and	
		services in accordance with law and regulation.	
		RI.01.02.01, EP 8	
		The critical access hospital involves the patient's family in	
		care, treatment, and services decisions to the extent	
		permitted by the patient or surrogate decision-maker, in	
		accordance with law and regulation.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		RI.01.02.01, EP 20  The critical access hospital provides the patient or surrogate decision-maker with the information about the following:  - Outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.  - Unanticipated outcomes of the patient's care, treatment, and services that are sentinel events as defined by The Joint Commission. This information is provided by the physician or other licensed practitioner responsible for managing the patient's care, treatment, and services. (Refer to the Glossary for a definition of sentinel event.)	
		RI.01.03.01, EP 1  The critical access hospital follows a written policy on informed consent that describes the following:  - The specific care, treatment, and services that require informed consent  - Circumstances that would allow for exceptions to obtaining informed consent  - The process used to obtain informed consent  - The physician or other licensed practitioner permitted to conduct the informed consent discussion in accordance with law and regulation  - How informed consent is documented in the patient record Note: Documentation may be recorded in a form, in progress notes, or elsewhere in the record.  - When a surrogate decision-maker may give informed consent	
		RI.01.03.01, EP 2 The informed consent process includes a discussion about the following:	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- The patient's proposed care, treatment, and services	
		- Potential benefits, risks, and side effects of the patient's	
		proposed care, treatment, and services; the likelihood of the	
		patient achieving their goals; and any potential problems	
		that might occur during recuperation	
		- Reasonable alternatives to the patient's proposed care,	
		treatment, and services. The discussion encompasses risks,	
		benefits, and side effects related to the alternatives and the	
		risks related to not receiving the proposed care, treatment,	
		and services.	
		RI.01.05.01, EP 1	
		The critical access hospital follows written policies on	
		advance directives, forgoing or withdrawing life-sustaining	
		treatment, and withholding resuscitative services that	
		address the following:	
		- Providing patients with written information about advance	
		directives, forgoing or withdrawing life-sustaining treatment,	
		and withholding resuscitative services.	
		- For outpatient settings: Communicating its policy on	
		advance directives upon request or when warranted by the	
		care, treatment, and services provided.	
		- Providing the patient upon admission with information on	
		the extent to which the critical access hospital is able,	
		unable, or unwilling to honor advance directives.	
		- Whether the critical access hospital will honor advance directives in its outpatient settings.	
		- That the critical access hospital will honor the patient's	
		right to formulate or review and revise the patient's advance	
		directives.	
		- Informing staff who are involved in the patient's care,	
		treatment, and services whether or not the patient has an	
		advance directive.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: The patient's right to formulate advance directives and	
		have staff and licensed practitioners comply with these	
		directives is in accordance with 42 CFR 489.100, 489.102,	
		and 489.104.	
§482.13(b)(3)	(3) The patient has the right to	LD.04.01.01, EP 2	RI.12.01.01, EP 5
	formulate advance directives	The critical access hospital provides care, treatment, and	Staff and licensed practitioners who provide care, treatment,
	and to have hospital staff and	services in accordance with licensure requirements, laws	or services in the critical access hospital honor the patient's
	practitioners who provide care	(including state law), and rules and regulations.	right to formulate advance directives and comply with these
	in the hospital comply with		directives, in accordance with law and regulation.
	these directives, in accordance	RI.01.05.01, EP 1	Note: Law and regulation includes, at a minimum, 42 CFR
	with §489.100 of this part	The critical access hospital follows written policies on	489.100, 489.102, and 489.104.
	(Definition), §489.102 of this	advance directives, forgoing or withdrawing life-sustaining	
	part (Requirements for	treatment, and withholding resuscitative services that	
	providers), and §489.104 of this	address the following:	
	part (Effective dates).	- Providing patients with written information about advance	
		directives, forgoing or withdrawing life-sustaining treatment,	
		and withholding resuscitative services.	
		- For outpatient settings: Communicating its policy on	
		advance directives upon request or when warranted by the	
		care, treatment, and services provided.	
		- Providing the patient upon admission with information on	
		the extent to which the critical access hospital is able,	
		unable, or unwilling to honor advance directives.	
		- Whether the critical access hospital will honor advance	
		directives in its outpatient settings.	
		- That the critical access hospital will honor the patient's	
		right to formulate or review and revise the patient's advance	
		directives.	
		- Informing staff who are involved in the patient's care,	
		treatment, and services whether or not the patient has an	
		advance directive.	
		Note: The patient's right to formulate advance directives and	
		have staff and licensed practitioners comply with these	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		directives is in accordance with 42 CFR 489.100, 489.102,	
		and 489.104.	
		RI.01.05.01, EP 9	
		The critical access hospital documents whether or not the	
		patient has an advance directive.	
		RI.01.05.01, EP 10	
		Upon request, the critical access hospital refers the patient	
		to resources for assistance in formulating advance	
		directives.	
		RI.01.05.01, EP 17	
		The existence or lack of an advance directive does not	
		determine the patient's right to access care, treatment, and	
		services.	
§482.13(b)(4)	(4) The patient has the right to	RI.01.01, EP 5	RI.12.01.01, EP 2
	have a family member or	The critical access hospital respects the patient's right to and need for effective communication.	The critical access hospital asks the patient whether they
	representative of his or her choice and his or her own	and need for effective communication.	want a family member, representative, or physician or other licensed practitioner notified of their admission to the critical
	physician notified promptly of	RI.01.02.01, EP 1	access hospital. The critical access hospital promptly
	his or her admission to the	The critical access hospital involves the patient in making	notifies the identified individual(s).
	hospital.	decisions about their care, treatment, and services,	Note: The patient is informed, prior to the notification
		including the right to have the patient's family and physician	occurring, of any process to automatically notify the
		or other licensed practitioner promptly notified of their	patient's established primary care practitioner, primary care
		admission to or discharge or transfer from the critical access	practice group/entity, or other practitioner group/entity, as
		hospital.	well as all applicable post–acute care service providers and
		Note 1: The patient is informed, prior to the notification	suppliers. The critical access hospital has a process for
		occurring, of any process to automatically notify the	documenting a patient's refusal to permit notification of
		patient's established primary care practitioner, primary care	registration to the emergency department, admission to an
		practice group/entity, or other practitioner group/entity, as	inpatient unit, or discharge or transfer from the emergency
		well as all applicable post-acute care services providers and	department or inpatient unit. Notifications with primary care
		suppliers. The critical access hospital has a process for	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		documenting a patient's refusal to permit notification of registration to the emergency department, admission to an inpatient unit, or discharge or transfer from the emergency department or inpatient unit. Notifications with primary care practitioners and entities are in accordance with all applicable federal and state laws and regulations.  Note 2: For swing beds in critical access hospitals: The resident has the right to be informed in advance of changes to their plan of care.	practitioners and entities are in accordance with all applicable federal and state laws and regulations.
		RI.01.02.01, EP 8  The critical access hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.	
§482.13(c)	§482.13(c) Standard: Privacy and Safety		
§482.13(c)(1)	(1) The patient has the right to personal privacy.	RI.01.01, EP 7 The critical access hospital respects the patient's right to privacy. Note: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, refer to Standard IM.02.01.01.	RI.11.01.01, EP 5  The critical access hospital respects the patient's right to personal privacy.  Note 1: This element of performance (EP) addresses a patient's personal privacy. For EPs addressing the privacy of a patient's health information, refer to Standard IM.12.01.01.  Note 2: For swing beds in critical access hospitals: Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.
§482.13(c)(2)	(2) The patient has the right to receive care in a safe setting.	EC.01.01.01, EP 5  The critical access hospital has a written plan for managing the following: The security of everyone who enters the critical access hospital's facilities.	NPG.08.01.01, EP 1 For psychiatric distinct part units in critical access hospitals: The critical access hospital conducts an environmental risk assessment that identifies features in the physical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			environment that could be used to attempt suicide; the
		EC.02.01.01, EP 1	critical access hospital takes necessary action to minimize
		The critical access hospital implements its process to	the risk(s) (for example, removal of anchor points, door
		identify safety and security risks associated with the	hinges, and hooks that can be used for hanging).
		environment of care that could affect patients, staff, and	
		other people coming to the critical access hospital's	For nonpsychiatric units in critical access hospitals: The
		facilities.	organization implements procedures to mitigate the risk of
		Note: Risks are identified from internal sources such as	suicide for patients at high risk for suicide, such as one-to-
		ongoing monitoring of the environment, results of root cause	one monitoring, removing objects that pose a risk for self-
		analyses, results of proactive risk assessments of high-risk	harm if they can be removed without adversely affecting the
		processes, and from credible external sources such as	patient's medical care, assessing objects brought into a
		Sentinel Event Alerts.	room by visitors, and using safe transportation procedures
			when moving patients to other parts of the critical access
		EC.02.01.01, EP 3	hospital.
		The critical access hospital takes action to minimize or	
		eliminate identified safety and security risks in the physical	Note: Nonpsychiatric units in critical access hospitals do not
		environment.	need to be ligature resistant. Nevertheless, these facilities
			should routinely assess clinical areas to identify objects that
		EC.02.01.01, EP 7	could be used for self-harm and remove those objects, when
		The critical access hospital identifies individuals entering its	possible, from the area around a patient who has been
		facilities.	identified as high risk for suicide. This information can be
		Note: The critical access hospital determines which of those	used for training staff who monitor high-risk patients (for
		individuals require identification and how to do so.	example, developing checklists to help staff remember
			which equipment should be removed when possible).
		EC.02.01.01, EP 8	
		The critical access hospital controls access to and from	NPG.08.01.01, EP 2
		areas it identifies as security sensitive.	The critical access hospital screens all patients for suicidal
			ideation who are being evaluated or treated for behavioral
		EC.02.01.01, EP 9	health conditions as their primary reason for care using a
		The critical access hospital has written procedures to follow	validated screening tool.
		in the event of a security incident, including an infant or	Note: The Joint Commission requires screening for suicidal
		pediatric abduction.	ideation using a validated tool starting at age 12 and above.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.01.01, EP 10	NPG.08.01.01, EP 3
		When a security incident occurs, the critical access hospital	The critical access hospital uses an evidence-based process
		follows its identified procedures.	to conduct a suicide assessment of patients who have
			screened positive for suicidal ideation. The assessment
		EC.02.06.01, EP 1	directly asks about suicidal ideation, plan, intent, suicidal or
		Interior spaces meet the needs of the patient population and	self-harm behaviors, risk factors, and protective factors.
		are safe and suitable to the care, treatment, and services	Note: EPs 2 and 3 can be satisfied through the use of a single
		provided.	process or instrument that simultaneously screens patients
			for suicidal ideation and assesses the severity of suicidal
		EC.04.01.01, EP 1	ideation.
		The critical access hospital develops and implements a	
		process(es) for continually monitoring, internally reporting,	NPG.08.01.01, EP 4
		and investigating the following:	The critical access hospital documents patients' overall level
		- Injuries to patients or others within the critical access	of risk for suicide and the plan to mitigate the risk for suicide.
		hospital's facilities and grounds	
		- Occupational illnesses and staff injuries	NPG.08.01.01, EP 5
		- Incidents of damage to its property or the property of others	The critical access hospital follows written policies and
		- Safety and security incidents involving patients, staff, or	procedures addressing the care of patients identified as at
		others within its facilities, including those related to	risk for suicide. At a minimum, these should include the
		workplace violence	following:
		- Hazardous materials and waste spills and exposures	- Training and competence assessment of staff who care for
		- Fire safety management problems, deficiencies, and	patients at risk for suicide
		failures	- Guidelines for reassessment
		- Medical or laboratory equipment management problems,	- Monitoring patients who are at high risk for suicide
		failures, and use errors	NDO 00 04 04 ED 7
		- Utility systems management problems, failures, or use	NPG.08.01.01, EP 7
		errors	The critical access hospital monitors implementation and
		- Based on the results of the data analysis, the lab identifies	effectiveness of policies and procedures for screening,
		opportunities for improvement and resolves any	assessment, and management of patients at risk for suicide
		environmental safety issues.	and takes action as needed to improve compliance.
		Note 1: All the incidents and issues listed above may be	RI.11.01.01, EP 3
		reported to staff in quality assessment, improvement, or	,
		other functions. A summary of such incidents may also be	The patient has the right to receive care in a safe setting.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		shared with the person designated to coordinate safety	
		management activities.	
		Note 2: Review of incident reports often requires that legal	
		processes be followed to preserve confidentiality.	
		Opportunities to improve care, treatment, and services, or to	
		prevent similar incidents, are not lost as a result of following	
		the legal process.	
		NPSG.15.01.01, EP 1	
		For psychiatric distinct part units in critical access hospitals:	
		The critical access hospital conducts an environmental risk	
		assessment that identifies features in the physical	
		environment that could be used to attempt suicide; the	
		critical access hospital takes necessary action to minimize	
		the risk(s) (for example, removal of anchor points, door	
		hinges, and hooks that can be used for hanging).	
		For nonpsychiatric units in critical access hospitals: The	
		organization implements procedures to mitigate the risk of	
		suicide for patients at high risk for suicide, such as one-to-	
		one monitoring, removing objects that pose a risk for self-	
		harm if they can be removed without adversely affecting the	
		patient's medical care, assessing objects brought into a	
		room by visitors, and using safe transportation procedures	
		when moving patients to other parts of the critical access	
		hospital.	
		Note: Nonpsychiatric units in critical access hospitals do not	
		need to be ligature resistant. Nevertheless, these facilities	
		should routinely assess clinical areas to identify objects that	
		could be used for self-harm and remove those objects, when	
		possible, from the area around a patient who has been	
		identified as high risk for suicide. This information can be	
		used for training staff who monitor high-risk patients (for	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		example, developing checklists to help staff remember	
		which equipment should be removed when possible).	
		NPSG.15.01.01, EP 2	
		Screen all patients for suicidal ideation who are being	
		evaluated or treated for behavioral health conditions as their	
		primary reason for care using a validated screening tool.	
		Note: The Joint Commission requires screening for suicidal	
		ideation using a validated tool starting at age 12 and above.	
		NPSG.15.01.01, EP 3	
		Use an evidence-based process to conduct a suicide	
		assessment of patients who have screened positive for	
		suicidal ideation. The assessment directly asks about	
		suicidal ideation, plan, intent, suicidal or self-harm	
		behaviors, risk factors, and protective factors.	
		Note: EPs 2 and 3 can be satisfied through the use of a single	
		process or instrument that simultaneously screens patients	
		for suicidal ideation and assesses the severity of suicidal	
		ideation.	
		NPSG.15.01.01, EP 4	
		Document patients' overall level of risk for suicide and the	
		plan to mitigate the risk for suicide.	
		NPSG.15.01.01, EP 5	
		Follow written policies and procedures addressing the care	
		of patients identified as at risk for suicide. At a minimum,	
		these should include the following:	
		- Training and competence assessment of staff who care for	
		patients at risk for suicide	
		- Guidelines for reassessment	
		- Monitoring patients who are at high risk for suicide	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		NPSG.15.01.01, EP 7  Monitor implementation and effectiveness of policies and procedures for screening, assessment, and management of patients at risk for suicide and take action as needed to improve compliance.	
		RI.01.01.01, EP 4  The critical access hospital treats the patient in a dignified and respectful manner that supports the patient's dignity.	
		RI.01.06.03, EP 1 The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punishment, and abuse that could occur while the patient is receiving care, treatment, and services.  Note: For critical access hospitals with swing beds: The critical access hospital protects residents from involuntary seclusion.	
§482.13(c)(3)	(3) The patient has the right to be free from all forms of abuse or harassment.	RI.01.06.03, EP 1  The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punishment, and abuse that could occur while the patient is receiving care, treatment, and services.  Note: For critical access hospitals with swing beds: The critical access hospital protects residents from involuntary seclusion.  RI.01.06.03, EP 2  The critical access hospital evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the critical access hospital.	RI.13.01.01, EP 1  The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punishment, involuntary seclusion, and verbal, mental, sexual, or physical abuse that could occur while the patient is receiving care, treatment, and services.  For swing beds in critical access hospitals: The critical access hospital also protects the resident from misappropriation of property.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		RI.01.06.03, EP 3  The critical access hospital reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events, or as required by law.  Note: For swing beds in critical access hospitals: Alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported to the administrator of the facility and to other officials (including the state survey agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with state law and established procedures. The alleged violations are reported in the following time frames:  No later than 2 hours after the allegation is made if the allegation involves abuse or serious bodily injury  No later than 24 hours after the allegation is made if the allegation does not involve abuse or serious bodily injury	
§482.13(d) §482.13(d)(1)	§482.13(d) Standard: Confidentiality of Patient Records (1) The patient has the right to	IM.02.01.01, EP 1	IM.12.01.01, EP 1
	the confidentiality of his or her clinical records.	The critical access hospital follows a written policy addressing the privacy and confidentiality of health information.  IM.02.01.01, EP 3  The critical access hospital uses health information only for purposes permitted by law and regulation or as further limited by its policy on privacy.	The critical access hospital develops and implements policies and procedures addressing the privacy and confidentiality of health information.  Note: For swing beds in critical access hospitals: Policies and procedures also address the resident's personal records.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		IM.02.01.01, EP 4	
		The critical access hospital discloses health information only	
		as authorized by the patient or as otherwise consistent with	
		law and regulation.	
		IM.02.01.03, EP 1	
		The critical access hospital follows a written policy that	
		addresses the security of health information, including	
		access, use, and disclosure.	
		IM.02.01.03, EP 2	
		The critical access hospital implements a written policy	
		addressing the following:	
		- The integrity of health information against loss, damage,	
		unauthorized alteration, unintentional change, and	
		accidental destruction	
		- The intentional destruction of health information	
		- When and by whom the removal of health information is	
		permitted	
		Note: Removal refers to those actions that place health	
		information outside the critical access hospital's control.	
§482.13(d)(2)	(2) The patient has the right to	RI.01.01.01, EP 10	RI.11.01.01, EP 6
	access their medical records,	The critical access hospital allows the patient, through oral	The critical access hospital provides the patient, upon an
	including current medical	or written request, to access, request amendment to, and	oral or written request, with access to medical records,
	records, upon an oral or written	obtain information on disclosures of the patient's health	including past and current records, in the form and format
	request, in the form and format	information, in accordance with law and regulation.	requested (including in electronic form or format when
	requested by the individual, if it	Note: Access to medical records, including past and current	available). If electronic is unavailable, the medical record is
	is readily producible in such	records, is in the form and format requested by the patient	provided in hard copy or another form agreed to by the
	form and format (including in	(including in electronic form or format when available). If	critical access hospital and patient. The critical access
	an electronic form or format	electronic is unavailable, the medical record is in hard copy	hospital does not impede the legitimate efforts of individuals
	when such medical records are	form or another form agreed to by the organization and	to gain access to their own medical records and fulfills these
	maintained electronically); or, if	patient. The critical access hospital must not frustrate the	electronic or hard-copy requests within a reasonable time
	not, in a readable hard copy	legitimate efforts of individuals to gain access to their own	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	form or such other form and format as agreed to by the facility and the individual, and within a reasonable time frame. The hospital must not frustrate	medical records and must actively seek to meet these electronic or hard-copy requests within a reasonable time frame (that is, as quickly as its recordkeeping system permits).	frame (that is, as quickly as its recordkeeping system permits).
	the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.		
§482.13(e)	§482.13(e) Standard: Restraint or seclusion. All patients have	PC.03.05.01, EP 1 The critical access hospital uses restraint or seclusion only	PC.13.02.01, EP 1 The critical access hospital does not use restraint or
	the right to be free from physical or mental abuse, and corporal punishment. All	to protect the immediate physical safety of the patient, staff, or others.	seclusion of any form as a means of coercion, discipline, convenience, or staff retaliation. Restraint or seclusion is only used to protect the immediate physical safety of the
	patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by	PC.03.05.01, EP 2 The critical access hospital does not use restraint or seclusion as a means of coercion, discipline, convenience, or staff retaliation.	patient, staff, or others when less restrictive interventions have been ineffective and is discontinued at the earliest possible time, regardless of the length of time specified in the order.
	staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be	PC.03.05.01, EP 5 The critical access hospital discontinues restraint or seclusion at the earliest possible time, regardless of the scheduled expiration of the order.	RI.13.01.01, EP 1 The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punishment, involuntary seclusion, and verbal, mental, sexual, or physical abuse that could occur while the patient is receiving care,
	discontinued at the earliest possible time.	RI.01.06.03, EP 1 The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punishment, and abuse that could occur while the patient is receiving care, treatment, and services.  Note: For critical access hospitals with swing beds: The	treatment, and services. For swing beds in critical access hospitals: The critical access hospital also protects the resident from misappropriation of property.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		seclusion.	
		RI.01.06.03, EP 2	
		The critical access hospital evaluates all allegations,	
		observations, and suspected cases of neglect, exploitation,	
		and abuse that occur within the critical access hospital.	
		RI.01.06.03, EP 3	
		The critical access hospital reports allegations,	
		observations, and suspected cases of neglect, exploitation,	
		and abuse to appropriate authorities based on its evaluation	
		of the suspected events, or as required by law.	
		Note: For swing beds in critical access hospitals: Alleged	
		violations involving abuse, neglect, exploitation, or	
		mistreatment, including injuries of unknown source and	
		misappropriation of resident property, are reported to the	
		administrator of the facility and to other officials (including	
		the state survey agency and adult protective services where	
		state law provides for jurisdiction in long-term care facilities)	
		in accordance with state law and established procedures.	
		The alleged violations are reported in the following time	
		frames:	
		- No later than 2 hours after the allegation is made if the	
		allegation involves abuse or serious bodily injury	
		- No later than 24 hours after the allegation is made if the allegation does not involve abuse or serious bodily injury	
§482.13(e)(1)	(1) Definitions.	attogation does not involve abuse of serious bodity injury	
§482.13(e)(1)(i)	(i) A restraint is—		
§482.13(e)(1)(i)(A)	(A) Any manual method,	PC.03.05.09, EP 1	PC.13.02.01, EP 4
	physical or mechanical device,	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital restraint policies are followed
	material, or equipment that	access hospitals: The critical access hospital's policies and	when any manual method, physical or mechanical device,
	immobilizes or reduces the	procedures regarding restraint or seclusion include the	material, or equipment that immobilizes or reduces the
	ability of a patient to move his	following:	ability of a patient to move his or her arms, legs, body, or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	or her arms, legs, body, or head	- Physician and other licensed practitioner training	head freely; or when a drug or medication is used as a
	freely; or	requirements	restriction to manage the patient's behavior or restrict the
		- Staff training requirements	patient's freedom of movement and is not a standard
		- The determination of who has authority to order restraint	treatment or dosage for the patient's condition.
		and seclusion	Note: A restraint does not include devices, such as
		- The determination of who has authority to discontinue the	orthopedically prescribed devices, surgical dressings or
		use of restraint or seclusion	bandages, protective helmets, or other methods that involve
		- The determination of who can initiate the use of restraint or	the physical holding of a patient for the purpose of
		seclusion	conducting routine physical examinations or tests, or to
		- The circumstances under which restraint or seclusion is	protect the patient from falling out of bed, or to permit the
		discontinued	patient to participate in activities without the risk of physical
		- The requirement that restraint or seclusion is discontinued	harm (this does not include a physical escort).
		as soon as is safely possible	
		- A definition of restraint in accordance with 42 CFR	
		482.13(e)(1)(i)(A–C)	
		- A definition of seclusion in accordance with 42 CFR	
		482.13(e)(1)(ii)	
		- A definition or description of what constitutes the use of	
		medications as a restraint in accordance with 42 CFR	
		482.13(e)(1)(i)(B)	
		- A determination of who can assess and monitor patients in	
		restraint or seclusion	
		- Time frames for assessing and monitoring patients in	
		restraint or seclusion	
		Note 1: The definition of restraint per 42 CFR	
		482.13(e)(1)(i)(A–C) is as follows:	
		42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any	
		manual method, physical or mechanical device, material, or	
		equipment that immobilizes or reduces the ability of a	
		patient to move his or her arms, legs, body, or head freely; or	
		42 CFR 482.13(e)(1)(i)(B) (A restraint is— ) A drug or	
		medication when it is used as a restriction to manage the	
		patient's behavior or restrict the patient's freedom of	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		movement and is not a standard treatment or dosage for the	
		patient's condition.	
		42 CFR 482.13(e)(1)(i)(C) A restraint does not include	
		devices, such as orthopedically prescribed devices, surgical	
		dressings or bandages, protective helmets, or other methods	
		that involve the physical holding of a patient for the purpose	
		of conducting routine physical examinations or tests, or to	
		protect the patient from falling out of bed, or to permit the	
		patient to participate in activities without the risk of physical	
		harm (this does not include a physical escort).	
		Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii)	
		is as follows:	
		Seclusion is the involuntary confinement of a patient alone in	
		a room or area from which the patient is physically prevented	
		from leaving. Seclusion may be used only for the	
		management of violent or self-destructive behavior.	
§482.13(e)(1)(i)(B)	(B) A drug or medication when it	PC.03.05.09, EP 1	PC.13.02.01, EP 4
	is used as a restriction to	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital restraint policies are followed
	manage the patient's behavior	access hospitals: The critical access hospital's policies and	when any manual method, physical or mechanical device,
	or restrict the patient's freedom	procedures regarding restraint or seclusion include the	material, or equipment that immobilizes or reduces the
	of movement and is not a	following:	ability of a patient to move his or her arms, legs, body, or
	standard treatment or dosage	- Physician and other licensed practitioner training	head freely; or when a drug or medication is used as a
	for the patient's condition.	requirements	restriction to manage the patient's behavior or restrict the
		- Staff training requirements	patient's freedom of movement and is not a standard
		- The determination of who has authority to order restraint	treatment or dosage for the patient's condition.
		and seclusion	Note: A restraint does not include devices, such as
		- The determination of who has authority to discontinue the	orthopedically prescribed devices, surgical dressings or
		use of restraint or seclusion	bandages, protective helmets, or other methods that involve
		- The determination of who can initiate the use of restraint or	the physical holding of a patient for the purpose of
		seclusion	conducting routine physical examinations or tests, or to
		- The circumstances under which restraint or seclusion is	protect the patient from falling out of bed, or to permit the
		discontinued	patient to participate in activities without the risk of physical
		- The requirement that restraint or seclusion is discontinued	harm (this does not include a physical escort).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		as soon as is safely possible	
		- A definition of restraint in accordance with 42 CFR	
		482.13(e)(1)(i)(A-C)	
		- A definition of seclusion in accordance with 42 CFR	
		482.13(e)(1)(ii)	
		- A definition or description of what constitutes the use of	
		medications as a restraint in accordance with 42 CFR	
		482.13(e)(1)(i)(B)	
		- A determination of who can assess and monitor patients in	
		restraint or seclusion	
		- Time frames for assessing and monitoring patients in	
		restraint or seclusion	
		Note 1: The definition of restraint per 42 CFR	
		482.13(e)(1)(i)(A–C) is as follows:	
		42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any	
		manual method, physical or mechanical device, material, or	
		equipment that immobilizes or reduces the ability of a	
		patient to move his or her arms, legs, body, or head freely; or	
		42 CFR 482.13(e)(1)(i)(B) (A restraint is— ) A drug or	
		medication when it is used as a restriction to manage the	
		patient's behavior or restrict the patient's freedom of	
		movement and is not a standard treatment or dosage for the	
		patient's condition.	
		42 CFR 482.13(e)(1)(i)(C) A restraint does not include	
		devices, such as orthopedically prescribed devices, surgical	
		dressings or bandages, protective helmets, or other methods	
		that involve the physical holding of a patient for the purpose	
		of conducting routine physical examinations or tests, or to	
		protect the patient from falling out of bed, or to permit the	
		patient to participate in activities without the risk of physical	
		harm (this does not include a physical escort).	
		Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii)	
		is as follows:	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Seclusion is the involuntary confinement of a patient alone in	
		a room or area from which the patient is physically prevented	
		from leaving. Seclusion may be used only for the	
		management of violent or self-destructive behavior.	
§482.13(e)(1)(i)(C)	(C) A restraint does not include	PC.03.05.09, EP 1	PC.13.02.01, EP 4
	devices, such as orthopedically	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital restraint policies are followed
	prescribed devices, surgical	access hospitals: The critical access hospital's policies and	when any manual method, physical or mechanical device,
	dressings or bandages,	procedures regarding restraint or seclusion include the	material, or equipment that immobilizes or reduces the
	protective helmets, or other	following:	ability of a patient to move his or her arms, legs, body, or
	methods that involve the	- Physician and other licensed practitioner training	head freely; or when a drug or medication is used as a
	physical holding of a patient for	requirements	restriction to manage the patient's behavior or restrict the
	the purpose of conducting	- Staff training requirements	patient's freedom of movement and is not a standard
	routine physical examinations	- The determination of who has authority to order restraint	treatment or dosage for the patient's condition.
	or tests, or to protect the	and seclusion	Note: A restraint does not include devices, such as
	patient from falling out of bed,	- The determination of who has authority to discontinue the	orthopedically prescribed devices, surgical dressings or
	or to permit the patient to	use of restraint or seclusion	bandages, protective helmets, or other methods that involve
	participate in activities without	- The determination of who can initiate the use of restraint or	the physical holding of a patient for the purpose of
	the risk of physical harm (this	seclusion	conducting routine physical examinations or tests, or to
	does not include a physical	- The circumstances under which restraint or seclusion is	protect the patient from falling out of bed, or to permit the
	escort).	discontinued	patient to participate in activities without the risk of physical
		- The requirement that restraint or seclusion is discontinued as soon as is safely possible	harm (this does not include a physical escort).
		- A definition of restraint in accordance with 42 CFR	
		482.13(e)(1)(i)(A–C)	
		- A definition of seclusion in accordance with 42 CFR	
		482.13(e)(1)(ii)	
		- A definition or description of what constitutes the use of	
		medications as a restraint in accordance with 42 CFR	
		482.13(e)(1)(i)(B)	
		- A determination of who can assess and monitor patients in	
		restraint or seclusion	
		- Time frames for assessing and monitoring patients in	
		restraint or seclusion	
		1 TOOLGAIN OF COOLGOID	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 1: The definition of restraint per 42 CFR	
		482.13(e)(1)(i)(A–C) is as follows:	
		42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any	
		manual method, physical or mechanical device, material, or	
		equipment that immobilizes or reduces the ability of a	
		patient to move his or her arms, legs, body, or head freely; or	
		42 CFR 482.13(e)(1)(i)(B) (A restraint is— ) A drug or	
		medication when it is used as a restriction to manage the	
		patient's behavior or restrict the patient's freedom of	
		movement and is not a standard treatment or dosage for the	
		patient's condition.	
		42 CFR 482.13(e)(1)(i)(C) A restraint does not include	
		devices, such as orthopedically prescribed devices, surgical	
		dressings or bandages, protective helmets, or other methods	
		that involve the physical holding of a patient for the purpose	
		of conducting routine physical examinations or tests, or to	
		protect the patient from falling out of bed, or to permit the	
		patient to participate in activities without the risk of physical	
		harm (this does not include a physical escort).	
		Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii)	
		is as follows:	
		Seclusion is the involuntary confinement of a patient alone in	
		a room or area from which the patient is physically prevented	
		from leaving. Seclusion may be used only for the	
		management of violent or self-destructive behavior.	
§482.13(e)(1)(ii)	(ii) Seclusion is the involuntary	PC.03.05.09, EP 1	PC.13.02.01, EP 5
	confinement of a patient alone	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital seclusion policies are followed
	in a room or area from which	access hospitals: The critical access hospital's policies and	when a patient is involuntarily confined alone in a room or
	the patient is physically	procedures regarding restraint or seclusion include the	area from which the patient is physically prevented from
	prevented from leaving.	following:	leaving.
	Seclusion may only be used for	- Physician and other licensed practitioner training	Note: Seclusion is only used for the management of violent
	the management of violent or	requirements	or self-destructive behavior.
	self-destructive behavior.	- Staff training requirements	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- The determination of who has authority to order restraint	
		and seclusion	
		- The determination of who has authority to discontinue the	
		use of restraint or seclusion	
		- The determination of who can initiate the use of restraint or	
		seclusion	
		- The circumstances under which restraint or seclusion is	
		discontinued	
		- The requirement that restraint or seclusion is discontinued	
		as soon as is safely possible	
		- A definition of restraint in accordance with 42 CFR	
		482.13(e)(1)(i)(A-C)	
		- A definition of seclusion in accordance with 42 CFR	
		482.13(e)(1)(ii)	
		- A definition or description of what constitutes the use of	
		medications as a restraint in accordance with 42 CFR	
		482.13(e)(1)(i)(B)	
		- A determination of who can assess and monitor patients in	
		restraint or seclusion	
		- Time frames for assessing and monitoring patients in	
		restraint or seclusion	
		Note 1: The definition of restraint per 42 CFR	
		482.13(e)(1)(i)(A–C) is as follows:	
		42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any	
		manual method, physical or mechanical device, material, or	
		equipment that immobilizes or reduces the ability of a	
		patient to move his or her arms, legs, body, or head freely; or	
		42 CFR 482.13(e)(1)(i)(B) (A restraint is— ) A drug or	
		medication when it is used as a restriction to manage the	
		patient's behavior or restrict the patient's freedom of	
		movement and is not a standard treatment or dosage for the	
		patient's condition.	
		42 CFR 482.13(e)(1)(i)(C) A restraint does not include	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		devices, such as orthopedically prescribed devices, surgical	
		dressings or bandages, protective helmets, or other methods	
		that involve the physical holding of a patient for the purpose	
		of conducting routine physical examinations or tests, or to	
		protect the patient from falling out of bed, or to permit the	
		patient to participate in activities without the risk of physical	
		harm (this does not include a physical escort).	
		Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii)	
		is as follows:	
		Seclusion is the involuntary confinement of a patient alone in	
		a room or area from which the patient is physically prevented	
		from leaving. Seclusion may be used only for the	
		management of violent or self-destructive behavior.	
§482.13(e)(2)	(2) Restraint or seclusion may	PC.03.05.01, EP 3	PC.13.02.01, EP 1
	only be used when less	The critical access hospital uses restraint or seclusion only	The critical access hospital does not use restraint or
	restrictive interventions have	when less restrictive interventions are ineffective.	seclusion of any form as a means of coercion, discipline,
	been determined to be		convenience, or staff retaliation. Restraint or seclusion is
	ineffective to protect the	PC.03.05.01, EP 4	only used to protect the immediate physical safety of the
	patient, a staff member, or	The critical access hospital uses the least restrictive form of	patient, staff, or others when less restrictive interventions
	others from harm.	restraint or seclusion that protects the physical safety of the	have been ineffective and is discontinued at the earliest
		patient, staff, or others.	possible time, regardless of the length of time specified in
			the order.
§482.13(e)(3)	(3) The type or technique of	PC.03.05.01, EP 4	PC.13.02.01, EP 2
	restraint or seclusion used	The critical access hospital uses the least restrictive form of	The critical access hospital uses the least restrictive form of
	must be the least restrictive	restraint or seclusion that protects the physical safety of the	restraint or seclusion that will be effective to protect the
	intervention that will be	patient, staff, or others.	patient, a staff member, or others from harm.
	effective to protect the patient,		
	a staff member, or others from		
	harm.		
§482.13(e)(4)	(4) The use of restraint or		
	seclusion must be		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(e)(4)(i)	(i) in accordance with a written modification to the patient's plan of care.	PC.03.05.03, EP 2 The use of restraint and seclusion is in accordance with a written modification to the patient's plan of care.	PC.13.02.03, EP 1  The critical access hospital's use of restraint or seclusion meets the following requirements:  - In accordance with a written modification to the patient's plan of care  - Implemented by trained staff using safe techniques identified by the critical access hospital's policies and procedures in accordance with law and regulation
§482.13(e)(4)(ii)	(ii) implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with State law.	PC.03.05.03, EP 1 The critical access hospital implements restraint or seclusion using safe techniques identified by the critical access hospital's policies and procedures in accordance with law and regulation.	PC.13.02.03, EP 1 The critical access hospital's use of restraint or seclusion meets the following requirements: - In accordance with a written modification to the patient's plan of care - Implemented by trained staff using safe techniques identified by the critical access hospital's policies and procedures in accordance with law and regulation
§482.13(e)(5)	(5) The use of restraint or seclusion must be in accordance with the order of a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with State law.	PC.03.05.05, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: A physician or other authorized licensed practitioner responsible for the patient's care orders the use of restraint or seclusion in accordance with critical access hospital policy and law and regulation.	PC.13.02.05, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital uses restraint or seclusion as ordered by a physician or other authorized licensed practitioner responsible for the patient's care in accordance with critical access hospital policy and state law and regulation.
§482.13(e)(6)	(6) Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).	PC.03.05.05, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital does not use standing orders or PRN (also known as "as needed") orders for restraint or seclusion.	PC.13.02.05, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital does not use standing orders or PRN (also known as "as needed") orders for restraint or seclusion.
§482.13(e)(7)	(7) The attending physician must be consulted as soon as possible if the attending	PC.03.05.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The attending physician or clinical	PC.13.02.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The attending physician or clinical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	physician did not order the restraint or seclusion.	psychologist is consulted as soon as possible, in accordance with critical access hospital policy, if they did not order the restraint or seclusion.	psychologist is consulted as soon as possible, in accordance with critical access hospital policy, if they did not order the restraint or seclusion.
		Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).	Note: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (CMS) (refer to the Glossary).
§482.13(e)(8)	(8) Unless superseded by State law that is more restrictive		
§482.13(e)(8)(i)	(i) Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours:	PC.03.05.05, EP 4  For rehabilitation and psychiatric distinct part units in critical access hospitals: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following limits:  - 4 hours for adults 18 years of age or older  - 2 hours for children and adolescents 9 to 17 years of age  - 1 hour for children under 9 years of age  Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.	PC.13.02.05, EP 4  For rehabilitation and psychiatric distinct part units in critical access hospitals: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following time limits:  - 4 hours for adults 18 years of age or older  - 2 hours for children and adolescents 9 to 17 years of age  - 1 hour for children under 9 years of age  Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.
§482.13(e)(8)(i)(A)	(A) 4 hours for adults 18 years of age or older;	PC.03.05.05, EP 4  For rehabilitation and psychiatric distinct part units in critical access hospitals: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following limits:  - 4 hours for adults 18 years of age or older  - 2 hours for children and adolescents 9 to 17 years of age  - 1 hour for children under 9 years of age  Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.	PC.13.02.05, EP 4  For rehabilitation and psychiatric distinct part units in critical access hospitals: Unless state law is more restrictive, orders for the use of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, staff, or others may be renewed within the following time limits:  - 4 hours for adults 18 years of age or older  - 2 hours for children and adolescents 9 to 17 years of age  - 1 hour for children under 9 years of age  Orders may be renewed according to the time limits for a maximum of 24 consecutive hours.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(e)(8)(i)(B)	(B) 2 hours for children and	PC.03.05.05, EP 4	PC.13.02.05, EP 4
	adolescents 9 to 17 years of	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	age; or	access hospitals: Unless state law is more restrictive, orders	access hospitals: Unless state law is more restrictive, orders
		for the use of restraint or seclusion used for the management	for the use of restraint or seclusion used for the management
		of violent or self-destructive behavior that jeopardizes the	of violent or self-destructive behavior that jeopardizes the
		immediate physical safety of the patient, staff, or others may	immediate physical safety of the patient, staff, or others may
		be renewed within the following limits:	be renewed within the following time limits:
		- 4 hours for adults 18 years of age or older	- 4 hours for adults 18 years of age or older
		- 2 hours for children and adolescents 9 to 17 years of age	- 2 hours for children and adolescents 9 to 17 years of age
		- 1 hour for children under 9 years of age	- 1 hour for children under 9 years of age
		Orders may be renewed according to the time limits for a	Orders may be renewed according to the time limits for a
		maximum of 24 consecutive hours.	maximum of 24 consecutive hours.
§482.13(e)(8)(i)(C)	(C) 1 hour for children under 9	PC.03.05.05, EP 4	PC.13.02.05, EP 4
	years of age; and	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: Unless state law is more restrictive, orders	access hospitals: Unless state law is more restrictive, orders
		for the use of restraint or seclusion used for the management	for the use of restraint or seclusion used for the management
		of violent or self-destructive behavior that jeopardizes the	of violent or self-destructive behavior that jeopardizes the
		immediate physical safety of the patient, staff, or others may	immediate physical safety of the patient, staff, or others may
		be renewed within the following limits:	be renewed within the following time limits:
		- 4 hours for adults 18 years of age or older	- 4 hours for adults 18 years of age or older
		- 2 hours for children and adolescents 9 to 17 years of age	- 2 hours for children and adolescents 9 to 17 years of age
		- 1 hour for children under 9 years of age	- 1 hour for children under 9 years of age
		Orders may be renewed according to the time limits for a	Orders may be renewed according to the time limits for a
		maximum of 24 consecutive hours.	maximum of 24 consecutive hours.
§482.13(e)(8)(ii)	(ii) After 24 hours, before writing	PC.03.05.05, EP 5	PC.13.02.05, EP 5
	a new order for the use of	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	restraint or seclusion for the	access hospitals: Unless state law is more restrictive, every	access hospitals: Unless state law is more restrictive, every
	management of violent or self-	24 hours, a physician or other authorized licensed	24 hours, a physician or other authorized licensed
	destructive behavior, a	practitioner responsible for the patient's care sees and	practitioner responsible for the patient's care sees and
	physician or other licensed	evaluates the patient before writing a new order for restraint	evaluates the patient before writing a new order for restraint
	practitioner who is responsible	or seclusion used for the management of violent or self-	or seclusion used for the management of violent or self-
	for the care of the patient and	destructive behavior that jeopardizes the immediate physical	destructive behavior that jeopardizes the immediate physical
	authorized to order restraint or		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	seclusion by hospital policy in	safety of the patient, staff, or others in accordance with	safety of the patient, staff, or others, in accordance with
	accordance with State law	critical access hospital policy and law and regulation.	critical access hospital policy and state law and regulation.
	must see and assess the		
	patient.		
§482.13(e)(8)(iii)	(iii) Each order for restraint used	PC.03.05.05, EP 6	PC.13.02.05, EP 6
	to ensure the physical safety of	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	the non-violent or non-self-	access hospitals: Orders for restraint used to protect the	access hospitals: Orders for restraint used to protect the
	destructive patient may be	physical safety of the nonviolent or non-self-destructive	physical safety of a nonviolent or non-self-destructive
	renewed as authorized by	patient are renewed in accordance with critical access	patient are renewed in accordance with critical access
	hospital policy.	hospital policy.	hospital policy.
§482.13(e)(9)	(9) Restraint or seclusion must	PC.03.05.01, EP 5	PC.13.02.01, EP 1
	be discontinued at the earliest	The critical access hospital discontinues restraint or	The critical access hospital does not use restraint or
	possible time, regardless of the	seclusion at the earliest possible time, regardless of the	seclusion of any form as a means of coercion, discipline,
	length of time identified in the	scheduled expiration of the order.	convenience, or staff retaliation. Restraint or seclusion is
	order.		only used to protect the immediate physical safety of the
			patient, staff, or others when less restrictive interventions
			have been ineffective and is discontinued at the earliest
			possible time, regardless of the length of time specified in
			the order.
§482.13(e)(10)	(10) The condition of the patient	PC.03.05.07, EP 1	PC.13.02.07, EP 1
	who is restrained or secluded	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	must be monitored by a	access hospitals: Physicians, other licensed practitioners, or	access hospitals: Physicians, other licensed practitioners, or
	physician, other licensed	staff who have been trained in accordance with 42 CFR	staff who have been trained in accordance with 42 CFR
	practitioner or trained staff that	482.13(f) monitor the condition of patients in restraint or	482.13(f) monitor the condition of patients in restraint or
	have completed the training	seclusion.	seclusion at an interval determined by the critical access
	criteria specified in paragraph		hospital.
	(f) of this section at an interval		
	determined by hospital policy.		
§482.13(e)(11)	(11) Physician and other	PC.03.05.09, EP 1	PC.13.02.09, EP 1
	licensed practitioner training	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital's policies and procedures
	requirements must be specified	access hospitals: The critical access hospital's policies and	regarding the use of restraint or seclusion that are consistent
	in hospital policy. At a	procedures regarding restraint or seclusion include the	with current standards of practice.
	minimum, physicians and other	following:	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	licensed practitioners	- Physician and other licensed practitioner training	For rehabilitation and psychiatric distinct part units in critical
	authorized to order restraint or	requirements	access hospitals: The policies and procedures include the
	seclusion by hospital policy in	- Staff training requirements	following:
	accordance with State law	- The determination of who has authority to order restraint	- Definitions for restraint and seclusion that are consistent
	must have a working knowledge	and seclusion	with state and federal law and regulation
	of hospital policy regarding the	- The determination of who has authority to discontinue the	- Physician and other licensed practitioner training
	use of restraint or seclusion.	use of restraint or seclusion	requirements
		- The determination of who can initiate the use of restraint or	- Staff training requirements
		seclusion	- Who has authority to order restraint or seclusion
		- The circumstances under which restraint or seclusion is	- Who has authority to discontinue the use of restraint or
		discontinued	seclusion
		- The requirement that restraint or seclusion is discontinued	- Who can initiate the use of restraint or seclusion
		as soon as is safely possible	- Circumstances under which restraint or seclusion is
		- A definition of restraint in accordance with 42 CFR	discontinued
		482.13(e)(1)(i)(A–C)	- Requirement that restraint or seclusion is discontinued as
		- A definition of seclusion in accordance with 42 CFR	soon as is safely possible
		482.13(e)(1)(ii)	- Who can assess and monitor patients in restraint or
		- A definition or description of what constitutes the use of	seclusion
		medications as a restraint in accordance with 42 CFR	- Time frames for assessing and monitoring patients in
		482.13(e)(1)(i)(B)	restraint or seclusion
		- A determination of who can assess and monitor patients in	
		restraint or seclusion	PC.13.02.09, EP 2
		- Time frames for assessing and monitoring patients in	For rehabilitation and psychiatric distinct part units in critical
		restraint or seclusion	access hospitals: Physicians and other licensed
		Note 1: The definition of restraint per 42 CFR	practitioners authorized to order restraint or seclusion
		482.13(e)(1)(i)(A–C) is as follows:	(through critical access hospital policy in accordance with
		42 CFR 482.13(e)(1) Definitions. (i) A restraint is— (A) Any	law and regulation) have a working knowledge of the critical
		manual method, physical or mechanical device, material, or	access hospital policy regarding the use of restraint or
		equipment that immobilizes or reduces the ability of a	seclusion.
		patient to move his or her arms, legs, body, or head freely; or	
		42 CFR 482.13(e)(1)(i)(B) (A restraint is— ) A drug or	
		medication when it is used as a restriction to manage the	
		patient's behavior or restrict the patient's freedom of	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		movement and is not a standard treatment or dosage for the	
		patient's condition.	
		42 CFR 482.13(e)(1)(i)(C) A restraint does not include	
		devices, such as orthopedically prescribed devices, surgical	
		dressings or bandages, protective helmets, or other methods	
		that involve the physical holding of a patient for the purpose	
		of conducting routine physical examinations or tests, or to	
		protect the patient from falling out of bed, or to permit the	
		patient to participate in activities without the risk of physical	
		harm (this does not include a physical escort).	
		Note 2: The definition of seclusion per 42 CFR 482.13(e)(1)(ii) is as follows:	
		Seclusion is the involuntary confinement of a patient alone in	
		a room or area from which the patient is physically prevented	
		from leaving. Seclusion may be used only for the	
		management of violent or self-destructive behavior.	
		PC.03.05.09, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Physicians and other licensed	
		practitioners authorized to order restraint or seclusion	
		(through critical access hospital policy in accordance with	
		law and regulation) have a working knowledge of the critical	
		access hospital policy regarding the use of restraint and	
		seclusion.	
§482.13(e)(12)	(12) When restraint or seclusion		
	is used for the management of		
	violent or self-destructive		
	behavior that jeopardizes the		
	immediate physical safety of		
	the patient, a staff member, or		
	others, the patient must be		
	seen face-to-face within 1 hour		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	after the initiation of the		
	intervention		
§482.13(e)(12)(i)	(i) By a		
§482.13(e)(12)(i)(A)	(A) Physician or other licensed	PC.03.05.11, EP 1	PC.13.02.11, EP 1
	practitioner; or	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: A physician or other licensed practitioner	access hospitals: A physician or other licensed practitioner
		responsible for the care of the patient evaluates the patient	responsible for the patient's care evaluates the patient in
		in-person within one hour of the initiation of restraint or	person within one hour of the initiation of restraint or
		seclusion used for the management of violent or self-	seclusion used for the management of violent or self-
		destructive behavior that jeopardizes the physical safety of	destructive behavior that jeopardizes the physical safety of
		the patient, staff, or others. A registered nurse may conduct	the patient, staff, or others. A registered nurse may conduct
		the in-person evaluation within one hour of the initiation of	the in-person evaluation within one hour of the initiation of
		restraint or seclusion; this individual is trained in accordance	restraint or seclusion if they are trained in accordance with
		with the requirements in PC.03.05.17, EP 3.	the requirements in PC.13.02.17, EP 3.
		Note: States may have statute or regulation requirements	Note: The critical access hospital also follows any state
		that are more restrictive than the requirements in this	statute or regulation that may be more stringent than the
		element of performance.	requirements in this element of performance.
§482.13(e)(12)(i)(B)	(B) Registered nurse who has	PC.03.05.11, EP 1	PC.13.02.11, EP 1
	been trained in accordance	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	with the requirements specified	access hospitals: A physician or other licensed practitioner	access hospitals: A physician or other licensed practitioner
	in paragraph (f) of this section.	responsible for the care of the patient evaluates the patient	responsible for the patient's care evaluates the patient in
		in-person within one hour of the initiation of restraint or	person within one hour of the initiation of restraint or
		seclusion used for the management of violent or self-	seclusion used for the management of violent or self-
		destructive behavior that jeopardizes the physical safety of	destructive behavior that jeopardizes the physical safety of
		the patient, staff, or others. A registered nurse may conduct	the patient, staff, or others. A registered nurse may conduct
		the in-person evaluation within one hour of the initiation of	the in-person evaluation within one hour of the initiation of
		restraint or seclusion; this individual is trained in accordance	restraint or seclusion if they are trained in accordance with
		with the requirements in PC.03.05.17, EP 3.	the requirements in PC.13.02.17, EP 3.
		Note: States may have statute or regulation requirements	Note: The critical access hospital also follows any state
		that are more restrictive than the requirements in this	statute or regulation that may be more stringent than the
		element of performance.	requirements in this element of performance.
§482.13(e)(12)(ii)	(ii)To evaluate –		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(e)(12)(ii)(A)	(A) the patient's immediate	PC.03.05.11, EP 2	PC.13.02.11, EP 2
	situation;	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: When the in-person evaluation (performed	access hospitals: The in-person evaluation is conducted
		within one hour of the initiation of restraint or seclusion) is	within one hour of the initiation of restraint or seclusion for
		done by a trained registered nurse, they consult with the	the management of violent or self-destructive behavior that
		attending physician or other licensed practitioner	jeopardizes the physical safety of the patient, staff, or others.
		responsible for the care of the patient as soon as possible	The evaluation includes the following:
		after the evaluation, as determined by critical access	- An evaluation of the patient's immediate situation
		hospital policy.	- The patient's reaction to the intervention
			- The patient's medical and behavioral condition
		PC.03.05.11, EP 3	- The need to continue or terminate the restraint or seclusion
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The in-person evaluation, conducted	
		within one hour of the initiation of restraint or seclusion for	
		the management of violent or self-destructive behavior that	
		jeopardizes the physical safety of the patient, staff, or others,	
		includes the following:	
		- An evaluation of the patient's immediate situation	
		- The patient's reaction to the intervention	
		- The patient's medical and behavioral condition	
		- The need to continue or terminate the restraint or seclusion	
§482.13(e)(12)(ii)(B)	(B) The patient's reaction to the	PC.03.05.11, EP 2	PC.13.02.11, EP 2
	intervention;	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: When the in-person evaluation (performed	access hospitals: The in-person evaluation is conducted
		within one hour of the initiation of restraint or seclusion) is	within one hour of the initiation of restraint or seclusion for
		done by a trained registered nurse, they consult with the	the management of violent or self-destructive behavior that
		attending physician or other licensed practitioner	jeopardizes the physical safety of the patient, staff, or others.
		responsible for the care of the patient as soon as possible	The evaluation includes the following:
		after the evaluation, as determined by critical access	- An evaluation of the patient's immediate situation
		hospital policy.	- The patient's reaction to the intervention
			- The patient's medical and behavioral condition
		PC.03.05.11, EP 3	- The need to continue or terminate the restraint or seclusion
		For rehabilitation and psychiatric distinct part units in critical	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access hospitals: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following:  - An evaluation of the patient's immediate situation  - The patient's reaction to the intervention  - The patient's medical and behavioral condition  - The need to continue or terminate the restraint or seclusion	
§482.13(e)(12)(ii)(C)	(C) The patient's medical and behavioral condition; and	PC.03.05.11, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse, they consult with the attending physician or other licensed practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by critical access hospital policy.  PC.03.05.11, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The in-person evaluation, conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others, includes the following:  - An evaluation of the patient's immediate situation - The patient's reaction to the intervention - The patient's medical and behavioral condition	PC.13.02.11, EP 2  For rehabilitation and psychiatric distinct part units in critical access hospitals: The in-person evaluation is conducted within one hour of the initiation of restraint or seclusion for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. The evaluation includes the following:  - An evaluation of the patient's immediate situation  - The patient's reaction to the intervention  - The patient's medical and behavioral condition  - The need to continue or terminate the restraint or seclusion
§482.13(e)(12)(ii)(D)	(D)The need to continue or	- The need to continue or terminate the restraint or seclusion <b>PC.03.05.11, EP 2</b>	PC.13.02.11, EP 2
0-02.10(0)(12)(11)(0)	terminate the restraint or seclusion.	For rehabilitation and psychiatric distinct part units in critical access hospitals: When the in-person evaluation (performed	For rehabilitation and psychiatric distinct part units in critical access hospitals: The in-person evaluation is conducted

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		within one hour of the initiation of restraint or seclusion) is	within one hour of the initiation of restraint or seclusion for
		done by a trained registered nurse, they consult with the	the management of violent or self-destructive behavior that
		attending physician or other licensed practitioner	jeopardizes the physical safety of the patient, staff, or others.
		responsible for the care of the patient as soon as possible	The evaluation includes the following:
		after the evaluation, as determined by critical access	- An evaluation of the patient's immediate situation
		hospital policy.	- The patient's reaction to the intervention
			- The patient's medical and behavioral condition
		PC.03.05.11, EP 3	- The need to continue or terminate the restraint or seclusion
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The in-person evaluation, conducted	
		within one hour of the initiation of restraint or seclusion for	
		the management of violent or self-destructive behavior that	
		jeopardizes the physical safety of the patient, staff, or others,	
		includes the following:	
		- An evaluation of the patient's immediate situation	
		- The patient's reaction to the intervention	
		- The patient's medical and behavioral condition	
		- The need to continue or terminate the restraint or seclusion	
§482.13(e)(13)	(13) States are free to have	PC.03.05.11, EP 1	PC.13.02.11, EP 1
	requirements by statute or	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	regulation that are more	access hospitals: A physician or other licensed practitioner	access hospitals: A physician or other licensed practitioner
	restrictive than those contained	responsible for the care of the patient evaluates the patient	responsible for the patient's care evaluates the patient in
	in paragraph (e)(12)(i) of this	in-person within one hour of the initiation of restraint or	person within one hour of the initiation of restraint or
	section.	seclusion used for the management of violent or self-	seclusion used for the management of violent or self-
		destructive behavior that jeopardizes the physical safety of	destructive behavior that jeopardizes the physical safety of
		the patient, staff, or others. A registered nurse may conduct	the patient, staff, or others. A registered nurse may conduct
		the in-person evaluation within one hour of the initiation of	the in-person evaluation within one hour of the initiation of
		restraint or seclusion; this individual is trained in accordance	restraint or seclusion if they are trained in accordance with
		with the requirements in PC.03.05.17, EP 3.	the requirements in PC.13.02.17, EP 3.
		Note: States may have statute or regulation requirements	Note: The critical access hospital also follows any state
		that are more restrictive than the requirements in this	statute or regulation that may be more stringent than the
		element of performance.	requirements in this element of performance.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(e)(14)	(14) If the face-to-face evaluation specified in	PC.03.05.11, EP 1  For rehabilitation and psychiatric distinct part units in critical	PC.13.02.11, EP 3 For rehabilitation and psychiatric distinct part units in critical
	paragraph (e)(12) of this section is conducted by a trained registered nurse, the trained registered nurse must consult the attending physician or other licensed practitioner who is responsible for the care of the patient as soon as possible after the completion of the 1 hour face-to-face evaluation.	access hospitals: A physician or other licensed practitioner responsible for the care of the patient evaluates the patient in-person within one hour of the initiation of restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the physical safety of the patient, staff, or others. A registered nurse may conduct the in-person evaluation within one hour of the initiation of restraint or seclusion; this individual is trained in accordance with the requirements in PC.03.05.17, EP 3.  Note: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance.	access hospitals: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse, they consult with the attending physician or other licensed practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by critical access hospital policy.
		PC.03.05.11, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: When the in-person evaluation (performed within one hour of the initiation of restraint or seclusion) is done by a trained registered nurse, they consult with the attending physician or other licensed practitioner responsible for the care of the patient as soon as possible after the evaluation, as determined by critical access hospital policy.	
§482.13(e)(15)	(15) All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored –		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(e)(15)(i)	(i) Face-to-face by an assigned,	PC.03.05.13, EP 1	PC.13.02.13, EP 1
	trained staff member; or	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The patient who is simultaneously	access hospitals: The patient who is simultaneously
		restrained and secluded is continually monitored by trained	restrained and secluded is continually monitored by trained
		staff either in-person or through the use of both video and	staff, either in person or through the use of both video and
		audio equipment that is in close proximity to the patient.	audio equipment that is in close proximity to the patient.
		Note: In this element of performance "continually" means	Note: In this element of performance, continually means
		ongoing without interruption.	ongoing without interruption.
§482.13(e)(15)(ii)	(ii) By trained staff using both	PC.03.05.13, EP 1	PC.13.02.13, EP 1
	video and audio equipment.	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	This monitoring must be in	access hospitals: The patient who is simultaneously	access hospitals: The patient who is simultaneously
	close proximity to the patient.	restrained and secluded is continually monitored by trained	restrained and secluded is continually monitored by trained
		staff either in-person or through the use of both video and	staff, either in person or through the use of both video and
		audio equipment that is in close proximity to the patient.	audio equipment that is in close proximity to the patient.
		Note: In this element of performance "continually" means ongoing without interruption.	Note: In this element of performance, continually means ongoing without interruption.
8400 10(0)(10)	(1C) When restraint or applying	ongoing without interruption.	ongoing without interruption.
§482.13(e)(16)	(16) When restraint or seclusion is used, there must be		
	documentation in the patient's		
	medical record of the following:		
§482.13(e)(16)(i)	(i) The 1-hour face-to-face	PC.03.05.15, EP 1	PC.13.02.15, EP 1
3402.10(0)(10)(1)	medical and behavioral	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	evaluation if restraint or	access hospitals: Documentation of restraint and seclusion	access hospitals: Documentation of restraint or seclusion in
	seclusion is used to manage	in the medical record includes the following:	the medical record includes the following:
	violent or self-destructive	- Any in-person medical and behavioral evaluation for	- The 1-hour face-to-face medical and behavioral evaluation
	behavior;	restraint or seclusion used to manage violent or self-	if restraint or seclusion is used to manage violent or self-
	·	destructive behavior	destructive behavior
		- A description of the patient's behavior and the intervention	- Description of the patient's behavior and the intervention
		used	used
		- Any alternatives or other less restrictive interventions	- Alternatives or other less restrictive interventions
		attempted	attempted (as applicable)
		- The patient's condition or symptom(s) that warranted the	- Patient's condition or symptom(s) that warranted the use of
		use of the restraint or seclusion	the restraint or seclusion

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- The patient's response to the intervention(s) used, including	- Patient's response to the intervention(s) used, including the
		the rationale for continued use of the intervention	rationale for continued use of the intervention
		- Individual patient assessments and reassessments	
		- The intervals for monitoring	
		- Revisions to the plan of care	
		- The patient's behavior and staff concerns regarding safety	
		risks to the patient, staff, and others that necessitated the	
		use of restraint or seclusion	
		- Injuries to the patient	
		- Death associated with the use of restraint or seclusion	
		- The identity of the physician, clinical psychologist, or other	
		licensed practitioner who ordered the restraint or seclusion	
		- Orders for restraint or seclusion	
		- Notification of the use of restraint or seclusion to the	
		attending physician	
		- Consultations	
		Note: The definition of "physician" is the same as that used	
		by the Centers for Medicare & Dedicard Services (CMS)	
		(refer to the Glossary).	
§482.13(e)(16)(ii)	(ii) A description of the patient's	PC.03.05.15, EP 1	PC.13.02.15, EP 1
	behavior and the intervention	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	used.	access hospitals: Documentation of restraint and seclusion	access hospitals: Documentation of restraint or seclusion in
		in the medical record includes the following:	the medical record includes the following:
		- Any in-person medical and behavioral evaluation for	- The 1-hour face-to-face medical and behavioral evaluation
		restraint or seclusion used to manage violent or self-	if restraint or seclusion is used to manage violent or self-
		destructive behavior	destructive behavior
		- A description of the patient's behavior and the intervention	- Description of the patient's behavior and the intervention
		used	used
		- Any alternatives or other less restrictive interventions	- Alternatives or other less restrictive interventions
		attempted	attempted (as applicable)
		- The patient's condition or symptom(s) that warranted the	- Patient's condition or symptom(s) that warranted the use of
		use of the restraint or seclusion	the restraint or seclusion
		- The patient's response to the intervention(s) used, including	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the rationale for continued use of the intervention	- Patient's response to the intervention(s) used, including the
		- Individual patient assessments and reassessments	rationale for continued use of the intervention
		- The intervals for monitoring	
		- Revisions to the plan of care	
		- The patient's behavior and staff concerns regarding safety	
		risks to the patient, staff, and others that necessitated the	
		use of restraint or seclusion	
		- Injuries to the patient	
		- Death associated with the use of restraint or seclusion	
		- The identity of the physician, clinical psychologist, or other	
		licensed practitioner who ordered the restraint or seclusion	
		- Orders for restraint or seclusion	
		- Notification of the use of restraint or seclusion to the	
		attending physician	
		- Consultations	
		Note: The definition of "physician" is the same as that used	
		by the Centers for Medicare & Medicaid Services (CMS)	
		(refer to the Glossary).	
§482.13(e)(16)(iii)	(iii) Alternatives or other less	PC.03.05.15, EP 1	PC.13.02.15, EP 1
	restrictive interventions	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	attempted (as applicable).	access hospitals: Documentation of restraint and seclusion	access hospitals: Documentation of restraint or seclusion in
		in the medical record includes the following:	the medical record includes the following:
		- Any in-person medical and behavioral evaluation for	- The 1-hour face-to-face medical and behavioral evaluation
		restraint or seclusion used to manage violent or self-	if restraint or seclusion is used to manage violent or self-
		destructive behavior	destructive behavior
		- A description of the patient's behavior and the intervention	- Description of the patient's behavior and the intervention
		used	used
		- Any alternatives or other less restrictive interventions	- Alternatives or other less restrictive interventions
		attempted	attempted (as applicable)
		- The patient's condition or symptom(s) that warranted the	- Patient's condition or symptom(s) that warranted the use of
		use of the restraint or seclusion	the restraint or seclusion
		- The patient's response to the intervention(s) used, including	- Patient's response to the intervention(s) used, including the
		the rationale for continued use of the intervention	rationale for continued use of the intervention

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Individual patient assessments and reassessments	
		- The intervals for monitoring	
		- Revisions to the plan of care	
		- The patient's behavior and staff concerns regarding safety	
		risks to the patient, staff, and others that necessitated the	
		use of restraint or seclusion	
		- Injuries to the patient	
		- Death associated with the use of restraint or seclusion	
		- The identity of the physician, clinical psychologist, or other	
		licensed practitioner who ordered the restraint or seclusion	
		- Orders for restraint or seclusion	
		- Notification of the use of restraint or seclusion to the	
		attending physician	
		- Consultations	
		Note: The definition of "physician" is the same as that used	
		by the Centers for Medicare & Medicaid Services (CMS)	
0.400.40(.)(4.0)(;.)	(1) 7	(refer to the Glossary).	
§482.13(e)(16)(iv)	(iv) The patient's condition or	PC.03.05.15, EP 1	PC.13.02.15, EP 1
	symptom(s) that warranted the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	use of the restraint or	access hospitals: Documentation of restraint and seclusion	access hospitals: Documentation of restraint or seclusion in
	seclusion.	in the medical record includes the following:	the medical record includes the following:
		- Any in-person medical and behavioral evaluation for	- The 1-hour face-to-face medical and behavioral evaluation
		restraint or seclusion used to manage violent or self- destructive behavior	if restraint or seclusion is used to manage violent or self- destructive behavior
		- A description of the patient's behavior and the intervention used	- Description of the patient's behavior and the intervention used
		- Any alternatives or other less restrictive interventions	- Alternatives or other less restrictive interventions
		attempted	attempted (as applicable)
		- The patient's condition or symptom(s) that warranted the	- Patient's condition or symptom(s) that warranted the use of
		use of the restraint or seclusion	the restraint or seclusion
		- The patient's response to the intervention(s) used, including	- Patient's response to the intervention(s) used, including the
		the rationale for continued use of the intervention	rationale for continued use of the intervention
		- Individual patient assessments and reassessments	Tationate for continued use of the intervention
		Individual patient assessments and reassessments	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- The intervals for monitoring	
		- Revisions to the plan of care	
		- The patient's behavior and staff concerns regarding safety	
		risks to the patient, staff, and others that necessitated the	
		use of restraint or seclusion	
		- Injuries to the patient	
		- Death associated with the use of restraint or seclusion	
		- The identity of the physician, clinical psychologist, or other	
		licensed practitioner who ordered the restraint or seclusion	
		- Orders for restraint or seclusion	
		- Notification of the use of restraint or seclusion to the	
		attending physician	
		- Consultations	
		Note: The definition of "physician" is the same as that used	
		by the Centers for Medicare & Dedicard Services (CMS)	
		(refer to the Glossary).	
§482.13(e)(16)(v)	(v) The patient's response to the	PC.03.05.15, EP 1	PC.13.02.15, EP 1
	intervention(s) used, including	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	the rationale for continued use	access hospitals: Documentation of restraint and seclusion	access hospitals: Documentation of restraint or seclusion in
	of the intervention.	in the medical record includes the following:	the medical record includes the following:
		- Any in-person medical and behavioral evaluation for	- The 1-hour face-to-face medical and behavioral evaluation
		restraint or seclusion used to manage violent or self-	if restraint or seclusion is used to manage violent or self-
		destructive behavior	destructive behavior
		- A description of the patient's behavior and the intervention	- Description of the patient's behavior and the intervention
		used	used
		- Any alternatives or other less restrictive interventions	- Alternatives or other less restrictive interventions
		attempted	attempted (as applicable)
		- The patient's condition or symptom(s) that warranted the	- Patient's condition or symptom(s) that warranted the use of
		use of the restraint or seclusion	the restraint or seclusion
		- The patient's response to the intervention(s) used, including the rationale for continued use of the intervention	- Patient's response to the intervention(s) used, including the rationale for continued use of the intervention
			rationate for continued use of the intervention
		- Individual patient assessments and reassessments	
		- The intervals for monitoring	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		<ul> <li>Revisions to the plan of care</li> <li>The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion</li> <li>Injuries to the patient</li> <li>Death associated with the use of restraint or seclusion</li> <li>The identity of the physician, clinical psychologist, or other licensed practitioner who ordered the restraint or seclusion</li> <li>Orders for restraint or seclusion</li> <li>Notification of the use of restraint or seclusion to the attending physician</li> <li>Consultations</li> <li>Note: The definition of "physician" is the same as that used by the Centers for Medicare &amp; CMS) (refer to the Glossary).</li> </ul>	
§482.13(f)	\$482.13(f) Standard: Restraint or seclusion: Staff training requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.	PC.03.05.03, EP 1 The critical access hospital implements restraint or seclusion using safe techniques identified by the critical access hospital's policies and procedures in accordance with law and regulation.	PC.13.02.03, EP 1 The critical access hospital's use of restraint or seclusion meets the following requirements: - In accordance with a written modification to the patient's plan of care - Implemented by trained staff using safe techniques identified by the critical access hospital's policies and procedures in accordance with law and regulation
§482.13(f)(1)	(1) Training Intervals. Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion –		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(f)(1)(i)	(i) Before performing any of the actions specified in this paragraph;	PC.03.05.17, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals:  - At orientation - Before participating in the use of restraint and seclusion - On a periodic basis thereafter	PC.13.02.17, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital trains staff on the use of restraint and seclusion and assesses their competence at the following intervals:  - At orientation  - Before participating in the use of restraint or seclusion  - On a periodic basis thereafter, as determined by critical access hospital policy
§482.13(f)(1)(ii)	(ii) As part of orientation; and	PC.03.05.17, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals:  - At orientation - Before participating in the use of restraint and seclusion - On a periodic basis thereafter	PC.13.02.17, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital trains staff on the use of restraint and seclusion and assesses their competence at the following intervals:  - At orientation - Before participating in the use of restraint or seclusion - On a periodic basis thereafter, as determined by critical access hospital policy
§482.13(f)(1)(iii)	(iii) Subsequently on a periodic basis consistent with hospital policy.	PC.03.05.17, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals:  - At orientation - Before participating in the use of restraint and seclusion - On a periodic basis thereafter	PC.13.02.17, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital trains staff on the use of restraint and seclusion and assesses their competence at the following intervals: - At orientation - Before participating in the use of restraint or seclusion - On a periodic basis thereafter, as determined by critical access hospital policy
§482.13(f)(2)	(2) Training Content. The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	the patient population in at		
	least the following:		
§482.13(f)(2)(i)	(i) Techniques to identify staff	PC.03.05.17, EP 3	PC.13.02.17, EP 3
	and patient behaviors, events,	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	and environmental factors that	access hospitals: Based on the population served, staff	access hospitals: Based on the population served, staff
	may trigger circumstances that	education, training, and demonstrated knowledge focus on	education, training, and demonstrated knowledge focus on
	require the use of a restraint or	the following:	the following:
	seclusion.	- Strategies to identify staff and patient behaviors, events,	- Techniques to identify staff and patient behaviors, events,
		and environmental factors that may trigger circumstances	and environmental factors that may trigger circumstances
		that require the use of restraint or seclusion	that require the use of restraint or seclusion
		- Use of nonphysical intervention skills	- Use of nonphysical intervention skills
		- Methods for choosing the least restrictive intervention	- Methods for choosing the least restrictive intervention
		based on an assessment of the patient's medical or	based on an assessment of the patient's medical or
		behavioral status or condition	behavioral status or condition
		- Safe application and use of all types of restraint or	- Safe application and use of all types of restraint or
		seclusion used in the critical access hospital, including	seclusion used in the critical access hospital, including
		training in how to recognize and respond to signs of physical	training in how to recognize and respond to signs of physical
		and psychological distress (for example, positional asphyxia)	and psychological distress (for example, positional asphyxia)
		- Clinical identification of specific behavioral changes that	- Clinical identification of specific behavioral changes that
		indicate that restraint or seclusion is no longer necessary	indicate that restraint or seclusion is no longer necessary
		- Monitoring the physical and psychological well-being of the	- Monitoring the physical and psychological well-being of the
		patient who is restrained or secluded, including, but not	patient who is restrained or secluded, including but not
		limited to, respiratory and circulatory status, skin integrity,	limited to respiratory and circulatory status, skin integrity,
		vital signs, and any special requirements specified by critical	vital signs, and any special requirements specified by critical
		access hospital policy associated with the in-person	access hospital policy associated with the in-person
		evaluation conducted within one hour of initiation of restraint	evaluation conducted within one hour of initiation of restraint
		or seclusion	or seclusion
		- Use of first aid techniques and certification in the use of	- Use of first aid techniques and certification in the use of
		cardiopulmonary resuscitation, including required periodic	cardiopulmonary resuscitation (CPR), including required
		recertification	periodic recertification
§482.13(f)(2)(ii)	(ii) The use of nonphysical	PC.03.05.17, EP 3	PC.13.02.17, EP 3
	intervention skills.	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: Based on the population served, staff	access hospitals: Based on the population served, staff

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		education, training, and demonstrated knowledge focus on	education, training, and demonstrated knowledge focus on
		the following:	the following:
		- Strategies to identify staff and patient behaviors, events,	- Techniques to identify staff and patient behaviors, events,
		and environmental factors that may trigger circumstances	and environmental factors that may trigger circumstances
		that require the use of restraint or seclusion	that require the use of restraint or seclusion
		- Use of nonphysical intervention skills	- Use of nonphysical intervention skills
		- Methods for choosing the least restrictive intervention	- Methods for choosing the least restrictive intervention
		based on an assessment of the patient's medical or	based on an assessment of the patient's medical or
		behavioral status or condition	behavioral status or condition
		- Safe application and use of all types of restraint or	- Safe application and use of all types of restraint or
		seclusion used in the critical access hospital, including	seclusion used in the critical access hospital, including
		training in how to recognize and respond to signs of physical	training in how to recognize and respond to signs of physical
		and psychological distress (for example, positional asphyxia)	and psychological distress (for example, positional asphyxia)
		- Clinical identification of specific behavioral changes that	- Clinical identification of specific behavioral changes that
		indicate that restraint or seclusion is no longer necessary	indicate that restraint or seclusion is no longer necessary
		- Monitoring the physical and psychological well-being of the	- Monitoring the physical and psychological well-being of the
		patient who is restrained or secluded, including, but not	patient who is restrained or secluded, including but not
		limited to, respiratory and circulatory status, skin integrity,	limited to respiratory and circulatory status, skin integrity,
		vital signs, and any special requirements specified by critical	vital signs, and any special requirements specified by critical
		access hospital policy associated with the in-person	access hospital policy associated with the in-person
		evaluation conducted within one hour of initiation of restraint	evaluation conducted within one hour of initiation of restraint
		or seclusion	or seclusion
		- Use of first aid techniques and certification in the use of	- Use of first aid techniques and certification in the use of
		cardiopulmonary resuscitation, including required periodic	cardiopulmonary resuscitation (CPR), including required
		recertification	periodic recertification
§482.13(f)(2)(iii)	(iii) Choosing the least	PC.03.05.17, EP 3	PC.13.02.17, EP 3
	restrictive intervention based	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	on an individualized	access hospitals: Based on the population served, staff	access hospitals: Based on the population served, staff
	assessment of the patient's	education, training, and demonstrated knowledge focus on	education, training, and demonstrated knowledge focus on
	medical, or behavioral status or	the following:	the following:
	condition.	- Strategies to identify staff and patient behaviors, events,	- Techniques to identify staff and patient behaviors, events,
		and environmental factors that may trigger circumstances	and environmental factors that may trigger circumstances
		that require the use of restraint or seclusion	that require the use of restraint or seclusion

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Use of nonphysical intervention skills	- Use of nonphysical intervention skills
		- Methods for choosing the least restrictive intervention	- Methods for choosing the least restrictive intervention
		based on an assessment of the patient's medical or	based on an assessment of the patient's medical or
		behavioral status or condition	behavioral status or condition
		- Safe application and use of all types of restraint or	- Safe application and use of all types of restraint or
		seclusion used in the critical access hospital, including	seclusion used in the critical access hospital, including
		training in how to recognize and respond to signs of physical	training in how to recognize and respond to signs of physical
		and psychological distress (for example, positional asphyxia)	and psychological distress (for example, positional asphyxia)
		- Clinical identification of specific behavioral changes that	- Clinical identification of specific behavioral changes that
		indicate that restraint or seclusion is no longer necessary	indicate that restraint or seclusion is no longer necessary
		- Monitoring the physical and psychological well-being of the	- Monitoring the physical and psychological well-being of the
		patient who is restrained or secluded, including, but not	patient who is restrained or secluded, including but not
		limited to, respiratory and circulatory status, skin integrity,	limited to respiratory and circulatory status, skin integrity,
		vital signs, and any special requirements specified by critical	vital signs, and any special requirements specified by critical
		access hospital policy associated with the in-person	access hospital policy associated with the in-person
		evaluation conducted within one hour of initiation of restraint	evaluation conducted within one hour of initiation of restraint
		or seclusion	or seclusion
		- Use of first aid techniques and certification in the use of	- Use of first aid techniques and certification in the use of
		cardiopulmonary resuscitation, including required periodic	cardiopulmonary resuscitation (CPR), including required
		recertification	periodic recertification
§482.13(f)(2)(iv)	(iv) The safe application and	PC.03.05.17, EP 3	PC.13.02.17, EP 3
	use of all types of restraint or	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	seclusion used in the hospital,	access hospitals: Based on the population served, staff	access hospitals: Based on the population served, staff
	including training in how to	education, training, and demonstrated knowledge focus on	education, training, and demonstrated knowledge focus on
	recognize and respond to signs	the following:	the following:
	of physical and psychological	- Strategies to identify staff and patient behaviors, events,	- Techniques to identify staff and patient behaviors, events,
	distress (for example,	and environmental factors that may trigger circumstances	and environmental factors that may trigger circumstances
	positional asphyxia).	that require the use of restraint or seclusion	that require the use of restraint or seclusion
		- Use of nonphysical intervention skills	- Use of nonphysical intervention skills
		- Methods for choosing the least restrictive intervention	- Methods for choosing the least restrictive intervention
		based on an assessment of the patient's medical or	based on an assessment of the patient's medical or
		behavioral status or condition	behavioral status or condition
		- Safe application and use of all types of restraint or	- Safe application and use of all types of restraint or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		seclusion used in the critical access hospital, including	seclusion used in the critical access hospital, including
		training in how to recognize and respond to signs of physical	training in how to recognize and respond to signs of physical
		and psychological distress (for example, positional asphyxia)	and psychological distress (for example, positional asphyxia)
		- Clinical identification of specific behavioral changes that	- Clinical identification of specific behavioral changes that
		indicate that restraint or seclusion is no longer necessary	indicate that restraint or seclusion is no longer necessary
		- Monitoring the physical and psychological well-being of the	- Monitoring the physical and psychological well-being of the
		patient who is restrained or secluded, including, but not	patient who is restrained or secluded, including but not
		limited to, respiratory and circulatory status, skin integrity,	limited to respiratory and circulatory status, skin integrity,
		vital signs, and any special requirements specified by critical	vital signs, and any special requirements specified by critical
		access hospital policy associated with the in-person	access hospital policy associated with the in-person
		evaluation conducted within one hour of initiation of restraint	evaluation conducted within one hour of initiation of restraint
		or seclusion	or seclusion
		- Use of first aid techniques and certification in the use of	- Use of first aid techniques and certification in the use of
		cardiopulmonary resuscitation, including required periodic	cardiopulmonary resuscitation (CPR), including required
		recertification	periodic recertification
§482.13(f)(2)(v)	(v) Clinical identification of	PC.03.05.17, EP 3	PC.13.02.17, EP 3
	specific behavioral changes	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	that indicate that restraint or	access hospitals: Based on the population served, staff	access hospitals: Based on the population served, staff
	seclusion is no longer	education, training, and demonstrated knowledge focus on	education, training, and demonstrated knowledge focus on
	necessary.	the following:	the following:
		- Strategies to identify staff and patient behaviors, events,	- Techniques to identify staff and patient behaviors, events,
		and environmental factors that may trigger circumstances	and environmental factors that may trigger circumstances
		that require the use of restraint or seclusion	that require the use of restraint or seclusion
		- Use of nonphysical intervention skills	- Use of nonphysical intervention skills
		- Methods for choosing the least restrictive intervention	- Methods for choosing the least restrictive intervention
		based on an assessment of the patient's medical or	based on an assessment of the patient's medical or
		behavioral status or condition	behavioral status or condition
		- Safe application and use of all types of restraint or	- Safe application and use of all types of restraint or
		seclusion used in the critical access hospital, including	seclusion used in the critical access hospital, including
		training in how to recognize and respond to signs of physical	training in how to recognize and respond to signs of physical
		and psychological distress (for example, positional asphyxia)	and psychological distress (for example, positional asphyxia)
		- Clinical identification of specific behavioral changes that	- Clinical identification of specific behavioral changes that
		indicate that restraint or seclusion is no longer necessary	indicate that restraint or seclusion is no longer necessary

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Monitoring the physical and psychological well-being of the	- Monitoring the physical and psychological well-being of the
		patient who is restrained or secluded, including, but not	patient who is restrained or secluded, including but not
		limited to, respiratory and circulatory status, skin integrity,	limited to respiratory and circulatory status, skin integrity,
		vital signs, and any special requirements specified by critical	vital signs, and any special requirements specified by critical
		access hospital policy associated with the in-person	access hospital policy associated with the in-person
		evaluation conducted within one hour of initiation of restraint	evaluation conducted within one hour of initiation of restraint
		or seclusion	or seclusion
		- Use of first aid techniques and certification in the use of	- Use of first aid techniques and certification in the use of
		cardiopulmonary resuscitation, including required periodic	cardiopulmonary resuscitation (CPR), including required
		recertification	periodic recertification
§482.13(f)(2)(vi)	(vi) Monitoring the physical and	PC.03.05.17, EP 3	PC.13.02.17, EP 3
	psychological well-being of the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	patient who is restrained or	access hospitals: Based on the population served, staff	access hospitals: Based on the population served, staff
	secluded, including but not	education, training, and demonstrated knowledge focus on	education, training, and demonstrated knowledge focus on
	limited to, respiratory and	the following:	the following:
	circulatory status, skin integrity,	- Strategies to identify staff and patient behaviors, events,	- Techniques to identify staff and patient behaviors, events,
	vital signs, and any special	and environmental factors that may trigger circumstances	and environmental factors that may trigger circumstances
	requirements specified by	that require the use of restraint or seclusion	that require the use of restraint or seclusion
	hospital policy associated with	- Use of nonphysical intervention skills	- Use of nonphysical intervention skills
	the 1-hour face-to-face	- Methods for choosing the least restrictive intervention	- Methods for choosing the least restrictive intervention
	evaluation.	based on an assessment of the patient's medical or	based on an assessment of the patient's medical or
		behavioral status or condition	behavioral status or condition
		- Safe application and use of all types of restraint or	- Safe application and use of all types of restraint or
		seclusion used in the critical access hospital, including	seclusion used in the critical access hospital, including
		training in how to recognize and respond to signs of physical	training in how to recognize and respond to signs of physical
		and psychological distress (for example, positional asphyxia)	and psychological distress (for example, positional asphyxia)
		- Clinical identification of specific behavioral changes that	- Clinical identification of specific behavioral changes that
		indicate that restraint or seclusion is no longer necessary	indicate that restraint or seclusion is no longer necessary
		- Monitoring the physical and psychological well-being of the	- Monitoring the physical and psychological well-being of the
		patient who is restrained or secluded, including, but not	patient who is restrained or secluded, including but not
		limited to, respiratory and circulatory status, skin integrity,	limited to respiratory and circulatory status, skin integrity,
		vital signs, and any special requirements specified by critical	vital signs, and any special requirements specified by critical
		access hospital policy associated with the in-person	access hospital policy associated with the in-person

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		evaluation conducted within one hour of initiation of restraint	evaluation conducted within one hour of initiation of restraint
		or seclusion	or seclusion
		- Use of first aid techniques and certification in the use of	- Use of first aid techniques and certification in the use of
		cardiopulmonary resuscitation, including required periodic	cardiopulmonary resuscitation (CPR), including required
		recertification	periodic recertification
§482.13(f)(2)(vii)	(vii) The use of first aid	PC.03.05.17, EP 3	PC.13.02.17, EP 3
	techniques and certification in	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	the use of cardiopulmonary	access hospitals: Based on the population served, staff	access hospitals: Based on the population served, staff
	resuscitation, including	education, training, and demonstrated knowledge focus on	education, training, and demonstrated knowledge focus on
	required periodic	the following:	the following:
	recertification.	- Strategies to identify staff and patient behaviors, events,	- Techniques to identify staff and patient behaviors, events,
		and environmental factors that may trigger circumstances	and environmental factors that may trigger circumstances
		that require the use of restraint or seclusion	that require the use of restraint or seclusion
		- Use of nonphysical intervention skills	- Use of nonphysical intervention skills
		- Methods for choosing the least restrictive intervention	- Methods for choosing the least restrictive intervention
		based on an assessment of the patient's medical or	based on an assessment of the patient's medical or
		behavioral status or condition	behavioral status or condition
		- Safe application and use of all types of restraint or	- Safe application and use of all types of restraint or
		seclusion used in the critical access hospital, including	seclusion used in the critical access hospital, including
		training in how to recognize and respond to signs of physical	training in how to recognize and respond to signs of physical
		and psychological distress (for example, positional asphyxia)	and psychological distress (for example, positional asphyxia)
		- Clinical identification of specific behavioral changes that	- Clinical identification of specific behavioral changes that
		indicate that restraint or seclusion is no longer necessary	indicate that restraint or seclusion is no longer necessary
		- Monitoring the physical and psychological well-being of the	- Monitoring the physical and psychological well-being of the
		patient who is restrained or secluded, including, but not	patient who is restrained or secluded, including but not
		limited to, respiratory and circulatory status, skin integrity,	limited to respiratory and circulatory status, skin integrity,
		vital signs, and any special requirements specified by critical	vital signs, and any special requirements specified by critical
		access hospital policy associated with the in-person	access hospital policy associated with the in-person
		evaluation conducted within one hour of initiation of restraint	evaluation conducted within one hour of initiation of restraint
		or seclusion	or seclusion
		- Use of first aid techniques and certification in the use of	- Use of first aid techniques and certification in the use of
		cardiopulmonary resuscitation, including required periodic	cardiopulmonary resuscitation (CPR), including required
		recertification	periodic recertification

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(f)(3)	(3) Trainer Requirements.	PC.03.05.17, EP 4	PC.13.02.17, EP 4
	Individuals providing staff	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	training must be qualified as	access hospitals: Individuals providing staff training in	access hospitals: Individuals providing staff training in
	evidenced by education,	restraint or seclusion have education, training, and	restraint or seclusion are qualified as evidenced by
	training, and experience in	experience in the techniques used to address patient	education, training, and experience in the techniques used
	techniques used to address	behaviors that necessitate the use of restraint or seclusion.	to address patient behaviors that necessitate the use of
	patients' behaviors.		restraint or seclusion.
§482.13(f)(4)	(4) Training Documentation. The	PC.03.05.17, EP 5	PC.13.02.17, EP 5
	hospital must document in the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	staff personnel records that the	access hospitals: The critical access hospital documents in	access hospitals: The critical access hospital documents in
	training and demonstration of	staff records that restraint and seclusion training and	staff records that they have completed restraint and
	competency were successfully	demonstration of competence were completed.	seclusion training and demonstrated competence.
	completed.		
§482.13(g)	§482.13(g) Standard: Death	PC.03.05.19, EP 1	PC.13.02.19, EP 1
	Reporting Requirements:	The critical access hospital reports the following information	The critical access hospital reports the following information
	Hospitals must report deaths	to the Centers for Medicare & Medicaid Services (CMS)	to the Centers for Medicare & Dedicare & Services
	associated with the use of	regarding deaths related to restraint or seclusion (this	regarding deaths related to restraint or seclusion:
	seclusion or restraint.	requirement does not apply to deaths related to the use of	- Each death that occurs while a patient is in restraint or
		soft wrist restraints; for more information, refer to EP 3 in this	seclusion
		standard):	- Each death that occurs within 24 hours after the patient has
		- Each death that occurs while a patient is in restraint or	been removed from restraint or seclusion
		seclusion	- Each death known to the critical access hospital that
		- Each death that occurs within 24 hours after the patient has	occurs within one week after restraint or seclusion was used
		been removed from restraint or seclusion	when it is reasonable to assume that the use of the restraint
		- Each death known to the critical access hospital that	or seclusion contributed directly or indirectly to the patient's
		occurs within one week after restraint or seclusion was used	death
		when it is reasonable to assume that the use of the restraint	Note 1: This reporting requirement includes all restraints
		or seclusion contributed directly or indirectly to the patient's	except soft wrist restraints. For more information on deaths
		death. The types of restraints included in this reporting	related to the use of soft wrist restraints, refer to EP 3 in this
		requirement are all restraints except soft wrist restraints.	standard.
		Note: In this element of performance "reasonable to	Note 2: In this element of performance "reasonable to
		assume" includes, but is not limited to, deaths related to	assume" includes but is not limited to deaths related to
		restrictions of movement for prolonged periods of time or	restrictions of movement for prolonged periods of time or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		deaths related to chest compression, restriction of	deaths related to chest compression, restriction of
		breathing, or asphyxiation.	breathing, or asphyxiation.
§482.13(g)(1)	(1) With the exception of deaths	PC.03.05.19, EP 2	PC.13.02.19, EP 2
	described under paragraph	The deaths addressed in PC.03.05.19, EP 1, are reported to	The deaths addressed in PC.13.02.19, EP 1, are reported to
	(g)(2) of this section, the	the Centers for Medicare & Description (CMS) by	the Centers for Medicare & Description and Leading House Leading to the Control of the Centers for Medicare & Description and Leading House Leading the Centers for Medicare & Description and Leading the Centers
	hospital must report the	telephone, by facsimile, or electronically no later than the	telephone, by facsimile, or electronically no later than the
	following information to CMS by telephone, facsimile, or	close of the next business day following knowledge of the patient's death. The date and time that the patient's death	close of the next business day following knowledge of the patient's death. The date and time that the patient's death
	electronically, as determined by	was reported is documented in the patient's medical record.	was reported is documented in the patient's medical record.
	CMS, no later than the close of	was reported is documented in the patient's medicat record.	was reported is documented in the patient's medical record.
	business on the next business		
	day following knowledge of the		
	patient's death:		
§482.13(g)(1)(i)	(i) Each death that occurs while	PC.03.05.19, EP 1	PC.13.02.19, EP 1
	a patient is in restraint or	The critical access hospital reports the following information	The critical access hospital reports the following information
	seclusion.	to the Centers for Medicare & Dedicaid Services (CMS)	to the Centers for Medicare & Amp; Medicaid Services
		regarding deaths related to restraint or seclusion (this	regarding deaths related to restraint or seclusion:
		requirement does not apply to deaths related to the use of	- Each death that occurs while a patient is in restraint or
		soft wrist restraints; for more information, refer to EP 3 in this	seclusion
		standard):	- Each death that occurs within 24 hours after the patient has
		- Each death that occurs while a patient is in restraint or	been removed from restraint or seclusion
		seclusion	- Each death known to the critical access hospital that
		- Each death that occurs within 24 hours after the patient has	occurs within one week after restraint or seclusion was used
		been removed from restraint or seclusion - Each death known to the critical access hospital that	when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's
		occurs within one week after restraint or seclusion was used	death
		when it is reasonable to assume that the use of the restraint	Note 1: This reporting requirement includes all restraints
		or seclusion contributed directly or indirectly to the patient's	except soft wrist restraints. For more information on deaths
		death. The types of restraints included in this reporting	related to the use of soft wrist restraints, refer to EP 3 in this
		requirement are all restraints except soft wrist restraints.	standard.
		Note: In this element of performance "reasonable to	Note 2: In this element of performance "reasonable to
		assume" includes, but is not limited to, deaths related to	assume" includes but is not limited to deaths related to
		restrictions of movement for prolonged periods of time or	restrictions of movement for prolonged periods of time or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		deaths related to chest compression, restriction of	deaths related to chest compression, restriction of
		breathing, or asphyxiation.	breathing, or asphyxiation.
§482.13(g)(1)(ii)	(ii) Each death that occurs	PC.03.05.19, EP 1	PC.13.02.19, EP 1
	within 24 hours after the patient	The critical access hospital reports the following information	The critical access hospital reports the following information
	has been removed from	to the Centers for Medicare & Described Services (CMS)	to the Centers for Medicare & Dedicaid Services
	restraint or seclusion.	regarding deaths related to restraint or seclusion (this	regarding deaths related to restraint or seclusion:
		requirement does not apply to deaths related to the use of	- Each death that occurs while a patient is in restraint or
		soft wrist restraints; for more information, refer to EP 3 in this	seclusion
		standard):	- Each death that occurs within 24 hours after the patient has
		- Each death that occurs while a patient is in restraint or	been removed from restraint or seclusion
		seclusion	- Each death known to the critical access hospital that
		- Each death that occurs within 24 hours after the patient has	occurs within one week after restraint or seclusion was used
		been removed from restraint or seclusion	when it is reasonable to assume that the use of the restraint
		- Each death known to the critical access hospital that	or seclusion contributed directly or indirectly to the patient's
		occurs within one week after restraint or seclusion was used	death
		when it is reasonable to assume that the use of the restraint	Note 1: This reporting requirement includes all restraints
		or seclusion contributed directly or indirectly to the patient's	except soft wrist restraints. For more information on deaths
		death. The types of restraints included in this reporting	related to the use of soft wrist restraints, refer to EP 3 in this
		requirement are all restraints except soft wrist restraints.	standard.
		Note: In this element of performance "reasonable to	Note 2: In this element of performance "reasonable to
		assume" includes, but is not limited to, deaths related to	assume" includes but is not limited to deaths related to
		restrictions of movement for prolonged periods of time or	restrictions of movement for prolonged periods of time or
		deaths related to chest compression, restriction of	deaths related to chest compression, restriction of
		breathing, or asphyxiation.	breathing, or asphyxiation.
§482.13(g)(1)(iii)	(iii) Each death known to the	PC.03.05.19, EP 1	PC.13.02.19, EP 1
	hospital that occurs within 1	The critical access hospital reports the following information	The critical access hospital reports the following information
	week after restraint or	to the Centers for Medicare & Dedicare Services (CMS)	to the Centers for Medicare & Dedicard Services
	seclusion where it is	regarding deaths related to restraint or seclusion (this	regarding deaths related to restraint or seclusion:
	reasonable to assume that use	requirement does not apply to deaths related to the use of	- Each death that occurs while a patient is in restraint or
	of restraint or placement in	soft wrist restraints; for more information, refer to EP 3 in this	seclusion
	seclusion contributed directly	standard):	- Each death that occurs within 24 hours after the patient has
	or indirectly to a patient's	- Each death that occurs while a patient is in restraint or	been removed from restraint or seclusion
	death, regardless of the type(s)	seclusion	- Each death known to the critical access hospital that

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	of restraint used on the patient	- Each death that occurs within 24 hours after the patient has	occurs within one week after restraint or seclusion was used
	during this time. "Reasonable	been removed from restraint or seclusion	when it is reasonable to assume that the use of the restraint
	to assume" in this context	- Each death known to the critical access hospital that	or seclusion contributed directly or indirectly to the patient's
	includes, but is not limited to,	occurs within one week after restraint or seclusion was used	death
	deaths related to restrictions of	when it is reasonable to assume that the use of the restraint	Note 1: This reporting requirement includes all restraints
	movement for prolonged	or seclusion contributed directly or indirectly to the patient's	except soft wrist restraints. For more information on deaths
	periods of time, or death	death. The types of restraints included in this reporting	related to the use of soft wrist restraints, refer to EP 3 in this
	related to chest compression,	requirement are all restraints except soft wrist restraints.	standard.
	restriction of breathing, or	Note: In this element of performance "reasonable to	Note 2: In this element of performance "reasonable to
	asphyxiation.	assume" includes, but is not limited to, deaths related to	assume" includes but is not limited to deaths related to
		restrictions of movement for prolonged periods of time or	restrictions of movement for prolonged periods of time or
		deaths related to chest compression, restriction of	deaths related to chest compression, restriction of
		breathing, or asphyxiation.	breathing, or asphyxiation.
§482.13(g)(2)	(2) When no seclusion has been		
	used and when the only		
	restraints used on the patient		
	are those applied exclusively to		
	the patient's wrist(s), and which		
	are composed solely of soft,		
	non-rigid, cloth-like materials,		
	the hospital staff must record in		
	an internal log or other system,		
0.122.424.342343	the following information:		
§482.13(g)(2)(i)	(i) Any death that occurs while a	PC.03.05.19, EP 3	PC.13.02.19, EP 3
	patient is in such restraints.	When no seclusion has been used and when the only	When no seclusion has been used and when the only
		restraints used on the patient are wrist restraints composed	restraints used on the patient are wrist restraints composed
		solely of soft, non-rigid, cloth-like material, the critical	solely of soft, nonrigid, cloth-like material, the critical access
		access hospital does the following:	hospital does the following:
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		while a patient is in restraint. The information is recorded	while a patient is in restraint. The information is recorded
		within seven days of the date of death of the patient.	within seven days of the date of death of the patient.
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		within 24 hours after a patient has been removed from such	within 24 hours after a patient has been removed from such

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		restraints. The information is recorded within seven days of	restraints. The information is recorded within seven days of
		the date of death of the patient.	the date of death of the patient.
		- Documents in the patient record the date and time that the	- Documents in the patient record the date and time that the
		death was recorded in the log or other system.	death was recorded in the log or other system.
		- Documents in the log or other system the patient's name,	- Documents in the log or other system the patient's name,
		date of birth, date of death, name of attending physician or	date of birth, date of death, name of attending physician or
		other licensed practitioner responsible for the care of the	other licensed practitioner responsible for the patient's care,
		patient, medical record number, and primary diagnosis(es).	medical record number, and primary diagnosis(es).
		- Makes the information in the log or other system available	- Makes the information in the log or other system available
		to CMS, either electronically or in writing, immediately upon	to the Centers for Medicare & Dedicaid Services, either
		request.	electronically or in writing, immediately upon request.
§482.13(g)(2)(ii)	(ii) Any death that occurs within	PC.03.05.19, EP 3	PC.13.02.19, EP 3
	24 hours after a patient has	When no seclusion has been used and when the only	When no seclusion has been used and when the only
	been removed from such	restraints used on the patient are wrist restraints composed	restraints used on the patient are wrist restraints composed
	restraints.	solely of soft, non-rigid, cloth-like material, the critical	solely of soft, nonrigid, cloth-like material, the critical access
		access hospital does the following:	hospital does the following:
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		while a patient is in restraint. The information is recorded	while a patient is in restraint. The information is recorded
		within seven days of the date of death of the patient.	within seven days of the date of death of the patient.
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		within 24 hours after a patient has been removed from such	within 24 hours after a patient has been removed from such
		restraints. The information is recorded within seven days of	restraints. The information is recorded within seven days of
		the date of death of the patient.	the date of death of the patient.
		- Documents in the patient record the date and time that the	- Documents in the patient record the date and time that the
		death was recorded in the log or other system.	death was recorded in the log or other system.
		- Documents in the log or other system the patient's name,	- Documents in the log or other system the patient's name,
		date of birth, date of death, name of attending physician or	date of birth, date of death, name of attending physician or
		other licensed practitioner responsible for the care of the	other licensed practitioner responsible for the patient's care,
		patient, medical record number, and primary diagnosis(es).	medical record number, and primary diagnosis(es).
		- Makes the information in the log or other system available	- Makes the information in the log or other system available
		to CMS, either electronically or in writing, immediately upon	to the Centers for Medicare & Dedicard Services, either
		request.	electronically or in writing, immediately upon request.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(g)(3)	(3) The staff must document in		
	the patient's medical record the		
	date and time the death was:		
§482.13(g)(3)(i)	(i) Reported to CMS for deaths	PC.03.05.19, EP 2	PC.13.02.19, EP 2
	described in paragraph (g)(1) of	The deaths addressed in PC.03.05.19, EP 1, are reported to	The deaths addressed in PC.13.02.19, EP 1, are reported to
	this section; or	the Centers for Medicare & Described Services (CMS) by	the Centers for Medicare & Medicaid Services by
		telephone, by facsimile, or electronically no later than the	telephone, by facsimile, or electronically no later than the
		close of the next business day following knowledge of the	close of the next business day following knowledge of the
		patient's death. The date and time that the patient's death	patient's death. The date and time that the patient's death
		was reported is documented in the patient's medical record.	was reported is documented in the patient's medical record.
§482.13(g)(3)(ii)	(ii) Recorded in the internal log	PC.03.05.19, EP 3	PC.13.02.19, EP 3
	or other system for deaths	When no seclusion has been used and when the only	When no seclusion has been used and when the only
	described in paragraph (g)(2) of	restraints used on the patient are wrist restraints composed	restraints used on the patient are wrist restraints composed
	this section.	solely of soft, non-rigid, cloth-like material, the critical	solely of soft, nonrigid, cloth-like material, the critical access
		access hospital does the following:	hospital does the following:
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		while a patient is in restraint. The information is recorded	while a patient is in restraint. The information is recorded
		within seven days of the date of death of the patient.	within seven days of the date of death of the patient.
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		within 24 hours after a patient has been removed from such	within 24 hours after a patient has been removed from such
		restraints. The information is recorded within seven days of	restraints. The information is recorded within seven days of
		the date of death of the patient.	the date of death of the patient.
		- Documents in the patient record the date and time that the	- Documents in the patient record the date and time that the
		death was recorded in the log or other system.	death was recorded in the log or other system.
		- Documents in the log or other system the patient's name,	- Documents in the log or other system the patient's name,
		date of birth, date of death, name of attending physician or	date of birth, date of death, name of attending physician or
		other licensed practitioner responsible for the care of the	other licensed practitioner responsible for the patient's care,
		patient, medical record number, and primary diagnosis(es).	medical record number, and primary diagnosis(es).
		- Makes the information in the log or other system available	- Makes the information in the log or other system available
		to CMS, either electronically or in writing, immediately upon	to the Centers for Medicare & Dedicare & Services, either
		request.	electronically or in writing, immediately upon request.
§482.13(g)(4)	(4) For deaths described in		
	paragraph (g)(2) of this section,		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	entries into the internal log or		
	other system must be		
	documented as follows:		
§482.13(g)(4)(i)	(i) Each entry must be made not	PC.03.05.19, EP 3	PC.13.02.19, EP 3
	later than seven days after the	When no seclusion has been used and when the only	When no seclusion has been used and when the only
	date of death of the patient.	restraints used on the patient are wrist restraints composed	restraints used on the patient are wrist restraints composed
		solely of soft, non-rigid, cloth-like material, the critical	solely of soft, nonrigid, cloth-like material, the critical access
		access hospital does the following:	hospital does the following:
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		while a patient is in restraint. The information is recorded	while a patient is in restraint. The information is recorded
		within seven days of the date of death of the patient.	within seven days of the date of death of the patient.
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		within 24 hours after a patient has been removed from such	within 24 hours after a patient has been removed from such
		restraints. The information is recorded within seven days of	restraints. The information is recorded within seven days of
		the date of death of the patient.	the date of death of the patient.
		- Documents in the patient record the date and time that the	- Documents in the patient record the date and time that the
		death was recorded in the log or other system.	death was recorded in the log or other system.
		- Documents in the log or other system the patient's name,	- Documents in the log or other system the patient's name,
		date of birth, date of death, name of attending physician or	date of birth, date of death, name of attending physician or
		other licensed practitioner responsible for the care of the	other licensed practitioner responsible for the patient's care,
		patient, medical record number, and primary diagnosis(es).	medical record number, and primary diagnosis(es).
		- Makes the information in the log or other system available	- Makes the information in the log or other system available
		to CMS, either electronically or in writing, immediately upon	to the Centers for Medicare & Dedicard Services, either
		request.	electronically or in writing, immediately upon request.
§482.13(g)(4)(ii)	(ii) Each entry must document	PC.03.05.19, EP 3	PC.13.02.19, EP 3
	the patient's name, date of	When no seclusion has been used and when the only	When no seclusion has been used and when the only
	birth, date of death, name of	restraints used on the patient are wrist restraints composed	restraints used on the patient are wrist restraints composed
	attending physician or other	solely of soft, non-rigid, cloth-like material, the critical	solely of soft, nonrigid, cloth-like material, the critical access
	licensed practitioner who is	access hospital does the following:	hospital does the following:
	responsible for the care of the	- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
	patient, medical record	while a patient is in restraint. The information is recorded	while a patient is in restraint. The information is recorded
	number, and primary	within seven days of the date of death of the patient.	within seven days of the date of death of the patient.
	diagnosis(es).	- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		within 24 hours after a patient has been removed from such	within 24 hours after a patient has been removed from such
		restraints. The information is recorded within seven days of	restraints. The information is recorded within seven days of
		the date of death of the patient.	the date of death of the patient.
		- Documents in the patient record the date and time that the	- Documents in the patient record the date and time that the
		death was recorded in the log or other system.	death was recorded in the log or other system.
		- Documents in the log or other system the patient's name,	- Documents in the log or other system the patient's name,
		date of birth, date of death, name of attending physician or	date of birth, date of death, name of attending physician or
		other licensed practitioner responsible for the care of the	other licensed practitioner responsible for the patient's care,
		patient, medical record number, and primary diagnosis(es).	medical record number, and primary diagnosis(es).
		- Makes the information in the log or other system available	- Makes the information in the log or other system available
		to CMS, either electronically or in writing, immediately upon	to the Centers for Medicare & Dedicard Services, either
		request.	electronically or in writing, immediately upon request.
§482.13(g)(4)(iii)	(iii) The information must be	PC.03.05.19, EP 3	PC.13.02.19, EP 3
	made available in either written	When no seclusion has been used and when the only	When no seclusion has been used and when the only
	or electronic form to CMS	restraints used on the patient are wrist restraints composed	restraints used on the patient are wrist restraints composed
	immediately upon request.	solely of soft, non-rigid, cloth-like material, the critical	solely of soft, nonrigid, cloth-like material, the critical access
		access hospital does the following:	hospital does the following:
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		while a patient is in restraint. The information is recorded	while a patient is in restraint. The information is recorded
		within seven days of the date of death of the patient.	within seven days of the date of death of the patient.
		- Records in a log or other system any death that occurs	- Records in a log or other system any death that occurs
		within 24 hours after a patient has been removed from such	within 24 hours after a patient has been removed from such
		restraints. The information is recorded within seven days of	restraints. The information is recorded within seven days of
		the date of death of the patient.	the date of death of the patient.
		- Documents in the patient record the date and time that the	- Documents in the patient record the date and time that the
		death was recorded in the log or other system.	death was recorded in the log or other system.
		- Documents in the log or other system the patient's name,	- Documents in the log or other system the patient's name,
		date of birth, date of death, name of attending physician or	date of birth, date of death, name of attending physician or
		other licensed practitioner responsible for the care of the	other licensed practitioner responsible for the patient's care,
		patient, medical record number, and primary diagnosis(es).	medical record number, and primary diagnosis(es).
		- Makes the information in the log or other system available	- Makes the information in the log or other system available
		to CMS, either electronically or in writing, immediately upon	to the Centers for Medicare & Destropically or in writing immediately upon request
		request.	electronically or in writing, immediately upon request.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.13(h)	§482.13(h) Standard: Patient	RI.01.01.01, EP 1	RI.11.01.01, EP 7
	visitation rights. A hospital	The critical access hospital has written policies on patient	The critical access hospital develops and implements
	must have written policies and	rights.	policies and procedures for patient visitation rights.
	procedures regarding the	Note: The critical access hospital's written policies address	Visitation rights include the right to receive visitors
	visitation rights of patients,	procedures regarding patient visitation rights, including any	designated by the patient, including but not limited to a
	including those setting forth	clinically necessary or reasonable restrictions or limitations.	spouse, a domestic partner (including a same-sex domestic
	any clinically necessary or		partner), another family member, or a friend. The patient also
	reasonable restriction or		has the right to withdraw or deny consent for visitors at any
	limitation that the hospital may		time.
	need to place on such rights		Note 1: The critical access hospital's written policies and
	and the reasons for the clinical		procedures include any restrictions or limitations that are
	restriction or limitation. A		clinically necessary or reasonable that need to be placed on
	hospital must meet the		visitation rights and the reasons for the restriction or
	following requirements:		limitation.
			Note 2: The critical access hospital informs the patient (or
			support person, where appropriate) of the patient's visitation
			rights, including any clinical restriction or limitation on such
			rights.
§482.13(h)(1)	(1) Inform each patient (or	RI.01.01.01, EP 2	RI.11.01.01, EP 7
	support person, where	The critical access hospital informs the patient of the	The critical access hospital develops and implements
	appropriate) of his or her	patient's rights.	policies and procedures for patient visitation rights.
	visitation rights, including any	Note 1: The critical access hospital informs the patient (or	Visitation rights include the right to receive visitors
	clinical restriction or limitation	support person, where appropriate) of the patient's visitation	designated by the patient, including but not limited to a
	on such rights, when he or she	rights. Visitation rights include the right to receive the visitors	spouse, a domestic partner (including a same-sex domestic
	is informed of his or her other	designated by the patient, including, but not limited to, a	partner), another family member, or a friend. The patient also
	rights under this section.	spouse, a domestic partner (including a same-sex domestic	has the right to withdraw or deny consent for visitors at any
		partner), another family member, or a friend. Also included is	time.
		the right to withdraw or deny such consent at any time.	Note 1: The critical access hospital's written policies and
		Note 2: The critical access hospital informs each patient (or	procedures include any restrictions or limitations that are
		support person, where appropriate) of the patient's rights in	clinically necessary or reasonable that need to be placed on
		advance of furnishing or discontinuing patient care whenever	visitation rights and the reasons for the restriction or
		possible.	limitation.
			Note 2: The critical access hospital informs the patient (or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			support person, where appropriate) of the patient's visitation
			rights, including any clinical restriction or limitation on such
0.400.40(1.)(0)	(0)		rights.
§482.13(h)(2)	(2) Inform each patient (or	RI.01.01.01, EP 2	RI.11.01.01, EP 7
	support person, where	The critical access hospital informs the patient of the	The critical access hospital develops and implements
	appropriate) of the right,	patient's rights.	policies and procedures for patient visitation rights.
	subject to his or her consent, to receive the visitors whom he or	Note 1: The critical access hospital informs the patient (or	Visitation rights include the right to receive visitors
	she designates, including, but	support person, where appropriate) of the patient's visitation rights. Visitation rights include the right to receive the visitors	designated by the patient, including but not limited to a spouse, a domestic partner (including a same-sex domestic
	not limited to, a spouse, a	designated by the patient, including, but not limited to, a	partner), another family member, or a friend. The patient also
	domestic partner (including a	spouse, a domestic partner (including a same-sex domestic	has the right to withdraw or deny consent for visitors at any
	same-sex domestic partner),	partner), another family member, or a friend. Also included is	time.
	another family member, or a	the right to withdraw or deny such consent at any time.	Note 1: The critical access hospital's written policies and
	friend, and his or her right to	Note 2: The critical access hospital informs each patient (or	procedures include any restrictions or limitations that are
	withdraw or deny such consent	support person, where appropriate) of the patient's rights in	clinically necessary or reasonable that need to be placed on
	at any time.	advance of furnishing or discontinuing patient care whenever	visitation rights and the reasons for the restriction or
		possible.	limitation.
			Note 2: The critical access hospital informs the patient (or
		RI.01.01.01, EP 28	support person, where appropriate) of the patient's visitation
		The critical access hospital allows a family member, friend,	rights, including any clinical restriction or limitation on such
		or other individual to be present with the patient for	rights.
		emotional support during the course of stay.	
		Note: The critical access hospital allows for the presence of	
		a support individual of the patient's choice, unless the	
		individual's presence infringes on others' rights, safety, or is	
		medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or	
		legally authorized representative. (For more information on	
		surrogate or family involvement in patient care, treatment,	
		and services, refer to RI.01.02.01, EP 8.)	
§482.13(h)(3)	(3) Not restrict, limit, or	RI.01.01.01, EP 29	RI.11.01.01, EP 4
( )(-)	otherwise deny visitation	The critical access hospital prohibits discrimination based	The critical access hospital prohibits discrimination based
	privileges on the basis of race,	on age, race, ethnicity, religion, culture, language, physical or	on age, race, ethnicity, religion, culture, language, physical or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	color, national origin, religion,	mental disability, socioeconomic status, sex, sexual	mental disability, socioeconomic status, sex, sexual
	sex, gender identity, sexual	orientation, and gender identity or expression.	orientation, and gender identity or expression.
	orientation, or disability.	Note: This includes prohibiting discrimination through	Note: This includes prohibiting discrimination through
		restricting, limiting, or otherwise denying visitation privileges.	restricting, limiting, or otherwise denying visitation privileges.
			The critical access hospital allows all visitors to have full and equal visitation privileges consistent with patient
			preferences.
§482.13(h)(4)	(4) Ensure that all visitors enjoy	RI.01.01.01, EP 28	RI.11.01.01, EP 4
	full and equal visitation	The critical access hospital allows a family member, friend,	The critical access hospital prohibits discrimination based
	privileges consistent with	or other individual to be present with the patient for	on age, race, ethnicity, religion, culture, language, physical or
	patient preferences.	emotional support during the course of stay.	mental disability, socioeconomic status, sex, sexual
		Note: The critical access hospital allows for the presence of	orientation, and gender identity or expression.
		a support individual of the patient's choice, unless the	Note: This includes prohibiting discrimination through
		individual's presence infringes on others' rights, safety, or is	restricting, limiting, or otherwise denying visitation privileges.
		medically or therapeutically contraindicated. The individual	The critical access hospital allows all visitors to have full and
		may or may not be the patient's surrogate decision-maker or	equal visitation privileges consistent with patient
		legally authorized representative. (For more information on	preferences.
		surrogate or family involvement in patient care, treatment,	
		and services, refer to RI.01.02.01, EP 8.)	
§482.15	§482.15 Condition of	EM.09.01.01, EP 1	EM.09.01.01, EP 1
	Participation: Emergency	The critical access hospital has a written comprehensive	The critical access hospital has a written comprehensive
	Preparedness The hospital	emergency management program that utilizes an all-hazards	emergency management program that utilizes an all-hazards
	must comply with all applicable	approach. The program includes, but is not limited to, the	approach. The program includes, but is not limited to, the
	Federal, State, and local	following:	following:
	emergency preparedness	- Leadership structure and program accountability	- Leadership structure and program accountability
	requirements. The hospital	- Hazard vulnerability analysis	- Hazard vulnerability analysis
	must develop and maintain a	- Mitigation and preparedness activities	- Mitigation and preparedness activities
	comprehensive emergency	- Emergency operations plan and policies and procedures	- Emergency operations plan and policies and procedures
	preparedness program that	- Education and training	- Education and training
	meets the requirements of this	- Exercises and testing	- Exercises and testing
	section, utilizing an all-hazards	- Continuity of operations plan	- Continuity of operations plan
	approach. The emergency	- Disaster recovery	- Disaster recovery
	preparedness program must	- Program evaluation	- Program evaluation

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	include, but not be limited to,		
	the following elements:	EM.09.01.01, EP 3	EM.09.01.01, EP 3
		The critical access hospital complies with all applicable	The critical access hospital complies with all applicable
		federal, state, and local emergency preparedness laws and	federal, state, and local emergency preparedness laws and
		regulations.	regulations.
§482.15(a)	(a) Emergency plan. The	EM.12.01.01, EP 1	EM.12.01.01, EP 1
	hospital must develop and	The critical access hospital has a written all-hazards	The critical access hospital has a written all-hazards
	maintain an emergency	emergency operations plan (EOP) with supporting policies	emergency operations plan (EOP) with supporting policies
	preparedness plan that must be	and procedures that provides guidance to staff and	and procedures that provides guidance to staff and
	reviewed, and updated at least	volunteers on actions to take during emergency or disaster	volunteers on actions to take during emergency or disaster
	every 2 years. The plan must do	incidents. The EOP and policies and procedures include, but	incidents. The EOP and policies and procedures include, but
	the following:	are not limited to, the following:	are not limited to, the following:
		- Mobilizing incident command	- Mobilizing incident command
		- Communications plan	- Communications plan
		- Maintaining, expanding, curtailing, or closing operations	- Maintaining, expanding, curtailing, or closing operations
		- Protecting critical systems and infrastructure	- Protecting critical systems and infrastructure
		- Conserving and/or supplementing resources	- Conserving and/or supplementing resources
		- Surge plans (such as flu or pandemic plans)	- Surge plans (such as flu or pandemic plans)
		- Identifying alternate treatment areas or locations	- Identifying alternate treatment areas or locations
		- Sheltering in place	- Sheltering in place
		- Evacuating (partial or complete) or relocating services	- Evacuating (partial or complete) or relocating services
		- Safety and security	- Safety and security
		- Securing information and records	- Securing information and records
		EM.17.01.01, EP 3	EM.17.01.01, EP 3
		The critical access hospital reviews and makes necessary	The critical access hospital reviews and makes necessary
		updates based on after-action reports or opportunities for	updates based on after-action reports or opportunities for
		improvement to the following items every two years, or more	improvement to the following items every two years, or more
		frequently if necessary:	frequently if necessary:
		- Hazard vulnerability analysis	- Hazard vulnerability analysis
		- Emergency management program	- Emergency management program
		- Emergency operations plan, policies, and procedures	- Emergency operations plan, policies, and procedures
		- Communications plan	- Communications plan

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Continuity of operations plan	- Continuity of operations plan
		- Education and training program	- Education and training program
		- Testing program	- Testing program
§482.15(a)(1)	(1) Be based on and include a	EM.11.01.01, EP 1	EM.11.01.01, EP 1
	documented, facility-based	The critical access hospital conducts a facility-based hazard	The critical access hospital conducts a facility-based hazard
	and community-based risk	vulnerability analysis (HVA) using an all-hazards approach	vulnerability analysis (HVA) using an all-hazards approach
	assessment, utilizing an all-	that includes the following:	that includes the following:
	hazards approach.	- Hazards that are likely to impact the critical access	- Hazards that are likely to impact the critical access
		hospital's geographic region, community, facility, and patient	hospital's geographic region, community, facility, and patient
		population	population
		- A community-based risk assessment (such as those	- A community-based risk assessment (such as those
		developed by external emergency management agencies)	developed by external emergency management agencies)
		- Separate HVAs for its other accredited facilities if they	- Separate HVAs for its other accredited facilities if they
		significantly differ from the main site	significantly differ from the main site
		The findings are documented.	The findings are documented.
		Note: A separate HVA is only required if the accredited	Note: A separate HVA is only required if the accredited
		facilities are in different geographic locations, experience	facilities are in different geographic locations, experience
		different hazards or threats, or the patient population and	different hazards or threats, or the patient population and
		services offered are unique to this facility.	services offered are unique to this facility.
		EM.11.01.01, EP 2	EM.11.01.01, EP 2
		The critical access hospital's hazard vulnerability analysis	The critical access hospital's hazard vulnerability analysis
		includes the following:	includes the following:
		- Natural hazards (such as flooding, wildfires)	- Natural hazards (such as flooding, wildfires)
		- Human-caused hazards (such as bomb threats or	- Human-caused hazards (such as bomb threats or
		cyber/information technology crimes)	cyber/information technology crimes)
		- Technological hazards (such as utility or information	- Technological hazards (such as utility or information
		technology outages)	technology outages)
		- Hazardous materials (such as radiological, nuclear,	- Hazardous materials (such as radiological, nuclear,
		chemical)	chemical)
		- Emerging infectious diseases (such as the Ebola, Zika, or	- Emerging infectious diseases (such as the Ebola, Zika, or
		SARS-CoV-2 viruses)	SARS-CoV-2 viruses)

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.15(a)(2)	(2) Include strategies for	EM.11.01.01, EP 3	EM.11.01.01, EP 3
	addressing emergency events	The critical access hospital evaluates and prioritizes the	The critical access hospital evaluates and prioritizes the
	identified by the risk	findings of the hazard vulnerability analysis to determine	findings of the hazard vulnerability analysis to determine
	assessment.	what presents the highest likelihood of occurring and the	what presents the highest likelihood of occurring and the
		impacts those hazards will have on the operating status of	impacts those hazards will have on the operating status of
		the critical access hospital and its ability to provide services.	the critical access hospital and its ability to provide services.
		The findings are documented.	The findings are documented.
		EM.11.01.01, EP 4	EM.11.01.01, EP 4
		The critical access hospital uses its prioritized hazards from	The critical access hospital uses its prioritized hazards from
		the hazard vulnerability analysis to identify and implement	the hazard vulnerability analysis to identify and implement
		mitigation and preparedness actions to increase the	mitigation and preparedness actions to increase the
		resilience of the critical access hospital and helps reduce	resilience of the critical access hospital and helps reduce
		disruption of essential services or functions.	disruption of essential services or functions.
§482.15(a)(3)	(3) Address patient population,	EM.12.01.01, EP 2	EM.12.01.01, EP 2
	including, but not limited to,	The critical access hospital's emergency operations plan	The critical access hospital's emergency operations plan
	persons at-risk; the type of	identifies the patient population(s) that it will serve, including	identifies the patient population(s) that it will serve, including
	services the hospital has the	at-risk populations, and the types of services it would have	at-risk populations, and the types of services it would have
	ability to provide in an	the ability to provide in an emergency or disaster event.	the ability to provide in an emergency or disaster event.
	emergency; and continuity of	Note: At-risk populations such as the elderly, dialysis	Note: At-risk populations such as the elderly, dialysis
	operations, including	patients, or persons with physical or mental disabilities may	patients, or persons with physical or mental disabilities may
	delegations of authority and	have additional needs to be addressed during an emergency	have additional needs to be addressed during an emergency
	succession plans.	or disaster incident such as medical care, communication,	or disaster incident such as medical care, communication,
		transportation, supervision, and maintaining independence.	transportation, supervision, and maintaining independence.
		EM.13.01.01, EP 1	EM.13.01.01, EP 1
		The critical access hospital has a written continuity of	The critical access hospital has a written continuity of
		operations plan (COOP) that is developed with the	operations plan (COOP) that is developed with the
		participation of key executive leaders, business and finance	participation of key executive leaders, business and finance
		leaders, and other department leaders as determined by the	leaders, and other department leaders as determined by the
		critical access hospital. These key leaders identify and	critical access hospital. These key leaders identify and
		prioritize the services and functions that are considered	prioritize the services and functions that are considered
		essential or critical for maintaining operations.	essential or critical for maintaining operations.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: The COOP provides guidance on how the critical	Note: The COOP provides guidance on how the critical
		access hospital will continue to perform its essential	access hospital will continue to perform its essential
		business functions to deliver essential or critical services.	business functions to deliver essential or critical services.
		Essential business functions to consider include	Essential business functions to consider include
		administrative/vital records, information technology,	administrative/vital records, information technology,
		financial services, security systems,	financial services, security systems,
		communications/telecommunications, and building	communications/telecommunications, and building
		operations to support essential and critical services that	operations to support essential and critical services that
		cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly	cannot be deferred during an emergency; these activities must be performed continuously or resumed quickly
		following a disruption.	following a disruption.
			Tottowing a distuption.
		EM.13.01.01, EP 2	EM.13.01.01, EP 2
		The critical access hospital's continuity of operations plan	The critical access hospital's continuity of operations plan
		identifies in writing how and where it will continue to provide	identifies in writing how and where it will continue to provide
		its essential business functions when the location of the	its essential business functions when the location of the
		essential or critical service has been compromised due to an	essential or critical service has been compromised due to an
		emergency or disaster incident.	emergency or disaster incident.
		Note: Example of options to consider for providing essential	Note: Example of options to consider for providing essential
		services include use of off-site locations, space maintained	services include use of off-site locations, space maintained
		by another organization, existing facilities or space, telework	by another organization, existing facilities or space, telework
		(remote work), or telehealth.	(remote work), or telehealth.
		EM.13.01.01, EP 3	EM.13.01.01, EP 3
		The critical access hospital has a written order of succession	The critical access hospital has a written order of succession
		plan that identifies who is authorized to assume a particular	plan that identifies who is authorized to assume a particular
		leadership or management role when that person(s) is	leadership or management role when that person(s) is
		unable to fulfill their function or perform their duties.	unable to fulfill their function or perform their duties.
		EM.13.01.01, EP 4	EM.13.01.01, EP 4
		The critical access hospital has a written delegation of	The critical access hospital has a written delegation of
		authority plan that provides the individual(s) with the legal	authority plan that provides the individual(s) with the legal
		authorization to act on behalf of the critical access hospital	authorization to act on behalf of the critical access hospital

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		for specified purposes and to carry out specific duties.	for specified purposes and to carry out specific duties.
		Note: Delegations of authority are an essential part of an	Note: Delegations of authority are an essential part of an
		organization's continuity program and should be sufficiently	organization's continuity program and should be sufficiently
		detailed to make certain the critical access hospital can	detailed to make certain the critical access hospital can
		perform its essential functions. Delegations of authority will	perform its essential functions. Delegations of authority will
		specify a particular function that an individual is authorized	specify a particular function that an individual is authorized
		to perform and includes restrictions and limitations	to perform and includes restrictions and limitations
		associated with that authority.	associated with that authority.
§482.15(a)(4)	(4) Include a process for	EM.12.01.01, EP 6	EM.12.01.01, EP 6
	cooperation and collaboration	The critical access hospital's emergency operations plan	The critical access hospital's emergency operations plan
	with local, tribal, regional,	includes a process for cooperating and collaborating with	includes a process for cooperating and collaborating with
	State, and Federal emergency	other health care facilities; health care coalitions; and local,	other health care facilities; health care coalitions; and local,
	preparedness officials' efforts	tribal, regional, state, and federal emergency preparedness	tribal, regional, state, and federal emergency preparedness
	to maintain an integrated	officials' efforts to leverage support and resources and to	officials' efforts to leverage support and resources and to
	response during a disaster or	provide an integrated response during an emergency or	provide an integrated response during an emergency or
	emergency situation.	disaster incident.	disaster incident.
§482.15(b)	(b) Policies and procedures.	EM.12.01.01, EP 1	EM.12.01.01, EP 1
	The hospital must develop and	The critical access hospital has a written all-hazards	The critical access hospital has a written all-hazards
	implement emergency	emergency operations plan (EOP) with supporting policies	emergency operations plan (EOP) with supporting policies
	preparedness policies and	and procedures that provides guidance to staff and	and procedures that provides guidance to staff and
	procedures, based on the	volunteers on actions to take during emergency or disaster	volunteers on actions to take during emergency or disaster
	emergency plan set forth in	incidents. The EOP and policies and procedures include, but	incidents. The EOP and policies and procedures include, but
	paragraph (a) of this section,	are not limited to, the following:	are not limited to, the following:
	risk assessment at paragraph	- Mobilizing incident command	- Mobilizing incident command
	(a)(1) of this section, and the	- Communications plan	- Communications plan
	communication plan at	- Maintaining, expanding, curtailing, or closing operations	- Maintaining, expanding, curtailing, or closing operations
	paragraph (c) of this section.	- Protecting critical systems and infrastructure	- Protecting critical systems and infrastructure
	The policies and procedures	- Conserving and/or supplementing resources	- Conserving and/or supplementing resources
	must be reviewed and updated	- Surge plans (such as flu or pandemic plans)	- Surge plans (such as flu or pandemic plans)
	at least every 2 years. At a	- Identifying alternate treatment areas or locations	- Identifying alternate treatment areas or locations
	minimum, the policies and	- Sheltering in place	- Sheltering in place
	procedures must address the	- Evacuating (partial or complete) or relocating services	- Evacuating (partial or complete) or relocating services
	following:	- Safety and security	- Safety and security

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Securing information and records	- Securing information and records
		EM.17.01.01, EP 3  The critical access hospital reviews and makes necessary updates based on after-action reports or opportunities for improvement to the following items every two years, or more frequently if necessary:  - Hazard vulnerability analysis  - Emergency management program  - Emergency operations plan, policies, and procedures  - Communications plan  - Continuity of operations plan  - Education and training program	EM.17.01.01, EP 3  The critical access hospital reviews and makes necessary updates based on after-action reports or opportunities for improvement to the following items every two years, or more frequently if necessary:  - Hazard vulnerability analysis  - Emergency management program  - Emergency operations plan, policies, and procedures  - Communications plan  - Continuity of operations plan  - Education and training program
§482.15(b)(1)	(1) The provision of subsistence needs for staff and patients, whether they evacuate or shelter in place, include, but are not limited to the following:	- Testing program	- Testing program
§482.15(b)(1)(i)	(i) Food, water, medical, and pharmaceutical supplies.	EM.12.01.01, EP 4  The emergency operations plan includes written procedures for how the critical access hospital will provide essential needs for its staff, volunteers, and patients, whether they shelter in place or evacuate, that includes, but is not limited to, the following:  - Food and other nutritional supplies  - Medications and related supplies  - Medical/surgical supplies  - Medical oxygen and supplies  - Potable or bottled water	EM.12.01.01, EP 4  The emergency operations plan includes written procedures for how the critical access hospital will provide essential needs for its staff, volunteers, and patients, whether they shelter in place or evacuate, that includes, but is not limited to, the following:  - Food and other nutritional supplies  - Medications and related supplies  - Medical/surgical supplies  - Medical oxygen and supplies  - Potable or bottled water
§482.15(b)(1)(ii)	(ii) Alternate sources of energy to maintain the following:		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.15(b)(1)(ii)(A)	(A) Temperatures to protect	EM.12.02.11, EP 4	EM.12.02.11, EP 4
	patient health and safety and	The critical access hospital's plan for managing utilities	The critical access hospital's plan for managing utilities
	for the safe and sanitary	includes alternate sources for maintaining energy to the	includes alternate sources for maintaining energy to the
	storage of provisions.	following:	following:
		- Temperatures to protect patient health and safety and for	- Temperatures to protect patient health and safety and for
		the safe and sanitary storage of provisions	the safe and sanitary storage of provisions
		- Emergency lighting	- Emergency lighting
		- Fire detection, extinguishing, and alarm systems	- Fire detection, extinguishing, and alarm systems
		- Sewage and waste disposal	- Sewage and waste disposal
		Note: It is important for critical access hospitals to consider	Note: It is important for critical access hospitals to consider
		alternative means for maintaining temperatures at a level	alternative means for maintaining temperatures at a level
		that protects the health and safety of all persons within the	that protects the health and safety of all persons within the
		facility. For example, when safe temperature levels cannot be	facility. For example, when safe temperature levels cannot be
		maintained, the critical access hospital considers partial or	maintained, the critical access hospital considers partial or
		full evacuation or closure.	full evacuation or closure.
§482.15(b)(1)(ii)(B)	(B) Emergency lighting.	EM.12.02.11, EP 4	EM.12.02.11, EP 4
		The critical access hospital's plan for managing utilities	The critical access hospital's plan for managing utilities
		includes alternate sources for maintaining energy to the	includes alternate sources for maintaining energy to the
		following:	following:
		- Temperatures to protect patient health and safety and for	- Temperatures to protect patient health and safety and for
		the safe and sanitary storage of provisions	the safe and sanitary storage of provisions
		- Emergency lighting	- Emergency lighting
		- Fire detection, extinguishing, and alarm systems	- Fire detection, extinguishing, and alarm systems
		- Sewage and waste disposal	- Sewage and waste disposal
		Note: It is important for critical access hospitals to consider	Note: It is important for critical access hospitals to consider
		alternative means for maintaining temperatures at a level	alternative means for maintaining temperatures at a level
		that protects the health and safety of all persons within the	that protects the health and safety of all persons within the
		facility. For example, when safe temperature levels cannot be	facility. For example, when safe temperature levels cannot be
		maintained, the critical access hospital considers partial or	maintained, the critical access hospital considers partial or
		full evacuation or closure.	full evacuation or closure.
§482.15(b)(1)(ii)(C)	(C) Fire detection,	EM.12.02.11, EP 4	EM.12.02.11, EP 4
	extinguishing, and alarm	The critical access hospital's plan for managing utilities	The critical access hospital's plan for managing utilities
	systems.	includes alternate sources for maintaining energy to the	includes alternate sources for maintaining energy to the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		following:	following:
		- Temperatures to protect patient health and safety and for	- Temperatures to protect patient health and safety and for
		the safe and sanitary storage of provisions	the safe and sanitary storage of provisions
		- Emergency lighting	- Emergency lighting
		- Fire detection, extinguishing, and alarm systems	- Fire detection, extinguishing, and alarm systems
		- Sewage and waste disposal	- Sewage and waste disposal
		Note: It is important for critical access hospitals to consider	Note: It is important for critical access hospitals to consider
		alternative means for maintaining temperatures at a level	alternative means for maintaining temperatures at a level
		that protects the health and safety of all persons within the	that protects the health and safety of all persons within the
		facility. For example, when safe temperature levels cannot be	facility. For example, when safe temperature levels cannot be
		maintained, the critical access hospital considers partial or	maintained, the critical access hospital considers partial or
		full evacuation or closure.	full evacuation or closure.
§482.15(b)(1)(ii)(D)	(D) Sewage and waste disposal.	EM.12.02.11, EP 4	EM.12.02.11, EP 4
		The critical access hospital's plan for managing utilities	The critical access hospital's plan for managing utilities
		includes alternate sources for maintaining energy to the	includes alternate sources for maintaining energy to the
		following:	following:
		- Temperatures to protect patient health and safety and for	- Temperatures to protect patient health and safety and for
		the safe and sanitary storage of provisions	the safe and sanitary storage of provisions
		- Emergency lighting	- Emergency lighting
		- Fire detection, extinguishing, and alarm systems	- Fire detection, extinguishing, and alarm systems
		- Sewage and waste disposal	- Sewage and waste disposal
		Note: It is important for critical access hospitals to consider	Note: It is important for critical access hospitals to consider
		alternative means for maintaining temperatures at a level	alternative means for maintaining temperatures at a level
		that protects the health and safety of all persons within the	that protects the health and safety of all persons within the
		facility. For example, when safe temperature levels cannot be	facility. For example, when safe temperature levels cannot be
		maintained, the critical access hospital considers partial or	maintained, the critical access hospital considers partial or
		full evacuation or closure.	full evacuation or closure.
§482.15(b)(2)	(2) A system to track the	EM.12.02.07, EP 2	EM.12.02.07, EP 2
	location of on-duty staff and	The critical access hospital's plan for safety and security	The critical access hospital's plan for safety and security
	sheltered patients in the	measures includes a system to track the location of its on-	measures includes a system to track the location of its on-
	hospital's care during an	duty staff and volunteers and patients when sheltered in	duty staff and volunteers and patients when sheltered in
	emergency. If on-duty staff and	place, relocated, or evacuated. If on-duty staff and	place, relocated, or evacuated. If on-duty staff and
	sheltered patients are	volunteers and patients are relocated during an emergency,	volunteers and patients are relocated during an emergency,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	relocated during the	the critical access hospital documents the specific name	the critical access hospital documents the specific name
	emergency, the hospital must	and location of the receiving facility or evacuation location.	and location of the receiving facility or evacuation location.
	document the specific name	Note: Examples of systems used for tracking purposes	Note: Examples of systems used for tracking purposes
	and location of the receiving	include the use of established technology or tracking	include the use of established technology or tracking
	facility or other location.	systems or taking head counts at defined intervals.	systems or taking head counts at defined intervals.
§482.15(b)(3)	(3) Safe evacuation from the	EM.12.01.01, EP 3	EM.12.01.01, EP 3
	hospital, which includes	The critical access hospital's emergency operations plan	The critical access hospital's emergency operations plan
	consideration of care and	includes written procedures for when and how it will shelter	includes written procedures for when and how it will shelter
	treatment needs of evacuees;	in place or evacuate (partial or complete) its staff,	in place or evacuate (partial or complete) its staff,
	staff responsibilities;	volunteers, and patients.	volunteers, and patients.
	transportation; identification of	Note 1: Shelter-in-place plans may vary by department and	Note 1: Shelter-in-place plans may vary by department and
	evacuation location(s); and	facility and may vary based on the type of emergency or	facility and may vary based on the type of emergency or
	primary and alternate means of	situation.	situation.
	communication with external	Note 2: Safe evacuation from the critical access hospital	Note 2: Safe evacuation from the critical access hospital
	sources of assistance.	includes consideration of care, treatment, and service needs	includes consideration of care, treatment, and service needs
		of evacuees, staff responsibilities, and transportation.	of evacuees, staff responsibilities, and transportation.
		EM.12.02.01, EP 6	EM.12.02.01, EP 5
		The critical access hospital's communications plan	The critical access hospital's communications plan
		identifies its primary and alternate means for	identifies its primary and alternate means for
		communicating with staff and relevant authorities (such as	communicating with staff and relevant authorities (such as
		federal, state, tribal, regional, and local emergency	federal, state, tribal, regional, and local emergency
		preparedness staff). The plan includes procedures for the	preparedness staff). The plan includes procedures for the
		following:	following:
		- How and when alternate/backup communication methods	- How and when alternate/backup communication methods
		are used	are used
		- Verifying that its communications systems are compatible	- Verifying that its communications systems are compatible
		with those of community partners and relevant authorities	with those of community partners and relevant authorities
		the critical access hospital plans to communicate with	the critical access hospital plans to communicate with
		- Testing the functionality of the critical access hospital's	- Testing the functionality of the critical access hospital's
		alternate/backup communication systems or equipment	alternate/backup communication systems or equipment
		Note: Examples of alternate/backup communication	Note: Examples of alternate/backup communication
		systems include amateur radios, portable radios, text-based	systems include amateur radios, portable radios, text-based

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		notifications, cell and satellite phones, and reverse 911	notifications, cell and satellite phones, and reverse 911
		notification systems.	notification systems.
§482.15(b)(4)	(4) A means to shelter in place	EM.12.01.01, EP 3	EM.12.01.01, EP 3
	for patients, staff, and	The critical access hospital's emergency operations plan	The critical access hospital's emergency operations plan
	volunteers who remain in the	includes written procedures for when and how it will shelter	includes written procedures for when and how it will shelter
	facility.	in place or evacuate (partial or complete) its staff,	in place or evacuate (partial or complete) its staff,
		volunteers, and patients.	volunteers, and patients.
		Note 1: Shelter-in-place plans may vary by department and	Note 1: Shelter-in-place plans may vary by department and
		facility and may vary based on the type of emergency or	facility and may vary based on the type of emergency or
		situation.	situation.
		Note 2: Safe evacuation from the critical access hospital	Note 2: Safe evacuation from the critical access hospital
		includes consideration of care, treatment, and service needs	includes consideration of care, treatment, and service needs
0.400.45(1.)(5)	(5) A	of evacuees, staff responsibilities, and transportation.	of evacuees, staff responsibilities, and transportation.
§482.15(b)(5)	(5) A system of medical	IM.01.01.03, EP 1	IM.11.01.01, EP 1
	documentation that preserves	The critical access hospital follows a written plan for	The critical access hospital develops and implements
	patient information, protects	managing interruptions to its information processes (paper-	policies and procedures regarding medical documentation
	confidentiality of patient information, and secures and	based, electronic, or a mix of paper-based and electronic).	and patient information during emergencies and other interruptions to information management systems, including
	maintains the availability of	IM.01.01.03, EP 2	security and availability of patient records to support
	records.	The critical access hospital's plan for managing interruptions	continuity of care.
	1000140.	to information processes addresses the following:	Note: These policies and procedures are based on the
		- Scheduled and unscheduled interruptions of electronic	emergency plan, risk assessment, and emergency
		information systems	communication plan and are reviewed and updated at least
		- Training for staff on alternative procedures to follow when	every 2 years.
		electronic information systems are unavailable	
		- Backup of electronic information systems	
		IM.02.01.01, EP 1	
		The critical access hospital follows a written policy	
		addressing the privacy and confidentiality of health	
		information.	
		IM.02.01.01, EP 4	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The critical access hospital discloses health information only as authorized by the patient or as otherwise consistent with	
		law and regulation.	
		IM.02.01.03, EP 1	
		The critical access hospital follows a written policy that	
		addresses the security of health information, including	
		access, use, and disclosure.	
		IM.02.01.03, EP 5	
		The critical access hospital protects against unauthorized	
		access, use, and disclosure of health information.	
§482.15(b)(6)	(6) The use of volunteers in an	EM.12.02.03, EP 1	EM.12.02.03, EP 1
	emergency and other	The critical access hospital develops a staffing plan for	The critical access hospital develops a staffing plan for
	emergency staffing strategies, including the process and role	managing all staff and volunteers to meet patient care needs during the duration of an emergency or disaster incident or	managing all staff and volunteers to meet patient care needs during the duration of an emergency or disaster incident or
	for integration of State and	during the duration of an emergency of disaster incident of during a patient surge. The plan includes the following:	during the duration of an emergency of disaster incident of during a patient surge. The plan includes the following:
	Federally designated health	- Methods for contacting off-duty staff	- Methods for contacting off-duty staff
	care professionals to address	- Acquisition of staff from its other health care facilities	- Acquisition of staff from its other health care facilities
	surge needs during an	- Use of volunteer staffing, such as staffing agencies, health	- Use of volunteer staffing, such as staffing agencies, health
	emergency.	care coalition support, and those deployed as part of the	care coalition support, and those deployed as part of the
		disaster medical assistance teams	disaster medical assistance teams
		Note: If the critical access hospital determines that it will	Note: If the critical access hospital determines that it will
		never use volunteers during disasters, this is documented in	never use volunteers during disasters, this is documented in
		its plan.	its plan.
		EM.12.02.03, EP 2	EM.12.02.03, EP 2
		The critical access hospital's staffing plan addresses the	The critical access hospital's staffing plan addresses the
		management of all staff and volunteers as follows:	management of all staff and volunteers as follows:
		- Reporting processes	- Reporting processes
		- Roles and responsibilities for essential functions	- Roles and responsibilities for essential functions
		- Integration of staffing agencies, volunteer staffing, or	- Integration of staffing agencies, volunteer staffing, or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		deployed medical assistance teams into assigned roles and	deployed medical assistance teams into assigned roles and
		responsibilities	responsibilities
§482.15(b)(7)	(7) The development of	EM.12.02.05, EP 1	EM.12.02.05, EP 1
	arrangements with other	The critical access hospital's plan for providing patient care	The critical access hospital's plan for providing patient care
	hospitals and other providers to	and clinical support includes written procedures and	and clinical support includes written procedures and
	receive patients in the event of	arrangements with other hospitals and providers for how it	arrangements with other hospitals and providers for how it
	limitations or cessation of	will share patient care information and medical	will share patient care information and medical
	operations to maintain the	documentation and how it will transfer patients to other	documentation and how it will transfer patients to other
	continuity of services to	health care facilities to maintain continuity of care.	health care facilities to maintain continuity of care.
	hospital patients.		
§482.15(b)(8)	(8) The role of the hospital	EM.12.01.01, EP 9	EM.12.01.01, EP 7
	under a waiver declared by the	The critical access hospital must develop and implement	The critical access hospital must develop and implement
	Secretary, in accordance with	emergency preparedness policies and procedures that	emergency preparedness policies and procedures that
	section 1135 of the Act, in the	address the role of the critical access hospital under a waiver	address the role of the critical access hospital under a waiver
	provision of care and treatment	declared by the Secretary, in accordance with section 1135	declared by the Secretary, in accordance with section 1135
	at an alternate care site	of the Social Security Act, in the provision of care and	of the Social Security Act, in the provision of care and
	identified by emergency	treatment at an alternate care site identified by emergency	treatment at an alternate care site identified by emergency
	management officials.	management officials.	management officials.
		Note 1: This element of performance is applicable only to	Note 1: This element of performance is applicable only to
		critical access hospitals that receive Medicare, Medicaid, or	critical access hospitals that receive Medicare, Medicaid, or
		Children's Health Insurance Program reimbursement.	Children's Health Insurance Program reimbursement.
		Note 2: For more information on 1135 waivers, visit	Note 2: For more information on 1135 waivers, visit
		https://www.cms.gov/about-cms/what-we-do/emergency-	https://www.cms.gov/about-cms/what-we-do/emergency-
		response/how-can-we-help/waivers-flexibilities and	response/how-can-we-help/waivers-flexibilities and
		https://www.cms.gov/about-cms/agency-	https://www.cms.gov/about-cms/agency-
		information/emergency/downloads/consolidated_medicare_	information/emergency/downloads/consolidated_medicare_
		ffs_emergency_qsas.pdf.	ffs_emergency_qsas.pdf.
§482.15(c)	(c) Communication plan. The	EM.09.01.01, EP 3	EM.09.01.01, EP 3
	hospital must develop and	The critical access hospital complies with all applicable	The critical access hospital complies with all applicable
	maintain an emergency	federal, state, and local emergency preparedness laws and	federal, state, and local emergency preparedness laws and
	preparedness communication	regulations.	regulations.
	plan that complies with		
	Federal, State, and local laws	EM.12.01.01, EP 1	EM.12.01.01, EP 1

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	and must be reviewed and	The critical access hospital has a written all-hazards	The critical access hospital has a written all-hazards
	updated at least every 2 years.	emergency operations plan (EOP) with supporting policies	emergency operations plan (EOP) with supporting policies
	The communication plan must	and procedures that provides guidance to staff and	and procedures that provides guidance to staff and
	include all of the following:	volunteers on actions to take during emergency or disaster	volunteers on actions to take during emergency or disaster
		incidents. The EOP and policies and procedures include, but	incidents. The EOP and policies and procedures include, but
		are not limited to, the following:	are not limited to, the following:
		- Mobilizing incident command	- Mobilizing incident command
		- Communications plan	- Communications plan
		- Maintaining, expanding, curtailing, or closing operations	- Maintaining, expanding, curtailing, or closing operations
		- Protecting critical systems and infrastructure	- Protecting critical systems and infrastructure
		- Conserving and/or supplementing resources	- Conserving and/or supplementing resources
		- Surge plans (such as flu or pandemic plans)	- Surge plans (such as flu or pandemic plans)
		- Identifying alternate treatment areas or locations	- Identifying alternate treatment areas or locations
		- Sheltering in place	- Sheltering in place
		- Evacuating (partial or complete) or relocating services	- Evacuating (partial or complete) or relocating services
		- Safety and security	- Safety and security
		- Securing information and records	- Securing information and records
		EM.17.01.01, EP 3	EM.17.01.01, EP 3
		The critical access hospital reviews and makes necessary	The critical access hospital reviews and makes necessary
		updates based on after-action reports or opportunities for	updates based on after-action reports or opportunities for
		improvement to the following items every two years, or more	improvement to the following items every two years, or more
		frequently if necessary:	frequently if necessary:
		- Hazard vulnerability analysis	- Hazard vulnerability analysis
		- Emergency management program	- Emergency management program
		- Emergency operations plan, policies, and procedures	- Emergency operations plan, policies, and procedures
		- Communications plan	- Communications plan
		- Continuity of operations plan	- Continuity of operations plan
		- Education and training program	- Education and training program
		- Testing program	- Testing program
§482.15(c)(1)	(1) Names and contact		
	information for the following:		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.15(c)(1)(i)	(i) Staff.	EM.12.02.01, EP 1	EM.12.02.01, EP 1
		The critical access hospital maintains a contact list of	The critical access hospital maintains a contact list of
		individuals and entities that are to be notified in response to	individuals and entities that are to be notified in response to
		an emergency. The list of contacts includes the following:	an emergency. The list of contacts includes the following:
		- Staff	- Staff
		- Physicians and other licensed practitioners	- Physicians and other licensed practitioners
		- Volunteers	- Volunteers
		- Other health care organizations	- Other health care organizations
		- Entities providing services under arrangement, including	- Entities providing services under arrangement, including
		suppliers of essential services, equipment, and supplies	suppliers of essential services, equipment, and supplies
		- Relevant community partners (such as fire, police, local	- Relevant community partners (such as fire, police, local
		incident command, public health departments)	incident command, public health departments)
		- Relevant authorities (federal, state, tribal, regional, and	- Relevant authorities (federal, state, tribal, regional, and
		local emergency preparedness staff)	local emergency preparedness staff)
		- Other sources of assistance (such as health care	- Other sources of assistance (such as health care
		coalitions)	coalitions)
		Note: The type of emergency will determine what	Note: The type of emergency will determine what
		organizations/individuals need to be contacted to assist with	organizations/individuals need to be contacted to assist with
		the emergency or disaster incident.	the emergency or disaster incident.
§482.15(c)(1)(ii)	(ii) Entities providing services	EM.12.02.01, EP 1	EM.12.02.01, EP 1
	under arrangement.	The critical access hospital maintains a contact list of	The critical access hospital maintains a contact list of
		individuals and entities that are to be notified in response to	individuals and entities that are to be notified in response to
		an emergency. The list of contacts includes the following:	an emergency. The list of contacts includes the following:
		- Staff	- Staff
		- Physicians and other licensed practitioners	- Physicians and other licensed practitioners
		- Volunteers	- Volunteers
		- Other health care organizations	- Other health care organizations
		- Entities providing services under arrangement, including	- Entities providing services under arrangement, including
		suppliers of essential services, equipment, and supplies	suppliers of essential services, equipment, and supplies
		- Relevant community partners (such as fire, police, local	- Relevant community partners (such as fire, police, local
		incident command, public health departments)	incident command, public health departments)
		- Relevant authorities (federal, state, tribal, regional, and	- Relevant authorities (federal, state, tribal, regional, and
		local emergency preparedness staff)	local emergency preparedness staff)

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Other sources of assistance (such as health care	- Other sources of assistance (such as health care
		coalitions)	coalitions)
		Note: The type of emergency will determine what	Note: The type of emergency will determine what
		organizations/individuals need to be contacted to assist with	organizations/individuals need to be contacted to assist with
		the emergency or disaster incident.	the emergency or disaster incident.
§482.15(c)(1)(iii)	(iii) Patients' physicians.	EM.12.02.01, EP 1	EM.12.02.01, EP 1
		The critical access hospital maintains a contact list of	The critical access hospital maintains a contact list of
		individuals and entities that are to be notified in response to	individuals and entities that are to be notified in response to
		an emergency. The list of contacts includes the following:	an emergency. The list of contacts includes the following:
		- Staff	- Staff
		- Physicians and other licensed practitioners	- Physicians and other licensed practitioners
		- Volunteers	- Volunteers
		- Other health care organizations	- Other health care organizations
		- Entities providing services under arrangement, including	- Entities providing services under arrangement, including
		suppliers of essential services, equipment, and supplies	suppliers of essential services, equipment, and supplies
		- Relevant community partners (such as fire, police, local	- Relevant community partners (such as fire, police, local
		incident command, public health departments)	incident command, public health departments)
		- Relevant authorities (federal, state, tribal, regional, and	- Relevant authorities (federal, state, tribal, regional, and
		local emergency preparedness staff)	local emergency preparedness staff)
		- Other sources of assistance (such as health care	- Other sources of assistance (such as health care
		coalitions)	coalitions)
		Note: The type of emergency will determine what	Note: The type of emergency will determine what
		organizations/individuals need to be contacted to assist with	organizations/individuals need to be contacted to assist with
		the emergency or disaster incident.	the emergency or disaster incident.
§482.15(c)(1)(iv)	(iv) Other hospitals and CAHs	EM.12.02.01, EP 1	EM.12.02.01, EP 1
		The critical access hospital maintains a contact list of	The critical access hospital maintains a contact list of
		individuals and entities that are to be notified in response to	individuals and entities that are to be notified in response to
		an emergency. The list of contacts includes the following:	an emergency. The list of contacts includes the following:
		- Staff	- Staff
		- Physicians and other licensed practitioners	- Physicians and other licensed practitioners
		- Volunteers	- Volunteers
		- Other health care organizations	- Other health care organizations
		- Entities providing services under arrangement, including	- Entities providing services under arrangement, including

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		suppliers of essential services, equipment, and supplies	suppliers of essential services, equipment, and supplies
		- Relevant community partners (such as fire, police, local	- Relevant community partners (such as fire, police, local
		incident command, public health departments)	incident command, public health departments)
		- Relevant authorities (federal, state, tribal, regional, and	- Relevant authorities (federal, state, tribal, regional, and
		local emergency preparedness staff)	local emergency preparedness staff)
		- Other sources of assistance (such as health care	- Other sources of assistance (such as health care
		coalitions)	coalitions)
		Note: The type of emergency will determine what	Note: The type of emergency will determine what
		organizations/individuals need to be contacted to assist with	organizations/individuals need to be contacted to assist with
		the emergency or disaster incident.	the emergency or disaster incident.
§482.15(c)(1)(v)	(v) Volunteers.	EM.12.02.01, EP 1	EM.12.02.01, EP 1
		The critical access hospital maintains a contact list of	The critical access hospital maintains a contact list of
		individuals and entities that are to be notified in response to	individuals and entities that are to be notified in response to
		an emergency. The list of contacts includes the following:	an emergency. The list of contacts includes the following:
		- Staff	- Staff
		- Physicians and other licensed practitioners	- Physicians and other licensed practitioners
		- Volunteers	- Volunteers
		- Other health care organizations	- Other health care organizations
		- Entities providing services under arrangement, including	- Entities providing services under arrangement, including
		suppliers of essential services, equipment, and supplies	suppliers of essential services, equipment, and supplies
		- Relevant community partners (such as fire, police, local	- Relevant community partners (such as fire, police, local
		incident command, public health departments)	incident command, public health departments)
		- Relevant authorities (federal, state, tribal, regional, and	- Relevant authorities (federal, state, tribal, regional, and
		local emergency preparedness staff)	local emergency preparedness staff)
		- Other sources of assistance (such as health care	- Other sources of assistance (such as health care
		coalitions)	coalitions)
		Note: The type of emergency will determine what	Note: The type of emergency will determine what
		organizations/individuals need to be contacted to assist with	organizations/individuals need to be contacted to assist with
		the emergency or disaster incident.	the emergency or disaster incident.
§482.15(c)(2)	(2) Contact information for the		
	following:		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.15(c)(2)(i)	(i) Federal, State, tribal,	EM.12.02.01, EP 1	EM.12.02.01, EP 1
	regional, and local emergency	The critical access hospital maintains a contact list of	The critical access hospital maintains a contact list of
	preparedness staff.	individuals and entities that are to be notified in response to	individuals and entities that are to be notified in response to
		an emergency. The list of contacts includes the following:	an emergency. The list of contacts includes the following:
		- Staff	- Staff
		- Physicians and other licensed practitioners	- Physicians and other licensed practitioners
		- Volunteers	- Volunteers
		- Other health care organizations	- Other health care organizations
		- Entities providing services under arrangement, including	- Entities providing services under arrangement, including
		suppliers of essential services, equipment, and supplies	suppliers of essential services, equipment, and supplies
		- Relevant community partners (such as fire, police, local	- Relevant community partners (such as fire, police, local
		incident command, public health departments)	incident command, public health departments)
		- Relevant authorities (federal, state, tribal, regional, and	- Relevant authorities (federal, state, tribal, regional, and
		local emergency preparedness staff)	local emergency preparedness staff)
		- Other sources of assistance (such as health care	- Other sources of assistance (such as health care
		coalitions)	coalitions)
		Note: The type of emergency will determine what	Note: The type of emergency will determine what
		organizations/individuals need to be contacted to assist with	organizations/individuals need to be contacted to assist with
		the emergency or disaster incident.	the emergency or disaster incident.
§482.15(c)(2)(ii)	(ii) Other sources of assistance.	EM.12.02.01, EP 1	EM.12.02.01, EP 1
		The critical access hospital maintains a contact list of	The critical access hospital maintains a contact list of
		individuals and entities that are to be notified in response to	individuals and entities that are to be notified in response to
		an emergency. The list of contacts includes the following:	an emergency. The list of contacts includes the following:
		- Staff	- Staff
		- Physicians and other licensed practitioners	- Physicians and other licensed practitioners
		- Volunteers	- Volunteers
		- Other health care organizations	- Other health care organizations
		- Entities providing services under arrangement, including	- Entities providing services under arrangement, including
		suppliers of essential services, equipment, and supplies	suppliers of essential services, equipment, and supplies
		- Relevant community partners (such as fire, police, local	- Relevant community partners (such as fire, police, local
		incident command, public health departments)	incident command, public health departments)
		- Relevant authorities (federal, state, tribal, regional, and	- Relevant authorities (federal, state, tribal, regional, and
		local emergency preparedness staff)	local emergency preparedness staff)

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Other sources of assistance (such as health care	- Other sources of assistance (such as health care
		coalitions)	coalitions)
		Note: The type of emergency will determine what	Note: The type of emergency will determine what
		organizations/individuals need to be contacted to assist with	organizations/individuals need to be contacted to assist with
		the emergency or disaster incident.	the emergency or disaster incident.
§482.15(c)(3)	(3) Primary and alternate		
	means for communicating with		
	the following:		
§482.15(c)(3)(i)	(i) Hospital's staff.	EM.12.02.01, EP 6	EM.12.02.01, EP 5
		The critical access hospital's communications plan	The critical access hospital's communications plan
		identifies its primary and alternate means for	identifies its primary and alternate means for
		communicating with staff and relevant authorities (such as	communicating with staff and relevant authorities (such as
		federal, state, tribal, regional, and local emergency	federal, state, tribal, regional, and local emergency
		preparedness staff). The plan includes procedures for the	preparedness staff). The plan includes procedures for the
		following:	following:
		- How and when alternate/backup communication methods	- How and when alternate/backup communication methods
		are used	are used
		- Verifying that its communications systems are compatible	- Verifying that its communications systems are compatible
		with those of community partners and relevant authorities	with those of community partners and relevant authorities
		the critical access hospital plans to communicate with	the critical access hospital plans to communicate with
		- Testing the functionality of the critical access hospital's	- Testing the functionality of the critical access hospital's
		alternate/backup communication systems or equipment	alternate/backup communication systems or equipment
		Note: Examples of alternate/backup communication	Note: Examples of alternate/backup communication
		systems include amateur radios, portable radios, text-based	systems include amateur radios, portable radios, text-based
		notifications, cell and satellite phones, and reverse 911	notifications, cell and satellite phones, and reverse 911
		notification systems.	notification systems.
§482.15(c)(3)(ii)	(ii) Federal, State, tribal,	EM.12.02.01, EP 6	EM.12.02.01, EP 5
	regional, and local emergency	The critical access hospital's communications plan	The critical access hospital's communications plan
	management agencies.	identifies its primary and alternate means for	identifies its primary and alternate means for
		communicating with staff and relevant authorities (such as	communicating with staff and relevant authorities (such as
		federal, state, tribal, regional, and local emergency	federal, state, tribal, regional, and local emergency
		preparedness staff). The plan includes procedures for the	preparedness staff). The plan includes procedures for the
		following:	following:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- How and when alternate/backup communication methods	- How and when alternate/backup communication methods
		are used	are used
		- Verifying that its communications systems are compatible	- Verifying that its communications systems are compatible
		with those of community partners and relevant authorities	with those of community partners and relevant authorities
		the critical access hospital plans to communicate with	the critical access hospital plans to communicate with
		- Testing the functionality of the critical access hospital's	- Testing the functionality of the critical access hospital's
		alternate/backup communication systems or equipment	alternate/backup communication systems or equipment
		Note: Examples of alternate/backup communication	Note: Examples of alternate/backup communication
		systems include amateur radios, portable radios, text-based	systems include amateur radios, portable radios, text-based
		notifications, cell and satellite phones, and reverse 911	notifications, cell and satellite phones, and reverse 911
		notification systems.	notification systems.
§482.15(c)(4)	(4) A method for sharing	EM.12.02.01, EP 5	EM.12.02.01, EP 4
	information and medical	In the event of an emergency or evacuation, the critical	In the event of an emergency or evacuation, the critical
	documentation for patients	access hospital's communications plan includes a method	access hospital's communications plan includes a method
	under the hospital's care, as	for sharing and/or releasing location information and medical	for sharing and/or releasing location information and medical
	necessary, with other health	documentation for patients under the hospital's care to the	documentation for patients under the hospital's care to the
	care providers to maintain the	following individuals or entities, in accordance with law and	following individuals or entities, in accordance with law and
	continuity of care.	regulation:	regulation:
		- Patient's family, representative, or others involved in the care of the patient	- Patient's family, representative, or others involved in the care of the patient
		- Disaster relief organizations and relevant authorities	- Disaster relief organizations and relevant authorities
		- Other health care providers	- Other health care providers
		Note: Sharing and releasing of patient information is	Note: Sharing and releasing of patient information is
		consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).	consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).
		EM.12.02.05, EP 1	EM.12.02.05, EP 1
		The critical access hospital's plan for providing patient care	The critical access hospital's plan for providing patient care
		and clinical support includes written procedures and	and clinical support includes written procedures and
		arrangements with other hospitals and providers for how it	arrangements with other hospitals and providers for how it
		will share patient care information and medical	will share patient care information and medical
		documentation and how it will transfer patients to other	documentation and how it will transfer patients to other
		health care facilities to maintain continuity of care.	health care facilities to maintain continuity of care.

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§482.15(c)(5)	(5) A means, in the event of an	EM.12.02.01, EP 5	EM.12.02.01, EP 4
	evacuation, to release patient	In the event of an emergency or evacuation, the critical	In the event of an emergency or evacuation, the critical
	information as permitted under	access hospital's communications plan includes a method	access hospital's communications plan includes a method
	45 CFR 164.510(b)(1)(ii).	for sharing and/or releasing location information and medical	for sharing and/or releasing location information and medical
		documentation for patients under the hospital's care to the	documentation for patients under the hospital's care to the
		following individuals or entities, in accordance with law and	following individuals or entities, in accordance with law and
		regulation:	regulation:
		- Patient's family, representative, or others involved in the	- Patient's family, representative, or others involved in the
		care of the patient	care of the patient
		- Disaster relief organizations and relevant authorities	- Disaster relief organizations and relevant authorities
		- Other health care providers	- Other health care providers
		Note: Sharing and releasing of patient information is	Note: Sharing and releasing of patient information is
		consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).	consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).
§482.15(c)(6)	(6) A means of providing	EM.12.02.01, EP 5	EM.12.02.01, EP 4
	information about the general	In the event of an emergency or evacuation, the critical	In the event of an emergency or evacuation, the critical
	condition and location of	access hospital's communications plan includes a method	access hospital's communications plan includes a method
	patients under the facility's	for sharing and/or releasing location information and medical	for sharing and/or releasing location information and medical
	care as permitted under 45 CFR	documentation for patients under the hospital's care to the	documentation for patients under the hospital's care to the
	164.510(b)(4).	following individuals or entities, in accordance with law and	following individuals or entities, in accordance with law and
		regulation:	regulation:
		- Patient's family, representative, or others involved in the	- Patient's family, representative, or others involved in the
		care of the patient	care of the patient
		- Disaster relief organizations and relevant authorities	- Disaster relief organizations and relevant authorities
		- Other health care providers	- Other health care providers
		Note: Sharing and releasing of patient information is	Note: Sharing and releasing of patient information is
0.100.100.100		consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).	consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).
§482.15(c)(7)	(7) A means of providing	EM.12.02.01, EP 3	EM.12.02.01, EP 3
	information about the	The critical access hospital's communication plan describes	The critical access hospital's communication plan describes
	hospital's occupancy, needs,	how the critical access hospital will communicate with and	how the critical access hospital will communicate with and
	and its ability to provide	report information about its organizational needs, available	report information about its organizational needs, available
	assistance, to the authority	occupancy, and ability to provide assistance to relevant	occupancy, and ability to provide assistance to relevant
	having jurisdiction, the Incident	authorities.	authorities.
	Command Center, or designee.	Note: Examples of critical access hospital needs include	Note: Examples of critical access hospital needs include

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		shortages in personal protective equipment, staffing	shortages in personal protective equipment, staffing
		shortages, evacuation or transfer of patients, and temporary	shortages, evacuation or transfer of patients, and temporary
		loss of part or all organization function.	loss of part or all organization function.
§482.15(d)	(d) Training and testing. The	EM.15.01.01, EP 1	EM.15.01.01, EP 1
	hospital must develop and	The critical access hospital has a written education and	The critical access hospital has a written education and
	maintain an emergency	training program in emergency management that is based on	training program in emergency management that is based on
	preparedness training and	the critical access hospital's prioritized risks identified as	the critical access hospital's prioritized risks identified as
	testing program that is based	part of its hazard vulnerability analysis, emergency	part of its hazard vulnerability analysis, emergency
	on the emergency plan set forth	operations plan, communications plan, and policies and	operations plan, communications plan, and policies and
	in paragraph (a) of this section,	procedures.	procedures.
	risk assessment at paragraph	Note: If the critical access hospital has developed multiple	Note: If the critical access hospital has developed multiple
	(a)(1) of this section, policies	hazard vulnerability analyses based on the location of other	hazard vulnerability analyses based on the location of other
	and procedures at paragraph	services offered, the education and training for those	services offered, the education and training for those
	(b) of this section, and the	facilities are specific to their needs.	facilities are specific to their needs.
	communication plan at		
	paragraph (c) of this section.	EM.16.01.01, EP 1	EM.16.01.01, EP 1
	The training and testing	The critical access hospital describes in writing a plan for	The critical access hospital describes in writing a plan for
	program must be reviewed and	when and how it will conduct annual testing of its emergency	when and how it will conduct annual testing of its emergency
	updated at least every 2 years.	operations plan (EOP). The planned exercises are based on	operations plan (EOP). The planned exercises are based on
		the following:	the following:
		- Likely emergencies or disaster scenarios	- Likely emergencies or disaster scenarios
		- EOP and policies and procedures	- EOP and policies and procedures
		- After-action reports (AAR) and improvement plans	- After-action reports (AAR) and improvement plans
		- Six critical areas (communications, staffing, patient care	- Six critical areas (communications, staffing, patient care
		and clinical support, safety and security, resources and	and clinical support, safety and security, resources and
		assets, utilities)	assets, utilities)
		Note 1: The planned exercises should attempt to stress the	Note 1: The planned exercises should attempt to stress the
		limits of its emergency response procedures to assess how	limits of its emergency response procedures to assess how
		prepared the critical access hospital may be if a real event or	prepared the critical access hospital may be if a real event or
		disaster were to occur based on past experiences.	disaster were to occur based on past experiences.
		Note 2: An AAR is a detailed critical summary or analysis of	Note 2: An AAR is a detailed critical summary or analysis of
		an emergency or disaster incident, including both planned	an emergency or disaster incident, including both planned
		and unplanned events. The report summarizes what took	and unplanned events. The report summarizes what took

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		place during the event, analyzes the actions taken by	place during the event, analyzes the actions taken by
		participants, and provides areas needing improvement.	participants, and provides areas needing improvement.
		EM.17.01.01, EP 3	EM.17.01.01, EP 3
		The critical access hospital reviews and makes necessary	The critical access hospital reviews and makes necessary
		updates based on after-action reports or opportunities for	updates based on after-action reports or opportunities for
		improvement to the following items every two years, or more	improvement to the following items every two years, or more
		frequently if necessary:	frequently if necessary:
		- Hazard vulnerability analysis	- Hazard vulnerability analysis
		- Emergency management program	- Emergency management program
		- Emergency operations plan, policies, and procedures	- Emergency operations plan, policies, and procedures
		- Communications plan	- Communications plan
		- Continuity of operations plan	- Continuity of operations plan
		- Education and training program	- Education and training program
		- Testing program	- Testing program
§482.15(d)(1)	(1) Training program. The		
	hospital must do all of the		
	following:		
§482.15(d)(1)(i)	(i) Initial training in emergency	EM.15.01.01, EP 2	EM.15.01.01, EP 2
	preparedness policies and	The critical access hospital provides initial education and	The critical access hospital provides initial education and
	procedures to all new and	training in emergency management to all new and existing	training in emergency management to all new and existing
	existing staff, individuals	staff, individuals providing services under arrangement, and	staff, individuals providing services under arrangement, and
	providing services under	volunteers that are consistent with their roles and	volunteers that are consistent with their roles and
	arrangement, and volunteers,	responsibilities in an emergency. The initial education and	responsibilities in an emergency. The initial education and
	consistent with their expected	training include the following:	training include the following:
	role.	- Activation and deactivation of the emergency operations	- Activation and deactivation of the emergency operations
		plan	plan
		- Communications plan	- Communications plan
		- Emergency response policies and procedures	- Emergency response policies and procedures
		- Evacuation, shelter-in-place, lockdown, and surge	- Evacuation, shelter-in-place, lockdown, and surge
		procedures	procedures
		- Where and how to obtain resources and supplies for	- Where and how to obtain resources and supplies for

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		emergencies (such as procedure manuals or equipment)	emergencies (such as procedure manuals or equipment)
		Documentation is required.	Documentation is required.
§482.15(d)(1)(ii)	(ii) Provide emergency	EM.15.01.01, EP 3	EM.15.01.01, EP 3
	preparedness training at least	The critical access hospital provides ongoing education and	The critical access hospital provides ongoing education and
	every 2 years.	training to all staff, individuals providing services under	training to all staff, individuals providing services under
		arrangement, and volunteers that are consistent with their	arrangement, and volunteers that are consistent with their
		roles and responsibilities in an emergency. The education	roles and responsibilities in an emergency. The education
		and training occur at the following times:	and training occur at the following times:
		- At least every two years	- At least every two years
		- When roles or responsibilities change	- When roles or responsibilities change
		- When there are significant revisions to the emergency	- When there are significant revisions to the emergency
		operations plan, policies, and/or procedures	operations plan, policies, and/or procedures
		- When procedural changes are made during an emergency	- When procedural changes are made during an emergency
		or disaster incident requiring just-in-time education and	or disaster incident requiring just-in-time education and
		training.	training.
		Documentation is required.	Documentation is required.
		Note 1: Staff demonstrate knowledge of emergency	Note 1: Staff demonstrate knowledge of emergency
		procedures through participation in drills and exercises, as	procedures through participation in drills and exercises, as
		well as post-training tests, participation in instructor-led	well as post-training tests, participation in instructor-led
		feedback (for example, questions and answers), or other	feedback (for example, questions and answers), or other
		methods determined and documented by the organization.	methods determined and documented by the organization.
		Note 2: Critical access hospitals are not required to retrain	Note 2: Critical access hospitals are not required to retrain
		staff on the entire emergency operations plan but can	staff on the entire emergency operations plan but can
		choose to provide education and training specific to the new	choose to provide education and training specific to the new
		or revised elements of the emergency management program.	or revised elements of the emergency management program.
§482.15(d)(1)(iii)	(iii) Maintain documentation of	EM.15.01.01, EP 2	EM.15.01.01, EP 2
	the training.	The critical access hospital provides initial education and	The critical access hospital provides initial education and
		training in emergency management to all new and existing	training in emergency management to all new and existing
		staff, individuals providing services under arrangement, and	staff, individuals providing services under arrangement, and
		volunteers that are consistent with their roles and	volunteers that are consistent with their roles and
		responsibilities in an emergency. The initial education and	responsibilities in an emergency. The initial education and
		training include the following:	training include the following:
		- Activation and deactivation of the emergency operations	- Activation and deactivation of the emergency operations

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		plan	plan
		- Communications plan	- Communications plan
		- Emergency response policies and procedures	- Emergency response policies and procedures
		- Evacuation, shelter-in-place, lockdown, and surge	- Evacuation, shelter-in-place, lockdown, and surge
		procedures	procedures
		- Where and how to obtain resources and supplies for	- Where and how to obtain resources and supplies for
		emergencies (such as procedure manuals or equipment)	emergencies (such as procedure manuals or equipment)
		Documentation is required.	Documentation is required.
		EM.15.01.01, EP 3	EM.15.01.01, EP 3
		The critical access hospital provides ongoing education and	The critical access hospital provides ongoing education and
		training to all staff, individuals providing services under	training to all staff, individuals providing services under
		arrangement, and volunteers that are consistent with their	arrangement, and volunteers that are consistent with their
		roles and responsibilities in an emergency. The education	roles and responsibilities in an emergency. The education
		and training occur at the following times:	and training occur at the following times:
		- At least every two years	- At least every two years
		- When roles or responsibilities change	- When roles or responsibilities change
		- When there are significant revisions to the emergency	- When there are significant revisions to the emergency
		operations plan, policies, and/or procedures	operations plan, policies, and/or procedures
		- When procedural changes are made during an emergency	- When procedural changes are made during an emergency
		or disaster incident requiring just-in-time education and	or disaster incident requiring just-in-time education and
		training.	training.
		Documentation is required.	Documentation is required.
		Note 1: Staff demonstrate knowledge of emergency	Note 1: Staff demonstrate knowledge of emergency
		procedures through participation in drills and exercises, as	procedures through participation in drills and exercises, as
		well as post-training tests, participation in instructor-led	well as post-training tests, participation in instructor-led
		feedback (for example, questions and answers), or other	feedback (for example, questions and answers), or other
		methods determined and documented by the organization.	methods determined and documented by the organization.
		Note 2: Critical access hospitals are not required to retrain	Note 2: Critical access hospitals are not required to retrain
		staff on the entire emergency operations plan but can	staff on the entire emergency operations plan but can
		choose to provide education and training specific to the new	choose to provide education and training specific to the new
		or revised elements of the emergency management program.	or revised elements of the emergency management program.

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§482.15(d)(1)(iv)	(iv) Demonstrate staff	EM.15.01.01, EP 2	EM.15.01.01, EP 2
	knowledge of emergency	The critical access hospital provides initial education and	The critical access hospital provides initial education and
	procedures.	training in emergency management to all new and existing	training in emergency management to all new and existing
		staff, individuals providing services under arrangement, and	staff, individuals providing services under arrangement, and
		volunteers that are consistent with their roles and	volunteers that are consistent with their roles and
		responsibilities in an emergency. The initial education and	responsibilities in an emergency. The initial education and
		training include the following:	training include the following:
		- Activation and deactivation of the emergency operations	- Activation and deactivation of the emergency operations
		plan	plan
		- Communications plan	- Communications plan
		- Emergency response policies and procedures	- Emergency response policies and procedures
		- Evacuation, shelter-in-place, lockdown, and surge	- Evacuation, shelter-in-place, lockdown, and surge
		procedures	procedures
		- Where and how to obtain resources and supplies for	- Where and how to obtain resources and supplies for
		emergencies (such as procedure manuals or equipment)	emergencies (such as procedure manuals or equipment)
		Documentation is required.	Documentation is required.
		EM.15.01.01, EP 3	EM.15.01.01, EP 3
		The critical access hospital provides ongoing education and	The critical access hospital provides ongoing education and
		training to all staff, individuals providing services under	training to all staff, individuals providing services under
		arrangement, and volunteers that are consistent with their	arrangement, and volunteers that are consistent with their
		roles and responsibilities in an emergency. The education	roles and responsibilities in an emergency. The education
		and training occur at the following times:	and training occur at the following times:
		- At least every two years	- At least every two years
		- When roles or responsibilities change	- When roles or responsibilities change
		- When there are significant revisions to the emergency	- When there are significant revisions to the emergency
		operations plan, policies, and/or procedures	operations plan, policies, and/or procedures
		- When procedural changes are made during an emergency	- When procedural changes are made during an emergency
		or disaster incident requiring just-in-time education and	or disaster incident requiring just-in-time education and
		training.	training.
		Documentation is required.	Documentation is required.
		Note 1: Staff demonstrate knowledge of emergency	Note 1: Staff demonstrate knowledge of emergency
		procedures through participation in drills and exercises, as	procedures through participation in drills and exercises, as

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		well as post-training tests, participation in instructor-led	well as post-training tests, participation in instructor-led
		feedback (for example, questions and answers), or other	feedback (for example, questions and answers), or other
		methods determined and documented by the organization.	methods determined and documented by the organization.
		Note 2: Critical access hospitals are not required to retrain	Note 2: Critical access hospitals are not required to retrain
		staff on the entire emergency operations plan but can	staff on the entire emergency operations plan but can
		choose to provide education and training specific to the new	choose to provide education and training specific to the new
		or revised elements of the emergency management program.	or revised elements of the emergency management program.
§482.15(d)(1)(v)	(v) If the emergency	EM.15.01.01, EP 3	EM.15.01.01, EP 3
	preparedness policies and	The critical access hospital provides ongoing education and	The critical access hospital provides ongoing education and
	procedures are significantly	training to all staff, individuals providing services under	training to all staff, individuals providing services under
	updated, the hospital must	arrangement, and volunteers that are consistent with their	arrangement, and volunteers that are consistent with their
	conduct training on the	roles and responsibilities in an emergency. The education	roles and responsibilities in an emergency. The education
	updated policies and	and training occur at the following times:	and training occur at the following times:
	procedures.	- At least every two years	- At least every two years
		- When roles or responsibilities change	- When roles or responsibilities change
		- When there are significant revisions to the emergency	- When there are significant revisions to the emergency
		operations plan, policies, and/or procedures	operations plan, policies, and/or procedures
		- When procedural changes are made during an emergency	- When procedural changes are made during an emergency
		or disaster incident requiring just-in-time education and	or disaster incident requiring just-in-time education and
		training.	training.
		Documentation is required.	Documentation is required.
		Note 1: Staff demonstrate knowledge of emergency	Note 1: Staff demonstrate knowledge of emergency
		procedures through participation in drills and exercises, as	procedures through participation in drills and exercises, as
		well as post-training tests, participation in instructor-led	well as post-training tests, participation in instructor-led
		feedback (for example, questions and answers), or other	feedback (for example, questions and answers), or other
		methods determined and documented by the organization.	methods determined and documented by the organization.
		Note 2: Critical access hospitals are not required to retrain	Note 2: Critical access hospitals are not required to retrain
		staff on the entire emergency operations plan but can	staff on the entire emergency operations plan but can
		choose to provide education and training specific to the new	choose to provide education and training specific to the new
		or revised elements of the emergency management program.	or revised elements of the emergency management program.
§482.15(d)(2)	(2) Testing. The hospital must	EM.16.01.01, EP 2	EM.16.01.01, EP 2
	conduct exercises to test the	The critical access hospital is required to conduct two	The critical access hospital is required to conduct two
	emergency plan at least twice	exercises per year to test the emergency operations plan.	exercises per year to test the emergency operations plan.

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	per year. The hospital must do	- One of the annual exercises must consist of an operations-	- One of the annual exercises must consist of an operations-
	all of the following:	based exercise as follows:	based exercise as follows:
		- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
		- Functional, facility-based exercise when a community-	- Functional, facility-based exercise when a community-
		based exercise is not possible	based exercise is not possible
		- The other annual exercise must consist of either an	- The other annual exercise must consist of either an
		operations-based or discussion-based exercise as follows:	operations-based or discussion-based exercise as follows:
		- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
		- Functional, facility-based exercise; or	- Functional, facility-based exercise; or
		- Mock disaster drill; or	- Mock disaster drill; or
		- Tabletop, seminar, or workshop that is led by a facilitator	- Tabletop, seminar, or workshop that is led by a facilitator
		and includes a group discussion using narrated, clinically	and includes a group discussion using narrated, clinically
		relevant emergency scenarios and a set of problem	relevant emergency scenarios and a set of problem
		statements, directed messages, or prepared questions	statements, directed messages, or prepared questions
		designed to challenge an emergency plan.	designed to challenge an emergency plan.
		Exercises and actual emergency or disaster incidents are	Exercises and actual emergency or disaster incidents are
		documented (after-action reports).	documented (after-action reports).
		Note 1: The critical access hospital would be exempt from	Note 1: The critical access hospital would be exempt from
		conducting its next annual operations-based exercise if it	conducting its next annual operations-based exercise if it
		experiences an actual emergency or disaster incident	experiences an actual emergency or disaster incident
		(discussion-based exercises are excluded from exemption).	(discussion-based exercises are excluded from exemption).
		An exemption only applies if the critical access hospital	An exemption only applies if the critical access hospital
		provides documentation that it activated its emergency	provides documentation that it activated its emergency
		operations plan.	operations plan.
		Note 2: See the Glossary for the definitions of operations-	Note 2: See the Glossary for the definitions of operations-
		based and discussion-based exercises.	based and discussion-based exercises.
§482.15(d)(2)(i)	(i) Participate in an annual full-	EM.16.01.01, EP 2	EM.16.01.01, EP 2
	scale exercise that is	The critical access hospital is required to conduct two	The critical access hospital is required to conduct two
	community-based; or	exercises per year to test the emergency operations plan.	exercises per year to test the emergency operations plan.
		- One of the annual exercises must consist of an operations-	- One of the annual exercises must consist of an operations-
		based exercise as follows:	based exercise as follows:
		- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
		- Functional, facility-based exercise when a community-	- Functional, facility-based exercise when a community-

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		based exercise is not possible	based exercise is not possible
		- The other annual exercise must consist of either an	- The other annual exercise must consist of either an
		operations-based or discussion-based exercise as follows:	operations-based or discussion-based exercise as follows:
		- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
		- Functional, facility-based exercise; or	- Functional, facility-based exercise; or
		- Mock disaster drill; or	- Mock disaster drill; or
		- Tabletop, seminar, or workshop that is led by a facilitator	- Tabletop, seminar, or workshop that is led by a facilitator
		and includes a group discussion using narrated, clinically	and includes a group discussion using narrated, clinically
		relevant emergency scenarios and a set of problem	relevant emergency scenarios and a set of problem
		statements, directed messages, or prepared questions	statements, directed messages, or prepared questions
		designed to challenge an emergency plan.	designed to challenge an emergency plan.
		Exercises and actual emergency or disaster incidents are	Exercises and actual emergency or disaster incidents are
		documented (after-action reports).	documented (after-action reports).
		Note 1: The critical access hospital would be exempt from	Note 1: The critical access hospital would be exempt from
		conducting its next annual operations-based exercise if it	conducting its next annual operations-based exercise if it
		experiences an actual emergency or disaster incident	experiences an actual emergency or disaster incident
		(discussion-based exercises are excluded from exemption).	(discussion-based exercises are excluded from exemption).
		An exemption only applies if the critical access hospital	An exemption only applies if the critical access hospital
		provides documentation that it activated its emergency	provides documentation that it activated its emergency
		operations plan.	operations plan.
		Note 2: See the Glossary for the definitions of operations-	Note 2: See the Glossary for the definitions of operations-
		based and discussion-based exercises.	based and discussion-based exercises.
§482.15(d)(2)(i)(A)	(A) When a community-based	EM.16.01.01, EP 2	EM.16.01.01, EP 2
	exercise is not accessible,	The critical access hospital is required to conduct two	The critical access hospital is required to conduct two
	conduct an annual individual,	exercises per year to test the emergency operations plan.	exercises per year to test the emergency operations plan.
	facility-based functional	- One of the annual exercises must consist of an operations-	- One of the annual exercises must consist of an operations-
	exercise; or.	based exercise as follows:	based exercise as follows:
		- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
		- Functional, facility-based exercise when a community-	- Functional, facility-based exercise when a community-
		based exercise is not possible	based exercise is not possible
		- The other annual exercise must consist of either an	- The other annual exercise must consist of either an
		operations-based or discussion-based exercise as follows:	operations-based or discussion-based exercise as follows:
		- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or

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		- Functional, facility-based exercise; or	- Functional, facility-based exercise; or
		- Mock disaster drill; or	- Mock disaster drill; or
		- Tabletop, seminar, or workshop that is led by a facilitator	- Tabletop, seminar, or workshop that is led by a facilitator
		and includes a group discussion using narrated, clinically	and includes a group discussion using narrated, clinically
		relevant emergency scenarios and a set of problem	relevant emergency scenarios and a set of problem
		statements, directed messages, or prepared questions	statements, directed messages, or prepared questions
		designed to challenge an emergency plan.	designed to challenge an emergency plan.
		Exercises and actual emergency or disaster incidents are	Exercises and actual emergency or disaster incidents are
		documented (after-action reports).	documented (after-action reports).
		Note 1: The critical access hospital would be exempt from	Note 1: The critical access hospital would be exempt from
		conducting its next annual operations-based exercise if it	conducting its next annual operations-based exercise if it
		experiences an actual emergency or disaster incident	experiences an actual emergency or disaster incident
		(discussion-based exercises are excluded from exemption).	(discussion-based exercises are excluded from exemption).
		An exemption only applies if the critical access hospital	An exemption only applies if the critical access hospital
		provides documentation that it activated its emergency	provides documentation that it activated its emergency
		operations plan.	operations plan.
		Note 2: See the Glossary for the definitions of operations-	Note 2: See the Glossary for the definitions of operations-
		based and discussion-based exercises.	based and discussion-based exercises.
§482.15(d)(2)(i)(B)	(B) If the hospital experiences	EM.16.01.01, EP 2	EM.16.01.01, EP 2
	an actual natural or man-made	The critical access hospital is required to conduct two	The critical access hospital is required to conduct two
	emergency that requires	exercises per year to test the emergency operations plan.	exercises per year to test the emergency operations plan.
	activation of the emergency	- One of the annual exercises must consist of an operations-	- One of the annual exercises must consist of an operations-
	plan, the hospital is exempt	based exercise as follows:	based exercise as follows:
	from engaging in its next	- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
	required fullscale community-	- Functional, facility-based exercise when a community-	- Functional, facility-based exercise when a community-
	based exercise or individual,	based exercise is not possible	based exercise is not possible
	facility-based functional	- The other annual exercise must consist of either an	- The other annual exercise must consist of either an
	exercise following the onset of	operations-based or discussion-based exercise as follows:	operations-based or discussion-based exercise as follows:
	the emergency event.	- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
		- Functional, facility-based exercise; or	- Functional, facility-based exercise; or
		- Mock disaster drill; or	- Mock disaster drill; or
		- Tabletop, seminar, or workshop that is led by a facilitator	- Tabletop, seminar, or workshop that is led by a facilitator
		and includes a group discussion using narrated, clinically	and includes a group discussion using narrated, clinically

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.  Exercises and actual emergency or disaster incidents are documented (after-action reports).  Note 1: The critical access hospital would be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident (discussion-based exercises are excluded from exemption). An exemption only applies if the critical access hospital provides documentation that it activated its emergency operations plan.  Note 2: See the Glossary for the definitions of operations-	relevant emergency scenarios and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.  Exercises and actual emergency or disaster incidents are documented (after-action reports).  Note 1: The critical access hospital would be exempt from conducting its next annual operations-based exercise if it experiences an actual emergency or disaster incident (discussion-based exercises are excluded from exemption).  An exemption only applies if the critical access hospital provides documentation that it activated its emergency operations plan.  Note 2: See the Glossary for the definitions of operations-
§482.15(d)(2)(ii)	(ii) Conduct an additional exercise that may include, but is not limited to the following:	based and discussion-based exercises.	based and discussion-based exercises.
§482.15(d)(2)(ii)(A)	(A) A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or	EM.16.01.01, EP 2  The critical access hospital is required to conduct two exercises per year to test the emergency operations plan.  One of the annual exercises must consist of an operations-based exercise as follows:  Full-scale, community-based exercise; or  Functional, facility-based exercise when a community-based exercise is not possible  The other annual exercise must consist of either an operations-based or discussion-based exercise as follows:  Full-scale, community-based exercise; or  Functional, facility-based exercise; or  Mock disaster drill; or  Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem	EM.16.01.01, EP 2  The critical access hospital is required to conduct two exercises per year to test the emergency operations plan.  One of the annual exercises must consist of an operations-based exercise as follows:  Full-scale, community-based exercise; or  Functional, facility-based exercise when a community-based exercise is not possible  The other annual exercise must consist of either an operations-based or discussion-based exercise as follows:  Full-scale, community-based exercise; or  Functional, facility-based exercise; or  Mock disaster drill; or  Tabletop, seminar, or workshop that is led by a facilitator and includes a group discussion using narrated, clinically relevant emergency scenarios and a set of problem

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		statements, directed messages, or prepared questions	statements, directed messages, or prepared questions
		designed to challenge an emergency plan.	designed to challenge an emergency plan.
		Exercises and actual emergency or disaster incidents are	Exercises and actual emergency or disaster incidents are
		documented (after-action reports).	documented (after-action reports).
		Note 1: The critical access hospital would be exempt from	Note 1: The critical access hospital would be exempt from
		conducting its next annual operations-based exercise if it	conducting its next annual operations-based exercise if it
		experiences an actual emergency or disaster incident	experiences an actual emergency or disaster incident
		(discussion-based exercises are excluded from exemption).	(discussion-based exercises are excluded from exemption).
		An exemption only applies if the critical access hospital	An exemption only applies if the critical access hospital
		provides documentation that it activated its emergency	provides documentation that it activated its emergency
		operations plan.	operations plan.
		Note 2: See the Glossary for the definitions of operations-	Note 2: See the Glossary for the definitions of operations-
		based and discussion-based exercises.	based and discussion-based exercises.
§482.15(d)(2)(ii)(B)	(B) A mock disaster drill; or	EM.16.01.01, EP 2	EM.16.01.01, EP 2
		The critical access hospital is required to conduct two	The critical access hospital is required to conduct two
		exercises per year to test the emergency operations plan.	exercises per year to test the emergency operations plan.
		- One of the annual exercises must consist of an operations-	- One of the annual exercises must consist of an operations-
		based exercise as follows:	based exercise as follows:
		- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
		- Functional, facility-based exercise when a community-	- Functional, facility-based exercise when a community-
		based exercise is not possible	based exercise is not possible
		- The other annual exercise must consist of either an	- The other annual exercise must consist of either an
		operations-based or discussion-based exercise as follows:	operations-based or discussion-based exercise as follows:
		- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
		- Functional, facility-based exercise; or	- Functional, facility-based exercise; or
		- Mock disaster drill; or	- Mock disaster drill; or
		- Tabletop, seminar, or workshop that is led by a facilitator	- Tabletop, seminar, or workshop that is led by a facilitator
		and includes a group discussion using narrated, clinically	and includes a group discussion using narrated, clinically
		relevant emergency scenarios and a set of problem	relevant emergency scenarios and a set of problem
		statements, directed messages, or prepared questions	statements, directed messages, or prepared questions
		designed to challenge an emergency plan.	designed to challenge an emergency plan.
		Exercises and actual emergency or disaster incidents are	Exercises and actual emergency or disaster incidents are
		documented (after-action reports).	documented (after-action reports).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 1: The critical access hospital would be exempt from	Note 1: The critical access hospital would be exempt from
		conducting its next annual operations-based exercise if it	conducting its next annual operations-based exercise if it
		experiences an actual emergency or disaster incident	experiences an actual emergency or disaster incident
		(discussion-based exercises are excluded from exemption).	(discussion-based exercises are excluded from exemption).
		An exemption only applies if the critical access hospital	An exemption only applies if the critical access hospital
		provides documentation that it activated its emergency	provides documentation that it activated its emergency
		operations plan.	operations plan.
		Note 2: See the Glossary for the definitions of operations-	Note 2: See the Glossary for the definitions of operations-
		based and discussion-based exercises.	based and discussion-based exercises.
§482.15(d)(2)(ii)(C)	(C) A tabletop exercise or	EM.16.01.01, EP 2	EM.16.01.01, EP 2
	workshop that includes a group	The critical access hospital is required to conduct two	The critical access hospital is required to conduct two
	discussion led by a facilitator,	exercises per year to test the emergency operations plan.	exercises per year to test the emergency operations plan.
	using a narrated, clinically-	- One of the annual exercises must consist of an operations-	- One of the annual exercises must consist of an operations-
	relevant emergency scenario,	based exercise as follows:	based exercise as follows:
	and a set of problem	- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
	statements, directed	- Functional, facility-based exercise when a community-	- Functional, facility-based exercise when a community-
	messages, or prepared	based exercise is not possible	based exercise is not possible
	questions designed to	- The other annual exercise must consist of either an	- The other annual exercise must consist of either an
	challenge an emergency plan.	operations-based or discussion-based exercise as follows:	operations-based or discussion-based exercise as follows:
		- Full-scale, community-based exercise; or	- Full-scale, community-based exercise; or
		- Functional, facility-based exercise; or	- Functional, facility-based exercise; or
		- Mock disaster drill; or	- Mock disaster drill; or
		- Tabletop, seminar, or workshop that is led by a facilitator	- Tabletop, seminar, or workshop that is led by a facilitator
		and includes a group discussion using narrated, clinically	and includes a group discussion using narrated, clinically
		relevant emergency scenarios and a set of problem	relevant emergency scenarios and a set of problem
		statements, directed messages, or prepared questions	statements, directed messages, or prepared questions
		designed to challenge an emergency plan.	designed to challenge an emergency plan.
		Exercises and actual emergency or disaster incidents are	Exercises and actual emergency or disaster incidents are
		documented (after-action reports).	documented (after-action reports).
		Note 1: The critical access hospital would be exempt from	Note 1: The critical access hospital would be exempt from
		conducting its next annual operations-based exercise if it	conducting its next annual operations-based exercise if it
		experiences an actual emergency or disaster incident	experiences an actual emergency or disaster incident
		(discussion-based exercises are excluded from exemption).	(discussion-based exercises are excluded from exemption).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		An exemption only applies if the critical access hospital	An exemption only applies if the critical access hospital
		provides documentation that it activated its emergency	provides documentation that it activated its emergency
		operations plan.	operations plan.
		Note 2: See the Glossary for the definitions of operations-	Note 2: See the Glossary for the definitions of operations-
		based and discussion-based exercises.	based and discussion-based exercises.
§482.15(d)(2)(iii)	(iii) Analyze the hospital's	EM.17.01.01, EP 1	EM.17.01.01, EP 1
	response to and maintain	The multidisciplinary committee that oversees the	The multidisciplinary committee that oversees the
	documentation of all drills,	emergency management program reviews and evaluates all	emergency management program reviews and evaluates all
	tabletop exercises, and	exercises and actual emergency or disaster incidents. The	exercises and actual emergency or disaster incidents. The
	emergency events, and revise	committee reviews after-action reports (AARs), identifies	committee reviews after-action reports (AARs), identifies
	the hospital's emergency plan,	opportunities for improvement, and recommends actions to	opportunities for improvement, and recommends actions to
	as needed.	take to improve the emergency management program. The	take to improve the emergency management program. The
		AARs and improvement plans are documented.	AARs and improvement plans are documented.
		Note 1: The review and evaluation address the effectiveness	Note 1: The review and evaluation address the effectiveness
		of its emergency response procedure, continuity of	of its emergency response procedure, continuity of
		operations plans (if activated), training and exercise	operations plans (if activated), training and exercise
		programs, evacuation procedures, surge response	programs, evacuation procedures, surge response
		procedures, and activities related to communications,	procedures, and activities related to communications,
		resources and assets, security, staff, utilities, and patients.	resources and assets, security, staff, utilities, and patients.
		Note 2: An AAR provides a detailed critical summary or	Note 2: An AAR provides a detailed critical summary or
		analysis of a planned exercise or an actual emergency or	analysis of a planned exercise or an actual emergency or
		disaster incident. The report summarizes what took place	disaster incident. The report summarizes what took place
		during the event, analyzes the actions taken by participants,	during the event, analyzes the actions taken by participants,
		and provides areas needing improvement.	and provides areas needing improvement.
		EM.17.01.01, EP 3	EM.17.01.01, EP 3
		The critical access hospital reviews and makes necessary	The critical access hospital reviews and makes necessary
		updates based on after-action reports or opportunities for	updates based on after-action reports or opportunities for
		improvement to the following items every two years, or more	improvement to the following items every two years, or more
		frequently if necessary:	frequently if necessary:
		- Hazard vulnerability analysis	- Hazard vulnerability analysis
		- Emergency management program	- Emergency management program
		- Emergency operations plan, policies, and procedures	- Emergency operations plan, policies, and procedures

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Communications plan	- Communications plan
		- Continuity of operations plan	- Continuity of operations plan
		- Education and training program	- Education and training program
		- Testing program	- Testing program
§482.15(e)	(e) Emergency and standby	EM.12.02.11, EP 1	EM.12.02.11, EP 1
	power systems. The hospital	The critical access hospital's plan for managing utilities	The critical access hospital's plan for managing utilities
	must implement emergency	describes in writing the utility systems that it considers as	describes in writing the utility systems that it considers as
	and standby power systems	essential or critical to provide care, treatment, and services.	essential or critical to provide care, treatment, and services.
	based on the emergency plan	Note: Essential or critical utilities to consider may include	Note: Essential or critical utilities to consider may include
	set forth in paragraph (a) of this	systems for electrical distribution; emergency power; vertical	systems for electrical distribution; emergency power; vertical
	section and in the policies and	and horizontal transport; heating, ventilation, and air	and horizontal transport; heating, ventilation, and air
	procedures plan set forth in	conditioning; plumbing and steam boilers; medical gas;	conditioning; plumbing and steam boilers; medical gas;
	paragraphs (b)(1)(i) and (ii) of	medical/surgical vacuum; and network or communication	medical/surgical vacuum; and network or communication
	this section.	systems.	systems.
		EM.12.02.11, EP 2	EM.12.02.11, EP 2
		The critical access hospital's plan for managing utilities	The critical access hospital's plan for managing utilities
		describes in writing how it will continue to maintain essential	describes in writing how it will continue to maintain essential
		or critical utility systems if one or more are impacted during	or critical utility systems if one or more are impacted during
		an emergency or disaster incident.	an emergency or disaster incident.
		EM.12.02.11, EP 3	EM.12.02.11, EP 3
		The critical access hospital's plan for managing utilities	The critical access hospital's plan for managing utilities
		describes in writing alternative means for providing essential	describes in writing alternative means for providing essential
		or critical utilities, such as water supply, emergency power	or critical utilities, such as water supply, emergency power
		supply systems, fuel storage tanks, and emergency	supply systems, fuel storage tanks, and emergency
		generators.	generators.
§482.15(e)(1)	(1) Emergency generator	EC.01.01.01, EP 12	PE.03.01.01, EP 3
	location. The generator must be	The critical access hospital complies with the 2012 edition of	The critical access hospital meets the applicable provisions
	located in accordance with the	NFPA 99: Health Care Facilities Code, including Tentative	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
	location requirements found in	Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6.	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
	the Health Care Facilities Code	Chapters 7, 8, 12, and 13 of the Health Care Facilities Code	Note 1: Outpatient surgical departments meet the provisions
	(NFPA 99 and Tentative Interim	do not apply.	applicable to ambulatory health care occupancies,

CoP Text	Current EP Mapping	Future State EP Mapping
Amendments TIA 12-2, TIA 12-		regardless of the number of patients served.
3, TIA 12-4, TIA 12-5, and TIA	EC.02.05.07, EP 11	Note 2: The provisions of the Life Safety Code do not apply in
12-6), Life Safety Code (NFPA	The critical access hospital meets all other emergency power	a state where the Centers for Medicare & Dedicaid
101 and Tentative Interim	system requirements found in NFPA 99-2012 Health Care	Services (CMS) finds that a fire and safety code imposed by
Amendments TIA 12-1, TIA 12-2,	Facilities Code, NFPA 110-2010 Standard for Emergency and	state law adequately protects patients in critical access
TIA 12-3, and TIA 12-4), and	Standby Power Systems, and NFPA 101-2012 Life Safety	hospitals.
NFPA 110, when a new	Code requirements.	Note 3: In consideration of a recommendation by the state
structure is built or when an		survey agency or accrediting organization or at the discretion
existing structure or building is	LS.01.01.01, EP 8	of the Secretary for the US Department of Health & Department & Departmen
renovated.	The critical access hospital complies with the Life Safety	Human Services, CMS may waive, for periods deemed
	Code (NFPA 101-2012 and Tentative Interim Amendments	appropriate, specific provisions of the Life Safety Code,
	[TIA] 12-1, 12-2, 12-3, and 12-4).	which would result in unreasonable hardship upon a critical
		access hospital, but only if the waiver will not adversely
		affect the health and safety of the patients.
		Note 4: After consideration of state survey agency findings,
		CMS may waive specific provisions of the Life Safety Code
		that, if rigidly applied, would result in unreasonable hardship
		on the critical access hospital, but only if the waiver does not
		adversely affect the health and safety of patients.
		Note 5: All inspecting activities are documented with the
		name of the activity; date of the activity; inventory of devices,
		equipment, or other items; required frequency; name and
		contact information of person who performed the activity;
		NFPA standard(s) referenced for the activity; and results of
		the activity.
		PE.04.01.01, EP 1
		The critical access hospital meets the applicable provisions
		and proceeds in accordance with the Health Care Facilities
		Code (NFPA 99-2012 and Tentative Interim Amendments
		[TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).
		Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities
		Code do not apply.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Dedicare
			PE.04.01.03, EP 3 The critical access hospital meets the emergency power system and generator requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.
§482.15(e)(2)	(2) Emergency generator inspection and testing. The hospital must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.	EC.02.05.07, EP 3  The critical access hospital performs a functional test of Level 1 stored emergency power supply systems (SEPSS) on a monthly basis and performs a test of Level 2 SEPSS on a quarterly basis. Test duration is for five minutes or as specified for its class (whichever is less). The critical access hospital performs an annual test at full load for 60% of the full duration of its class. The test results and completion dates are documented.  Note 1: Non–SEPSS battery backup emergency power systems that the critical access hospital has determined to be critical for operations during a power failure (for example, laboratory equipment or electronic health records) should be properly tested and maintained in accordance with	PE.04.01.03, EP 3 The critical access hospital meets the emergency power system and generator requirements found in NFPA 99-2012 Health Care Facilities Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	manufacturers' recommendations.	
	Note 2: Level 1 SEPSS are intended to automatically supply	
	illumination or power to critical areas and equipment	
	essential for safety to human life. Included are systems that	
	supply emergency power for such functions as illumination	
	for safe exiting, ventilation where it is essential to maintain	
	life, fire detection and alarm systems, public safety	
	communications systems, and processes where the current	
	interruption would produce serious life safety or health	
	hazards to patients, the public, or staff.  Note 3: Class defines the minimum time for which the SEPSS	
	is designed to operate at its rated load without being recharged.	
	Note 4: For additional guidance on operational inspection	
	and testing, see NFPA 111-2010: 8.4.	
	and testing, essenting the factor of the	
	EC.02.05.07, EP 4	
	Every week, the critical access hospital inspects the	
	emergency power supply system (EPSS), including all	
	associated components and batteries. The results and	
	completion dates of the inspections are documented. (For	
	full text, refer to NFPA 110-2010: 8.3.1; 8.3.3; 8.3.4; 8.3.7;	
	8.4.1)	
	EC.02.05.07, EP 5	
	At least monthly, the critical access hospital tests each	
	emergency generator beginning with a cold start under load	
	for at least 30 continuous minutes. The cooldown period is	
	not part of the 30 continuous minutes. The test results and	
	completion dates are documented. (For full text, refer to	
	NFPA 99-2012: 6.4.4.1)	
	, '	
	EC.02.05.07, EP 6	

CoP Requirement CoP Text	t Current EP Mapping	Future State EP Mapping
	The monthly tests for diesel-powered emergency generators	
	are conducted with a dynamic load that is at least 30% of th	e
	nameplate rating of the generator or meets the	
	manufacturer's recommended prime movers' exhaust gas	
	temperature. If the critical access hospital does not meet	
	either the 30% of nameplate rating or the recommended	
	exhaust gas temperature during any test in EC.02.05.07, EP	
	5, then it must test the emergency generator once every 12	
	months using supplemental (dynamic or static) loads of 509	6
	of nameplate rating for 30 minutes, followed by 75% of	
	nameplate rating for 60 minutes, for a total of 1½ continuou	S
	hours. (For full text, refer to NFPA 99-2012: 6.4.4.1)	
	Note: Tests for non-diesel-powered generators need only be	
	conducted with available load.	
	EC.02.05.07, EP 7	
	At least monthly, the critical access hospital tests all	
	automatic and manual transfer switches on the inventory.	
	The test results and completion dates are documented. (For	r
	full text, refer to NFPA 99-2012: 6.4.4.1)	
	EC.02.05.07, EP 8	
	At least annually, the critical access hospital tests the fuel	
	quality to ASTM standards. The test results and completion	
	dates are documented.	
	Note: For additional guidance, see NFPA 110-2010: 8.3.8.	
	EC.02.05.07, EP 9	
	At least once every 36 months, critical access hospitals with	n
	a generator providing emergency power test each emergenc	у
	generator for a minimum of 4 continuous hours. The test	
	results and completion dates are documented.	
	Note: For additional guidance, see NFPA 110-2010, Chapter	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		8.  EC.02.05.07, EP 10  The 36-month diesel-powered emergency generator test	
		uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas	
		temperature.  Note 1: Tests for non-diesel-powered generators need only be conducted with available load.	
		Note 2: For additional guidance, see NFPA 110-2010, Chapter 8.	
		EC.02.05.07, EP 11	
		The critical access hospital meets all other emergency power system requirements found in NFPA 99-2012 Health Care	
		Facilities Code, NFPA 110-2010 Standard for Emergency and	
		Standby Power Systems, and NFPA 101-2012 Life Safety Code requirements.	
§482.15(e)(3)	(3) Emergency generator fuel.	EM.12.02.09, EP 1	EM.12.02.09, EP 1
	Hospitals that maintain an onsite fuel source to power	The critical access hospital's plan for managing its resources and assets describes in writing how it will document, track,	The critical access hospital's plan for managing its resources and assets describes in writing how it will document, track,
	emergency generators must	monitor, and locate the following resources (on-site and off-	monitor, and locate the following resources (on-site and off-
	have a plan for how it will keep	site inventories) and assets during and after an emergency or	site inventories) and assets during and after an emergency or
	emergency power systems	disaster incident:	disaster incident:
	operational during the	- Medications and related supplies	- Medications and related supplies
	emergency, unless it	- Medical/surgical supplies	- Medical/surgical supplies
	evacuates.	- Medical gases including oxygen and supplies	- Medical gases, including oxygen and supplies
		- Potable or bottled water and nutrition	- Potable or bottled water and nutrition
		- Non-potable water	- Non-potable water
		- Laboratory equipment and supplies	- Laboratory equipment and supplies
		- Personal protective equipment	- Personal protective equipment
		- Fuel for operations	- Fuel for operations

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Equipment and nonmedical supplies to sustain operations	- Equipment and nonmedical supplies to sustain operations
		Note: The critical access hospital should be aware of the	Note: The critical access hospital should be aware of the
		resources and assets it has readily available and what	resources and assets it has readily available and what
		resources and assets may be quickly depleted depending on	resources and assets may be quickly depleted depending on
		the type of emergency or disaster incident.	the type of emergency or disaster incident.
		EM.12.02.09, EP 2	EM.12.02.09, EP 2
		The critical access hospital's plan for managing its resources	The critical access hospital's plan for managing its resources
		and assets describes in writing how it will obtain, allocate,	and assets describes in writing how it will obtain, allocate,
		mobilize, replenish, and conserve its resources and assets	mobilize, replenish, and conserve its resources and assets
		during and after an emergency or disaster incident, including	during and after an emergency or disaster incident, including
		the following:	the following:
		- If part of a health care system, coordinating within the	- If part of a health care system, coordinating within the
		system to request resources	system to request resources
		- Coordinating with local supply chains or vendors	- Coordinating with local supply chains or vendors
		- Coordinating with local, state, or federal agencies for	- Coordinating with local, state, or federal agencies for
		additional resources	additional resources
		- Coordinating with regional health care coalitions for	- Coordinating with regional health care coalitions for
		additional resources	additional resources
		- Managing donations (such as food, water, equipment,	- Managing donations (such as food, water, equipment,
		materials)	materials)
		Note: High priority should be given to resources that are	Note: High priority should be given to resources that are
		known to deplete quickly and are extremely competitive to	known to deplete quickly and are extremely competitive to
		acquire and replenish (such as fuel, oxygen, personal	acquire and replenish (such as fuel, oxygen, personal
		protective equipment, ventilators, intravenous fluids,	protective equipment, ventilators, intravenous fluids,
		antiviral and antibiotic medications).	antiviral and antibiotic medications).
		EM.12.02.11, EP 2	EM.12.02.11, EP 2
		The critical access hospital's plan for managing utilities	The critical access hospital's plan for managing utilities
		describes in writing how it will continue to maintain essential	describes in writing how it will continue to maintain essential
		or critical utility systems if one or more are impacted during	or critical utility systems if one or more are impacted during
		an emergency or disaster incident.	an emergency or disaster incident.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EM.12.02.11, EP 3	EM.12.02.11, EP 3
		The critical access hospital's plan for managing utilities	The critical access hospital's plan for managing utilities
		describes in writing alternative means for providing essential	describes in writing alternative means for providing essential
		or critical utilities, such as water supply, emergency power	or critical utilities, such as water supply, emergency power
		supply systems, fuel storage tanks, and emergency	supply systems, fuel storage tanks, and emergency
		generators.	generators.
§482.15(f)	(f) Integrated healthcare		
	systems. If a hospital is part of		
	a healthcare system consisting		
	of multiple separately certified		
	healthcare facilities that elects		
	to have a unified and integrated		
	emergency preparedness		
	program, the hospital may		
	choose to participate in the		
	healthcare system's		
	coordinated emergency		
	preparedness program. If		
	elected, the unified and		
	integrated emergency		
	preparedness program must		
§482.15(f)(1)	(1) Demonstrate that each	EM.09.01.01, EP 2	EM.09.01.01, EP 2
	separately certified facility	If the critical access hospital is part of a health care system	If the critical access hospital is part of a health care system
	within the system actively	that has a unified and integrated emergency management	that has a unified and integrated emergency management
	participated in the	program and it chooses to participate in the program, the	program and it chooses to participate in the program, the
	development of the unified and	following must be demonstrated within the coordinated	following must be demonstrated within the coordinated
	integrated emergency	emergency management program:	emergency management program:
	preparedness program.	- Each separately certified critical access hospital within the	- Each separately certified critical access hospital within the
		system actively participates in the development of the	system actively participates in the development of the
		unified and integrated emergency management program	unified and integrated emergency management program
		- The program is developed and maintained in a manner that	- The program is developed and maintained in a manner that
		takes into account each separately certified critical access	takes into account each separately certified critical access
		hospital's unique circumstances, patient population, and	hospital's unique circumstances, patient population, and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		services offered	services offered
		- Each separately certified critical access hospital is capable	- Each separately certified critical access hospital is capable
		of actively using the unified and integrated emergency	of actively using the unified and integrated emergency
		management program and is in compliance with the program	management program and is in compliance with the program
		- Documented community-based risk assessment utilizing	- Documented community-based risk assessment utilizing
		an all-hazards approach	an all-hazards approach
		- Documented individual, facility-based risk assessment	- Documented individual, facility-based risk assessment
		utilizing an all-hazards approach for each separately certified	utilizing an all-hazards approach for each separately certified
		critical access hospital within the health care system	critical access hospital within the health care system
		- Unified and integrated emergency plan	- Unified and integrated emergency plan
		- Integrated policies and procedures	- Integrated policies and procedures
		- Coordinated communication plan	- Coordinated communication plan
		- Training and testing program	- Training and testing program
§482.15(f)(2)	(2) Be developed and	EM.09.01.01, EP 2	EM.09.01.01, EP 2
	maintained in a manner that	If the critical access hospital is part of a health care system	If the critical access hospital is part of a health care system
	takes into account each	that has a unified and integrated emergency management	that has a unified and integrated emergency management
	separately certified facility's	program and it chooses to participate in the program, the	program and it chooses to participate in the program, the
	unique circumstances, patient	following must be demonstrated within the coordinated	following must be demonstrated within the coordinated
	populations, and services	emergency management program:	emergency management program:
	offered.	- Each separately certified critical access hospital within the	- Each separately certified critical access hospital within the
		system actively participates in the development of the	system actively participates in the development of the
		unified and integrated emergency management program	unified and integrated emergency management program
		- The program is developed and maintained in a manner that	- The program is developed and maintained in a manner that
		takes into account each separately certified critical access	takes into account each separately certified critical access
		hospital's unique circumstances, patient population, and	hospital's unique circumstances, patient population, and
		services offered	services offered
		- Each separately certified critical access hospital is capable	- Each separately certified critical access hospital is capable
		of actively using the unified and integrated emergency	of actively using the unified and integrated emergency
		management program and is in compliance with the program	management program and is in compliance with the program
		- Documented community-based risk assessment utilizing	- Documented community-based risk assessment utilizing
		an all-hazards approach	an all-hazards approach
		- Documented individual, facility-based risk assessment	- Documented individual, facility-based risk assessment
		utilizing an all-hazards approach for each separately certified	utilizing an all-hazards approach for each separately certified

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		critical access hospital within the health care system	critical access hospital within the health care system
		- Unified and integrated emergency plan	- Unified and integrated emergency plan
		- Integrated policies and procedures	- Integrated policies and procedures
		- Coordinated communication plan	- Coordinated communication plan
		- Training and testing program	- Training and testing program
§482.15(f)(3)	(3) Demonstrate that each	EM.09.01.01, EP 2	EM.09.01.01, EP 2
	separately certified facility is	If the critical access hospital is part of a health care system	If the critical access hospital is part of a health care system
	capable of actively using the	that has a unified and integrated emergency management	that has a unified and integrated emergency management
	unified and integrated	program and it chooses to participate in the program, the	program and it chooses to participate in the program, the
	emergency preparedness	following must be demonstrated within the coordinated	following must be demonstrated within the coordinated
	program and is in compliance	emergency management program:	emergency management program:
	with the program.	- Each separately certified critical access hospital within the	- Each separately certified critical access hospital within the
		system actively participates in the development of the	system actively participates in the development of the
		unified and integrated emergency management program	unified and integrated emergency management program
		- The program is developed and maintained in a manner that	- The program is developed and maintained in a manner that
		takes into account each separately certified critical access	takes into account each separately certified critical access
		hospital's unique circumstances, patient population, and	hospital's unique circumstances, patient population, and
		services offered	services offered
		- Each separately certified critical access hospital is capable	- Each separately certified critical access hospital is capable
		of actively using the unified and integrated emergency	of actively using the unified and integrated emergency
		management program and is in compliance with the program	management program and is in compliance with the program
		- Documented community-based risk assessment utilizing	- Documented community-based risk assessment utilizing
		an all-hazards approach	an all-hazards approach
		- Documented individual, facility-based risk assessment	- Documented individual, facility-based risk assessment
		utilizing an all-hazards approach for each separately certified	utilizing an all-hazards approach for each separately certified
		critical access hospital within the health care system	critical access hospital within the health care system
		- Unified and integrated emergency plan	- Unified and integrated emergency plan
		- Integrated policies and procedures	- Integrated policies and procedures
		- Coordinated communication plan	- Coordinated communication plan
		- Training and testing program	- Training and testing program
§482.15(f)(4)	(4) Include a unified and	EM.09.01.01, EP 2	EM.09.01.01, EP 2
	integrated emergency plan that	If the critical access hospital is part of a health care system	If the critical access hospital is part of a health care system
	meets the requirements of	that has a unified and integrated emergency management	that has a unified and integrated emergency management

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	paragraphs (a)(2), (3), and (4) of	program and it chooses to participate in the program, the	program and it chooses to participate in the program, the
	this section. The unified and	following must be demonstrated within the coordinated	following must be demonstrated within the coordinated
	integrated emergency plan	emergency management program:	emergency management program:
	must also be based on and	- Each separately certified critical access hospital within the	- Each separately certified critical access hospital within the
	include the following:	system actively participates in the development of the	system actively participates in the development of the
		unified and integrated emergency management program	unified and integrated emergency management program
		- The program is developed and maintained in a manner that	- The program is developed and maintained in a manner that
		takes into account each separately certified critical access	takes into account each separately certified critical access
		hospital's unique circumstances, patient population, and	hospital's unique circumstances, patient population, and
		services offered	services offered
		- Each separately certified critical access hospital is capable	- Each separately certified critical access hospital is capable
		of actively using the unified and integrated emergency	of actively using the unified and integrated emergency
		management program and is in compliance with the program	management program and is in compliance with the program
		- Documented community-based risk assessment utilizing	- Documented community-based risk assessment utilizing
		an all-hazards approach	an all-hazards approach
		- Documented individual, facility-based risk assessment	- Documented individual, facility-based risk assessment
		utilizing an all-hazards approach for each separately certified	utilizing an all-hazards approach for each separately certified
		critical access hospital within the health care system	critical access hospital within the health care system
		- Unified and integrated emergency plan	- Unified and integrated emergency plan
		- Integrated policies and procedures	- Integrated policies and procedures
		- Coordinated communication plan	- Coordinated communication plan
		- Training and testing program	- Training and testing program
		EM.11.01.01, EP 3	EM.11.01.01, EP 3
		The critical access hospital evaluates and prioritizes the	The critical access hospital evaluates and prioritizes the
		findings of the hazard vulnerability analysis to determine	findings of the hazard vulnerability analysis to determine
		what presents the highest likelihood of occurring and the	what presents the highest likelihood of occurring and the
		impacts those hazards will have on the operating status of	impacts those hazards will have on the operating status of
		the critical access hospital and its ability to provide services.	the critical access hospital and its ability to provide services.
		The findings are documented.	The findings are documented.
		EM.11.01.01, EP 4	EM.11.01.01, EP 4
		The critical access hospital uses its prioritized hazards from	The critical access hospital uses its prioritized hazards from

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the hazard vulnerability analysis to identify and implement	the hazard vulnerability analysis to identify and implement
		mitigation and preparedness actions to increase the	mitigation and preparedness actions to increase the
		resilience of the critical access hospital and helps reduce	resilience of the critical access hospital and helps reduce
		disruption of essential services or functions.	disruption of essential services or functions.
		EM 12 01 01 ED 2	EM 12 01 01 ED 2
		EM.12.01.01, EP 2 The critical access hospital's emergency operations plan	EM.12.01.01, EP 2 The critical access hospital's emergency operations plan
		identifies the patient population(s) that it will serve, including	identifies the patient population(s) that it will serve, including
		at-risk populations, and the types of services it would have	at-risk populations, and the types of services it would have
		the ability to provide in an emergency or disaster event.	the ability to provide in an emergency or disaster event.
		Note: At-risk populations such as the elderly, dialysis	Note: At-risk populations such as the elderly, dialysis
		patients, or persons with physical or mental disabilities may	patients, or persons with physical or mental disabilities may
		have additional needs to be addressed during an emergency	have additional needs to be addressed during an emergency
		or disaster incident such as medical care, communication,	or disaster incident such as medical care, communication,
		transportation, supervision, and maintaining independence.	transportation, supervision, and maintaining independence.
		FM 40 04 04 FD C	EM 10 01 01 ED C
		EM.12.01.01, EP 6	EM.12.01.01, EP 6
		The critical access hospital's emergency operations plan includes a process for cooperating and collaborating with	The critical access hospital's emergency operations plan includes a process for cooperating and collaborating with
		other health care facilities; health care coalitions; and local,	other health care facilities; health care coalitions; and local,
		tribal, regional, state, and federal emergency preparedness	tribal, regional, state, and federal emergency preparedness
		officials' efforts to leverage support and resources and to	officials' efforts to leverage support and resources and to
		provide an integrated response during an emergency or	provide an integrated response during an emergency or
		disaster incident.	disaster incident.
		EM.13.01.01, EP 1	EM.13.01.01, EP 1
		The critical access hospital has a written continuity of	The critical access hospital has a written continuity of
		operations plan (COOP) that is developed with the	operations plan (COOP) that is developed with the
		participation of key executive leaders, business and finance	participation of key executive leaders, business and finance
		leaders, and other department leaders as determined by the	leaders, and other department leaders as determined by the
		critical access hospital. These key leaders identify and prioritize the services and functions that are considered	critical access hospital. These key leaders identify and prioritize the services and functions that are considered
		essential or critical for maintaining operations.	essential or critical for maintaining operations.
	<u> </u>	essentiat of chilication maintaining operations.	essentiat of chilicat for maintaining operations.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: The COOP provides guidance on how the critical	Note: The COOP provides guidance on how the critical
		access hospital will continue to perform its essential	access hospital will continue to perform its essential
		business functions to deliver essential or critical services.	business functions to deliver essential or critical services.
		Essential business functions to consider include	Essential business functions to consider include
		administrative/vital records, information technology,	administrative/vital records, information technology,
		financial services, security systems,	financial services, security systems,
		communications/telecommunications, and building	communications/telecommunications, and building
		operations to support essential and critical services that	operations to support essential and critical services that
		cannot be deferred during an emergency; these activities	cannot be deferred during an emergency; these activities
		must be performed continuously or resumed quickly	must be performed continuously or resumed quickly
		following a disruption.	following a disruption.
		EM.13.01.01, EP 2	EM.13.01.01, EP 2
		The critical access hospital's continuity of operations plan	The critical access hospital's continuity of operations plan
		identifies in writing how and where it will continue to provide	identifies in writing how and where it will continue to provide
		its essential business functions when the location of the	its essential business functions when the location of the
		essential or critical service has been compromised due to an	essential or critical service has been compromised due to an
		emergency or disaster incident.	emergency or disaster incident.
		Note: Example of options to consider for providing essential	Note: Example of options to consider for providing essential
		services include use of off-site locations, space maintained	services include use of off-site locations, space maintained
		by another organization, existing facilities or space, telework	by another organization, existing facilities or space, telework
		(remote work), or telehealth.	(remote work), or telehealth.
		EM.13.01.01, EP 3	EM.13.01.01, EP 3
		The critical access hospital has a written order of succession	The critical access hospital has a written order of succession
		plan that identifies who is authorized to assume a particular	plan that identifies who is authorized to assume a particular
		leadership or management role when that person(s) is	leadership or management role when that person(s) is
		unable to fulfill their function or perform their duties.	unable to fulfill their function or perform their duties.
		EM.13.01.01, EP 4	EM.13.01.01, EP 4
		The critical access hospital has a written delegation of	The critical access hospital has a written delegation of
		authority plan that provides the individual(s) with the legal	authority plan that provides the individual(s) with the legal
		authorization to act on behalf of the critical access hospital	authorization to act on behalf of the critical access hospital
		authorization to act on behati of the chilical access hospital	authorization to act on behati of the chilical access hospital

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		for specified purposes and to carry out specific duties.	for specified purposes and to carry out specific duties.
		Note: Delegations of authority are an essential part of an	Note: Delegations of authority are an essential part of an
		organization's continuity program and should be sufficiently	organization's continuity program and should be sufficiently
		detailed to make certain the critical access hospital can	detailed to make certain the critical access hospital can
		perform its essential functions. Delegations of authority will	perform its essential functions. Delegations of authority will
		specify a particular function that an individual is authorized	specify a particular function that an individual is authorized
		to perform and includes restrictions and limitations	to perform and includes restrictions and limitations
		associated with that authority.	associated with that authority.
§482.15(f)(4)(i)	(i) A documented community-	EM.09.01.01, EP 2	EM.09.01.01, EP 2
	based risk assessment, utilizing	If the critical access hospital is part of a health care system	If the critical access hospital is part of a health care system
	an all-hazards approach.	that has a unified and integrated emergency management	that has a unified and integrated emergency management
		program and it chooses to participate in the program, the	program and it chooses to participate in the program, the
		following must be demonstrated within the coordinated	following must be demonstrated within the coordinated
		emergency management program:	emergency management program:
		- Each separately certified critical access hospital within the	- Each separately certified critical access hospital within the
		system actively participates in the development of the	system actively participates in the development of the
		unified and integrated emergency management program	unified and integrated emergency management program
		- The program is developed and maintained in a manner that	- The program is developed and maintained in a manner that
		takes into account each separately certified critical access	takes into account each separately certified critical access
		hospital's unique circumstances, patient population, and	hospital's unique circumstances, patient population, and
		services offered	services offered
		- Each separately certified critical access hospital is capable	- Each separately certified critical access hospital is capable
		of actively using the unified and integrated emergency	of actively using the unified and integrated emergency
		management program and is in compliance with the program	management program and is in compliance with the program
		- Documented community-based risk assessment utilizing	- Documented community-based risk assessment utilizing
		an all-hazards approach	an all-hazards approach
		- Documented individual, facility-based risk assessment	- Documented individual, facility-based risk assessment
		utilizing an all-hazards approach for each separately certified	utilizing an all-hazards approach for each separately certified
		critical access hospital within the health care system	critical access hospital within the health care system
		- Unified and integrated emergency plan	- Unified and integrated emergency plan
		- Integrated policies and procedures	- Integrated policies and procedures
		- Coordinated communication plan	- Coordinated communication plan
		- Training and testing program	- Training and testing program

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.15(f)(4)(ii)	(ii) A documented individual	EM.09.01.01, EP 2	EM.09.01.01, EP 2
	facility-based risk assessment	If the critical access hospital is part of a health care system	If the critical access hospital is part of a health care system
	for each separately certified	that has a unified and integrated emergency management	that has a unified and integrated emergency management
	facility within the health	program and it chooses to participate in the program, the	program and it chooses to participate in the program, the
	system, utilizing an all-hazards	following must be demonstrated within the coordinated	following must be demonstrated within the coordinated
	approach.	emergency management program:	emergency management program:
		- Each separately certified critical access hospital within the	- Each separately certified critical access hospital within the
		system actively participates in the development of the	system actively participates in the development of the
		unified and integrated emergency management program	unified and integrated emergency management program
		- The program is developed and maintained in a manner that	- The program is developed and maintained in a manner that
		takes into account each separately certified critical access	takes into account each separately certified critical access
		hospital's unique circumstances, patient population, and	hospital's unique circumstances, patient population, and
		services offered	services offered
		- Each separately certified critical access hospital is capable	- Each separately certified critical access hospital is capable
		of actively using the unified and integrated emergency	of actively using the unified and integrated emergency
		management program and is in compliance with the program	management program and is in compliance with the program
		- Documented community-based risk assessment utilizing	- Documented community-based risk assessment utilizing
		an all-hazards approach	an all-hazards approach
		- Documented individual, facility-based risk assessment	- Documented individual, facility-based risk assessment
		utilizing an all-hazards approach for each separately certified	utilizing an all-hazards approach for each separately certified
		critical access hospital within the health care system	critical access hospital within the health care system
		- Unified and integrated emergency plan	- Unified and integrated emergency plan
		- Integrated policies and procedures	- Integrated policies and procedures
		- Coordinated communication plan	- Coordinated communication plan
		- Training and testing program	- Training and testing program
§482.15(f)(5)	(5) Include integrated policies	EM.09.01.01, EP 2	EM.09.01.01, EP 2
	and procedures that meet the	If the critical access hospital is part of a health care system	If the critical access hospital is part of a health care system
	requirements set forth in	that has a unified and integrated emergency management	that has a unified and integrated emergency management
	paragraph (b) of this section, a	program and it chooses to participate in the program, the	program and it chooses to participate in the program, the
	coordinated communication	following must be demonstrated within the coordinated	following must be demonstrated within the coordinated
	plan and training and testing	emergency management program:	emergency management program:
	programs that meet the	- Each separately certified critical access hospital within the	- Each separately certified critical access hospital within the
	requirements of paragraphs (c)	system actively participates in the development of the	system actively participates in the development of the

CoP Text	Current EP Mapping	Future State EP Mapping
and (d) of this section,	unified and integrated emergency management program	unified and integrated emergency management program
respectively.	- The program is developed and maintained in a manner that	- The program is developed and maintained in a manner that
	takes into account each separately certified critical access	takes into account each separately certified critical access
	hospital's unique circumstances, patient population, and	hospital's unique circumstances, patient population, and
		services offered
		- Each separately certified critical access hospital is capable
		of actively using the unified and integrated emergency
		management program and is in compliance with the program
	-	- Documented community-based risk assessment utilizing
	···	an all-hazards approach
	·	- Documented individual, facility-based risk assessment
		utilizing an all-hazards approach for each separately certified
		critical access hospital within the health care system
		- Unified and integrated emergency plan
		<ul><li>Integrated policies and procedures</li><li>Coordinated communication plan</li></ul>
	·	- Training and testing program
	- Halling and testing program	- Halling and testing program
	EM.09.01.01, EP 3	EM.09.01.01, EP 3
	The critical access hospital complies with all applicable	The critical access hospital complies with all applicable
	federal, state, and local emergency preparedness laws and	federal, state, and local emergency preparedness laws and
	regulations.	regulations.
	FM 40 04 04 FB 4	5N 40 04 04 5D 4
	·	EM.12.01.01, EP 1
	•	The critical access hospital has a written all-hazards
		emergency operations plan (EOP) with supporting policies
		and procedures that provides guidance to staff and volunteers on actions to take during emergency or disaster
		incidents. The EOP and policies and procedures include, but
		are not limited to, the following:
		- Mobilizing incident command
		- Communications plan
	•	- Maintaining, expanding, curtailing, or closing operations
	and (d) of this section,	and (d) of this section, respectively.  unified and integrated emergency management program - The program is developed and maintained in a manner that takes into account each separately certified critical access hospital's unique circumstances, patient population, and services offered - Each separately certified critical access hospital is capable of actively using the unified and integrated emergency management program and is in compliance with the program - Documented community-based risk assessment utilizing an all-hazards approach - Documented individual, facility-based risk assessment utilizing an all-hazards approach for each separately certified critical access hospital within the health care system - Unified and integrated emergency plan - Integrated policies and procedures - Coordinated communication plan - Training and testing program  EM.09.01.01, EP 3 The critical access hospital complies with all applicable federal, state, and local emergency preparedness laws and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Protecting critical systems and infrastructure	- Protecting critical systems and infrastructure
		- Conserving and/or supplementing resources	- Conserving and/or supplementing resources
		- Surge plans (such as flu or pandemic plans)	- Surge plans (such as flu or pandemic plans)
		- Identifying alternate treatment areas or locations	- Identifying alternate treatment areas or locations
		- Sheltering in place	- Sheltering in place
		- Evacuating (partial or complete) or relocating services	- Evacuating (partial or complete) or relocating services
		- Safety and security	- Safety and security
		- Securing information and records	- Securing information and records
		EM.15.01.01, EP 1	EM.15.01.01, EP 1
		The critical access hospital has a written education and	The critical access hospital has a written education and
		training program in emergency management that is based on	training program in emergency management that is based on
		the critical access hospital's prioritized risks identified as	the critical access hospital's prioritized risks identified as
		part of its hazard vulnerability analysis, emergency	part of its hazard vulnerability analysis, emergency
		operations plan, communications plan, and policies and	operations plan, communications plan, and policies and
		procedures.	procedures.
		Note: If the critical access hospital has developed multiple	Note: If the critical access hospital has developed multiple
		hazard vulnerability analyses based on the location of other	hazard vulnerability analyses based on the location of other
		services offered, the education and training for those	services offered, the education and training for those
		facilities are specific to their needs.	facilities are specific to their needs.
		EM.16.01.01, EP 1	EM.16.01.01, EP 1
		The critical access hospital describes in writing a plan for	The critical access hospital describes in writing a plan for
		when and how it will conduct annual testing of its emergency	when and how it will conduct annual testing of its emergency
		operations plan (EOP). The planned exercises are based on	operations plan (EOP). The planned exercises are based on
		the following:	the following:
		- Likely emergencies or disaster scenarios	- Likely emergencies or disaster scenarios
		- EOP and policies and procedures	- EOP and policies and procedures
		- After-action reports (AAR) and improvement plans	- After-action reports (AAR) and improvement plans
		- Six critical areas (communications, staffing, patient care	- Six critical areas (communications, staffing, patient care
		and clinical support, safety and security, resources and	and clinical support, safety and security, resources and
		assets, utilities)	assets, utilities)
		Note 1: The planned exercises should attempt to stress the	Note 1: The planned exercises should attempt to stress the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		limits of its emergency response procedures to assess how	limits of its emergency response procedures to assess how
		prepared the critical access hospital may be if a real event or	prepared the critical access hospital may be if a real event or
		disaster were to occur based on past experiences.	disaster were to occur based on past experiences.
		Note 2: An AAR is a detailed critical summary or analysis of	Note 2: An AAR is a detailed critical summary or analysis of
		an emergency or disaster incident, including both planned	an emergency or disaster incident, including both planned
		and unplanned events. The report summarizes what took	and unplanned events. The report summarizes what took
		place during the event, analyzes the actions taken by	place during the event, analyzes the actions taken by
		participants, and provides areas needing improvement.	participants, and provides areas needing improvement.
		EM.17.01.01, EP 3	EM.17.01.01, EP 3
		The critical access hospital reviews and makes necessary	The critical access hospital reviews and makes necessary
		updates based on after-action reports or opportunities for	updates based on after-action reports or opportunities for
		improvement to the following items every two years, or more	improvement to the following items every two years, or more
		frequently if necessary:	frequently if necessary:
		- Hazard vulnerability analysis	- Hazard vulnerability analysis
		- Emergency management program	- Emergency management program
		- Emergency operations plan, policies, and procedures	- Emergency operations plan, policies, and procedures
		- Communications plan	- Communications plan
		- Continuity of operations plan	- Continuity of operations plan
		- Education and training program	- Education and training program
		- Testing program	- Testing program
§482.15(g)	(g) Transplant hospitals. If a		
	hospital has one or more		
	transplant programs (as		
	defined in § 482.70)		
§482.15(g)(1)	(1) A representative from each		EM.09.01.01, EP 4
	transplant program must be		For rehabilitation and psychiatric distinct part units in critical
	included in the development		access hospitals: If a critical access hospital has one or
	and maintenance of the		more transplant programs (as defined in 42 CFR 482.70) the
	hospital's emergency		following must occur:
	preparedness program; and		- A representative from each transplant program must be
			included in the development and maintenance of the critical
			access hospital's emergency preparedness program

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			- The critical access hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the critical access hospital, each transplant program, and the organ procurement organization (OPO) for the donation service area where the critical access hospital is situated, unless the critical access hospital has been granted a waiver to work with another OPO, during an emergency
§482.15(g)(2)	(2) The hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the hospital, each transplant program, and the OPO for the DSA where the hospital is situated, unless the hospital has been granted a waiver to work with another OPO, during an emergency.		EM.09.01.01, EP 4  For rehabilitation and psychiatric distinct part units in critical access hospitals: If a critical access hospital has one or more transplant programs (as defined in 42 CFR 482.70) the following must occur:  - A representative from each transplant program must be included in the development and maintenance of the critical access hospital's emergency preparedness program  - The critical access hospital must develop and maintain mutually agreed upon protocols that address the duties and responsibilities of the critical access hospital, each transplant program, and the organ procurement organization (OPO) for the donation service area where the critical access hospital is situated, unless the critical access hospital has been granted a waiver to work with another OPO, during an emergency
§482.15(h)	(h) The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You		Sinorgonoy

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	may inspect a copy at the CMS		
	Information Resource Center,		
	7500 Security Boulevard,		
	Baltimore, MD or at the		
	National Archives and Records		
	Administration (NARA). For		
	information on the availability		
	of this material at NARA, call		
	202–741–6030, or go to:		
	http://www.archives.gov/federa		
	l_register/code_of_federal_regu		
	lations/ibr_locations.html. If		
	any changes in this edition of		
	the Code are incorporated by		
	reference, CMS will publish a		
	document in the Federal		
	Register to announce the		
	changes.		
§482.15(h)(1)	(1) National Fire Protection		
	Association, 1 Batterymarch		
	Park, Quincy, MA 02169,		
	www.nfpa.org, 1.617.770.3000.		
§482.15(h)(1)(i)	(i) NFPA 99, Health Care	EC.01.01.01, EP 12	PE.04.01.01, EP 1
	Facilities Code, 2012 edition,	The critical access hospital complies with the 2012 edition of	The critical access hospital meets the applicable provisions
	issued August 11, 2011.	NFPA 99: Health Care Facilities Code, including Tentative	and proceeds in accordance with the Health Care Facilities
		Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6.	Code (NFPA 99-2012 and Tentative Interim Amendments
		Chapters 7, 8, 12, and 13 of the Health Care Facilities Code	[TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).
		do not apply.	Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities
			Code do not apply.
			Note 2: If application of the Health Care Facilities Code
			would result in unreasonable hardship for the critical access
			hospital, the Centers for Medicare & Dedicard Services
			may waive specific provisions of the Health Care Facilities

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			Code, but only if the waiver does not adversely affect the
			health and safety of patients.
			Note 3: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.15(h)(1)(ii)	(ii) Technical interim	EC.01.01.01, EP 12	PE.04.01.01, EP 1
	amendment (TIA) 12-2 to NFPA	The critical access hospital complies with the 2012 edition of	The critical access hospital meets the applicable provisions
	99, issued August 11, 2011.	NFPA 99: Health Care Facilities Code, including Tentative	and proceeds in accordance with the Health Care Facilities
		Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6.	Code (NFPA 99-2012 and Tentative Interim Amendments
		Chapters 7, 8, 12, and 13 of the Health Care Facilities Code	[TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).
		do not apply.	Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities
			Code do not apply.
			Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access
			hospital, the Centers for Medicare & Described Services
			may waive specific provisions of the Health Care Facilities
			Code, but only if the waiver does not adversely affect the
			health and safety of patients.
			Note 3: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.15(h)(1)(iii)	(iii) TIA 12-3 to NFPA 99, issued	EC.01.01.01, EP 12	PE.04.01.01, EP 1
	August 9, 2012.	The critical access hospital complies with the 2012 edition of	The critical access hospital meets the applicable provisions
		NFPA 99: Health Care Facilities Code, including Tentative	and proceeds in accordance with the Health Care Facilities
		Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6.	Code (NFPA 99-2012 and Tentative Interim Amendments
		Chapters 7, 8, 12, and 13 of the Health Care Facilities Code	[TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).
		do not apply.	Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
S482.15(h)(1)(iv)	(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.	EC.01.01.01, EP 12  The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.	Code do not apply.  Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Dedicare &
			would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Dedicare &
			equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.15(h)(1)(v)	(v) TIA 12-5 to NFPA 99, issued August 1, 2013.	EC.01.01.01, EP 12 The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.	PE.04.01.01, EP 1  The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).  Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.  Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Dedicare & Dedicare Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.  Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
§482.15(h)(1)(vi)	(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.	EC.01.01.01, EP 12 The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.	PE.04.01.01, EP 1 The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Decided Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.15(h)(1)(vii)	(vii) NFPA 101, Life Safety Code,	LS.01.01.01, EP 8	PE.03.01.01, EP 3
	2012 edition, issued August 11,	The critical access hospital complies with the Life Safety	The critical access hospital meets the applicable provisions
	2011.	Code (NFPA 101-2012 and Tentative Interim Amendments	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
		[TIA] 12-1, 12-2, 12-3, and 12-4).	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
			Note 1: Outpatient surgical departments meet the provisions
			applicable to ambulatory health care occupancies,
			regardless of the number of patients served.
			Note 2: The provisions of the Life Safety Code do not apply in
			a state where the Centers for Medicare & Dedicard
			Services (CMS) finds that a fire and safety code imposed by
			state law adequately protects patients in critical access
			hospitals.
			Note 3: In consideration of a recommendation by the state
			survey agency or accrediting organization or at the discretion
			of the Secretary for the US Department of Health & Department & Depa
			Human Services, CMS may waive, for periods deemed
			appropriate, specific provisions of the Life Safety Code,
			which would result in unreasonable hardship upon a critical
			access hospital, but only if the waiver will not adversely
			affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings,
			CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.15(h)(1)(viii)	(viii) TIA 12-1 to NFPA 101,	LS.01.01.01, EP 8	PE.03.01.01, EP 3
	issued August 11, 2011.	The critical access hospital complies with the Life Safety	The critical access hospital meets the applicable provisions
		Code (NFPA 101-2012 and Tentative Interim Amendments	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
		[TIA] 12-1, 12-2, 12-3, and 12-4).	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
			Note 1: Outpatient surgical departments meet the provisions
			applicable to ambulatory health care occupancies,
			regardless of the number of patients served.
			Note 2: The provisions of the Life Safety Code do not apply in
			a state where the Centers for Medicare & Dedicard
			Services (CMS) finds that a fire and safety code imposed by
			state law adequately protects patients in critical access
			hospitals.
			Note 3: In consideration of a recommendation by the state
			survey agency or accrediting organization or at the discretion
			of the Secretary for the US Department of Health & Department of Hea
			Human Services, CMS may waive, for periods deemed
			appropriate, specific provisions of the Life Safety Code,
			which would result in unreasonable hardship upon a critical
			access hospital, but only if the waiver will not adversely affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings,
			CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			contact information of person who performed the activity,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.15(h)(1)(ix)	(ix) TIA 12-2 to NFPA 101,	LS.01.01.01, EP 8	PE.03.01.01, EP 3
	issued October 30, 2012.	The critical access hospital complies with the Life Safety	The critical access hospital meets the applicable provisions
		Code (NFPA 101-2012 and Tentative Interim Amendments	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
		[TIA] 12-1, 12-2, 12-3, and 12-4).	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
			Note 1: Outpatient surgical departments meet the provisions
			applicable to ambulatory health care occupancies,
			regardless of the number of patients served.
			Note 2: The provisions of the Life Safety Code do not apply in
			a state where the Centers for Medicare & Dedicard
			Services (CMS) finds that a fire and safety code imposed by
			state law adequately protects patients in critical access
			hospitals.
			Note 3: In consideration of a recommendation by the state
			survey agency or accrediting organization or at the discretion
			of the Secretary for the US Department of Health & Department & Department & Department & D
			Human Services, CMS may waive, for periods deemed
			appropriate, specific provisions of the Life Safety Code,
			which would result in unreasonable hardship upon a critical
			access hospital, but only if the waiver will not adversely
			affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings, CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
			the activity.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.15(h)(1)(x)	(x) TIA 12-3 to NFPA 101, issued	LS.01.01.01, EP 8	PE.03.01.01, EP 3
. , , , ,	October 22, 2013.	The critical access hospital complies with the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).	The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).  Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.  Note 2: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Dedicare &
0.400.45(1)(4)(1)	(xi) TIA 12-4 to NFPA 101,	LS.01.01.01, EP 8	PE.03.01.01, EP 3
§482.15(h)(1)(xi)	(XI) HA 17-4 TO NEPA 101	15.01.01.01. FPA	PE.U3.U1.U1. FP.3

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Code (NFPA 101-2012 and Tentative Interim Amendments	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
		[TIA] 12-1, 12-2, 12-3, and 12-4).	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
			Note 1: Outpatient surgical departments meet the provisions
			applicable to ambulatory health care occupancies,
			regardless of the number of patients served.
			Note 2: The provisions of the Life Safety Code do not apply in
			a state where the Centers for Medicare & Dedicard
			Services (CMS) finds that a fire and safety code imposed by
			state law adequately protects patients in critical access
			hospitals.
			Note 3: In consideration of a recommendation by the state
			survey agency or accrediting organization or at the discretion
			of the Secretary for the US Department of Health & Department & Depart
			Human Services, CMS may waive, for periods deemed
			appropriate, specific provisions of the Life Safety Code,
			which would result in unreasonable hardship upon a critical
			access hospital, but only if the waiver will not adversely
			affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings, CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.15(h)(1)(xii)	(xii) NFPA 110, Standard for	EC.02.05.07, EP 11	PE.04.01.03, EP 3
	Emergency and Standby Power	The critical access hospital meets all other emergency power	The critical access hospital meets the emergency power
	Systems, 2010 edition,	system requirements found in NFPA 99-2012 Health Care	system and generator requirements found in NFPA 99-2012
		Facilities Code, NFPA 110-2010 Standard for Emergency and	Health Care Facilities Code, NFPA 110-2010 Standard for

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	including TIAs to chapter 7,	Standby Power Systems, and NFPA 101-2012 Life Safety	Emergency and Standby Power Systems, and NFPA 101-2012
	issued August 6, 2009.	Code requirements.	Life Safety Code requirements.
§482.15(h)(2)	(2) [Reserved]		
§482.21	§482.21 Condition of	LD.01.03.01, EP 21	LD.11.01.01, EP 8
	Participation: Quality	The governing body is responsible for the performance	The governing body or designated individual is responsible
	Assessment and Performance	improvement program. The governing body makes sure that	and accountable for the quality assessment and
	Improvement Program The	performance improvement activities reflect the complexity of	performance improvement program. The governing body
	hospital must develop,	the critical access hospital's organization and services; are	makes sure that performance improvement activities reflect
	implement, and maintain an	ongoing and comprehensive; involve all departments and	the complexity of the critical access hospital's organization
	effective, ongoing, hospital-	services, including those services provided under contract;	and services; are ongoing and comprehensive; involve all
	wide, data-driven quality	and use objective measures to evaluate its organizational	departments and services, including those services provided
	assessment and performance	processes, functions, and services. (For more information on	under contract or arrangement; and focuses on indicators
	improvement program. The	contracted services, see Standard LD.04.03.09)	related to improved health outcomes and the prevention and
	hospital's governing body must	Note: For rehabilitation and psychiatric distinct part units in	reduction of medical errors and objective measures to
	ensure that the program	critical access hospitals: The critical access hospital is not	evaluate its organizational processes, functions, and
	reflects the complexity of the	required to participate in a quality improvement organization	services. (For more information on contracted services, see
	hospital's organization and	(QIO) cooperative project, but its own projects are required	Standard LD.14.03.03)
	services; involves all hospital	to be of comparable effort.	Note: For rehabilitation and psychiatric distinct part units in
	departments and services		critical access hospitals: If the hospital does not have a
	(including those services	LD.03.02.01, EP 1	governing body, it identifies the leadership structure that is
	furnished under contract or	Leaders set expectations for using data and information,	responsible for these activities.
	arrangement); and focuses on	including patient care data and other relevant data, for the	
	indicators related to improved	following:	LD.12.01.01, EP 1
	health outcomes and the	- Improving the safety and quality of care, treatment, or	The critical access hospital develops, implements,
	prevention and reduction of	services in order to achieve the goals of the performance	maintains, and documents an effective, ongoing, data-
	medical errors. The hospital	improvement program	driven, hospitalwide quality assessment and performance
	must maintain and	- Creating a culture of safety and quality	improvement program.
	demonstrate evidence of its	- Decision making that supports the safety and quality of	Note: For rehabilitation and psychiatric distinct part units in
	QAPI program for review by	care, treatment, and services	critical access hospitals: The critical access hospital
	CMS.	- Identifying and responding to internal and external changes	maintains and demonstrates evidence of its QAPI program
		in the environment	for review by CMS.
		LD.03.05.01, EP 1	
		ED.VO.VO.VI, EI I	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	The critical access hospital has a systematic approach to	PI.14.01.01, EP 1
	change and performance improvement.	The critical access hospital acts on improvement priorities.
	LD.03.05.01, EP 2	
	Structures for managing change and performance	
	improvement do the following:	
	- Foster the safety of the patient and the quality of care, treatment, and services	
	- Support a culture of safety and quality	
	- Adapt to changes in the environment	
	a.a.p. to onanges in the similarity	
	LD.03.05.01, EP 3	
	Leaders evaluate the effectiveness of processes for the	
	management of change and performance improvement.	
	LD.03.07.01, EP 1	
	The critical access hospital has an effective, ongoing, data-	
	driven performance improvement program that occurs	
	organizationwide.	
	LD.03.07.01, EP 2	
	As part of performance improvement, leaders (including the	
	governing body) do the following:	
	- Set priorities for performance improvement activities and	
	patient health outcomes	
	- Give priority to high-volume, high-risk, or problem-prone	
	processes for performance improvement activities	
	- Identify the frequency of data collection for performance	
	improvement activities - Reprioritize performance improvement activities in	
	response to changes in the internal or external environment	
	100ponde to changes in the internation externational environment	
	LD.03.09.01, EP 1	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The leaders implement a critical access hospitalwide patient	
		safety program as follows:	
		- One or more qualified individuals or an interdisciplinary	
		group manage the safety program.	
		- All departments, programs, and services within the critical	
		access hospital participate in the safety program.	
		- The scope of the safety program includes the full range of	
		safety issues, from potential or no-harm errors (sometimes	
		referred to as close calls ["near misses"] or good catches) to	
		hazardous conditions and sentinel events.	
		LD.04.03.09, EP 2	
		The critical access hospital describes, in writing, the nature	
		and scope of services provided through contractual	
		agreements.	
		LD 04 02 00 FD 4	
		LD.04.03.09, EP 4	
		Leaders monitor contracted services by establishing expectations for the performance of the contracted services.	
		Note 1: When the critical access hospital contracts with	
		another accredited organization for patient care, treatment,	
		and services to be provided off site, it can do the following:	
		- Verify that all physicians and other licensed practitioners	
		who will be providing patient care, treatment, and services	
		have appropriate privileges by obtaining, for example, a copy	
		of the list of privileges.	
		- Specify in the written agreement that the contracted	
		organization will ensure that all contracted services provided	
		by physicians and other licensed practitioners will be within	
		the scope of their privileges.	
		Note 2: The leaders who monitor the contracted services are	
		the governing body.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LD.04.03.09, EP 5 Leaders monitor contracted services by communicating the expectations in writing to the provider of the contracted services.  Note: A written description of the expectations can be provided either as part of the written agreement or in addition to it.	
		LD.04.03.09, EP 6 Leaders monitor contracted services by evaluating these services in relation to the critical access hospital's expectations.	
		LD.04.03.09, EP 7 Leaders take steps to improve contracted services that do not meet expectations. Note: Examples of improvement efforts to consider include the following: - Increase monitoring of the contracted services - Provide consultation or training to the contractor - Renegotiate the contract terms - Apply defined penalties - Terminate the contract	
		PI.03.01.01, EP 3 The critical access hospital uses statistical tools and techniques to analyze and display data.	
		PI.03.01.01, EP 4 The critical access hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PI.03.01.01, EP 8	
		The critical access hospital uses the results of data analysis	
		to identify improvement opportunities.	
		PI.04.01.01, EP 2	
		The critical access hospital acts on improvement priorities.	
		PI.04.01.01, EP 5	
		The critical access hospital acts when it does not achieve or	
		sustain planned improvements.	
§482.21(a)	§482.21(a) Standard: Program Scope		
§482.21(a)(1)	(1) The program must include,	LD.03.02.01, EP 1	PI.11.01.01, EP 2
	but not be limited to, an	Leaders set expectations for using data and information,	The critical access hospital has an ongoing quality
	ongoing program that shows	including patient care data and other relevant data, for the	assessment and performance improvement program that
	measurable improvement in	following:	shows measurable improvement for indicators that are
	indicators for which there is	- Improving the safety and quality of care, treatment, or	selected based on evidence that they will improve health
	evidence that it will improve	services in order to achieve the goals of the performance	outcomes and aid in the identification and reduction of
	health outcomes and identify	improvement program	medical errors. The program incorporates quality indicator
	and reduce medical errors.	- Creating a culture of safety and quality	data, including patient care data and other relevant data to
		- Decision making that supports the safety and quality of	achieve the goals of the program.
		care, treatment, and services	Note: For rehabilitation and psychiatric distinct part units in
		- Identifying and responding to internal and external changes	critical access hospitals: Relevant data includes data
		in the environment	submitted to or received from Medicare quality reporting and
			quality performance programs including but not limited to
		LD.03.05.01, EP 1	data related to hospital readmissions and hospital-acquired
		The critical access hospital has a systematic approach to	conditions.
		change and performance improvement.	
		LD.03.05.01, EP 2	
		Structures for managing change and performance	
		improvement do the following:	
		- Foster the safety of the patient and the quality of care,	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		treatment, and services	
		- Support a culture of safety and quality	
		- Adapt to changes in the environment	
		LD.03.05.01, EP 3	
		Leaders evaluate the effectiveness of processes for the	
		management of change and performance improvement.	
		LD.03.07.01, EP 1	
		The critical access hospital has an effective, ongoing, data-	
		driven performance improvement program that occurs	
		organizationwide.	
		LD.03.07.01, EP 2	
		As part of performance improvement, leaders (including the	
		governing body) do the following:	
		- Set priorities for performance improvement activities and	
		patient health outcomes	
		- Give priority to high-volume, high-risk, or problem-prone	
		processes for performance improvement activities	
		- Identify the frequency of data collection for performance	
		improvement activities	
		- Reprioritize performance improvement activities in	
		response to changes in the internal or external environment	
		LD.03.09.01, EP 1	
		The leaders implement a critical access hospitalwide patient	
		safety program as follows:	
		- One or more qualified individuals or an interdisciplinary	
		group manage the safety program.	
		- All departments, programs, and services within the critical	
		access hospital participate in the safety program.	
		- The scope of the safety program includes the full range of	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		safety issues, from potential or no-harm errors (sometimes	
		referred to as close calls ["near misses"] or good catches) to	
		hazardous conditions and sentinel events.	
		LD 02 00 04 FD 0	
		LD.03.09.01, EP 8	
		To improve safety and to reduce the risk of medical errors,	
		the critical access hospital analyzes and uses information	
		about system or process failures and the results of proactive risk assessments.	
§482.21(a)(2)	(2) The hospital must measure,	LD.03.07.01, EP 2	PI.12.01.01, EP 3
9402.21(d)(2)	analyze, and track quality	As part of performance improvement, leaders (including the	The critical access hospital measures, analyzes, and tracks
	indicators, including adverse	governing body) do the following:	quality indicators, including adverse patient events, and
	patient events, and other	- Set priorities for performance improvement activities and	other aspects of performance that assess processes of care,
	aspects of performance that	patient health outcomes	hospital service, and operations.
	assess processes of care,	- Give priority to high-volume, high-risk, or problem-prone	noopitat convice, and operations.
	hospital service and	processes for performance improvement activities	
	operations.	- Identify the frequency of data collection for performance	
		improvement activities	
		- Reprioritize performance improvement activities in	
		response to changes in the internal or external environment	
		LD.03.09.01, EP 5	
		The critical access hospital conducts thorough and credible	
		comprehensive systematic analyses (for example, root cause	
		analyses) in response to sentinel events as described in the	
		"Sentinel Event Policy" (SE) chapter of this manual.	
		PI.01.01.01, EP 2	
		The critical access hospital collects data on the following:	
		Performance improvement priorities identified by leaders.	
		PI.01.01.01, EP 3	
		The critical access hospital collects data on the following:	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Operative or other procedures that place patients at risk of	
		disability or death.	
		PI.01.01.01, EP 4	
		The critical access hospital collects data on the following:	
		Surgeries in which the postoperative diagnosis (clinical or	
		pathological) was unexpected and could indicate that a	
		clinically significant diagnostic error occurred.	
		Note: The critical access hospital's medical staff determine which unexpected postoperative diagnoses are clinically	
		significant. Examples may include but are not limited to the	
		following:	
		- A preoperative pathology or cytology report was interpreted	
		as a malignancy, but no malignancy was found in the surgical	
		specimen.	
		- A patient underwent surgery for acute appendicitis, but the	
		appendix was normal on the postsurgical pathology exam.	
		- An operation was performed because of a presumed	
		malignancy based on a radiology report, but no malignancy	
		was found.	
		PI.01.01.01, EP 5	
		The critical access hospital collects data on the following:	
		Adverse events related to using moderate or deep sedation	
		or anesthesia.	
		PI.01.01.01, EP 6	
		The critical access hospital collects data on the following:	
		The use of blood and blood components.	
		PI.01.01.01, EP 7	
		The critical access hospital collects data on the following: All	
		reported and confirmed transfusion reactions.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PI.01.01.01, EP 10  The critical access hospital collects data on the following:  - The number and location of cardiac arrests (for example, ambulatory area, telemetry unit, critical care unit)  - The outcomes of resuscitation (for example, return of spontaneous circulation [ROSC], survival to discharge)  Note: ROSC is defined as return of spontaneous and sustained circulation for at least 20 consecutive minutes following resuscitation efforts.  - Transfer to a higher level of care	
		PI.01.01.01, EP 12 The critical access hospital collects data on the following: Significant medication errors.	
		PI.01.01.01, EP 13  The critical access hospital collects data on the following: Significant adverse drug reactions.	
		PI.01.01, EP 14  The critical access hospital collects data on the following: Patient perception of the safety and quality of care, treatment, or services.	
		PI.03.01.01, EP 3 The critical access hospital uses statistical tools and techniques to analyze and display data.	
		PI.03.01.01, EP 4 The critical access hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PI.03.01.01, EP 8  The critical access hospital uses the results of data analysis to identify improvement opportunities.	
§482.21(b)	§482.21(b) Standard: Program Data		
§482.21(b)(1)	(1) The program must incorporate quality indicator data including patient care data, and other relevant data such as data submitted to or received from Medicare quality reporting and quality performance programs, including but not limited to data related to hospital readmissions and hospital-acquired conditions.	LD.03.02.01, EP 1  Leaders set expectations for using data and information, including patient care data and other relevant data, for the following:  - Improving the safety and quality of care, treatment, or services in order to achieve the goals of the performance improvement program  - Creating a culture of safety and quality  - Decision making that supports the safety and quality of care, treatment, and services  - Identifying and responding to internal and external changes in the environment  LD.03.02.01, EP 2  Leaders evaluate how effectively data and information are used throughout the critical access hospital.	PI.11.01.01, EP 2  The critical access hospital has an ongoing quality assessment and performance improvement program that shows measurable improvement for indicators that are selected based on evidence that they will improve health outcomes and aid in the identification and reduction of medical errors. The program incorporates quality indicator data, including patient care data and other relevant data to achieve the goals of the program.  Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: Relevant data includes data submitted to or received from Medicare quality reporting and quality performance programs including but not limited to data related to hospital readmissions and hospital-acquired conditions.
§482.21(b)(2)	(2) The hospital must use the data collected to		
§482.21(b)(2)(i)	(i) Monitor the effectiveness and safety of services and quality of care; and	LD.03.02.01, EP 1 Leaders set expectations for using data and information, including patient care data and other relevant data, for the following: - Improving the safety and quality of care, treatment, or services in order to achieve the goals of the performance improvement program - Creating a culture of safety and quality - Decision making that supports the safety and quality of	PI.13.01.01, EP 1 The critical access hospital analyzes and compares internal data over time and uses the results of data analysis to do the following: - Monitor the effectiveness and safety of services - Monitor the quality of care - Identify opportunities for improvement and changes that will lead to improvement

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		care, treatment, and services - Identifying and responding to internal and external changes in the environment	
		LD.03.09.01, EP 8  To improve safety and to reduce the risk of medical errors, the critical access hospital analyzes and uses information about system or process failures and the results of proactive risk assessments.	
§482.21(b)(2)(ii)	(ii) Identify opportunities for improvement and changes that will lead to improvement.	LD.03.01.01, EP 2 Leaders prioritize and implement changes identified by the evaluation.  PI.03.01.01, EP 8 The critical access hospital uses the results of data analysis to identify improvement opportunities.	PI.13.01.01, EP 1 The critical access hospital analyzes and compares internal data over time and uses the results of data analysis to do the following: - Monitor the effectiveness and safety of services - Monitor the quality of care - Identify opportunities for improvement and changes that will lead to improvement
§482.21(b)(3)	(3) The frequency and detail of data collection must be specified by the hospital's governing body.	LD.03.07.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment	As part of performance improvement, leaders (including the governing body) do the following:  - Set priorities for performance improvement activities related to improved health outcomes that are shown to be predictive of desired patient outcomes, patient safety, and quality of care  - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and consider the incidence, prevalence, and severity of problems in those areas  - Identify the frequency and detail of data collection for performance improvement activities  - Use measures to analyze and track performance
§482.21(c)	§482.21(c) Standard: Program Activities		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.21(c)(1)	(1) The hospital must set priorities for its performance improvement activities that		
§482.21(c)(1)(i)	(i) Focus on high-risk, high-volume, or problem-prone areas;	LD.03.07.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment	As part of performance improvement, leaders (including the governing body) do the following:  - Set priorities for performance improvement activities related to improved health outcomes that are shown to be predictive of desired patient outcomes, patient safety, and quality of care  - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and consider the incidence, prevalence, and severity of problems in those areas  - Identify the frequency and detail of data collection for performance improvement activities  - Use measures to analyze and track performance
\$482.21(c)(1)(ii)	(ii) Consider the incidence, prevalence, and severity of problems in those areas; and	LD.03.07.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment	LD.12.01.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities related to improved health outcomes that are shown to be predictive of desired patient outcomes, patient safety, and quality of care - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and consider the incidence, prevalence, and severity of problems in those areas - Identify the frequency and detail of data collection for performance improvement activities - Use measures to analyze and track performance

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.21(c)(1)(iii)	(iii) Affect health outcomes, patient safety, and quality of care.	As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities and patient health outcomes - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities - Identify the frequency of data collection for performance improvement activities - Reprioritize performance improvement activities in response to changes in the internal or external environment	As part of performance improvement, leaders (including the governing body) do the following:  - Set priorities for performance improvement activities related to improved health outcomes that are shown to be predictive of desired patient outcomes, patient safety, and quality of care  - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and consider the incidence, prevalence, and severity of problems in those areas  - Identify the frequency and detail of data collection for performance improvement activities  - Use measures to analyze and track performance
§482.21(c)(2)	(2) Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital.	LD.03.08.01, EP 1 The critical access hospital's design of new or modified services or processes incorporates the following: - The needs of patients, staff, and others - The results of performance improvement activities - Information about potential risks to patients - Evidence-based information in the decision-making process - Information about sentinel events Note 1: A proactive risk assessment is one of several ways to assess potential risks to patients. For suggested components, refer to the "Proactive Risk Assessment" section at the beginning of this chapter. Note 2: Evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards.  LD.03.09.01, EP 3 The leaders provide and encourage the use of systems for	PI.12.01.01, EP 1  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital tracks medical errors and adverse patient events, analyzes their causes, and implements preventive actions and mechanisms that include feedback and learning throughout the critical access hospital. Medical errors and adverse patient events include but are not limited to the following:  - Medication administration errors  - Surgical errors  - Equipment failure  - Infection control errors  - Blood transfusion–related errors  - Diagnostic errors

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		blame-free internal reporting of a system or process failure,	
		or the results of a proactive risk assessment.	
		Note: This EP is intended to minimize staff reluctance to	
		report errors in order to help an organization understand the	
		source and results of system and process failures. The EP	
		does not conflict with holding individuals accountable for	
		their blameworthy errors.	
		LD.03.09.01, EP 4	
		The leaders define patient safety event and communicate	
		this definition throughout the organization.	
		Note: At a minimum, the organization's definition includes	
		those events subject to review as described in the "Sentinel	
		Event Policy" (SE) chapter of this manual.	
		LD.03.09.01, EP 5	
		The critical access hospital conducts thorough and credible	
		comprehensive systematic analyses (for example, root cause	
		analyses) in response to sentinel events as described in the	
		"Sentinel Event Policy" (SE) chapter of this manual.	
		LD.03.09.01, EP 7	
		At least every 18 months, the critical access hospital selects	
		one high-risk process and conducts a proactive risk	
		assessment.	
		Note: For suggested components, refer to the "Proactive Risk	
		Assessment" section at the beginning of this chapter.	
		LD.03.09.01, EP 8	
		To improve safety and to reduce the risk of medical errors,	
		the critical access hospital analyzes and uses information	
		about system or process failures and the results of proactive	
		risk assessments.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LD.03.09.01, EP 9 The leaders disseminate lessons learned from comprehensive systematic analyses (for example, root cause analyses), system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation.	
		LD.03.09.01, EP 10 At least once a year, the critical access hospital provides governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For rehabilitation and psychiatric distinct part units in critical access hospitals: The determined number of distinct improvement projects to be conducted annually	
		PI.03.01.01, EP 4  The critical access hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.	
§482.21(c)(3)	(3) The hospital must take actions aimed at performance improvement and, after implementing those actions, the hospital must measure its success, and track	LD.03.05.01, EP 3 Leaders evaluate the effectiveness of processes for the management of change and performance improvement.  Pl.04.01.01, EP 2 The critical access hospital acts on improvement priorities.	PI.12.01.01, EP 4 The critical access hospital takes action to improve its performance. After implementing changes, the critical access hospital measures its success and tracks performance to ensure that improvements are sustained.
	performance to ensure that improvements are sustained.	PI.04.01.01, EP 5	PI.14.01.01, EP 1 The critical access hospital acts on improvement priorities.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The critical access hospital acts when it does not achieve or	
		sustain planned improvements.	
§482.21(d)	§482.21(d) Standard:	LD.03.05.01, EP 1	PI.11.01.01, EP 3
	Performance Improvement	The critical access hospital has a systematic approach to	For rehabilitation and psychiatric distinct part units in critical
	Projects As part of its quality	change and performance improvement.	access hospitals: The critical access hospital conducts
	assessment and performance		performance improvement projects as part of its quality
	improvement program, the	LD.03.07.01, EP 1	assessment and performance improvement program. The
	hospital must conduct	The critical access hospital has an effective, ongoing, data-	number and scope of distinct improvement projects
	performance improvement	driven performance improvement program that occurs	conducted annually is proportional to the scope and
	projects.	organizationwide.	complexity of the critical access hospital's services and operations.
		LD.03.07.01, EP 2	Note 1: The critical access hospital may, as one of its
		As part of performance improvement, leaders (including the	projects, develop and implement an information technology
		governing body) do the following:	system explicitly designed to improve patient safety and
		- Set priorities for performance improvement activities and	quality of care. In the initial stage of development, this
		patient health outcomes	project does not need to demonstrate measurable
		- Give priority to high-volume, high-risk, or problem-prone	improvement in indicators related to health outcomes.
		processes for performance improvement activities	Note 2: The critical access hospital is not required to
		- Identify the frequency of data collection for performance	participate in a quality improvement organization
		improvement activities	cooperative project, but its own projects are required to be of
		- Reprioritize performance improvement activities in	comparable effort.
		response to changes in the internal or external environment	
§482.21(d)(1)	(1) The number and scope of	LD.03.05.01, EP 1	PI.11.01.01, EP 3
	distinct improvement projects	The critical access hospital has a systematic approach to	For rehabilitation and psychiatric distinct part units in critical
	conducted annually must be	change and performance improvement.	access hospitals: The critical access hospital conducts
	proportional to the scope and		performance improvement projects as part of its quality
	complexity of the hospital's	LD.03.05.01, EP 2	assessment and performance improvement program. The
	services and operations.	Structures for managing change and performance	number and scope of distinct improvement projects
		improvement do the following:	conducted annually is proportional to the scope and
		- Foster the safety of the patient and the quality of care,	complexity of the critical access hospital's services and
		treatment, and services	operations.
		- Support a culture of safety and quality	Note 1: The critical access hospital may, as one of its
		- Adapt to changes in the environment	projects, develop and implement an information technology

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			system explicitly designed to improve patient safety and
		LD.03.07.01, EP 2	quality of care. In the initial stage of development, this
		As part of performance improvement, leaders (including the	project does not need to demonstrate measurable
		governing body) do the following:	improvement in indicators related to health outcomes.
		- Set priorities for performance improvement activities and	Note 2: The critical access hospital is not required to
		patient health outcomes	participate in a quality improvement organization
		- Give priority to high-volume, high-risk, or problem-prone	cooperative project, but its own projects are required to be of
		processes for performance improvement activities	comparable effort.
		- Identify the frequency of data collection for performance	
		improvement activities	
		- Reprioritize performance improvement activities in	
		response to changes in the internal or external environment	
		LD.03.09.01, EP 8	
		To improve safety and to reduce the risk of medical errors,	
		the critical access hospital analyzes and uses information	
		about system or process failures and the results of proactive	
		risk assessments.	
		LD.03.09.01, EP 10	
		At least once a year, the critical access hospital provides	
		governance with written reports on the following:	
		- All system or process failures	
		- The number and type of sentinel events	
		- Whether the patients and the families were informed of the	
		event	
		- All actions taken to improve safety, both proactively and in	
		response to actual occurrences	
		- For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: The determined number of distinct	
		improvement projects to be conducted annually	
§482.21(d)(2)	(2) A hospital may, as one of its	IM.02.02.03, EP 2	PI.11.01.01, EP 3
	projects, develop and	The critical access hospital's storage and retrieval systems	For rehabilitation and psychiatric distinct part units in critical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	implement an information	make health information accessible when needed for patient	access hospitals: The critical access hospital conducts
	technology system explicitly	care, treatment, and services.	performance improvement projects as part of its quality
	designed to improve patient	Note: For rehabilitation and psychiatric distinct part units in	assessment and performance improvement program. The
	safety and quality of care. This	critical access hospitals: The medical records system allows	number and scope of distinct improvement projects
	project, in its initial stage of	for timely retrieval of patient information by diagnosis and	conducted annually is proportional to the scope and
	development, does not need to	procedure.	complexity of the critical access hospital's services and
	demonstrate measurable		operations.
	improvement in indicators	LD.03.07.01, EP 1	Note 1: The critical access hospital may, as one of its
	related to health outcomes.	The critical access hospital has an effective, ongoing, data-	projects, develop and implement an information technology
		driven performance improvement program that occurs	system explicitly designed to improve patient safety and
		organizationwide.	quality of care. In the initial stage of development, this
			project does not need to demonstrate measurable
		LD.03.09.01, EP 1	improvement in indicators related to health outcomes.
		The leaders implement a critical access hospitalwide patient	Note 2: The critical access hospital is not required to
		safety program as follows:	participate in a quality improvement organization
		- One or more qualified individuals or an interdisciplinary	cooperative project, but its own projects are required to be of
		group manage the safety program.	comparable effort.
		- All departments, programs, and services within the critical	
		access hospital participate in the safety program.	
		- The scope of the safety program includes the full range of	
		safety issues, from potential or no-harm errors (sometimes	
		referred to as close calls ["near misses"] or good catches) to	
		hazardous conditions and sentinel events.	
§482.21(d)(3)	(3) The hospital must document	LD.03.07.01, EP 2	Pl.12.01.01, EP 2
	what quality improvement	As part of performance improvement, leaders (including the	The critical access hospital documents what quality
	projects are being conducted,	governing body) do the following:	improvement projects it is conducting, the reasons for
	the reasons for conducting	- Set priorities for performance improvement activities and	conducting these projects, and the measurable progress
	these projects, and the	patient health outcomes	achieved on these projects.
	measurable progress achieved	- Give priority to high-volume, high-risk, or problem-prone	
	on these projects.	processes for performance improvement activities	
		- Identify the frequency of data collection for performance	
		improvement activities	
		- Reprioritize performance improvement activities in	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		response to changes in the internal or external environment	
		LD.03.09.01, EP 10 At least once a year, the critical access hospital provides governance with written reports on the following: - All system or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both proactively and in response to actual occurrences - For rehabilitation and psychiatric distinct part units in critical access hospitals: The determined number of distinct improvement projects to be conducted annually  Pl.04.01.01, EP 5	
		The critical access hospital acts when it does not achieve or	
		sustain planned improvements.	
§482.21(d)(4)	(4) A hospital is not required to participate in a QIO cooperative project, but its own projects are required to be of comparable effort.	LD.01.03.01, EP 21  The governing body is responsible for the performance improvement program. The governing body makes sure that performance improvement activities reflect the complexity of the critical access hospital's organization and services; are ongoing and comprehensive; involve all departments and services, including those services provided under contract; and use objective measures to evaluate its organizational processes, functions, and services. (For more information on contracted services, see Standard LD.04.03.09)  Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital is not required to participate in a quality improvement organization (QIO) cooperative project, but its own projects are required to be of comparable effort.	PI.11.01.01, EP 3  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital conducts performance improvement projects as part of its quality assessment and performance improvement program. The number and scope of distinct improvement projects conducted annually is proportional to the scope and complexity of the critical access hospital's services and operations.  Note 1: The critical access hospital may, as one of its projects, develop and implement an information technology system explicitly designed to improve patient safety and quality of care. In the initial stage of development, this project does not need to demonstrate measurable improvement in indicators related to health outcomes.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			Note 2: The critical access hospital is not required to
		LD.03.09.01, EP 11	participate in a quality improvement organization
		The leaders encourage external reporting of significant	cooperative project, but its own projects are required to be of
		adverse events, including voluntary reporting programs in	comparable effort.
		addition to mandatory programs.	
		Note: Examples of voluntary programs include The Joint	PI.14.01.01, EP 1
		Commission Sentinel Event Database and the US Food and	The critical access hospital acts on improvement priorities.
		Drug Administration (FDA) MedWatch. Mandatory programs	
		are often state initiated.	
		PI.04.01.01, EP 2	
		The critical access hospital acts on improvement priorities.	
		PI.04.01.01, EP 5	
		The critical access hospital acts when it does not achieve or	
		sustain planned improvements.	
§482.21(e)	§482.21(e) Standard: Executive		
	Responsibilities The		
	hospital's governing body (or		
	organized group or individual		
	who assumes full legal		
	authority and responsibility for		
	operations of the hospital),		
	medical staff, and		
	administrative officials are		
	responsible and accountable		
	for ensuring the following:		
§482.21(e)(1)	(1) That an ongoing program for	LD.01.03.01, EP 5	LD.12.01.01, EP 3
	quality improvement and	The governing body provides for the resources needed to	For rehabilitation and psychiatric distinct part units in critical
	patient safety, including the	maintain safe, quality care, treatment, and services.	access hospitals: The critical access hospital's governing
	reduction of medical errors, is	LD 04 00 04 ED 0	body (or organized group or individual who assumes full legal
	defined, implemented, and	LD.01.03.01, EP 6	authority and responsibility for operations of the critical
	maintained.	The governing body works with the senior managers and	access hospital), medical staff, and administrative officials

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		leaders of the organized medical staff to annually evaluate	are responsible and accountable for the following:
		the critical access hospital's performance in relation to its	- An ongoing program for quality improvement and patient
		mission, vision, and goals.	safety, including the reduction of medical errors, is defined,
			implemented, and maintained
		LD.03.05.01, EP 1	- The hospitalwide quality assessment and performance
		The critical access hospital has a systematic approach to	improvement efforts address priorities for improved quality
		change and performance improvement.	of care and patient safety, and all improvement actions are evaluated
		LD.03.07.01, EP 1	- Clear expectations for safety are established
		The critical access hospital has an effective, ongoing, data-	- Adequate resources are allocated for measuring, assessing,
		driven performance improvement program that occurs	improving, and sustaining the critical access hospital's
		organizationwide.	performance and reducing risk to patients
			- The determination of the number of distinct improvement
		LD.03.07.01, EP 2	projects is conducted annually
		As part of performance improvement, leaders (including the	
		governing body) do the following:	PI.14.01.01, EP 1
		- Set priorities for performance improvement activities and	The critical access hospital acts on improvement priorities.
		patient health outcomes	
		- Give priority to high-volume, high-risk, or problem-prone	
		processes for performance improvement activities	
		- Identify the frequency of data collection for performance	
		improvement activities	
		- Reprioritize performance improvement activities in	
		response to changes in the internal or external environment	
		LD.03.09.01, EP 1	
		The leaders implement a critical access hospitalwide patient	
		safety program as follows:	
		- One or more qualified individuals or an interdisciplinary	
		group manage the safety program.	
		- All departments, programs, and services within the critical	
		access hospital participate in the safety program.	
		- The scope of the safety program includes the full range of	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	safety issues, from potential or no-harm errors (sometimes	
	referred to as close calls ["near misses"] or good catches) to	
	hazardous conditions and sentinel events.	
	LD.03.09.01, EP 2	
	As part of the safety program, the leaders create procedures	
	for responding to system or process failures.	
	Note: Responses might include continuing to provide care,	
	treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent	
	analysis.	
	anatysis.	
	LD.03.09.01, EP 3	
	The leaders provide and encourage the use of systems for	
	blame-free internal reporting of a system or process failure,	
	or the results of a proactive risk assessment.	
	Note: This EP is intended to minimize staff reluctance to	
	report errors in order to help an organization understand the	
	source and results of system and process failures. The EP	
	does not conflict with holding individuals accountable for	
	their blameworthy errors.	
	LD.03.09.01, EP 4	
	The leaders define patient safety event and communicate	
	this definition throughout the organization.	
	Note: At a minimum, the organization's definition includes	
	those events subject to review as described in the "Sentinel	
	Event Policy" (SE) chapter of this manual.	
	LD.03.09.01, EP 5	
	The critical access hospital conducts thorough and credible	
	comprehensive systematic analyses (for example, root cause	
	analyses) in response to sentinel events as described in the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		"Sentinel Event Policy" (SE) chapter of this manual.	
		LD.03.09.01, EP 6	
		The leaders make support systems available for staff who	
		have been involved in an adverse or sentinel event.	
		Note: Support systems recognize that conscientious health	
		care workers who are involved in sentinel events are	
		themselves victims of the event and require support. Support	
		systems provide staff with additional help and support as well as additional resources through the human resources	
		function or an employee assistance program. Support	
		systems also focus on the process rather than blaming the	
		involved individuals.	
		involved individuals.	
		LD.03.09.01, EP 7	
		At least every 18 months, the critical access hospital selects	
		one high-risk process and conducts a proactive risk	
		assessment.	
		Note: For suggested components, refer to the "Proactive Risk	
		Assessment" section at the beginning of this chapter.	
		LD.03.09.01, EP 8	
		To improve safety and to reduce the risk of medical errors,	
		the critical access hospital analyzes and uses information	
		about system or process failures and the results of proactive	
		risk assessments.	
		LD.03.09.01, EP 9	
		The leaders disseminate lessons learned from	
		comprehensive systematic analyses (for example, root cause	
		analyses), system or process failures, and the results of	
		proactive risk assessments to all staff who provide services	
		for the specific situation.	

CoP Requirement CoP Tex	xt (	Current EP Mapping	Future State EP Mapping
		LD.03.09.01, EP 10	
		At least once a year, the critical access hospital provides	
		governance with written reports on the following:	
		- All system or process failures	
		The number and type of sentinel events	
		Whether the patients and the families were informed of the	
		event	
		All actions taken to improve safety, both proactively and in	
		response to actual occurrences	
		For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: The determined number of distinct	
	1	mprovement projects to be conducted annually	
	I	LD.04.03.09, EP 6	
	1	Leaders monitor contracted services by evaluating these	
	5	services in relation to the critical access hospital's	
	6	expectations.	
	ı	MM.08.01.01, EP 1	
		As part of its evaluation of the effectiveness of medication	
	r	management, the critical access hospital does the following:	
	-	Collects data on the performance of its medication	
	r	management system	
	-	- Analyzes data on its medication management system	
		Compares data over time to identify risk points, levels of	
	·	performance, patterns, trends, and variations of its	
		medication management system	
		Note: This element of performance is also applicable to	
	5	sample medications.	
		MM.08.01.01, EP 5	
		·	
		Based on analysis of its data, as well as review of the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		literature for new technologies and best practices, the	
		critical access hospital identifies opportunities for	
		improvement in its medication management system.	
		MM 00 04 04 ED 0	
		MM.08.01.01, EP 6	
		When opportunities are identified for improvement of the	
		medication management system, the critical access hospital does the following:	
		- Takes action on improvement opportunities identified as	
		priorities for its medication management system	
		- Evaluates its actions to confirm that they resulted in	
		improvements	
		Note: This element of performance is also applicable to	
		sample medications.	
		MM.08.01.01, EP 8	
		The critical access hospital takes additional action when	
		planned improvements for its medication management	
		processes are either not achieved or not sustained.	
		PI.01.01.01, EP 4	
		The critical access hospital collects data on the following:	
		Surgeries in which the postoperative diagnosis (clinical or	
		pathological) was unexpected and could indicate that a	
		clinically significant diagnostic error occurred.	
		Note: The critical access hospital's medical staff determine	
		which unexpected postoperative diagnoses are clinically	
		significant. Examples may include but are not limited to the	
		following:	
		- A preoperative pathology or cytology report was interpreted	
		as a malignancy, but no malignancy was found in the surgical	
		specimen.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		<ul> <li>A patient underwent surgery for acute appendicitis, but the appendix was normal on the postsurgical pathology exam.</li> <li>An operation was performed because of a presumed malignancy based on a radiology report, but no malignancy was found.</li> </ul>	
		PI.01.01, EP 5 The critical access hospital collects data on the following: Adverse events related to using moderate or deep sedation or anesthesia.	
		PI.01.01.01, EP 7 The critical access hospital collects data on the following: All reported and confirmed transfusion reactions.	
		PI.01.01.01, EP 12 The critical access hospital collects data on the following: Significant medication errors.	
		PI.01.01.01, EP 13  The critical access hospital collects data on the following: Significant adverse drug reactions.	
		PI.03.01.01, EP 3 The critical access hospital uses statistical tools and techniques to analyze and display data.	
		PI.03.01.01, EP 4 The critical access hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.	
		PI.03.01.01, EP 8	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The critical access hospital uses the results of data analysis	
		to identify improvement opportunities.	
		PI.04.01.01, EP 2	
		The critical access hospital acts on improvement priorities.	
		PI.04.01.01, EP 5	
		The critical access hospital acts when it does not achieve or	
	1,2,2	sustain planned improvements.	
§482.21(e)(2)	(2) That the hospital-wide	LD.03.05.01, EP 3	LD.12.01.01, EP 3
	quality assessment and	Leaders evaluate the effectiveness of processes for the	For rehabilitation and psychiatric distinct part units in critical
	performance improvement	management of change and performance improvement.	access hospitals: The critical access hospital's governing
	efforts address priorities for		body (or organized group or individual who assumes full legal
	improved quality of care and	LD.03.07.01, EP 2	authority and responsibility for operations of the critical
	patient safety; and that all	As part of performance improvement, leaders (including the	access hospital), medical staff, and administrative officials
	improvement actions are	governing body) do the following:	are responsible and accountable for the following:
	evaluated.	- Set priorities for performance improvement activities and	- An ongoing program for quality improvement and patient
		patient health outcomes	safety, including the reduction of medical errors, is defined,
		- Give priority to high-volume, high-risk, or problem-prone	implemented, and maintained
		processes for performance improvement activities	- The hospitalwide quality assessment and performance
		- Identify the frequency of data collection for performance	improvement efforts address priorities for improved quality
		improvement activities	of care and patient safety, and all improvement actions are
		- Reprioritize performance improvement activities in	evaluated
		response to changes in the internal or external environment	- Clear expectations for safety are established
			- Adequate resources are allocated for measuring, assessing,
		LD.03.09.01, EP 1	improving, and sustaining the critical access hospital's
		The leaders implement a critical access hospitalwide patient	performance and reducing risk to patients
		safety program as follows:	- The determination of the number of distinct improvement
		- One or more qualified individuals or an interdisciplinary	projects is conducted annually
		group manage the safety program.	
		- All departments, programs, and services within the critical	
		access hospital participate in the safety program.	
		- The scope of the safety program includes the full range of	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		safety issues, from potential or no-harm errors (sometimes	
		referred to as close calls ["near misses"] or good catches) to	
		hazardous conditions and sentinel events.	
§482.21(e)(3)	(3) That clear expectations for	LD.03.07.01, EP 2	LD.12.01.01, EP 3
	safety are established.	As part of performance improvement, leaders (including the	For rehabilitation and psychiatric distinct part units in critical
		governing body) do the following:	access hospitals: The critical access hospital's governing
		- Set priorities for performance improvement activities and	body (or organized group or individual who assumes full legal
		patient health outcomes	authority and responsibility for operations of the critical
		- Give priority to high-volume, high-risk, or problem-prone	access hospital), medical staff, and administrative officials
		processes for performance improvement activities	are responsible and accountable for the following:
		- Identify the frequency of data collection for performance	- An ongoing program for quality improvement and patient
		improvement activities	safety, including the reduction of medical errors, is defined,
		- Reprioritize performance improvement activities in	implemented, and maintained
		response to changes in the internal or external environment	- The hospitalwide quality assessment and performance
			improvement efforts address priorities for improved quality
		LD.03.09.01, EP 1	of care and patient safety, and all improvement actions are
		The leaders implement a critical access hospitalwide patient	evaluated
		safety program as follows:	- Clear expectations for safety are established
		- One or more qualified individuals or an interdisciplinary	- Adequate resources are allocated for measuring, assessing,
		group manage the safety program.	improving, and sustaining the critical access hospital's
		- All departments, programs, and services within the critical	performance and reducing risk to patients
		access hospital participate in the safety program.	- The determination of the number of distinct improvement
		- The scope of the safety program includes the full range of	projects is conducted annually
		safety issues, from potential or no-harm errors (sometimes	
		referred to as close calls ["near misses"] or good catches) to	
2.22.24.34.3	4.0 = 1	hazardous conditions and sentinel events.	
§482.21(e)(4)	(4) That adequate resources are	LD.01.03.01, EP 5	LD.12.01.01, EP 3
	allocated for measuring,	The governing body provides for the resources needed to	For rehabilitation and psychiatric distinct part units in critical
	assessing, improving, and	maintain safe, quality care, treatment, and services.	access hospitals: The critical access hospital's governing
	sustaining the hospital's	LD 04 04 44 ED 5	body (or organized group or individual who assumes full legal
	performance and reducing risk	LD.04.01.11, EP 5	authority and responsibility for operations of the critical
	to patients.	The leaders provide for equipment, information systems,	access hospital), medical staff, and administrative officials
		supplies, and other resources.	are responsible and accountable for the following:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			- An ongoing program for quality improvement and patient
			safety, including the reduction of medical errors, is defined,
			implemented, and maintained
			- The hospitalwide quality assessment and performance
			improvement efforts address priorities for improved quality
			of care and patient safety, and all improvement actions are
			evaluated
			- Clear expectations for safety are established
			- Adequate resources are allocated for measuring, assessing,
			improving, and sustaining the critical access hospital's
			performance and reducing risk to patients
			- The determination of the number of distinct improvement
			projects is conducted annually
§482.21(e)(5)	(5) That the determination of	LD.03.07.01, EP 2	LD.12.01.01, EP 3
	the number of distinct	As part of performance improvement, leaders (including the	For rehabilitation and psychiatric distinct part units in critical
	improvement projects is	governing body) do the following:	access hospitals: The critical access hospital's governing
	conducted annually.	- Set priorities for performance improvement activities and	body (or organized group or individual who assumes full legal
		patient health outcomes	authority and responsibility for operations of the critical
		- Give priority to high-volume, high-risk, or problem-prone	access hospital), medical staff, and administrative officials
		processes for performance improvement activities	are responsible and accountable for the following:
		- Identify the frequency of data collection for performance	- An ongoing program for quality improvement and patient
		improvement activities	safety, including the reduction of medical errors, is defined,
		- Reprioritize performance improvement activities in	implemented, and maintained
		response to changes in the internal or external environment	- The hospitalwide quality assessment and performance
		LD.03.09.01, EP 10	improvement efforts address priorities for improved quality
		·	of care and patient safety, and all improvement actions are evaluated
		At least once a year, the critical access hospital provides governance with written reports on the following:	- Clear expectations for safety are established
		- All system or process failures	- Adequate resources are allocated for measuring, assessing,
		- The number and type of sentinel events	improving, and sustaining the critical access hospital's
		- Whether the patients and the families were informed of the	performance and reducing risk to patients
		event	- The determination of the number of distinct improvement
		- All actions taken to improve safety, both proactively and in	projects is conducted annually
		1 All dottons taken to improve safety, both prodetively and in	projects is conducted annualty

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		response to actual occurrences	
		- For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: The determined number of distinct	
		improvement projects to be conducted annually	
§482.21(f)	(f) Standard: Unified and		LD.11.01.01, EP 9
	integrated QAPI program for		If a critical access hospital is part of a system consisting of
	multi-hospital systems. If a		multiple separately accredited hospitals, critical access
	hospital is part of a hospital		hospitals, and/or rural emergency hospitals using a system
	system consisting of multiple		governing body that is legally responsible for the conduct of
	separately certified hospitals		two or more hospitals, critical access hospitals, and/or rural
	using a system governing body		emergency hospitals, the system governing body can elect to
	that is legally responsible for		have a unified and integrated quality assessment and
	the conduct of two or more		performance improvement program for all of its member
	hospitals, the system governing		facilities after determining that such decision is in
	body can elect to have a unified		accordance with all applicable state and local laws. Each
	and integrated QAPI program		separately certified critical access hospital subject to the
	for all of its member hospitals		system governing body demonstrates that the unified and
	after determining that such a		integrated quality assessment and performance
	decision is in accordance with		improvement program does the following:
	all applicable State and local		- Accounts for each member critical access hospital's
	laws. The system governing		unique circumstances and any significant differences in
	body is responsible and		patient populations and services offered
	accountable for ensuring that		- Establishes and implements policies and procedures to
	each of its separately certified		make certain that the needs and concerns of each of its
	hospitals meets all of the		separately certified hospitals, regardless of practice or
	requirements of this section.		location, are given due consideration, and that the unified
	Each separately certified		and integrated program has mechanisms in place to ensure
	hospital subject to the system		that issues localized to particular critical access hospitals
	governing body must		are duly considered and addressed
	demonstrate that:		Note: The system governing body is responsible and
			accountable for making certain that each of its separately
			certified critical access hospitals meets the requirements for

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			quality assessment and performance improvement at 42
			CFR 485.641.
§482.21(f)(1)	(1) The unified and integrated		LD.11.01.01, EP 9
	QAPI program is established in		If a critical access hospital is part of a system consisting of
	a manner that takes into		multiple separately accredited hospitals, critical access
	account each member		hospitals, and/or rural emergency hospitals using a system
	hospital's unique		governing body that is legally responsible for the conduct of
	circumstances and any		two or more hospitals, critical access hospitals, and/or rural
	significant differences in		emergency hospitals, the system governing body can elect to
	patient populations and		have a unified and integrated quality assessment and
	services offered in each		performance improvement program for all of its member
	hospital; and		facilities after determining that such decision is in
			accordance with all applicable state and local laws. Each
			separately certified critical access hospital subject to the
			system governing body demonstrates that the unified and
			integrated quality assessment and performance
			improvement program does the following:
			- Accounts for each member critical access hospital's
			unique circumstances and any significant differences in
			patient populations and services offered
			- Establishes and implements policies and procedures to
			make certain that the needs and concerns of each of its
			separately certified hospitals, regardless of practice or
			location, are given due consideration, and that the unified
			and integrated program has mechanisms in place to ensure
			that issues localized to particular critical access hospitals
			are duly considered and addressed
			Note: The system governing body is responsible and
			accountable for making certain that each of its separately
			certified critical access hospitals meets the requirements for
			quality assessment and performance improvement at 42
			CFR 485.641.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.21(f)(2)	(2) The unified and integrated		LD.11.01.01, EP 9
	QAPI program establishes and		If a critical access hospital is part of a system consisting of
	implements policies and		multiple separately accredited hospitals, critical access
	procedures to ensure that the		hospitals, and/or rural emergency hospitals using a system
	needs and concerns of each of		governing body that is legally responsible for the conduct of
	its separately certified		two or more hospitals, critical access hospitals, and/or rural
	hospitals, regardless of		emergency hospitals, the system governing body can elect to
	practice or location, are given		have a unified and integrated quality assessment and
	due consideration, and that the		performance improvement program for all of its member
	unified and integrated QAPI		facilities after determining that such decision is in
	program has mechanisms in		accordance with all applicable state and local laws. Each
	place to ensure that issues		separately certified critical access hospital subject to the
	localized to particular hospitals		system governing body demonstrates that the unified and
	are duly considered and		integrated quality assessment and performance
	addressed.		improvement program does the following:
			- Accounts for each member critical access hospital's
			unique circumstances and any significant differences in
			patient populations and services offered
			- Establishes and implements policies and procedures to
			make certain that the needs and concerns of each of its
			separately certified hospitals, regardless of practice or
			location, are given due consideration, and that the unified
			and integrated program has mechanisms in place to ensure
			that issues localized to particular critical access hospitals
			are duly considered and addressed
			Note: The system governing body is responsible and
			accountable for making certain that each of its separately
			certified critical access hospitals meets the requirements for
			quality assessment and performance improvement at 42
			CFR 485.641.
§482.22	§482.22 Condition of	LD.01.01.01, EP 3	MS.16.01.01, EP 1
	Participation: Medical staff The	The governing body identifies those responsible for the	For rehabilitation and psychiatric distinct part units in critical
	hospital must have an	provision of care, treatment, and services.	access hospitals: The critical access hospital has an

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	organized medical staff that operates under bylaws approved by the governing body, and which is responsible for the quality of medical care	LD.01.05.01, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: There is a single organized medical staff.	organized medical staff that operates under bylaws approved by the governing body and that is responsible for the quality of medical care provided by the critical access hospital.
	provided to patients by the hospital.	LD.01.05.01, EP 6 The organized medical staff is accountable to the governing body for the quality of care provided to patients.	
		MS.01.01.01, EP 1 The organized medical staff develops medical staff bylaws, rules and regulations, and policies.	
		MS.01.01.01, EP 2  The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" [LD] chapter for requirements regarding the governing body's authority and conflict management processes.)	
		MS.01.01.01, EP 5 The medical staff complies with the medical staff bylaws, rules and regulations, and policies.	
		MS.01.01.01, EP 6 For rehabilitation and psychiatric distinct part units in critical access hospitals: The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		circumstances and taking action in others.	
§482.22(a)	§482.22(a) Standard: Eligibility	MS.01.01.01, EP 7 The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.  MS.01.01.01, EP 12	MS.14.01.01, EP 2
3402.22(d)	and process for appointment to medical staff. The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at § 482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.	The medical staff bylaws include the following requirements: The structure of the medical staff.  MS.01.01.01, EP 13 The medical staff bylaws include the following requirements: Qualifications for appointment to the medical staff. Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and other licensed practitioners who are determined to be eligible for appointment by the governing body.	The medical staff bylaws include the qualifications for appointment and reappointment to the medical staff.  Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff is composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians, as listed at 42 CFR 482.12(c)(1), and other licensed practitioners who the governing body determines are eligible for appointment.
		MS.07.01.01, EP 1 The organized medical staff develops criteria for medical staff membership. Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.  MS.07.01.01, EP 5 Membership is recommended by the medical staff and	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
CoP Requirement §482.22(a)(1)	CoP Text  (1) The medical staff must periodically conduct appraisals of its members.	MS.01.01.01, EP 5 The medical staff complies with the medical staff bylaws, rules and regulations, and policies.  MS.01.01.01, EP 6 For rehabilitation and psychiatric distinct part units in critical access hospitals: The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.  MS.01.01.01, EP 14 The medical staff bylaws include the following requirements: The process for privileging and re-privileging physicians and other licensed practitioners.  MS.03.01.01, EP 2 Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.  MS.06.01.05, EP 3 All of the criteria used are consistently evaluated for all physicians and other licensed practitioners holding that privilege.  MS.06.01.05, EP 7 The critical access hospital queries the National Practitioner Data Bank (NPDB) in accordance with applicable law and regulation.	MS.18.02.03, EP 1  The medical staff's ongoing professional practice evaluation includes a clearly defined process that facilitates the periodic evaluation of each physician's or other licensed practitioner's professional practice.  Note: For rehabilitation or psychiatric distinct part units in critical access hospitals: Privileges are granted for a period not to exceed three years or for the period required by law and regulation if shorter.
		MS.06.01.05, EP 8 Peer recommendation includes written information regarding	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the physician's or other licensed practitioner's current:	
		- Medical/clinical knowledge	
		- Technical and clinical skills	
		- Clinical judgment	
		- Interpersonal skills	
		- Communication skills	
		- Professionalism	
		Note: Peer recommendation may be in the form of written	
		documentation reflecting informed opinions on each	
		applicant's scope and level of performance, or a written peer	
		evaluation of physician- or other licensed practitioner-	
		specific data collected from various sources for the purpose	
		of validating current competence.	
		MS.06.01.05, EP 9	
		Before recommending privileges, the organized medical staff	
		also evaluates the following:	
		- Challenges to any licensure or registration	
		- Voluntary and involuntary relinquishment of any license or	
		registration	
		- Voluntary and involuntary termination of medical staff	
		membership	
		- Voluntary and involuntary limitation, reduction, or loss of	
		clinical privileges	
		- Any evidence of an unusual pattern or an excessive number	
		of professional liability actions resulting in a final judgment	
		against the applicant	
		- Documentation as to the applicant's health status	
		- Relevant physician- or other licensed practitioner-specific	
		data as compared to aggregate data, when available	
		- Morbidity and mortality data, when available	
		MS.06.01.05, EP 10	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The critical access hospital has a process to determine	
		whether there is sufficient clinical performance information	
		to make a decision to grant, limit, or deny the requested	
		privilege.	
		MS 06 04 05 ED 12	
		MS.06.01.05, EP 12 Information regarding each physician's or other licensed	
		practitioner's scope of privileges is updated as changes in	
		clinical privileges are made.	
		difficat privileges are made.	
		MS.06.01.07, EP 8	
		The governing body or delegated governing body committee	
		has final authority for granting, renewing, or denying	
		privileges.	
		MS.06.01.07, EP 9	
		Privileges are granted for a period not to exceed three years	
		or for the period required by law and regulation if shorter.	
		MS 06 04 00 ED 4	
		MS.06.01.09, EP 1 Requesting physicians or other licensed practitioners are	
		notified regarding the granting decision.	
		notified regarding the granting decision.	
		MS.06.01.09, EP 2	
		In the case of privilege denial, the applicant is informed of	
		the reason for denial.	
		MS.06.01.09, EP 3	
		The decision to grant, deny, revise, or revoke privilege(s) is	
		disseminated and made available to all appropriate internal	
		and external persons or entities, as defined by the critical	
		access hospital and applicable law.	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	MS.06.01.09, EP 4	
	The process to disseminate all granting, modification, or	
	restriction decisions is approved by the organized medical	
	staff.	
	MS.08.01.01, EP 1	
	A period of focused professional practice evaluation is	
	implemented for all initially requested privileges.	
	MS.08.01.01, EP 4	
	Focused professional practice evaluation is consistently	
	implemented in accordance with the criteria and	
	requirements defined by the organized medical staff.	
	, ,	
	MS.08.01.01, EP 6	
	The decision to assign a period of performance monitoring to	
	further assess current competence is based on the	
	evaluation of a physician's or other licensed practitioner's	
	current clinical competence, practice behavior, and ability to	
	perform the requested privilege.	
	Note: Other existing privileges in good standing should not be	
	affected by this decision.	
	MS.08.01.03, EP 1	
	The process for the ongoing professional practice evaluation	
	includes the following: There is a clearly defined process in	
	place that facilitates the evaluation of each physician's or	
	other licensed practitioner's professional practice.	
	MS.08.01.03, EP 2	
	The process for the ongoing professional practice evaluation	
	includes the following: The type of data to be collected is	
	determined by individual departments and approved by the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		organized medical staff.	
		MS.08.01.03, EP 3  The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).	
		MS.09.01.01, EP 1  The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, has a clearly defined process for collecting, investigating, and addressing clinical practice concerns.	
		MS.09.01.01, EP 2 Reported concerns regarding a privileged physician's or other licensed practitioner's professional practice are uniformly investigated and addressed, as defined by the critical access hospital and applicable law.	
§482.22(a)(2)	(2) The medical staff must examine the credentials of all eligible candidates for medical staff membership and make recommendations to the governing body on the appointment of these candidates in accordance with State law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who	MS.01.01.01, EP 13  The medical staff bylaws include the following requirements: Qualifications for appointment to the medical staff.  Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff must be composed of doctors of medicine or osteopathy. In accordance with state law, including scope of practice laws, the medical staff may also include other categories of physicians as listed at 482.12(c)(1) and other licensed practitioners who are determined to be eligible for appointment by the governing body.	MS.17.01.03, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff examines the credentials of all candidates eligible for medical staff membership and makes recommendations to the governing body on the appointment of these candidates, in accordance with state law, including scope-of-practice laws, and the medical staff bylaws, rules, and regulations. A candidate who has been recommended by the medical staff and who has been appointed by the governing body is subject to all medical staff bylaws, rules, and regulations.  Note: A candidate who has been recommended by the
	has been recommended by the	MS.02.01.01, EP 11	110to: 71 canadate who has been recommended by the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	medical staff and who has been	For rehabilitation and psychiatric distinct part units in critical	medical staff and who has been appointed by the governing
	appointed by the governing	access hospitals: The medical staff executive committee	body is also subject to 42 CFR 482.22(a).
	body is subject to all medical	makes recommendations, as defined in the medical staff	
	staff bylaws, rules, and regulations, in addition to the	bylaws, directly to the governing body on, at least, the delineation of privileges for each physician and other	
	requirements contained in this	licensed practitioner privileged through the medical staff	
	section.	process.	
		MS.06.01.03, EP 1	
		The critical access hospital credentials applicants using a	
		clearly defined process.	
		MS.06.01.03, EP 2	
		The credentialing process is based on recommendations by	
		the organized medical staff.	
		MS.06.01.03, EP 4	
		The credentialing process is outlined in the medical staff	
		bylaws.	
		MS.06.01.03, EP 6	
		The credentialing process requires that the critical access	
		hospital verifies in writing and from the primary source	
		whenever feasible, or from a credentials verification organization (CVO), the following information:	
		- The applicant's current licensure at the time of initial	
		granting, renewal, and revision of privileges, and at the time	
		of license expiration	
		- The applicant's relevant training	
		- The applicant's current competence	
		MS.06.01.05, EP 1	
		All physicians and other licensed practitioners that provide	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		care, treatment, and services possess a current license,	
		certification, or registration, as required by law and	
		regulation.	
		MS.06.01.05, EP 2	
		The critical access hospital, based on recommendations by	
		the organized medical staff and approval by the governing	
		body, establishes criteria that determine a physician's or	
		other licensed practitioner's ability to provide patient care,	
		treatment, and services within the scope of the privilege(s)	
		requested. Evaluation of all of the following are included in the criteria:	
		- Current licensure and/or certification, as appropriate,	
		verified with the primary source	
		- The applicant's specific relevant training, verified with the	
		primary source	
		- Evidence of physical ability to perform the requested	
		privilege	
		- Data from professional practice review by an organization(s)	
		that currently privileges the applicant (if available)	
		- Peer and/or faculty recommendation	
		- When renewing privileges, review of the physician's or other	
		licensed practitioner's performance within the critical	
		access hospital	
		MS.06.01.05, EP 8	
		Peer recommendation includes written information regarding	
		the physician's or other licensed practitioner's current:	
		- Medical/clinical knowledge	
		- Technical and clinical skills	
		- Clinical judgment	
		- Interpersonal skills - Communication skills	
		- Communication skills	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Professionalism	
		Note: Peer recommendation may be in the form of written	
		documentation reflecting informed opinions on each	
		applicant's scope and level of performance, or a written peer	
		evaluation of physician- or other licensed practitioner-	
		specific data collected from various sources for the purpose	
		of validating current competence.	
		MS.06.01.05, EP 9	
		Before recommending privileges, the organized medical staff	
		also evaluates the following:	
		- Challenges to any licensure or registration	
		- Voluntary and involuntary relinquishment of any license or	
		registration	
		- Voluntary and involuntary termination of medical staff	
		membership	
		- Voluntary and involuntary limitation, reduction, or loss of	
		clinical privileges	
		- Any evidence of an unusual pattern or an excessive number	
		of professional liability actions resulting in a final judgment	
		against the applicant	
		- Documentation as to the applicant's health status	
		- Relevant physician- or other licensed practitioner-specific	
		data as compared to aggregate data, when available	
		- Morbidity and mortality data, when available	
		MS.06.01.05, EP 12	
		Information regarding each physician's or other licensed	
		practitioner's scope of privileges is updated as changes in	
		clinical privileges are made.	
		MS.06.01.07, EP 8	
		The governing body or delegated governing body committee	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	has final authority for granting, renewing, or denying	
	privileges.	
	MS.06.01.09, EP 1	
	Requesting physicians or other licensed practitioners are	
	notified regarding the granting decision.	
	MS.06.01.09, EP 2	
	In the case of privilege denial, the applicant is informed of	
	the reason for denial.	
	MS.06.01.09, EP 3	
	The decision to grant, deny, revise, or revoke privilege(s) is	
	disseminated and made available to all appropriate internal	
	and external persons or entities, as defined by the critical access hospital and applicable law.	
	access nospitat and applicable taw.	
	MS.06.01.09, EP 4	
	The process to disseminate all granting, modification, or	
	restriction decisions is approved by the organized medical staff.	
	Stair.	
	MS.07.01.01, EP 1	
	The organized medical staff develops criteria for medical	
	staff membership.  Note: Medical staff membership and professional privileges	
	are not dependent solely upon certification, fellowship, or	
	membership in a specialty body or society.	
	MS.07.01.01, EP 2	
	The professional criteria are designed to assure the medical	
	staff and governing body that patients will receive quality	
	care, treatment, and services.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		MS.07.01.01, EP 3	
		The organized medical staff uses the criteria in appointing	
		members to the medical staff and appointment does not	
		exceed three years or the period required by law and	
		regulation if shorter.	
		MS 07 04 04 ED E	
		MS.07.01.01, EP 5  Membership is recommended by the medical staff and	
		granted by the governing body.	
§482.22(a)(3)	(3) When telemedicine services	MS.13.01.01, EP 1	MS.20.01.01, EP 1
3402.22(4)(0)	are furnished to the hospital's	All physicians or other licensed practitioners who are	When telemedicine services are furnished to the critical
	patients through an agreement	responsible for the patient's care, treatment, and services via	access hospital's patients through an agreement with a
	with a distant-site hospital, the	telemedicine link are credentialed and privileged to do so at	distant-site hospital or telemedicine entity, the governing
	governing body of the hospital	the originating site through one of the following mechanisms:	body of the originating critical access hospital may choose to
	whose patients are receiving	- The originating site fully credentials and privileges the	rely upon the credentialing and privileging decisions made by
	the telemedicine services may	physician or other licensed practitioner according to	the distant-site hospital or telemedicine entity for the
	choose, in lieu of the	Standards MS.06.01.03 through MS.06.01.13.	individual distant-site physicians and other licensed
	requirements in paragraphs	Or	practitioners providing such services if the critical access
	(a)(1) and (a)(2) of this section,	- The originating site privileges physicians or other licensed	hospital's governing body includes all of the following
	to have its medical staff rely	practitioners using credentialing information from the distant	provisions in its written agreement with the distant-site
	upon the credentialing and	site if the distant site is a Joint Commission–accredited or a	hospital or telemedicine entity:
	privileging decisions made by	Medicare-participating organization. The distant-site	- The distant site telemedicine entity provides services in
	the distant-site hospital when	physician or other licensed practitioner has a license that is	accordance with contract service requirements.
	making recommendations on	issued or recognized by the state in which the patient is	- The distant-site telemedicine entity's medical staff
	privileges for the individual	receiving telemedicine services.	credentialing and privileging process and standards is
	distant-site physicians and	Or	consistent with the critical access hospital's process and
	practitioners providing such	- The originating site may choose to use the credentialing and	standards, at a minimum.
	services, if the hospital's	privileging decision from the distant site to make a final	- The distant-site hospital providing the telemedicine
	governing body ensures,	privileging decision if all the following requirements are met:	services is a Medicare-participating hospital.
	through its written agreement	- The distant site is a Joint Commission–accredited or a	- The individual distant-site physician or other licensed
	with the distant-site hospital,	Medicare-participating organization.	practitioner is privileged at the distant-site hospital or
		- The physician or other licensed practitioner is privileged	telemedicine entity providing the telemedicine services, and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	that all of the following	at the distant site for those services to be provided at the	the distant-site hospital or telemedicine entity provides a
	provisions are met:	originating site.	current list of the distant-site physician's or practitioner's
		- The distant site provides the originating site with a	privileges at the distant-site hospital or telemedicine entity.
		current list of the physician's or other licensed practitioner's	- The individual distant-site physician or other licensed
		privileges.	practitioner holds a license issued or recognized by the state
		- The originating site has evidence of an internal review of	in which the critical access hospital whose patients are
		the physician's or other licensed practitioner's performance	receiving the telemedicine services is located.
		of these privileges and sends to the distant site information	- For distant-site physicians or other licensed practitioners
		that is useful to assess the physician's or other licensed	privileged by the originating critical access hospital, the
		practitioner's quality of care, treatment, and services for use	originating critical access hospital internally reviews services
		in privileging and performance improvement. At a minimum,	provided by the distant-site physician or other licensed
		this information includes all adverse outcomes related to	practitioner and sends the distant-site hospital or
		sentinel events considered reviewable by The Joint	telemedicine entity information for use in the periodic
		Commission that result from the telemedicine services	evaluation of the practitioner. At a minimum, this information
		provided and complaints about the distant site physician or	includes adverse events that result from the telemedicine
		other licensed practitioner from patients, physicians or other	services provided by the distant-site physician or other
		licensed practitioners, or staff at the originating site. This	licensed practitioner to the critical access hospital's patients
		occurs in a way consistent with any hospital policies or	and complaints the critical access hospital has received
		procedures intended to preserve any confidentiality or	about the distant-site physician or other licensed
		privilege of information established by applicable law.	practitioner.
		- When telemedicine services are provided by a distant-	Note 1: In the case of distant-site physicians and licensed
		site Medicare-participating hospital, the distant-site hospital	practitioners providing telemedicine services to the critical
		evaluates the quality and appropriateness of the diagnosis,	access hospital's patients under a written agreement
		treatment, and treatment outcomes furnished in the critical	between the critical access hospital and a distant-site
		access hospital.	telemedicine entity, the distant-site telemedicine entity is
		- When telemedicine services are provided by a distant-	not required to be a Medicare participating
		site telemedicine entity (a non-Medicare-participating	provider or supplier.
		provider or supplier), the quality and appropriateness of the	Note 2: For rehabilitation and psychiatric distinct part units in
		diagnosis, treatment, and treatment outcomes furnished in	critical access hospitals: The distant-site telemedicine
		the critical access hospital are evaluated by a hospital that is	entity's medical staff credentialing and privileging process
		a member of the network, a QIO or equivalent entity, or an	and standards at least meet the standards at 42 CFR
		appropriate and qualified entity identified in the state rural	482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		health plan.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(a)(3)(i)	(i) The distant-site hospital	LD.04.03.09, EP 23	MS.20.01.01, EP 1
	providing the telemedicine	When telemedicine services are furnished to the critical	When telemedicine services are furnished to the critical
	services is a Medicare-	access hospital's patients, the originating site has a written	access hospital's patients through an agreement with a
	participating hospital.	agreement with the distant site that specifies the following:	distant-site hospital or telemedicine entity, the governing
		- The distant site is a contractor of services to the critical	body of the originating critical access hospital may choose to
		access hospital.	rely upon the credentialing and privileging decisions made by
		- The distant site furnishes services in a manner that permits	the distant-site hospital or telemedicine entity for the
		the originating site to be in compliance with the Medicare	individual distant-site physicians and other licensed
		Conditions of Participation	practitioners providing such services if the critical access
		- The originating site makes certain through the written	hospital's governing body includes all of the following
		agreement that all distant-site telemedicine providers'	provisions in its written agreement with the distant-site
		credentialing and privileging processes meet, at a minimum,	hospital or telemedicine entity:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the Medicare Conditions of Participation at 42 CFR	- The distant site telemedicine entity provides services in
		485.616(c)(1)(i) through (c)(1)(vii).	accordance with contract service requirements.
		Note: For the language of the Medicare Conditions of	- The distant-site telemedicine entity's medical staff
		Participation pertaining to telemedicine, see Appendix A.	credentialing and privileging process and standards is
		If the originating site chooses to use the credentialing and	consistent with the critical access hospital's process and
		privileging decision of the distant-site telemedicine provider,	standards, at a minimum.
		then the following requirements apply:	- The distant-site hospital providing the telemedicine
		- The governing body of the distant site is responsible for	services is a Medicare-participating hospital.
		having a process that is consistent with the credentialing and	- The individual distant-site physician or other licensed
		privileging requirements in the "Medical Staff" (MS) chapter	practitioner is privileged at the distant-site hospital or
		(Standards MS.06.01.01 through MS.06.01.13).	telemedicine entity providing the telemedicine services, and
		- The governing body of the originating site grants privileges	the distant-site hospital or telemedicine entity provides a
		to a distant-site physician or other licensed practitioner	current list of the distant-site physician's or practitioner's
		based on the originating site's medical staff	privileges at the distant-site hospital or telemedicine entity.
		recommendations, which rely on information provided by the	- The individual distant-site physician or other licensed
		distant site.	practitioner holds a license issued or recognized by the state
			in which the critical access hospital whose patients are
		MS.13.01.01, EP 1	receiving the telemedicine services is located.
		All physicians or other licensed practitioners who are	- For distant-site physicians or other licensed practitioners
		responsible for the patient's care, treatment, and services via	privileged by the originating critical access hospital, the
		telemedicine link are credentialed and privileged to do so at	originating critical access hospital internally reviews services
		the originating site through one of the following mechanisms:	provided by the distant-site physician or other licensed
		- The originating site fully credentials and privileges the	practitioner and sends the distant-site hospital or
		physician or other licensed practitioner according to	telemedicine entity information for use in the periodic
		Standards MS.06.01.03 through MS.06.01.13.	evaluation of the practitioner. At a minimum, this information
		Or	includes adverse events that result from the telemedicine
		- The originating site privileges physicians or other licensed	services provided by the distant-site physician or other
		practitioners using credentialing information from the distant	licensed practitioner to the critical access hospital's patients
		site if the distant site is a Joint Commission–accredited or a	and complaints the critical access hospital has received
		Medicare-participating organization. The distant-site	about the distant-site physician or other licensed
		physician or other licensed practitioner has a license that is	practitioner.
		issued or recognized by the state in which the patient is	Note 1: In the case of distant-site physicians and licensed
		receiving telemedicine services.	practitioners providing telemedicine services to the critical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Or	access hospital's patients under a written agreement
		- The originating site may choose to use the credentialing and	between the critical access hospital and a distant-site
		privileging decision from the distant site to make a final	telemedicine entity, the distant-site telemedicine entity is
		privileging decision if all the following requirements are met:	not required to be a Medicare participating
		- The distant site is a Joint Commission–accredited or a	provider or supplier.
		Medicare-participating organization.	Note 2: For rehabilitation and psychiatric distinct part units in
		- The physician or other licensed practitioner is privileged	critical access hospitals: The distant-site telemedicine
		at the distant site for those services to be provided at the	entity's medical staff credentialing and privileging process
		originating site.	and standards at least meet the standards at 42 CFR
		- The distant site provides the originating site with a	482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		current list of the physician's or other licensed practitioner's	
		privileges.	
		- The originating site has evidence of an internal review of	
		the physician's or other licensed practitioner's performance	
		of these privileges and sends to the distant site information	
		that is useful to assess the physician's or other licensed	
		practitioner's quality of care, treatment, and services for use	
		in privileging and performance improvement. At a minimum,	
		this information includes all adverse outcomes related to	
		sentinel events considered reviewable by The Joint	
		Commission that result from the telemedicine services	
		provided and complaints about the distant site physician or	
		other licensed practitioner from patients, physicians or other	
		licensed practitioners, or staff at the originating site. This	
		occurs in a way consistent with any hospital policies or	
		procedures intended to preserve any confidentiality or	
		privilege of information established by applicable law.	
		- When telemedicine services are provided by a distant- site Medicare-participating hospital, the distant-site hospital	
		evaluates the quality and appropriateness of the diagnosis,	
		treatment, and treatment outcomes furnished in the critical	
		access hospital.	
		- When telemedicine services are provided by a distant-	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		site telemedicine entity (a non-Medicare-participating	
		provider or supplier), the quality and appropriateness of the	
		diagnosis, treatment, and treatment outcomes furnished in	
		the critical access hospital are evaluated by a hospital that is	
		a member of the network, a QIO or equivalent entity, or an	
		appropriate and qualified entity identified in the state rural	
		health plan.	
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(a)(3)(ii)	(ii) The individual distant-site	MS.13.01.01, EP 1	MS.20.01.01, EP 1
	physician or practitioner is	All physicians or other licensed practitioners who are	When telemedicine services are furnished to the critical
	privileged at the distant-site	responsible for the patient's care, treatment, and services via	access hospital's patients through an agreement with a
	hospital providing the	telemedicine link are credentialed and privileged to do so at	distant-site hospital or telemedicine entity, the governing
	telemedicine services, which	the originating site through one of the following mechanisms:	body of the originating critical access hospital may choose to

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	provides a current list of the	- The originating site fully credentials and privileges the	rely upon the credentialing and privileging decisions made by
	distant-site physician's or	physician or other licensed practitioner according to	the distant-site hospital or telemedicine entity for the
	practitioner's privileges at the	Standards MS.06.01.03 through MS.06.01.13.	individual distant-site physicians and other licensed
	distant-site hospital.	Or	practitioners providing such services if the critical access
		- The originating site privileges physicians or other licensed	hospital's governing body includes all of the following
		practitioners using credentialing information from the distant	provisions in its written agreement with the distant-site
		site if the distant site is a Joint Commission–accredited or a	hospital or telemedicine entity:
		Medicare-participating organization. The distant-site	- The distant site telemedicine entity provides services in
		physician or other licensed practitioner has a license that is	accordance with contract service requirements.
		issued or recognized by the state in which the patient is	- The distant-site telemedicine entity's medical staff
		receiving telemedicine services.	credentialing and privileging process and standards is
		Or	consistent with the critical access hospital's process and
		- The originating site may choose to use the credentialing and	standards, at a minimum.
		privileging decision from the distant site to make a final	- The distant-site hospital providing the telemedicine
		privileging decision if all the following requirements are met:	services is a Medicare-participating hospital.
		- The distant site is a Joint Commission–accredited or a	- The individual distant-site physician or other licensed
		Medicare-participating organization.	practitioner is privileged at the distant-site hospital or
		- The physician or other licensed practitioner is privileged	telemedicine entity providing the telemedicine services, and
		at the distant site for those services to be provided at the	the distant-site hospital or telemedicine entity provides a
		originating site.	current list of the distant-site physician's or practitioner's
		- The distant site provides the originating site with a	privileges at the distant-site hospital or telemedicine entity.
		current list of the physician's or other licensed practitioner's	- The individual distant-site physician or other licensed
		privileges.	practitioner holds a license issued or recognized by the state
		- The originating site has evidence of an internal review of	in which the critical access hospital whose patients are
		the physician's or other licensed practitioner's performance	receiving the telemedicine services is located.
		of these privileges and sends to the distant site information	- For distant-site physicians or other licensed practitioners
		that is useful to assess the physician's or other licensed	privileged by the originating critical access hospital, the
		practitioner's quality of care, treatment, and services for use	originating critical access hospital internally reviews services
		in privileging and performance improvement. At a minimum,	provided by the distant-site physician or other licensed
		this information includes all adverse outcomes related to	practitioner and sends the distant-site hospital or
		sentinel events considered reviewable by The Joint	telemedicine entity information for use in the periodic
		Commission that result from the telemedicine services	evaluation of the practitioner. At a minimum, this information
		provided and complaints about the distant site physician or	includes adverse events that result from the telemedicine

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		other licensed practitioner from patients, physicians or other	services provided by the distant-site physician or other
		licensed practitioners, or staff at the originating site. This	licensed practitioner to the critical access hospital's patients
		occurs in a way consistent with any hospital policies or	and complaints the critical access hospital has received
		procedures intended to preserve any confidentiality or	about the distant-site physician or other licensed
		privilege of information established by applicable law.	practitioner.
		- When telemedicine services are provided by a distant-	Note 1: In the case of distant-site physicians and licensed
		site Medicare-participating hospital, the distant-site hospital	practitioners providing telemedicine services to the critical
		evaluates the quality and appropriateness of the diagnosis,	access hospital's patients under a written agreement
		treatment, and treatment outcomes furnished in the critical	between the critical access hospital and a distant-site
		access hospital.	telemedicine entity, the distant-site telemedicine entity is
		- When telemedicine services are provided by a distant-	not required to be a Medicare participating
		site telemedicine entity (a non-Medicare-participating	provider or supplier.
		provider or supplier), the quality and appropriateness of the	Note 2: For rehabilitation and psychiatric distinct part units in
		diagnosis, treatment, and treatment outcomes furnished in	critical access hospitals: The distant-site telemedicine
		the critical access hospital are evaluated by a hospital that is	entity's medical staff credentialing and privileging process
		a member of the network, a QIO or equivalent entity, or an	and standards at least meet the standards at 42 CFR
		appropriate and qualified entity identified in the state rural	482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		health plan.	
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(a)(3)(iii)	(iii) The individual distant-site	MS.13.01.01, EP 1	MS.20.01.01, EP 1
	physician or practitioner holds	All physicians or other licensed practitioners who are	When telemedicine services are furnished to the critical
	a license issued or recognized	responsible for the patient's care, treatment, and services via	access hospital's patients through an agreement with a
	by the State in which the	telemedicine link are credentialed and privileged to do so at	distant-site hospital or telemedicine entity, the governing
	hospital whose patients are	the originating site through one of the following mechanisms:	body of the originating critical access hospital may choose to
	receiving the telemedicine	- The originating site fully credentials and privileges the	rely upon the credentialing and privileging decisions made by
	services is located.	physician or other licensed practitioner according to	the distant-site hospital or telemedicine entity for the
		Standards MS.06.01.03 through MS.06.01.13.	individual distant-site physicians and other licensed
		Or	practitioners providing such services if the critical access
		- The originating site privileges physicians or other licensed	hospital's governing body includes all of the following
		practitioners using credentialing information from the distant	provisions in its written agreement with the distant-site
		site if the distant site is a Joint Commission–accredited or a	hospital or telemedicine entity:
		Medicare-participating organization. The distant-site	- The distant site telemedicine entity provides services in
		physician or other licensed practitioner has a license that is	accordance with contract service requirements.
		issued or recognized by the state in which the patient is	- The distant-site telemedicine entity's medical staff
		receiving telemedicine services.	credentialing and privileging process and standards is
		Or	consistent with the critical access hospital's process and
		- The originating site may choose to use the credentialing and	standards, at a minimum.
		privileging decision from the distant site to make a final	- The distant-site hospital providing the telemedicine
		privileging decision if all the following requirements are met:	services is a Medicare-participating hospital.
		- The distant site is a Joint Commission–accredited or a	- The individual distant-site physician or other licensed
		Medicare-participating organization.	practitioner is privileged at the distant-site hospital or
		- The physician or other licensed practitioner is privileged	telemedicine entity providing the telemedicine services, and
		at the distant site for those services to be provided at the	the distant-site hospital or telemedicine entity provides a
		originating site.	current list of the distant-site physician's or practitioner's
		- The distant site provides the originating site with a	privileges at the distant-site hospital or telemedicine entity.
		current list of the physician's or other licensed practitioner's	- The individual distant-site physician or other licensed

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		privileges.	practitioner holds a license issued or recognized by the state
		- The originating site has evidence of an internal review of	in which the critical access hospital whose patients are
		the physician's or other licensed practitioner's performance	receiving the telemedicine services is located.
		of these privileges and sends to the distant site information	- For distant-site physicians or other licensed practitioners
		that is useful to assess the physician's or other licensed	privileged by the originating critical access hospital, the
		practitioner's quality of care, treatment, and services for use	originating critical access hospital internally reviews services
		in privileging and performance improvement. At a minimum,	provided by the distant-site physician or other licensed
		this information includes all adverse outcomes related to	practitioner and sends the distant-site hospital or
		sentinel events considered reviewable by The Joint	telemedicine entity information for use in the periodic
		Commission that result from the telemedicine services	evaluation of the practitioner. At a minimum, this information
		provided and complaints about the distant site physician or	includes adverse events that result from the telemedicine
		other licensed practitioner from patients, physicians or other	services provided by the distant-site physician or other
		licensed practitioners, or staff at the originating site. This	licensed practitioner to the critical access hospital's patients
		occurs in a way consistent with any hospital policies or	and complaints the critical access hospital has received
		procedures intended to preserve any confidentiality or	about the distant-site physician or other licensed
		privilege of information established by applicable law.	practitioner.
		- When telemedicine services are provided by a distant-	Note 1: In the case of distant-site physicians and licensed
		site Medicare-participating hospital, the distant-site hospital	practitioners providing telemedicine services to the critical
		evaluates the quality and appropriateness of the diagnosis,	access hospital's patients under a written agreement
		treatment, and treatment outcomes furnished in the critical	between the critical access hospital and a distant-site
		access hospital.	telemedicine entity, the distant-site telemedicine entity is
		- When telemedicine services are provided by a distant-	not required to be a Medicare participating
		site telemedicine entity (a non-Medicare-participating	provider or supplier.
		provider or supplier), the quality and appropriateness of the	Note 2: For rehabilitation and psychiatric distinct part units in
		diagnosis, treatment, and treatment outcomes furnished in	critical access hospitals: The distant-site telemedicine
		the critical access hospital are evaluated by a hospital that is	entity's medical staff credentialing and privileging process
		a member of the network, a QIO or equivalent entity, or an	and standards at least meet the standards at 42 CFR
		appropriate and qualified entity identified in the state rural health plan.	482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(a)(3)(iv)	(iv) With respect to a distant-	MS.13.01.01, EP 1	MS.20.01.01, EP 1
	site physician or practitioner,	All physicians or other licensed practitioners who are	When telemedicine services are furnished to the critical
	who holds current privileges at	responsible for the patient's care, treatment, and services via	access hospital's patients through an agreement with a
	the hospital whose patients are	telemedicine link are credentialed and privileged to do so at	distant-site hospital or telemedicine entity, the governing
	receiving the telemedicine	the originating site through one of the following mechanisms:	body of the originating critical access hospital may choose to
	services, the hospital has	- The originating site fully credentials and privileges the	rely upon the credentialing and privileging decisions made by
	evidence of an internal review	physician or other licensed practitioner according to	the distant-site hospital or telemedicine entity for the
	of the distant-site physician's or	Standards MS.06.01.03 through MS.06.01.13.	individual distant-site physicians and other licensed
	practitioner's performance of	Or	practitioners providing such services if the critical access
	these privileges and sends the	- The originating site privileges physicians or other licensed	hospital's governing body includes all of the following
	distant-site hospital such	practitioners using credentialing information from the distant	provisions in its written agreement with the distant-site
	performance information for	site if the distant site is a Joint Commission–accredited or a	hospital or telemedicine entity:
	use in the periodic appraisal of	Medicare-participating organization. The distant-site	- The distant site telemedicine entity provides services in
	the distant-site physician or	physician or other licensed practitioner has a license that is	accordance with contract service requirements.
	practitioner. At a minimum, this	issued or recognized by the state in which the patient is	- The distant-site telemedicine entity's medical staff
	information must include all	receiving telemedicine services.	credentialing and privileging process and standards is

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	adverse events that result from	Or	consistent with the critical access hospital's process and
	the telemedicine services	- The originating site may choose to use the credentialing and	standards, at a minimum.
	provided by the distant-site	privileging decision from the distant site to make a final	- The distant-site hospital providing the telemedicine
	physician or practitioner to the	privileging decision if all the following requirements are met:	services is a Medicare-participating hospital.
	hospital's patients and all	- The distant site is a Joint Commission–accredited or a	- The individual distant-site physician or other licensed
	complaints the hospital has	Medicare-participating organization.	practitioner is privileged at the distant-site hospital or
	received about the distant-site	- The physician or other licensed practitioner is privileged	telemedicine entity providing the telemedicine services, and
	physician or practitioner.	at the distant site for those services to be provided at the	the distant-site hospital or telemedicine entity provides a
		originating site.	current list of the distant-site physician's or practitioner's
		- The distant site provides the originating site with a	privileges at the distant-site hospital or telemedicine entity.
		current list of the physician's or other licensed practitioner's	- The individual distant-site physician or other licensed
		privileges.	practitioner holds a license issued or recognized by the state
		- The originating site has evidence of an internal review of	in which the critical access hospital whose patients are
		the physician's or other licensed practitioner's performance	receiving the telemedicine services is located.
		of these privileges and sends to the distant site information	- For distant-site physicians or other licensed practitioners
		that is useful to assess the physician's or other licensed	privileged by the originating critical access hospital, the
		practitioner's quality of care, treatment, and services for use	originating critical access hospital internally reviews services
		in privileging and performance improvement. At a minimum,	provided by the distant-site physician or other licensed
		this information includes all adverse outcomes related to	practitioner and sends the distant-site hospital or
		sentinel events considered reviewable by The Joint	telemedicine entity information for use in the periodic
		Commission that result from the telemedicine services	evaluation of the practitioner. At a minimum, this information
		provided and complaints about the distant site physician or	includes adverse events that result from the telemedicine
		other licensed practitioner from patients, physicians or other	services provided by the distant-site physician or other
		licensed practitioners, or staff at the originating site. This	licensed practitioner to the critical access hospital's patients
		occurs in a way consistent with any hospital policies or	and complaints the critical access hospital has received
		procedures intended to preserve any confidentiality or	about the distant-site physician or other licensed
		privilege of information established by applicable law.	practitioner.
		- When telemedicine services are provided by a distant-	Note 1: In the case of distant-site physicians and licensed
		site Medicare-participating hospital, the distant-site hospital	practitioners providing telemedicine services to the critical
		evaluates the quality and appropriateness of the diagnosis,	access hospital's patients under a written agreement
		treatment, and treatment outcomes furnished in the critical	between the critical access hospital and a distant-site
		access hospital.	telemedicine entity, the distant-site telemedicine entity is
		- When telemedicine services are provided by a distant-	not required to be a Medicare participating

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		site telemedicine entity (a non-Medicare-participating	provider or supplier.
		provider or supplier), the quality and appropriateness of the	Note 2: For rehabilitation and psychiatric distinct part units in
		diagnosis, treatment, and treatment outcomes furnished in	critical access hospitals: The distant-site telemedicine
		the critical access hospital are evaluated by a hospital that is	entity's medical staff credentialing and privileging process
		a member of the network, a QIO or equivalent entity, or an	and standards at least meet the standards at 42 CFR
		appropriate and qualified entity identified in the state rural	482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		health plan.	
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(a)(4)	4) When telemedicine services	LD.04.03.09, EP 1	MS.20.01.01, EP 1
	are furnished to the hospital's	Clinical leaders and medical staff have an opportunity to	When telemedicine services are furnished to the critical
	patients through an agreement	provide advice about the sources of clinical services to be	access hospital's patients through an agreement with a
	with a distant-site telemedicine	provided through contractual agreement.	distant-site hospital or telemedicine entity, the governing
	entity, the governing body of the		body of the originating critical access hospital may choose to

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	hospital whose patients are	LD.04.03.09, EP 2	rely upon the credentialing and privileging decisions made by
	receiving the telemedicine	The critical access hospital describes, in writing, the nature	the distant-site hospital or telemedicine entity for the
	services may choose, in lieu of	and scope of services provided through contractual	individual distant-site physicians and other licensed
	the requirements in paragraphs	agreements.	practitioners providing such services if the critical access
	(a)(1) and (a)(2) of this section,		hospital's governing body includes all of the following
	to have its medical staff rely	LD.04.03.09, EP 3	provisions in its written agreement with the distant-site
	upon the credentialing and	Designated leaders approve contractual agreements.	hospital or telemedicine entity:
	privileging decisions made by		- The distant site telemedicine entity provides services in
	the distant-site telemedicine	LD.04.03.09, EP 4	accordance with contract service requirements.
	entity when making	Leaders monitor contracted services by establishing	- The distant-site telemedicine entity's medical staff
	recommendations on privileges	expectations for the performance of the contracted services.	credentialing and privileging process and standards is
	for the individual distant-site	Note 1: When the critical access hospital contracts with	consistent with the critical access hospital's process and
	physicians and practitioners	another accredited organization for patient care, treatment,	standards, at a minimum.
	providing such services, if the	and services to be provided off site, it can do the following:	- The distant-site hospital providing the telemedicine
	hospital's governing body	- Verify that all physicians and other licensed practitioners	services is a Medicare-participating hospital.
	ensures, through its written	who will be providing patient care, treatment, and services	- The individual distant-site physician or other licensed
	agreement with the distant-site	have appropriate privileges by obtaining, for example, a copy	practitioner is privileged at the distant-site hospital or
	telemedicine entity, that the	of the list of privileges.	telemedicine entity providing the telemedicine services, and
	distant-site telemedicine entity	- Specify in the written agreement that the contracted	the distant-site hospital or telemedicine entity provides a
	furnishes services that, in	organization will ensure that all contracted services provided	current list of the distant-site physician's or practitioner's
	accordance with §482.12(e),	by physicians and other licensed practitioners will be within	privileges at the distant-site hospital or telemedicine entity.
	permit the hospital to comply	the scope of their privileges.	- The individual distant-site physician or other licensed
	with all applicable conditions of	Note 2: The leaders who monitor the contracted services are	practitioner holds a license issued or recognized by the state
	participation for the contracted	the governing body.	in which the critical access hospital whose patients are
	services. The hospital's		receiving the telemedicine services is located.
	governing body must also	LD.04.03.09, EP 5	- For distant-site physicians or other licensed practitioners
	ensure, through its written	Leaders monitor contracted services by communicating the	privileged by the originating critical access hospital, the
	agreement with the distant-site	expectations in writing to the provider of the contracted	originating critical access hospital internally reviews services
	telemedicine entity, that all of	services.	provided by the distant-site physician or other licensed
	the following provisions are	Note: A written description of the expectations can be	practitioner and sends the distant-site hospital or
	met:	provided either as part of the written agreement or in	telemedicine entity information for use in the periodic
		addition to it.	evaluation of the practitioner. At a minimum, this information
			includes adverse events that result from the telemedicine

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LD.04.03.09, EP 6	services provided by the distant-site physician or other
		Leaders monitor contracted services by evaluating these	licensed practitioner to the critical access hospital's patients
		services in relation to the critical access hospital's	and complaints the critical access hospital has received
		expectations.	about the distant-site physician or other licensed
			practitioner.
		LD.04.03.09, EP 23	Note 1: In the case of distant-site physicians and licensed
		When telemedicine services are furnished to the critical	practitioners providing telemedicine services to the critical
		access hospital's patients, the originating site has a written	access hospital's patients under a written agreement
		agreement with the distant site that specifies the following:	between the critical access hospital and a distant-site
		- The distant site is a contractor of services to the critical	telemedicine entity, the distant-site telemedicine entity is
		access hospital.	not required to be a Medicare participating
		- The distant site furnishes services in a manner that permits	provider or supplier.
		the originating site to be in compliance with the Medicare	Note 2: For rehabilitation and psychiatric distinct part units in
		Conditions of Participation	critical access hospitals: The distant-site telemedicine
		- The originating site makes certain through the written	entity's medical staff credentialing and privileging process
		agreement that all distant-site telemedicine providers'	and standards at least meet the standards at 42 CFR
		credentialing and privileging processes meet, at a minimum,	482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		the Medicare Conditions of Participation at 42 CFR	
		485.616(c)(1)(i) through (c)(1)(vii).	
		Note: For the language of the Medicare Conditions of	
		Participation pertaining to telemedicine, see Appendix A.	
		If the originating site chooses to use the credentialing and	
		privileging decision of the distant-site telemedicine provider,	
		then the following requirements apply:	
		- The governing body of the distant site is responsible for	
		having a process that is consistent with the credentialing and	
		privileging requirements in the "Medical Staff" (MS) chapter	
		(Standards MS.06.01.01 through MS.06.01.13).	
		- The governing body of the originating site grants privileges	
		to a distant-site physician or other licensed practitioner	
		based on the originating site's medical staff	
		recommendations, which rely on information provided by the	
		distant site.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		MS.13.01.01, EP 1	
		All physicians or other licensed practitioners who are	
		responsible for the patient's care, treatment, and services via	
		telemedicine link are credentialed and privileged to do so at	
		the originating site through one of the following mechanisms:	
		- The originating site fully credentials and privileges the	
		physician or other licensed practitioner according to	
		Standards MS.06.01.03 through MS.06.01.13.	
		Or	
		- The originating site privileges physicians or other licensed	
		practitioners using credentialing information from the distant	
		site if the distant site is a Joint Commission–accredited or a	
		Medicare-participating organization. The distant-site	
		physician or other licensed practitioner has a license that is	
		issued or recognized by the state in which the patient is	
		receiving telemedicine services.	
		Or	
		- The originating site may choose to use the credentialing and	
		privileging decision from the distant site to make a final	
		privileging decision if all the following requirements are met:	
		- The distant site is a Joint Commission–accredited or a	
		Medicare-participating organization.	
		- The physician or other licensed practitioner is privileged	
		at the distant site for those services to be provided at the	
		originating site.	
		- The distant site provides the originating site with a	
		current list of the physician's or other licensed practitioner's	
		privileges.	
		- The originating site has evidence of an internal review of	
		the physician's or other licensed practitioner's performance	
		of these privileges and sends to the distant site information	
		that is useful to assess the physician's or other licensed	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		practitioner's quality of care, treatment, and services for use	
		in privileging and performance improvement. At a minimum,	
		this information includes all adverse outcomes related to	
		sentinel events considered reviewable by The Joint	
		Commission that result from the telemedicine services	
		provided and complaints about the distant site physician or	
		other licensed practitioner from patients, physicians or other	
		licensed practitioners, or staff at the originating site. This	
		occurs in a way consistent with any hospital policies or	
		procedures intended to preserve any confidentiality or	
		privilege of information established by applicable law.	
		- When telemedicine services are provided by a distant-	
		site Medicare-participating hospital, the distant-site hospital	
		evaluates the quality and appropriateness of the diagnosis,	
		treatment, and treatment outcomes furnished in the critical	
		access hospital.	
		- When telemedicine services are provided by a distant-	
		site telemedicine entity (a non-Medicare-participating	
		provider or supplier), the quality and appropriateness of the	
		diagnosis, treatment, and treatment outcomes furnished in	
		the critical access hospital are evaluated by a hospital that is	
		a member of the network, a QIO or equivalent entity, or an	
		appropriate and qualified entity identified in the state rural	
		health plan.	
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(a)(4)(i)	(i) The distant-site telemedicine	LD.04.03.09, EP 2	MS.20.01.01, EP 1
	entity's medical staff	The critical access hospital describes, in writing, the nature	When telemedicine services are furnished to the critical
	credentialing and privileging	and scope of services provided through contractual	access hospital's patients through an agreement with a
	process and standards at least	agreements.	distant-site hospital or telemedicine entity, the governing
	meet the standards at		body of the originating critical access hospital may choose to
	§482.12(a)(1) through (a)(7) and	LD.04.03.09, EP 4	rely upon the credentialing and privileging decisions made by
	§482.22(a)(1) through (a)(2).	Leaders monitor contracted services by establishing	the distant-site hospital or telemedicine entity for the
		expectations for the performance of the contracted services.	individual distant-site physicians and other licensed
		Note 1: When the critical access hospital contracts with	practitioners providing such services if the critical access
		another accredited organization for patient care, treatment,	hospital's governing body includes all of the following
		and services to be provided off site, it can do the following:	provisions in its written agreement with the distant-site
		- Verify that all physicians and other licensed practitioners	hospital or telemedicine entity:
		who will be providing patient care, treatment, and services	- The distant site telemedicine entity provides services in
		have appropriate privileges by obtaining, for example, a copy	accordance with contract service requirements.
		of the list of privileges.	- The distant-site telemedicine entity's medical staff
		- Specify in the written agreement that the contracted	credentialing and privileging process and standards is
		organization will ensure that all contracted services provided	consistent with the critical access hospital's process and
		by physicians and other licensed practitioners will be within	standards, at a minimum.
		the scope of their privileges.	- The distant-site hospital providing the telemedicine
		Note 2: The leaders who monitor the contracted services are	services is a Medicare-participating hospital.
		the governing body.	- The individual distant-site physician or other licensed

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			practitioner is privileged at the distant-site hospital or
		LD.04.03.09, EP 23	telemedicine entity providing the telemedicine services, and
		When telemedicine services are furnished to the critical	the distant-site hospital or telemedicine entity provides a
		access hospital's patients, the originating site has a written	current list of the distant-site physician's or practitioner's
		agreement with the distant site that specifies the following:	privileges at the distant-site hospital or telemedicine entity.
		- The distant site is a contractor of services to the critical	- The individual distant-site physician or other licensed
		access hospital.	practitioner holds a license issued or recognized by the state
		- The distant site furnishes services in a manner that permits	in which the critical access hospital whose patients are
		the originating site to be in compliance with the Medicare	receiving the telemedicine services is located.
		Conditions of Participation	- For distant-site physicians or other licensed practitioners
		- The originating site makes certain through the written	privileged by the originating critical access hospital, the
		agreement that all distant-site telemedicine providers'	originating critical access hospital internally reviews services
		credentialing and privileging processes meet, at a minimum,	provided by the distant-site physician or other licensed
		the Medicare Conditions of Participation at 42 CFR	practitioner and sends the distant-site hospital or
		485.616(c)(1)(i) through (c)(1)(vii).	telemedicine entity information for use in the periodic
		Note: For the language of the Medicare Conditions of	evaluation of the practitioner. At a minimum, this information
		Participation pertaining to telemedicine, see Appendix A.	includes adverse events that result from the telemedicine
		If the originating site chooses to use the credentialing and	services provided by the distant-site physician or other
		privileging decision of the distant-site telemedicine provider,	licensed practitioner to the critical access hospital's patients
		then the following requirements apply:	and complaints the critical access hospital has received
		- The governing body of the distant site is responsible for	about the distant-site physician or other licensed
		having a process that is consistent with the credentialing and	practitioner.
		privileging requirements in the "Medical Staff" (MS) chapter	Note 1: In the case of distant-site physicians and licensed
		(Standards MS.06.01.01 through MS.06.01.13).	practitioners providing telemedicine services to the critical
		- The governing body of the originating site grants privileges	access hospital's patients under a written agreement
		to a distant-site physician or other licensed practitioner	between the critical access hospital and a distant-site
		based on the originating site's medical staff	telemedicine entity, the distant-site telemedicine entity is
		recommendations, which rely on information provided by the	not required to be a Medicare participating
		distant site.	provider or supplier.
			Note 2: For rehabilitation and psychiatric distinct part units in
		MS.13.01.01, EP 1	critical access hospitals: The distant-site telemedicine
		All physicians or other licensed practitioners who are	entity's medical staff credentialing and privileging process
		responsible for the patient's care, treatment, and services via	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:	and standards at least meet the standards at 42 CFR 482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		- The originating site fully credentials and privileges the	TO THE TOTAL PROPERTY OF THE P
		physician or other licensed practitioner according to	
		Standards MS.06.01.03 through MS.06.01.13.	
		Or	
		- The originating site privileges physicians or other licensed	
		practitioners using credentialing information from the distant	
		site if the distant site is a Joint Commission–accredited or a	
		Medicare-participating organization. The distant-site	
		physician or other licensed practitioner has a license that is	
		issued or recognized by the state in which the patient is	
		receiving telemedicine services.	
		Or	
		- The originating site may choose to use the credentialing and	
		privileging decision from the distant site to make a final	
		privileging decision if all the following requirements are met: - The distant site is a Joint Commission–accredited or a	
		Medicare-participating organization.	
		- The physician or other licensed practitioner is privileged	
		at the distant site for those services to be provided at the	
		originating site.	
		- The distant site provides the originating site with a	
		current list of the physician's or other licensed practitioner's	
		privileges.	
		- The originating site has evidence of an internal review of	
		the physician's or other licensed practitioner's performance	
		of these privileges and sends to the distant site information	
		that is useful to assess the physician's or other licensed	
		practitioner's quality of care, treatment, and services for use	
		in privileging and performance improvement. At a minimum,	
		this information includes all adverse outcomes related to	
		sentinel events considered reviewable by The Joint	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Commission that result from the telemedicine services	
		provided and complaints about the distant site physician or	
		other licensed practitioner from patients, physicians or other	
		licensed practitioners, or staff at the originating site. This	
		occurs in a way consistent with any hospital policies or	
		procedures intended to preserve any confidentiality or	
		privilege of information established by applicable law.	
		- When telemedicine services are provided by a distant-	
		site Medicare-participating hospital, the distant-site hospital	
		evaluates the quality and appropriateness of the diagnosis,	
		treatment, and treatment outcomes furnished in the critical	
		access hospital.	
		- When telemedicine services are provided by a distant-	
		site telemedicine entity (a non-Medicare-participating	
		provider or supplier), the quality and appropriateness of the	
		diagnosis, treatment, and treatment outcomes furnished in	
		the critical access hospital are evaluated by a hospital that is	
		a member of the network, a QIO or equivalent entity, or an	
		appropriate and qualified entity identified in the state rural health plan.	
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(a)(4)(ii)	(ii) The individual distant-site	MS.13.01.01, EP 1	MS.20.01.01, EP 1
	physician or practitioner is	All physicians or other licensed practitioners who are	When telemedicine services are furnished to the critical
	privileged at the distant-site	responsible for the patient's care, treatment, and services via	access hospital's patients through an agreement with a
	telemedicine entity providing	telemedicine link are credentialed and privileged to do so at	distant-site hospital or telemedicine entity, the governing
	the telemedicine services,	the originating site through one of the following mechanisms:	body of the originating critical access hospital may choose to
	which provides the hospital	- The originating site fully credentials and privileges the	rely upon the credentialing and privileging decisions made by
	with a current list of the distant-	physician or other licensed practitioner according to	the distant-site hospital or telemedicine entity for the
	site physician's or practitioner's	Standards MS.06.01.03 through MS.06.01.13.	individual distant-site physicians and other licensed
	privileges at the distant-site	Or	practitioners providing such services if the critical access
	telemedicine entity.	- The originating site privileges physicians or other licensed	hospital's governing body includes all of the following
		practitioners using credentialing information from the distant	provisions in its written agreement with the distant-site
		site if the distant site is a Joint Commission–accredited or a	hospital or telemedicine entity:
		Medicare-participating organization. The distant-site	- The distant site telemedicine entity provides services in
		physician or other licensed practitioner has a license that is	accordance with contract service requirements.
		issued or recognized by the state in which the patient is	- The distant-site telemedicine entity's medical staff
		receiving telemedicine services.	credentialing and privileging process and standards is
		Or	consistent with the critical access hospital's process and
		- The originating site may choose to use the credentialing and	standards, at a minimum.
		privileging decision from the distant site to make a final	- The distant-site hospital providing the telemedicine
		privileging decision if all the following requirements are met:	services is a Medicare-participating hospital.
		- The distant site is a Joint Commission–accredited or a	- The individual distant-site physician or other licensed
		Medicare-participating organization.	practitioner is privileged at the distant-site hospital or
		- The physician or other licensed practitioner is privileged	telemedicine entity providing the telemedicine services, and
		at the distant site for those services to be provided at the	the distant-site hospital or telemedicine entity provides a
		originating site.	current list of the distant-site physician's or practitioner's

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- The distant site provides the originating site with a	privileges at the distant-site hospital or telemedicine entity.
		current list of the physician's or other licensed practitioner's	- The individual distant-site physician or other licensed
		privileges.	practitioner holds a license issued or recognized by the state
		- The originating site has evidence of an internal review of	in which the critical access hospital whose patients are
		the physician's or other licensed practitioner's performance	receiving the telemedicine services is located.
		of these privileges and sends to the distant site information	- For distant-site physicians or other licensed practitioners
		that is useful to assess the physician's or other licensed	privileged by the originating critical access hospital, the
		practitioner's quality of care, treatment, and services for use	originating critical access hospital internally reviews services
		in privileging and performance improvement. At a minimum,	provided by the distant-site physician or other licensed
		this information includes all adverse outcomes related to	practitioner and sends the distant-site hospital or
		sentinel events considered reviewable by The Joint	telemedicine entity information for use in the periodic
		Commission that result from the telemedicine services	evaluation of the practitioner. At a minimum, this information
		provided and complaints about the distant site physician or	includes adverse events that result from the telemedicine
		other licensed practitioner from patients, physicians or other	services provided by the distant-site physician or other
		licensed practitioners, or staff at the originating site. This	licensed practitioner to the critical access hospital's patients
		occurs in a way consistent with any hospital policies or	and complaints the critical access hospital has received
		procedures intended to preserve any confidentiality or	about the distant-site physician or other licensed
		privilege of information established by applicable law.	practitioner.
		- When telemedicine services are provided by a distant-	Note 1: In the case of distant-site physicians and licensed
		site Medicare-participating hospital, the distant-site hospital	practitioners providing telemedicine services to the critical
		evaluates the quality and appropriateness of the diagnosis,	access hospital's patients under a written agreement
		treatment, and treatment outcomes furnished in the critical	between the critical access hospital and a distant-site
		access hospital.	telemedicine entity, the distant-site telemedicine entity is
		- When telemedicine services are provided by a distant-	not required to be a Medicare participating
		site telemedicine entity (a non-Medicare-participating	provider or supplier.
		provider or supplier), the quality and appropriateness of the	Note 2: For rehabilitation and psychiatric distinct part units in
		diagnosis, treatment, and treatment outcomes furnished in	critical access hospitals: The distant-site telemedicine
		the critical access hospital are evaluated by a hospital that is	entity's medical staff credentialing and privileging process
		a member of the network, a QIO or equivalent entity, or an	and standards at least meet the standards at 42 CFR
		appropriate and qualified entity identified in the state rural	482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		health plan.	
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
2.22.22(.)(0)(0)		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(a)(4)(iii)	(iii) The individual distant-site	MS.13.01.01, EP 1	MS.20.01.01, EP 1
	physician or practitioner holds	All physicians or other licensed practitioners who are	When telemedicine services are furnished to the critical
	a license issued or recognized	responsible for the patient's care, treatment, and services via	access hospital's patients through an agreement with a
	by the State in which the	telemedicine link are credentialed and privileged to do so at	distant-site hospital or telemedicine entity, the governing
	hospital whose patients are	the originating site through one of the following mechanisms:	body of the originating critical access hospital may choose to
	receiving such telemedicine services is located.	- The originating site fully credentials and privileges the	rely upon the credentialing and privileging decisions made by
	services is tocated.	physician or other licensed practitioner according to	the distant-site hospital or telemedicine entity for the
		Standards MS.06.01.03 through MS.06.01.13. Or	individual distant-site physicians and other licensed
		- The originating site privileges physicians or other licensed	practitioners providing such services if the critical access hospital's governing body includes all of the following
		practitioners using credentialing information from the distant	provisions in its written agreement with the distant-site
		site if the distant site is a Joint Commission–accredited or a	hospital or telemedicine entity:
		Medicare-participating organization. The distant-site	- The distant site telemedicine entity provides services in
		physician or other licensed practitioner has a license that is	accordance with contract service requirements.
		physician of other decised practitioner has a decise that is	accordance with contract service requirements.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		issued or recognized by the state in which the patient is	- The distant-site telemedicine entity's medical staff
		receiving telemedicine services.	credentialing and privileging process and standards is
		Or	consistent with the critical access hospital's process and
		- The originating site may choose to use the credentialing and	standards, at a minimum.
		privileging decision from the distant site to make a final	- The distant-site hospital providing the telemedicine
		privileging decision if all the following requirements are met:	services is a Medicare-participating hospital.
		- The distant site is a Joint Commission–accredited or a	- The individual distant-site physician or other licensed
		Medicare-participating organization.	practitioner is privileged at the distant-site hospital or
		- The physician or other licensed practitioner is privileged	telemedicine entity providing the telemedicine services, and
		at the distant site for those services to be provided at the	the distant-site hospital or telemedicine entity provides a
		originating site.	current list of the distant-site physician's or practitioner's
		- The distant site provides the originating site with a	privileges at the distant-site hospital or telemedicine entity.
		current list of the physician's or other licensed practitioner's	- The individual distant-site physician or other licensed
		privileges.	practitioner holds a license issued or recognized by the state
		- The originating site has evidence of an internal review of	in which the critical access hospital whose patients are
		the physician's or other licensed practitioner's performance	receiving the telemedicine services is located.
		of these privileges and sends to the distant site information	- For distant-site physicians or other licensed practitioners
		that is useful to assess the physician's or other licensed	privileged by the originating critical access hospital, the
		practitioner's quality of care, treatment, and services for use	originating critical access hospital internally reviews services
		in privileging and performance improvement. At a minimum,	provided by the distant-site physician or other licensed
		this information includes all adverse outcomes related to	practitioner and sends the distant-site hospital or
		sentinel events considered reviewable by The Joint	telemedicine entity information for use in the periodic
		Commission that result from the telemedicine services	evaluation of the practitioner. At a minimum, this information
		provided and complaints about the distant site physician or	includes adverse events that result from the telemedicine
		other licensed practitioner from patients, physicians or other	services provided by the distant-site physician or other
		licensed practitioners, or staff at the originating site. This	licensed practitioner to the critical access hospital's patients
		occurs in a way consistent with any hospital policies or	and complaints the critical access hospital has received
		procedures intended to preserve any confidentiality or	about the distant-site physician or other licensed
		privilege of information established by applicable law.	practitioner.
		- When telemedicine services are provided by a distant-	Note 1: In the case of distant-site physicians and licensed
		site Medicare-participating hospital, the distant-site hospital	practitioners providing telemedicine services to the critical
		evaluates the quality and appropriateness of the diagnosis,	access hospital's patients under a written agreement
		treatment, and treatment outcomes furnished in the critical	between the critical access hospital and a distant-site

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access hospital.	telemedicine entity, the distant-site telemedicine entity is
		- When telemedicine services are provided by a distant-	not required to be a Medicare participating
		site telemedicine entity (a non-Medicare-participating	provider or supplier.
		provider or supplier), the quality and appropriateness of the	Note 2: For rehabilitation and psychiatric distinct part units in
		diagnosis, treatment, and treatment outcomes furnished in	critical access hospitals: The distant-site telemedicine
		the critical access hospital are evaluated by a hospital that is	entity's medical staff credentialing and privileging process
		a member of the network, a QIO or equivalent entity, or an	and standards at least meet the standards at 42 CFR
		appropriate and qualified entity identified in the state rural health plan.	482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.  Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(a)(4)(iv)	(iv) With respect to a distant-	MS.13.01.01, EP 1	MS.20.01.01, EP 1
5 +02.22(a)(+)(iv)	site physician or practitioner,	All physicians or other licensed practitioners who are	When telemedicine services are furnished to the critical
	who holds current privileges at	responsible for the patient's care, treatment, and services via	access hospital's patients through an agreement with a
		1 11 11 11 11 11 11 11 11 11 11 11 11 1	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	the hospital whose patients are	telemedicine link are credentialed and privileged to do so at	distant-site hospital or telemedicine entity, the governing
	receiving the telemedicine	the originating site through one of the following mechanisms:	body of the originating critical access hospital may choose to
	services, the hospital has	- The originating site fully credentials and privileges the	rely upon the credentialing and privileging decisions made by
	evidence of an internal review	physician or other licensed practitioner according to	the distant-site hospital or telemedicine entity for the
	of the distant-site physician's or	Standards MS.06.01.03 through MS.06.01.13.	individual distant-site physicians and other licensed
	practitioner's performance of	Or	practitioners providing such services if the critical access
	these privileges and sends the	- The originating site privileges physicians or other licensed	hospital's governing body includes all of the following
	distant-site telemedicine entity	practitioners using credentialing information from the distant	provisions in its written agreement with the distant-site
	such performance information	site if the distant site is a Joint Commission–accredited or a	hospital or telemedicine entity:
	for use in the periodic appraisal	Medicare-participating organization. The distant-site	- The distant site telemedicine entity provides services in
	of the distant-site physician or	physician or other licensed practitioner has a license that is	accordance with contract service requirements.
	practitioner. At a minimum, this	issued or recognized by the state in which the patient is	- The distant-site telemedicine entity's medical staff
	information must include all	receiving telemedicine services.	credentialing and privileging process and standards is
	adverse events that result from	Or	consistent with the critical access hospital's process and
	the telemedicine services	- The originating site may choose to use the credentialing and	standards, at a minimum.
	provided by the distant-site	privileging decision from the distant site to make a final	- The distant-site hospital providing the telemedicine
	physician or practitioner to the	privileging decision if all the following requirements are met:	services is a Medicare-participating hospital.
	hospital's patients, and all	- The distant site is a Joint Commission–accredited or a	- The individual distant-site physician or other licensed
	complaints the hospital has	Medicare-participating organization.	practitioner is privileged at the distant-site hospital or
	received about the distant-site	- The physician or other licensed practitioner is privileged	telemedicine entity providing the telemedicine services, and
	physician or practitioner.	at the distant site for those services to be provided at the	the distant-site hospital or telemedicine entity provides a
		originating site.	current list of the distant-site physician's or practitioner's
		- The distant site provides the originating site with a	privileges at the distant-site hospital or telemedicine entity.
		current list of the physician's or other licensed practitioner's	- The individual distant-site physician or other licensed
		privileges.	practitioner holds a license issued or recognized by the state
		- The originating site has evidence of an internal review of	in which the critical access hospital whose patients are
		the physician's or other licensed practitioner's performance	receiving the telemedicine services is located.
		of these privileges and sends to the distant site information	- For distant-site physicians or other licensed practitioners
		that is useful to assess the physician's or other licensed	privileged by the originating critical access hospital, the
		practitioner's quality of care, treatment, and services for use	originating critical access hospital internally reviews services
		in privileging and performance improvement. At a minimum,	provided by the distant-site physician or other licensed
		this information includes all adverse outcomes related to	practitioner and sends the distant-site hospital or
		sentinel events considered reviewable by The Joint	telemedicine entity information for use in the periodic

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Commission that result from the telemedicine services	evaluation of the practitioner. At a minimum, this information
		provided and complaints about the distant site physician or	includes adverse events that result from the telemedicine
		other licensed practitioner from patients, physicians or other	services provided by the distant-site physician or other
		licensed practitioners, or staff at the originating site. This	licensed practitioner to the critical access hospital's patients
		occurs in a way consistent with any hospital policies or	and complaints the critical access hospital has received
		procedures intended to preserve any confidentiality or	about the distant-site physician or other licensed
		privilege of information established by applicable law.	practitioner.
		- When telemedicine services are provided by a distant-	Note 1: In the case of distant-site physicians and licensed
		site Medicare-participating hospital, the distant-site hospital evaluates the quality and appropriateness of the diagnosis,	practitioners providing telemedicine services to the critical access hospital's patients under a written agreement
		treatment, and treatment outcomes furnished in the critical	between the critical access hospital and a distant-site
		access hospital.	telemedicine entity, the distant-site telemedicine entity is
		- When telemedicine services are provided by a distant-	not required to be a Medicare participating
		site telemedicine entity (a non-Medicare-participating	provider or supplier.
		provider or supplier), the quality and appropriateness of the	Note 2: For rehabilitation and psychiatric distinct part units in
		diagnosis, treatment, and treatment outcomes furnished in	critical access hospitals: The distant-site telemedicine
		the critical access hospital are evaluated by a hospital that is	entity's medical staff credentialing and privileging process
		a member of the network, a QIO or equivalent entity, or an	and standards at least meet the standards at 42 CFR
		appropriate and qualified entity identified in the state rural health plan.	482.12(a)(1) through (a)(7) and 482.22(a)(1) through (a)(2).
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.22(b)	§482.22(b) Standard: Medical	LD.01.05.01, EP 4	LD.11.02.01, EP 1
	Staff Organization and	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital has an organized medical staff
	Accountability The medical	access hospitals: The governing body approves the structure	that is accountable to the governing body for the quality of
	staff must be well organized	of the organized medical staff.	care provided to patients.
	and accountable to the		
	governing body for the quality of	LD.01.05.01, EP 6	
	the medical care provided to	The organized medical staff is accountable to the governing	
	the patients.	body for the quality of care provided to patients.	
§482.22(b)(1)	(1) The medical staff must be	LD.01.05.01, EP 4	LD.11.02.01, EP 2
	organized in a manner	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	approved by the governing	access hospitals: The governing body approves the structure	access hospitals: The governing body approves the structure
	body.	of the organized medical staff.	of the organized medical staff.
		MO 04 04 04 ED 40	
		MS.01.01.01, EP 12	
		The medical staff bylaws include the following requirements:	
§482.22(b)(2)	(2) If the medical staff has an	The structure of the medical staff.  MS.02.01.01, EP 4	MS.15.01.01, EP 3
3402.22(D)(2)	executive committee, a	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	majority of the members of the	access hospitals: The majority of voting medical staff	access hospitals: The majority of voting medical staff
	committee must be doctors of	executive committee members are fully licensed doctors of	executive committee members are fully licensed doctors of
	medicine or osteopathy	medicine or osteopathy actively practicing in the critical	medicine or osteopathy actively practicing in the critical
	inculcine of osteopathy	access hospital.	access hospital.
§482.22(b)(3)	(3) The responsibility for		
	organization and conduct of the		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	medical staff must be assigned		
	only to one of the following:		
§482.22(b)(3)(i)	(i) An individual doctor of	LD.01.05.01, EP 7	LD.11.02.01, EP 3
	medicine or osteopathy.	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: A doctor of medicine or osteopathy, or, if	access hospitals: A doctor of medicine or osteopathy or, if
		permitted by state law, a doctor of dental surgery or dental	permitted by state law, a doctor of dental surgery or dental
		medicine, or a doctor of podiatric medicine is responsible for	medicine, or a doctor of podiatric medicine is responsible for
		the organization and conduct of the medical staff.	the organization and conduct of the medical staff.
§482.22(b)(3)(ii)	(ii) A doctor of dental surgery or	LD.01.05.01, EP 7	LD.11.02.01, EP 3
	dental medicine, when	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	permitted by State law of the	access hospitals: A doctor of medicine or osteopathy, or, if	access hospitals: A doctor of medicine or osteopathy or, if
	State in which the hospital is	permitted by state law, a doctor of dental surgery or dental	permitted by state law, a doctor of dental surgery or dental
	located.	medicine, or a doctor of podiatric medicine is responsible for	medicine, or a doctor of podiatric medicine is responsible for
		the organization and conduct of the medical staff.	the organization and conduct of the medical staff.
§482.22(b)(3)(iii)	(iii) A doctor of podiatric	LD.01.05.01, EP 7	LD.11.02.01, EP 3
	medicine, when permitted by	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	State law of the State in which	access hospitals: A doctor of medicine or osteopathy, or, if	access hospitals: A doctor of medicine or osteopathy or, if
	the hospital is located.	permitted by state law, a doctor of dental surgery or dental	permitted by state law, a doctor of dental surgery or dental
		medicine, or a doctor of podiatric medicine is responsible for	medicine, or a doctor of podiatric medicine is responsible for
		the organization and conduct of the medical staff.	the organization and conduct of the medical staff.
§482.22(b)(4)	(4) If a hospital is part of a		
	hospital system consisting of		
	multiple separately certified		
	hospitals and the system elects		
	to have a unified and integrated		
	medical staff for its member		
	hospitals, after determining		
	that such a decision is in		
	accordance with all applicable		
	State and local laws, each		
	separately certified hospital		
	must demonstrate that:		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.22(b)(4)(i)	(i) The medical staff members		MS.14.03.01, EP 1
	of each separately certified		If a critical access hospital is part of a multihospital system
	hospital in the system (that is,		with separately accredited hospitals, critical access
	all medical staff members who		hospitals, and/or rural emergency hospitals, and the system
	hold specific privileges to		chooses to establish a unified and integrated medical staff,
	practice at that hospital) have		in accordance with state and local laws, the following
	voted by majority, in		occurs: Each separately accredited critical access hospital
	accordance with medical staff		demonstrates that its medical staff members (that is, all
	bylaws, either to accept a		medical staff members who hold privileges to practice at
	unified and integrated medical		that specific hospital) have voted by majority, in accordance
	staff structure or to opt out of		with medical staff bylaws, either to accept the unified and
	such a structure and to		integrated medical staff structure or to opt out of such a
	maintain a separate and		structure and maintain a separate and distinct medical staff
	distinct medical staff for their		for their critical access hospital.
	respective hospital;		
§482.22(b)(4)(ii)	(ii) The unified and integrated		MS.14.03.01, EP 4
	medical staff has bylaws, rules,		If a critical access hospital is part of a multihospital system
	and requirements that describe		with separately accredited hospitals, critical access
	its processes for self-		hospitals, and/or rural emergency hospitals, and the system
	governance, appointment,		chooses to establish a unified and integrated medical staff,
	credentialing, privileging, and		the unified and integrated medical staff bylaws, rules, and
	oversight, as well as its peer		requirements include the following:
	review policies and due		- Process for self-governance, appointment, credentialing,
	process rights guarantees, and		privileging, and oversight, as well as its peer review policies
	which include a process for the		and due process rights guarantees
	members of the medical staff of		- Description of the process by which medical staff members
	each separately certified		at each separately accredited hospital (that is, all medical
	hospital (that is, all medical		staff members who hold privileges to practice at that specific
	staff members who hold		hospital) are advised of their right to opt out of the unified
	specific privileges to practice at		and integrated medical staff structure after a majority vote by
	that hospital) to be advised of		the members to maintain a separate and distinct medical
	their rights to opt out of the		staff for their respective critical access hospital
	unified and integrated medical		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	staff structure after a majority		
	vote by the members to		
	maintain a separate and		
	distinct medical staff for their		
	hospital;		
§482.22(b)(4)(iii)	(iii) The unified and integrated		MS.14.03.01, EP 2
	medical staff is established in a		If a critical access hospital is part of a multihospital system
	manner that takes into account		with separately accredited hospitals, critical access
	each member hospital's unique		hospitals, and/or rural emergency hospitals, and the system
	circumstances and any		chooses to establish a unified and integrated medical staff,
	significant differences in		the following occurs: The unified and integrated medical staff
	patient populations and		takes into account each member critical access hospital's
	services offered in each		unique circumstances and any significant differences in
	hospital; and		patient populations and services offered in each hospital,
			critical access hospital, and rural emergency hospital.
§482.22(b)(4)(iv)	(iv) The unified and integrated		MS.14.03.01, EP 3
	medical staff establishes and		If a critical access hospital is part of a multihospital system
	implements policies and		with separately accredited hospitals, critical access
	procedures to ensure that the		hospitals, and/or rural emergency hospitals, and the system
	needs and concerns expressed		chooses to establish a unified and integrated medical staff,
	by members of the medical		the following occurs: The unified and integrated medical staff
	staff, at each of its separately		develops and implements policies and procedures and
	certified hospitals, regardless		mechanisms to make certain that the needs and concerns
	of practice or location, are		expressed by members of the medical staff at each of its
	given due consideration, and		separately accredited hospitals, critical access hospitals,
	that the unified and integrated		and/or rural emergency hospitals, regardless of practice or
	medical staff has mechanisms		location, are duly considered and addressed.
	in place to ensure that issues		
	localized to particular hospitals		
	are duly considered and		
	addressed.		
§482.22(c)	§482.22(c) Standard: Medical	MS.01.01.01, EP 1	
	Staff Bylaws The medical staff	The organized medical staff develops medical staff bylaws,	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	must adopt and enforce bylaws to carry out its responsibilities. The bylaws must:	rules and regulations, and policies.  MS.01.01.01, EP 2  The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" [LD] chapter for requirements regarding the governing body's authority and conflict management processes.)	
		MS.01.01.01, EP 5 The medical staff complies with the medical staff bylaws, rules and regulations, and policies.  MS.01.01.01, EP 6 For rehabilitation and psychiatric distinct part units in critical access hospitals: The organized medical staff enforces the medical staff bylaws, rules and regulations, and policies by recommending action to the governing body in certain circumstances and taking action in others.	
§482.22(c)(1)	(1) Be approved by the governing body.	MS.01.01, EP 2  The organized medical staff adopts and amends medical staff bylaws. Adoption or amendment of medical staff bylaws cannot be delegated. After adoption or amendment by the organized medical staff, the proposed bylaws are submitted to the governing body for action. Bylaws become effective only upon governing body approval. (See the "Leadership" [LD] chapter for requirements regarding the governing body's authority and conflict management processes.)	MS.14.01.01, EP 1  The medical staff adopts and enforces bylaws to carry out its responsibilities. The bylaws are approved by the governing body and include the following:  - Description of the organization of the medical staff, including criteria for medical staff membership  - Description of the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body  - Criteria for determining the privileges to be granted to

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		MS.01.01.01, EP 7  The governing body upholds the medical staff bylaws, rules and regulations, and policies that have been approved by the governing body.	individual practitioners and a procedure for applying the criteria to individuals requesting privileges - For rehabilitation or psychiatric distinct part units in critical access hospitals: Statement of the duties and privileges of each category of medical staff (for example, active, courtesy) Note: Distant-site physicians and practitioners requesting privileges to provide telemedicine services under an agreement with the critical access hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).
§482.22(c)(2)	(2) Include a statement of the duties and privileges of each category of medical staff (e.g., active, courtesy, etc.)	MS.01.01.01, EP 15 For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff bylaws include the following requirements: A statement of the duties and privileges related to each category of the medical staff (for example, active, courtesy).  Note: Solely for the purposes of this element of performance, The Joint Commission interprets the word "privileges" to mean the duties and prerogatives of each category, and not the clinical privileges to provide patient care, treatment, and services related to each category. Each member of the medical staff is to have specific clinical privileges to provide care, treatment, and services authorized through the processes specified in Standards MS.06.01.03, MS.06.01.05, and MS.06.01.07.	MS.14.01.01, EP 1  The medical staff adopts and enforces bylaws to carry out its responsibilities. The bylaws are approved by the governing body and include the following:  - Description of the organization of the medical staff, including criteria for medical staff membership  - Description of the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body  - Criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges  - For rehabilitation or psychiatric distinct part units in critical access hospitals: Statement of the duties and privileges of each category of medical staff (for example, active, courtesy)  Note: Distant-site physicians and practitioners requesting privileges to provide telemedicine services under an agreement with the critical access hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).
§482.22(c)(3)	(3) Describe the organization of	MS.01.01.01, EP 12 The modical staff bylavia include the following requirements:	MS.14.01.01, EP 1
	the medical staff.	The medical staff bylaws include the following requirements: The structure of the medical staff.	The medical staff adopts and enforces bylaws to carry out its responsibilities. The bylaws are approved by the governing

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			body and include the following:
			- Description of the organization of the medical staff,
			including criteria for medical staff membership
			- Description of the qualifications to be met by a candidate in
			order for the medical staff to recommend that the candidate
			be appointed by the governing body
			- Criteria for determining the privileges to be granted to
			individual practitioners and a procedure for applying the
			criteria to individuals requesting privileges
			- For rehabilitation or psychiatric distinct part units in critical
			access hospitals: Statement of the duties and privileges of
			each category of medical staff (for example, active, courtesy)
			Note: Distant-site physicians and practitioners requesting
			privileges to provide telemedicine services under an
			agreement with the critical access hospital are also subject
			to the requirements in 42 CFR 482.12(a)(8) and (a)(9), and 42
			CFR 482.22(a)(3) and (a)(4).
§482.22(c)(4)	(4) Describe the qualifications	MS.01.01.01, EP 13	MS.14.01.01, EP 1
	to be met by a candidate in	The medical staff bylaws include the following requirements:	The medical staff adopts and enforces bylaws to carry out its
	order for the medical staff to	Qualifications for appointment to the medical staff.	responsibilities. The bylaws are approved by the governing
	recommend that the candidate	Note: For rehabilitation and psychiatric distinct part units in	body and include the following:
	be appointed by the governing	critical access hospitals: The medical staff must be	- Description of the organization of the medical staff,
	body.	composed of doctors of medicine or osteopathy. In	including criteria for medical staff membership
		accordance with state law, including scope of practice laws,	- Description of the qualifications to be met by a candidate in
		the medical staff may also include other categories of	order for the medical staff to recommend that the candidate
		physicians as listed at 482.12(c)(1) and other licensed	be appointed by the governing body
		practitioners who are determined to be eligible for	- Criteria for determining the privileges to be granted to
		appointment by the governing body.	individual practitioners and a procedure for applying the
			criteria to individuals requesting privileges
		MS.07.01.01, EP 1	- For rehabilitation or psychiatric distinct part units in critical
		The organized medical staff develops criteria for medical	access hospitals: Statement of the duties and privileges of
		staff membership.	each category of medical staff (for example, active, courtesy)
		Note: Medical staff membership and professional privileges	Note: Distant-site physicians and practitioners requesting

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		are not dependent solely upon certification, fellowship, or membership in a specialty body or society.	privileges to provide telemedicine services under an agreement with the critical access hospital are also subject
			to the requirements in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).
§482.22(c)(5)	(5) Include a requirement that		
§482.22(c)(5)(i)	(i) A medical history and	MS.01.01.01, EP 16	MS.14.01.01, EP 3
	physical examination be	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	completed and documented for	access hospitals: The medical staff bylaws include the	access hospitals: The medical staff bylaws include
	each patient no more than 30	following requirements: The requirements for completing	requirements for the following:
	days before or 24 hours after	and documenting medical histories and physical	- Medical history and physical examination for each patient
	admission or registration, but	examinations. The medical history and physical examination	as described in PC.10.01.01, EP 1
	prior to surgery or a procedure	are completed and documented by a physician (as defined in	- Updated patient examinations as described in PC.10.01.01,
	requiring anesthesia services,	section 1861(r) of the Social Security Act), an oral and	EP 2
	and except as provided under	maxillofacial surgeon, or other qualified licensed practitioner	- Assessments in lieu of medical history and physical
	paragraph (c)(5)(iii) of this	in accordance with state law and hospital policy. (For more	examinations for patients as described in PC.10.01.01, EP 3
	section. The medical history	information on performing the medical history and physical	
	and physical examination must	examination, refer to MS.03.01.01, EPs 6–10.)	
	be completed and documented by a physician (as defined in	Note: The requirements referred to in this element of performance are, at a minimum, those described in the	
	section 1861(r) of the Act), an	element of performance and Standard PC.01.02.03, EPs 4	
	oral and maxillofacial surgeon,	and 5.	
	or other qualified licensed	and 5.	
	individual in accordance with	MS.03.01.01, EP 9	
	State law and hospital policy.	As permitted by state law and policy, the organized medical	
		staff may choose to allow practitioners who are not licensed	
		to practice independently to perform part or all of a patient's	
		medical history and physical examination under the	
		supervision of, or through appropriate delegation by, a	
		specific qualified doctor of medicine or osteopathy who is	
		accountable for the patient's medical history and physical	
		examination.	
		PC.01.02.03, EP 4	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The patient receives a medical history and physical	
		examination no more than 30 days prior to, or within 24 hours	
		after, registration or inpatient admission, but prior to surgery	
		or a procedure requiring anesthesia services.	
		Note 1: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: Medical histories and physical	
		examinations are performed as required in this element of	
		performance, except any specific outpatient surgical or	
		procedural services for which an assessment is performed	
		instead.	
		Note 2: For law and regulation guidance pertaining to the	
		medical history and physical examination, refer to 42 CFR	
		482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A:	
		Medicare Requirements for Hospitals" (AXA) for full text.	
		PC.01.02.03, EP 5	
		For a medical history and physical examination that was	
		completed within 30 days prior to registration or inpatient	
		admission, an update documenting any changes in the	
		patient's condition is completed within 24 hours after	
		registration or inpatient admission, but prior to surgery or a	
		procedure requiring anesthesia services.	
		Note 1: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: Medical histories and physical	
		examinations are performed as required in this element of	
		performance, except any specific outpatient surgical or	
		procedural services for which an assessment is performed	
		instead.	
		Note 2: For law and regulation guidance pertaining to the	
		medical history and physical examination, refer to 42 CFR	
		482.22(c)(5)(iii). Refer to "Appendix A: Medicare	
		Requirements for Hospitals" (AXA) for full text.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.22(c)(5)(ii)	(ii) An updated examination of	PC.01.02.03, EP 4	MS.14.01.01, EP 3
	the patient, including any	The patient receives a medical history and physical	For rehabilitation and psychiatric distinct part units in critical
	changes in the patient's	examination no more than 30 days prior to, or within 24 hours	access hospitals: The medical staff bylaws include
	condition, be completed and	after, registration or inpatient admission, but prior to surgery	requirements for the following:
	documented within 24 hours	or a procedure requiring anesthesia services.	- Medical history and physical examination for each patient
	after admission or registration,	Note 1: For rehabilitation and psychiatric distinct part units in	as described in PC.10.01.01, EP 1
	but prior to surgery or a	critical access hospitals: Medical histories and physical	- Updated patient examinations as described in PC.10.01.01,
	procedure requiring anesthesia	examinations are performed as required in this element of	EP 2
	services, when the medical	performance, except any specific outpatient surgical or	- Assessments in lieu of medical history and physical
	history and physical	procedural services for which an assessment is performed	examinations for patients as described in PC.10.01.01, EP 3
	examination are completed	instead.	
	within 30 days before	Note 2: For law and regulation guidance pertaining to the	
	admission or registration, and	medical history and physical examination, refer to 42 CFR	
	except as provided under	482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A:	
	paragraph (c)(5)(iii) of this	Medicare Requirements for Hospitals" (AXA) for full text.	
	section. The updated		
	examination of the patient,	PC.01.02.03, EP 5	
	including any changes in the	For a medical history and physical examination that was	
	patient's condition, must be	completed within 30 days prior to registration or inpatient	
	completed and documented by	admission, an update documenting any changes in the	
	a physician (as defined in	patient's condition is completed within 24 hours after	
	section 1861® of the Act), an	registration or inpatient admission, but prior to surgery or a	
	oral and maxillofacial surgeon,	procedure requiring anesthesia services.	
	or other qualified licensed	Note 1: For rehabilitation and psychiatric distinct part units in	
	individual in accordance with	critical access hospitals: Medical histories and physical	
	State law and hospital policy.	examinations are performed as required in this element of	
		performance, except any specific outpatient surgical or	
		procedural services for which an assessment is performed	
		instead.	
		Note 2: For law and regulation guidance pertaining to the	
		medical history and physical examination, refer to 42 CFR	
		482.22(c)(5)(iii). Refer to "Appendix A: Medicare	
		Requirements for Hospitals" (AXA) for full text.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.22(c)(5)(iii)	(iii) An assessment of the	MS.01.01.01, EP 38	MS.14.01.01, EP 3
	patient (in lieu of the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	requirements of paragraphs	access hospitals: When the medical staff has chosen to	access hospitals: The medical staff bylaws include
	(c)(5)(i) and (ii) of this section)	allow an assessment, in lieu of a comprehensive medical	requirements for the following:
	be completed and documented	history and physical examination, for patients receiving	- Medical history and physical examination for each patient
	after registration, but prior to	specific outpatient surgical or procedural services, the	as described in PC.10.01.01, EP 1
	surgery or a procedure requiring	medical staff bylaws specify that an assessment of the	- Updated patient examinations as described in PC.10.01.01,
	anesthesia services, when the	patient is completed and documented after registration, but	EP 2
	patient is receiving specific	prior to surgery or a procedure requiring anesthesia services,	- Assessments in lieu of medical history and physical
	outpatient surgical or	when the patient is receiving specific outpatient surgical or	examinations for patients as described in PC.10.01.01, EP 3
	procedural services and when	procedural services.	
	the medical staff has chosen to	Note: For law and regulation guidance pertaining to the	
	develop and maintain a policy	medical history and physical examination, refer to 42 CFR	
	that identifies, in accordance	482.22(c)(5)(i), (ii), (iii), and (v). Refer to "Appendix A:	
	with the requirements at	Medicare Requirements for Hospitals" (AXA) for full text.	
	paragraph (c)(5)(v) of this		
	section, specific patients as not		
	requiring a comprehensive		
	medical history and physical		
	examination, or any update to		
	it, prior to specific outpatient		
	surgical or procedural services.		
	The assessment must be		
	completed and documented by		
	a physician (as defined in		
	section 1861(r) of the Act), an		
	oral and maxillofacial surgeon,		
	or other qualified licensed individual in accordance with		
8492 22(a)(E)(iv)	State law and hospital policy.  (iv) The medical staff develop	MS.03.01.01, EP 19	MS.16.01.01, EP 10
§482.22(c)(5)(iv)	and maintain a policy that	For rehabilitation and psychiatric distinct part units in critical	If the medical staff chooses to develop and maintain a policy
	identifies those patients for	access hospitals: If the medical staff chooses to develop and	for the identification of specific patients to whom the
	identifies those patients for	access nospitats. If the medical stan chooses to develop and	Tor the lucitum autom of specific patients to whom the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	whom the assessment	maintain a policy for the identification of specific patients to	assessment requirements would apply in lieu of a
	requirements of paragraph	whom the assessment requirements would apply, in lieu of a	comprehensive medical history and physical examination,
	(c)(5)(iii) of this section would	comprehensive medical history and physical examination,	the policy is based on the following:
	apply. The provisions of	the policy is based on the following:	- Patient age, diagnoses, the type and number of surgeries
	paragraphs (c)(5)(iii), (iv), and	- Patient age, diagnoses, the type and number of surgeries	and procedures scheduled to be performed, comorbidities,
	(v) of this section do not apply	and procedures scheduled to be performed, comorbidities,	and the level of anesthesia required for the surgery or
	to a medical staff that chooses	and the level of anesthesia required for the surgery or	procedure
	to maintain a policy that	procedure	- Nationally recognized guidelines and standards of practice
	adheres to the requirements of	- Nationally recognized guidelines and standards of practice	for assessment of particular types of patients prior to
	paragraphs of (c)(5)(i) and (ii) of	for assessment of particular types of patients prior to	specific outpatient surgeries and procedures
	this section for all patients.	specific outpatient surgeries and procedures	- Applicable state and local health and safety laws
		- Applicable state and local health and safety laws	The critical access hospital demonstrates evidence that the
		Note: For law and regulation guidance pertaining to the	policy applies only to those patients receiving specific
		medical history and physical examination, refer to 42 CFR	outpatient surgical or procedural services.
		482.22(c)(5)(iii). Refer to "Appendix A: Medicare	Note: For rehabilitation and psychiatric distinct part units in
		Requirements for Hospitals" (AXA) for full text.	critical access hospitals: For law and regulation guidance
			pertaining to the medical history and physical examination at
			42 CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/.
§482.22(c)(5)(v)	(v) The medical staff, if it	MS.03.01.01, EP 19	MS.16.01.01, EP 10
	chooses to develop and	For rehabilitation and psychiatric distinct part units in critical	If the medical staff chooses to develop and maintain a policy
	maintain a policy for the	access hospitals: If the medical staff chooses to develop and	for the identification of specific patients to whom the
	identification of specific	maintain a policy for the identification of specific patients to	assessment requirements would apply in lieu of a
	patients to whom the	whom the assessment requirements would apply, in lieu of a	comprehensive medical history and physical examination,
	assessment requirements in	comprehensive medical history and physical examination,	the policy is based on the following:
	paragraph (c)(5)(iii) of this	the policy is based on the following:	- Patient age, diagnoses, the type and number of surgeries
	section would apply, must	- Patient age, diagnoses, the type and number of surgeries	and procedures scheduled to be performed, comorbidities,
	demonstrate evidence that the	and procedures scheduled to be performed, comorbidities,	and the level of anesthesia required for the surgery or
	policy applies only to those	and the level of anesthesia required for the surgery or	procedure
	patients receiving specific	procedure	- Nationally recognized guidelines and standards of practice
	outpatient surgical or	- Nationally recognized guidelines and standards of practice	for assessment of particular types of patients prior to
	procedural services as well as	for assessment of particular types of patients prior to	specific outpatient surgeries and procedures
	evidence that the policy is	specific outpatient surgeries and procedures	- Applicable state and local health and safety laws
	based on:	- Applicable state and local health and safety laws	The critical access hospital demonstrates evidence that the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: For law and regulation guidance pertaining to the	policy applies only to those patients receiving specific
		medical history and physical examination, refer to 42 CFR	outpatient surgical or procedural services.
		482.22(c)(5)(iii). Refer to "Appendix A: Medicare	Note: For rehabilitation and psychiatric distinct part units in
		Requirements for Hospitals" (AXA) for full text.	critical access hospitals: For law and regulation guidance
			pertaining to the medical history and physical examination at
			42 CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/.
§482.22(c)(5)(v)(A)	(A) Patient age, diagnoses, the	MS.03.01.01, EP 19	MS.16.01.01, EP 10
	type and number of surgeries	For rehabilitation and psychiatric distinct part units in critical	If the medical staff chooses to develop and maintain a policy
	and procedures scheduled to	access hospitals: If the medical staff chooses to develop and	for the identification of specific patients to whom the
	be performed, comorbidities,	maintain a policy for the identification of specific patients to	assessment requirements would apply in lieu of a
	and the level of anesthesia	whom the assessment requirements would apply, in lieu of a	comprehensive medical history and physical examination,
	required for the surgery or	comprehensive medical history and physical examination,	the policy is based on the following:
	procedure.	the policy is based on the following:	- Patient age, diagnoses, the type and number of surgeries
		- Patient age, diagnoses, the type and number of surgeries	and procedures scheduled to be performed, comorbidities,
		and procedures scheduled to be performed, comorbidities,	and the level of anesthesia required for the surgery or
		and the level of anesthesia required for the surgery or	procedure
		procedure	- Nationally recognized guidelines and standards of practice
		- Nationally recognized guidelines and standards of practice	for assessment of particular types of patients prior to
		for assessment of particular types of patients prior to	specific outpatient surgeries and procedures
		specific outpatient surgeries and procedures	- Applicable state and local health and safety laws
		- Applicable state and local health and safety laws	The critical access hospital demonstrates evidence that the
		Note: For law and regulation guidance pertaining to the	policy applies only to those patients receiving specific
		medical history and physical examination, refer to 42 CFR	outpatient surgical or procedural services.
		482.22(c)(5)(iii). Refer to "Appendix A: Medicare	Note: For rehabilitation and psychiatric distinct part units in
		Requirements for Hospitals" (AXA) for full text.	critical access hospitals: For law and regulation guidance
			pertaining to the medical history and physical examination at
			42 CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/.
§482.22(c)(5)(v)(B)	(B) Nationally recognized	MS.03.01.01, EP 19	MS.16.01.01, EP 10
	guidelines and standards of	For rehabilitation and psychiatric distinct part units in critical	If the medical staff chooses to develop and maintain a policy
	practice for assessment of	access hospitals: If the medical staff chooses to develop and	for the identification of specific patients to whom the
	specific types of patients prior	maintain a policy for the identification of specific patients to	assessment requirements would apply in lieu of a
	to specific outpatient surgeries	whom the assessment requirements would apply, in lieu of a	comprehensive medical history and physical examination,
	and procedures.	comprehensive medical history and physical examination,	the policy is based on the following:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the policy is based on the following:	- Patient age, diagnoses, the type and number of surgeries
		- Patient age, diagnoses, the type and number of surgeries	and procedures scheduled to be performed, comorbidities,
		and procedures scheduled to be performed, comorbidities,	and the level of anesthesia required for the surgery or
		and the level of anesthesia required for the surgery or	procedure
		procedure	- Nationally recognized guidelines and standards of practice
		- Nationally recognized guidelines and standards of practice	for assessment of particular types of patients prior to
		for assessment of particular types of patients prior to	specific outpatient surgeries and procedures
		specific outpatient surgeries and procedures	- Applicable state and local health and safety laws
		- Applicable state and local health and safety laws	The critical access hospital demonstrates evidence that the
		Note: For law and regulation guidance pertaining to the	policy applies only to those patients receiving specific
		medical history and physical examination, refer to 42 CFR	outpatient surgical or procedural services.
		482.22(c)(5)(iii). Refer to "Appendix A: Medicare	Note: For rehabilitation and psychiatric distinct part units in
		Requirements for Hospitals" (AXA) for full text.	critical access hospitals: For law and regulation guidance
			pertaining to the medical history and physical examination at
			42 CFR 482.22(c)(5)(iii), refer to https://www.ecfr.gov/.
§482.22(c)(5)(v)(C)	(C) Applicable state and local	MS.03.01.01, EP 19	MS.16.01.01, EP 10
	health and safety laws.	For rehabilitation and psychiatric distinct part units in critical	If the medical staff chooses to develop and maintain a policy
		access hospitals: If the medical staff chooses to develop and	for the identification of specific patients to whom the
		maintain a policy for the identification of specific patients to	assessment requirements would apply in lieu of a
		whom the assessment requirements would apply, in lieu of a	comprehensive medical history and physical examination,
		comprehensive medical history and physical examination,	the policy is based on the following:
		the policy is based on the following:	- Patient age, diagnoses, the type and number of surgeries
		- Patient age, diagnoses, the type and number of surgeries	and procedures scheduled to be performed, comorbidities,
		and procedures scheduled to be performed, comorbidities,	and the level of anesthesia required for the surgery or
		and the level of anesthesia required for the surgery or	procedure
		procedure	- Nationally recognized guidelines and standards of practice
		- Nationally recognized guidelines and standards of practice	for assessment of particular types of patients prior to
		for assessment of particular types of patients prior to	specific outpatient surgeries and procedures
		specific outpatient surgeries and procedures	- Applicable state and local health and safety laws
		- Applicable state and local health and safety laws	The critical access hospital demonstrates evidence that the
		Note: For law and regulation guidance pertaining to the	policy applies only to those patients receiving specific
		medical history and physical examination, refer to 42 CFR	outpatient surgical or procedural services.
			Note: For rehabilitation and psychiatric distinct part units in

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		482.22(c)(5)(iii). Refer to "Appendix A: Medicare	critical access hospitals: For law and regulation guidance
		Requirements for Hospitals" (AXA) for full text.	pertaining to the medical history and physical examination at
			, , , , , ,
§482.22(c)(6)	(6) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges. For distant-site physicians and practitioners requesting privileges to furnish telemedicine services under an agreement with the hospital, the criteria for determining privileges and the procedure for applying the criteria are also subject to the requirements in §482.12(a)(8) and (a)(9), and §482.22(a)(3) and (a)(4).	LD.04.03.09, EP 23  When telemedicine services are furnished to the critical access hospital's patients, the originating site has a written agreement with the distant site that specifies the following:  - The distant site is a contractor of services to the critical access hospital.  - The distant site furnishes services in a manner that permits the originating site to be in compliance with the Medicare Conditions of Participation  - The originating site makes certain through the written agreement that all distant-site telemedicine providers' credentialing and privileging processes meet, at a minimum, the Medicare Conditions of Participation at 42 CFR 485.616(c)(1)(i) through (c)(1)(vii).  Note: For the language of the Medicare Conditions of Participation pertaining to telemedicine, see Appendix A. If the originating site chooses to use the credentialing and privileging decision of the distant-site telemedicine provider, then the following requirements apply:  - The governing body of the distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the "Medical Staff" (MS) chapter (Standards MS.06.01.01 through MS.06.01.13).  - The governing body of the originating site grants privileges to a distant-site physician or other licensed practitioner based on the originating site's medical staff recommendations, which rely on information provided by the distant site.	MS.14.01.01, EP 1  The medical staff adopts and enforces bylaws to carry out its responsibilities. The bylaws are approved by the governing body and include the following:  - Description of the organization of the medical staff, including criteria for medical staff membership  - Description of the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body  - Criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges  - For rehabilitation or psychiatric distinct part units in critical access hospitals: Statement of the duties and privileges of each category of medical staff (for example, active, courtesy)  Note: Distant-site physicians and practitioners requesting privileges to provide telemedicine services under an agreement with the critical access hospital are also subject to the requirements in 42 CFR 482.12(a)(8) and (a)(9), and 42 CFR 482.22(a)(3) and (a)(4).
		MS.01.01.01, EP 14	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The medical staff bylaws include the following requirements:	
		The process for privileging and re-privileging physicians and	
		other licensed practitioners.	
		MS.13.01.01, EP 1	
		All physicians or other licensed practitioners who are	
		responsible for the patient's care, treatment, and services via	
		telemedicine link are credentialed and privileged to do so at	
		the originating site through one of the following mechanisms:	
		- The originating site fully credentials and privileges the	
		physician or other licensed practitioner according to	
		Standards MS.06.01.03 through MS.06.01.13.	
		Or	
		- The originating site privileges physicians or other licensed	
		practitioners using credentialing information from the distant	
		site if the distant site is a Joint Commission–accredited or a	
		Medicare-participating organization. The distant-site	
		physician or other licensed practitioner has a license that is	
		issued or recognized by the state in which the patient is	
		receiving telemedicine services.	
		Or	
		- The originating site may choose to use the credentialing and	
		privileging decision from the distant site to make a final	
		privileging decision if all the following requirements are met:	
		- The distant site is a Joint Commission–accredited or a	
		Medicare-participating organization.	
		- The physician or other licensed practitioner is privileged	
		at the distant site for those services to be provided at the	
		originating site.	
		- The distant site provides the originating site with a	
		current list of the physician's or other licensed practitioner's	
		privileges.	
		- The originating site has evidence of an internal review of	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the physician's or other licensed practitioner's performance	
		of these privileges and sends to the distant site information	
		that is useful to assess the physician's or other licensed	
		practitioner's quality of care, treatment, and services for use	
		in privileging and performance improvement. At a minimum,	
		this information includes all adverse outcomes related to	
		sentinel events considered reviewable by The Joint	
		Commission that result from the telemedicine services	
		provided and complaints about the distant site physician or	
		other licensed practitioner from patients, physicians or other	
		licensed practitioners, or staff at the originating site. This	
		occurs in a way consistent with any hospital policies or	
		procedures intended to preserve any confidentiality or	
		privilege of information established by applicable law.	
		- When telemedicine services are provided by a distant-	
		site Medicare-participating hospital, the distant-site hospital	
		evaluates the quality and appropriateness of the diagnosis,	
		treatment, and treatment outcomes furnished in the critical	
		access hospital.	
		- When telemedicine services are provided by a distant-	
		site telemedicine entity (a non-Medicare-participating	
		provider or supplier), the quality and appropriateness of the	
		diagnosis, treatment, and treatment outcomes furnished in	
		the critical access hospital are evaluated by a hospital that is	
		a member of the network, a QIO or equivalent entity, or an	
		appropriate and qualified entity identified in the state rural	
		health plan.	
		- The distant-site physician or other licensed practitioner	
		has a license that is issued or recognized by the state in	
		which the patient is receiving telemedicine services.	
		Note 1: In the case of an accredited ambulatory care	
		organization, the critical access hospital verifies that the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		distant site made its decision using the process described in	
		Standards MS.06.01.03 through MS.06.01.07 (excluding EP 2	
		from MS.06.01.03). This is equivalent to meeting Standard	
		HR.02.01.03 in the Comprehensive Accreditation Manual for	
		Ambulatory Care.	
		Note 2: As indicated at LD.04.03.09, EP 23, the originating	
		site makes certain that all distant-site telemedicine	
		providers' credentialing and privileging processes meet, at a	
		minimum, the Medicare Conditions of Participation at 42	
		CFR 485.616(c)(1)(i) through (c)(1)(vii). For the language of	
		the Medicare Conditions of Participation pertaining to	
		telemedicine, see Appendix A.	
		Note 3: A distant-site telemedicine entity is not required to	
		be a Medicare-participating provider or supplier. (For more	
		information, see 42 CFR 485.635(c)(5) in Appendix A.)	
§482.23	§482.23 Condition of	LD.04.03.01, EP 2	LD.13.03.01, EP 2
	Participation: Nursing Services	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital has an organized nursing service,
	The hospital must have an	access hospitals: The critical access hospital provides	with a plan of administrative authority and delineation of
	organized nursing service that	essential services, including the following:	responsibility for patient care, that provides nursing services
	provides 24-hour nursing	- Diagnostic radiology	to meet the needs of its patients.
	services. The nursing services	- Dietary	Note: For rehabilitation and psychiatric distinct part units in
	must be furnished or	- Emergency	critical access hospitals: Rural hospitals with a 24-hour
	supervised by a registered	- Medical records	nursing waiver granted under 42 CFR 488.54(c) are not
	nurse.	- Nuclear medicine	required to have 24-hour nursing services.
		- Nursing care	
		- Pathology and clinical laboratory	NPG.12.02.01, EP 4
		- Pharmaceutical	A registered nurse provides (or assign to other staff) the
		- Physical rehabilitation	nursing care of each patient, including patients at a skilled
		- Respiratory care	nursing facility level of care in a swing-bed critical access
		- Social work	hospital. The care is provided in accordance with the
		Note 1: Critical access hospitals that provide only	patient's needs and the specialized qualifications and
		psychiatric and addiction treatment services are not required	competence of the staff available.
		to provide nuclear medicine, physical rehabilitation, and	Note 1: For rehabilitation and psychiatric distinct part units in

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		respiratory care services.  Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: For the provision of emergency services, the critical access hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).  Note 3: The diagnostic radiology services provided by the critical access hospital, as well as staff qualifications, meet professionally approved standards.  NR.02.03.01, EP 4  For rehabilitation and psychiatric distinct part units in critical	critical access hospitals: A registered nurse directly provides or supervises the nursing services provided by other staff to patients 24 hours a day, 7 days a week. The critical access hospital has a licensed practical nurse or registered nurse on duty at all times.  Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-hour nursing waiver granted under 42 CFR 488.54(c) are not required to have 24-hour nursing services.
		access hospitals: The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week.	
		NR.02.03.01, EP 7 For rehabilitation and psychiatric distinct part units in critical access hospitals: A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.  Note: A registered nurse is immediately available for the provision of care of any patient.	
§482.23(a)	§482.23(a) Standard: Organization The hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care. The director of the nursing service must be a licensed registered nurse. He or she is responsible for the	LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.  NR.01.01.01, EP 1 The nurse executive functions at the senior leadership level to provide effective leadership and to coordinate leaders to	LD.13.03.01, EP 2 The critical access hospital has an organized nursing service, with a plan of administrative authority and delineation of responsibility for patient care, that provides nursing services to meet the needs of its patients.  Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-hour nursing waiver granted under 42 CFR 488.54(c) are not required to have 24-hour nursing services.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	operation of the service,	deliver nursing care, treatment, and services.	NPG.12.02.01, EP 1
	including determining the types		The nurse executive, who is a licensed registered nurse, is
	and numbers of nursing	NR.01.01.01, EP 5	responsible for the operation of nursing services, including
	personnel and staff necessary	The critical access hospital defines the nurse executive's	determining the following:
	to provide nursing care for all	authority and responsibility in a written contract, written	- Nursing policies and procedure
	areas of the hospital.	agreement, letter, memorandum, job or position description,	- Types and numbers of nursing and other staff necessary to
		or other document.	provide nursing care for all areas of the hospital
		NR.01.02.01, EP 2	
		The nurse executive is currently licensed as a registered	
		professional nurse in the state in which they practice, in	
		accordance with law and regulation.	
		NR.02.01.01, EP 2	
		The nurse executive coordinates the following:	
		- The development of organizationwide programs, policies,	
		and procedures that address how nursing care needs of the	
		patient population are assessed, met, and evaluated.	
		Note: Examples of patient populations include pediatric,	
		diabetic, and geriatric patients.	
		- The development of an effective, ongoing program to	
		measure, analyze, and improve the quality of nursing care,	
		treatment, and services.	
		NR.02.01.01, EP 4	
		The nurse executive directs the following:	
		- The implementation of organizationwide plans to provide	
		nursing care, treatment, and services.	
		- The implementation of organizationwide programs,	
		policies, and procedures that address how nursing care	
		needs of the patient population are assessed, met, and	
		evaluated.	
		Note: Examples of patient populations include pediatric,	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		diabetic, and geriatric patients.	
		- The implementation of an effective, ongoing program to	
		measure, analyze, and improve the quality of nursing care,	
		treatment, and services.	
		NR.02.03.01, EP 2	
		The nurse executive implements nursing policies,	
		procedures, and standards that describe and guide how the	
		staff provide nursing care, treatment, and services.	
		NR.02.03.01, EP 3	
		The nurse executive provides access to all nursing policies,	
		procedures, and standards to the nursing staff.	
		NR.02.03.01, EP 4	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The nurse executive is responsible for the	
		provision of nursing services 24 hours a day, 7 days a week.	
		NR.02.03.01, EP 6	
		The nurse executive or designee exercises final authority over	
		staff who provide nursing care, treatment, and services.	
§482.23(b)	§482.23(b) Standard: Staffing	LD.03.06.01, EP 2	NPG.12.02.01, EP 5
	and Delivery of Care The	Leaders provide for a sufficient number and mix of	For rehabilitation and psychiatric distinct part units in critical
	nursing service must have	individuals to support safe, quality care, treatment, and	access hospitals: There is an adequate number of licensed
	adequate numbers of licensed	services.	registered nurses, licensed practical (vocational) nurses, and
	registered nurses, licensed	Note: The number and mix of individuals is appropriate to the	other staff to provide nursing care to all patients.
	practical (vocational) nurses,	scope and complexity of the services offered.	Note: To make certain the immediate availability of a
	and other personnel to provide		registered nurse for the care of any patient, there are
	nursing care to all patients as	NR.02.02.01, EP 1	supervisors and staff for each department or nursing unit.
	needed. There must be	The nurse executive, registered nurses, and other designated	
	supervisory and staff personnel	nursing staff write and approve the following before	
	for each department or nursing	implementation:	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	unit to ensure, when needed, the immediate availability of a registered nurse for the care of any patient.	<ul> <li>Standards of nursing practice for the critical access hospital</li> <li>Nursing standards of patient care, treatment, and services</li> <li>Nursing policies and procedures</li> <li>Nurse staffing plan(s)</li> </ul>	
		NR.02.03.01, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: The nurse executive is responsible for the provision of nursing services 24 hours a day, 7 days a week.	
		NR.02.03.01, EP 7 For rehabilitation and psychiatric distinct part units in critical access hospitals: A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week. Note: A registered nurse is immediately available for the provision of care of any patient.	
§482.23(b)(1)	(1) The hospital must provide 24-hour nursing services furnished or supervised by a registered nurse, and have a licensed practical nurse or registered nurse on duty at all times, except for rural hospitals that have in effect a 24-hour nursing waiver granted under \$488.54(c)of this chapter.	LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.  NR.02.03.01, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: The nurse executive is responsible for the	LD.13.03.01, EP 2 The critical access hospital has an organized nursing service, with a plan of administrative authority and delineation of responsibility for patient care, that provides nursing services to meet the needs of its patients.  Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-hour nursing waiver granted under 42 CFR 488.54(c) are not required to have 24-hour nursing services.
		provision of nursing services 24 hours a day, 7 days a week.  NR.02.03.01, EP 7  For rehabilitation and psychiatric distinct part units in critical access hospitals: A registered nurse provides or supervises the nursing services 24 hours a day, 7 days a week.	NPG.12.02.01, EP 4 A registered nurse provides (or assign to other staff) the nursing care of each patient, including patients at a skilled nursing facility level of care in a swing-bed critical access hospital. The care is provided in accordance with the patient's needs and the specialized qualifications and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: A registered nurse is immediately available for the	competence of the staff available.
		provision of care of any patient.	Note 1: For rehabilitation and psychiatric distinct part units in
			critical access hospitals: A registered nurse directly provides
			or supervises the nursing services provided by other staff to
			patients 24 hours a day, 7 days a week. The critical access
			hospital has a licensed practical nurse or registered nurse on
			duty at all times.
			Note 2: For rehabilitation and psychiatric distinct part units in
			critical access hospitals: Rural hospitals with a 24-hour
			nursing waiver granted under 42 CFR 488.54(c) are not
			required to have 24-hour nursing services.
§482.23(b)(2)	(2) The nursing service must	HR.01.01.01, EP 2	HR.11.01.03, EP 3
	have a procedure to ensure that	The critical access hospital verifies and documents the	The critical access hospital develops and implements a
	hospital nursing personnel for	following:	procedure to verify and document the following:
	whom licensure is required	- Credentials of staff using the primary source when	- Credentials of staff using the primary source when
	have valid and current	licensure, certification, or registration is required by law and	licensure, certification, or registration is required by federal,
	licensure.	regulation to practice their profession. This is done at the	state, or local law and regulation. This is done at the time of
		time of hire and at the time credentials are renewed.	hire and at the time credentials are renewed.
		- Credentials of staff (primary source not required) when	- Credentials of staff (primary source not required) when
		licensure, certification, or registration is not required by law	licensure, certification, or registration is not required by law
		and regulation. This is done at the time of hire and at the time	and regulation. This is done at the time of hire and at the time
		credentials are renewed.	credentials are renewed.
		Note 1: It is acceptable to verify current licensure,	Note 1: It is acceptable to verify current licensure,
		certification, or registration with the primary source via a	certification, or registration with the primary source via a
		secure electronic communication or by telephone, if this	secure electronic communication or by telephone, if this
		verification is documented.	verification is documented.
		Note 2: A primary verification source may designate another	Note 2: A primary verification source may designate another
		agency to communicate credentials information. The	agency to communicate credentials information. The
		designated agency can then be used as a primary source.	designated agency can then be used as a primary source.
		Note 3: An external organization (for example, a credentials	Note 3: An external organization (for example, a credentials
		verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO	verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO
		guidelines identified in the Glossary.	guidelines identified in the Glossary.

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			Note 4: The critical access hospital determines the required
			qualifications for staff based on job responsibilities.
§482.23(b)(3)	(3) A registered nurse must	NR.02.01.01, EP 2	NR.11.01.01, EP 4
	supervise and evaluate the	The nurse executive coordinates the following:	A registered nurse (or physician assistant, when permitted by
	nursing care for each patient.	- The development of organizationwide programs, policies,	state law) supervises and evaluates the nursing care for each
		and procedures that address how nursing care needs of the	patient, including patients at a skilled nursing facility-level of
		patient population are assessed, met, and evaluated.	care in a swing-bed critical access hospital.
		Note: Examples of patient populations include pediatric,	
		diabetic, and geriatric patients.	
		- The development of an effective, ongoing program to	
		measure, analyze, and improve the quality of nursing care,	
		treatment, and services.	
		NR.02.01.01, EP 4	
		The nurse executive directs the following:	
		- The implementation of organizationwide plans to provide	
		nursing care, treatment, and services.	
		- The implementation of organizationwide programs,	
		policies, and procedures that address how nursing care	
		needs of the patient population are assessed, met, and	
		evaluated.	
		Note: Examples of patient populations include pediatric,	
		diabetic, and geriatric patients.	
		- The implementation of an effective, ongoing program to	
		measure, analyze, and improve the quality of nursing care,	
		treatment, and services.	
		NR.02.03.01, EP 4	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The nurse executive is responsible for the	
		provision of nursing services 24 hours a day, 7 days a week.	
		NR.02.03.01, EP 7	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: A registered nurse provides or supervises	
		the nursing services 24 hours a day, 7 days a week.	
		Note: A registered nurse is immediately available for the	
		provision of care of any patient.	
		PC.01.02.03, EP 6	
		A registered nurse completes a nursing assessment within	
		24 hours after the patient's inpatient admission.	
		PC.01.02.05, EP 1	
		Based on the initial assessment, a registered nurse	
		determines the patient's need for nursing care, as required	
		by critical access hospital policy and law and regulation.	
		Note: Physician assistants may assess the patient's need for	
		nursing care where permitted by state law.	
		PC.02.01.01, EP 5	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: A registered nurse supervises and	
		evaluates the nursing care for each patient.	
		PC.03.01.01, EP 5	
		A registered nurse supervises perioperative nursing care.	
		Note: Qualified registered nurses may perform circulating	
		duties in the operating room. In accordance with state law	
		and regulation and critical access hospital policy, licensed	
		practical nurses and surgical technologists may assist the	
		circulating registered nurse in performing circulatory duties	
		as long as the registered nurse supervises these staff and is	
		immediately available to respond to emergencies.	
§482.23(b)(4)	(4) The hospital must ensure	NR.02.03.01, EP 2	PC.11.03.01, EP 1
	that the nursing staff develops,	The nurse executive implements nursing policies,	The critical access hospital develops, implements, and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	and keeps current, a nursing	procedures, and standards that describe and guide how the	revises a written individualized plan of care based on the
	care plan for each patient that	staff provide nursing care, treatment, and services.	following:
	reflects the patient's goals and		- Needs identified by the patient's assessment,
	the nursing care to be provided	PC.01.02.03, EP 3	reassessment, and results of diagnostic testing
	to meet the patient's needs.	Each patient is reassessed as necessary based on their plan	- The patient's goals and the time frames, settings, and
	The nursing care plan may be	for care or changes in their condition.	services required to meet those goals
	part of an interdisciplinary care	Note 1: Reassessments may also be based on the patient's	Note 1: Nursing staff develops and keeps current a nursing
	plan.	diagnosis; desire for care, treatment, and services; response	plan of care, which may be a part of an interdisciplinary plan
		to previous care, treatment, and services; discharge planning	of care, for each inpatient.
		needs; and/or their setting requirements.	Note 2: The hospital evaluates the patient's progress and
		Note 2: For rehabilitation distinct part units in critical access	revises the plan of care based on the patient's progress.
		hospitals: The Centers for Medicare & Description (1997) and the Centers for Medicare & Descript	Note 3: For rehabilitation distinct part units in critical access
		Services requires that a physician with specialized training	hospitals: The plan is reviewed and revised as needed by a
		and experience in inpatient rehabilitation conducts at least	physician in consultation with other professional staff who
		three face-to-face patient visits per week.	provide services to the patient.
		PC.01.02.03, EP 6	
		A registered nurse completes a nursing assessment within	
		24 hours after the patient's inpatient admission.	
		PC.01.02.05, EP 1	
		Based on the initial assessment, a registered nurse	
		determines the patient's need for nursing care, as required	
		by critical access hospital policy and law and regulation.	
		Note: Physician assistants may assess the patient's need for	
		nursing care where permitted by state law.	
		PC.01.03.01, EP 1	
		The critical access hospital plans the patient's care,	
		treatment, and services based on needs identified by the	
		patient's assessment, reassessment, and results of	
		diagnostic testing.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PC.01.03.01, EP 5 The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.  Note: For psychiatric distinct part units in critical access hospitals: The patient's goals include both short- and long-term goals.  PC.01.03.01, EP 23	
		The critical access hospital revises plans and goals for care,	
§482.23(b)(5)	(5) A registered nurse must	treatment, and services based on the patient's needs.  HR.01.01.01, EP 1	NR.11.01.01, EP 1
9462.23(D)(S)	assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.	The critical access hospital defines staff qualifications specific to their job responsibilities.  Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).  Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix B for 409.17 requirements.	For rehabilitation and psychiatric distinct part units in critical access hospitals: A registered nurse assigns the nursing care for each patient to other nursing staff in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available.
		HR.01.06.01, EP 1 The critical access hospital defines the competencies it	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		requires of its staff who provide patient care, treatment, or	
		services.	
		HR.01.06.01, EP 3	
		An individual with the educational background, experience,	
		or knowledge related to the skills being reviewed assesses	
		competence.	
		Note: When a suitable individual cannot be found to assess	
		staff competence, the critical access hospital can utilize an	
		outside individual for this task. If a suitable individual inside	
		or outside the critical access hospital cannot be found, the critical access hospital may consult the competency	
		guidelines from an appropriate professional organization to	
		make its assessment.	
		make its assessment.	
		HR.01.06.01, EP 5	
		Staff competence is initially assessed and documented as	
		part of orientation.	
		HR.01.06.01, EP 6	
		Staff competence is assessed and documented once every	
		three years, or more frequently as required by critical access	
		hospital policy or in accordance with law and regulation.	
		NR.02.01.01, EP 2	
		The nurse executive coordinates the following:	
		- The development of organizationwide programs, policies,	
		and procedures that address how nursing care needs of the	
		patient population are assessed, met, and evaluated.  Note: Examples of patient populations include pediatric,	
		diabetic, and geriatric patients.	
		- The development of an effective, ongoing program to	
		measure, analyze, and improve the quality of nursing care,	
		measure, analyze, and improve the quality of hursing care,	<u> </u>

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		treatment, and services.	
		NR.02.01.01, EP 4	
		The nurse executive directs the following:	
		- The implementation of organizationwide plans to provide	
		nursing care, treatment, and services.	
		- The implementation of organizationwide programs,	
		policies, and procedures that address how nursing care	
		needs of the patient population are assessed, met, and	
		evaluated.	
		Note: Examples of patient populations include pediatric,	
		diabetic, and geriatric patients.	
		- The implementation of an effective, ongoing program to	
		measure, analyze, and improve the quality of nursing care,	
		treatment, and services.	
		NR.02.03.01, EP 2	
		The nurse executive implements nursing policies,	
		procedures, and standards that describe and guide how the	
		staff provide nursing care, treatment, and services.	
		NR.02.03.01, EP 8	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: A registered nurse assigns the nursing care	
		for each patient to other nursing personnel in accordance	
		with the patient's needs and the qualifications and	
		competence of the nursing staff available.	
§482.23(b)(6)	(6) All licensed nurses who	HR.01.04.01, EP 1	NR.11.01.01, EP 2
	provide services in the hospital	The critical access hospital orients its staff to the key safety	For rehabilitation and psychiatric distinct part units in critical
	must adhere to the policies and	content it identifies before staff provides care, treatment,	access hospitals: All licensed nurses who provide services in
	procedures of the hospital. The	and services. Completion of this orientation is documented.	the critical access hospital adhere to its policies and
	director of nursing service must	Note: Key safety content may include specific processes and	procedures.
	provide for the adequate	procedures related to the provision of care, treatment, or	Note: This applies to all nursing staff providing services (that

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	supervision and evaluation of	services; the environment of care; and infection control.	is, hospital employee, contract, lease, other agreement, or
	the clinical activities of all		volunteer).
	nursing personnel which occur	HR.01.06.01, EP 3	
	within the responsibility of the	An individual with the educational background, experience,	NR.11.01.01, EP 3
	nursing services, regardless of	or knowledge related to the skills being reviewed assesses	The nurse executive provides for the supervision and
	the mechanism through which	competence.	evaluation of the clinical activities of all nursing staff in
	those personnel are providing	Note: When a suitable individual cannot be found to assess staff competence, the critical access hospital can utilize an	accordance with nursing policies and procedures.  Note: This applies to all nursing staff who are providing
	services (that is, hospital employee, contract, lease,	outside individual for this task. If a suitable individual inside	services (that is, hospital employee, contract, lease, other
	other agreement, or volunteer).	or outside the critical access hospital cannot be found, the	agreement, or volunteer).
	other agreement, or votanteer).	critical access hospital may consult the competency	agroomone, or vocantoory.
		guidelines from an appropriate professional organization to	
		make its assessment.	
		HR.01.06.01, EP 5	
		Staff competence is initially assessed and documented as	
		part of orientation.	
		LD.04.03.09, EP 2	
		The critical access hospital describes, in writing, the nature	
		and scope of services provided through contractual	
		agreements.	
		LD.04.03.09, EP 6	
		Leaders monitor contracted services by evaluating these	
		services in relation to the critical access hospital's	
		expectations.	
		LD.04.03.09, EP 7	
		Leaders take steps to improve contracted services that do	
		not meet expectations.	
		Note: Examples of improvement efforts to consider include	
		the following:	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Increase monitoring of the contracted services	
		- Provide consultation or training to the contractor	
		- Renegotiate the contract terms	
		- Apply defined penalties	
		- Terminate the contract	
		NR.02.01.01, EP 4	
		The nurse executive directs the following:	
		- The implementation of organizationwide plans to provide	
		nursing care, treatment, and services.	
		- The implementation of organizationwide programs,	
		policies, and procedures that address how nursing care	
		needs of the patient population are assessed, met, and	
		evaluated.	
		Note: Examples of patient populations include pediatric,	
		diabetic, and geriatric patients.	
		- The implementation of an effective, ongoing program to	
		measure, analyze, and improve the quality of nursing care,	
		treatment, and services.	
		NR.02.03.01, EP 2	
		The nurse executive implements nursing policies,	
		procedures, and standards that describe and guide how the	
		staff provide nursing care, treatment, and services.	
		NR.02.03.01, EP 3	
		The nurse executive provides access to all nursing policies,	
		procedures, and standards to the nursing staff.	
§482.23(b)(7)	(7) The hospital must have		NPG.12.02.01, EP 7
	policies and procedures in		For rehabilitation and psychiatric distinct part units in critical
	place establishing which		access hospitals: The hospital has policies and procedures
	outpatient departments, if any,		that establish which outpatient departments, if any, are not
	are not required under hospital		required to have a registered nurse present. The policies and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	policy to have a registered		procedures meet the following requirements:
	nurse present. The policies and		- Establish criteria that such outpatient departments need to
	procedures must:		meet, taking into account the types of services provided, the
			general level of acuity of patients served by the department,
			and established standards of practice for the services
			provided
			- Describe alternative staffing plans
			- Are approved by the nurse executive
			- Are reviewed at least once every three years
§482.23(b)(7)(i)	(i) Establish the criteria such		NPG.12.02.01, EP 7
	outpatient departments must		For rehabilitation and psychiatric distinct part units in critical
	meet, taking into account the		access hospitals: The hospital has policies and procedures
	types of services delivered, the		that establish which outpatient departments, if any, are not
	general level of acuity of		required to have a registered nurse present. The policies and
	patients served by the		procedures meet the following requirements:
	department, and the		- Establish criteria that such outpatient departments need to
	established standards of		meet, taking into account the types of services provided, the
	practice for the services		general level of acuity of patients served by the department,
	delivered;		and established standards of practice for the services
			provided
			- Describe alternative staffing plans
			- Are approved by the nurse executive
			- Are reviewed at least once every three years
§482.23(b)(7)(ii)	(ii) Establish alternative staffing		NPG.12.02.01, EP 7
	plans;		For rehabilitation and psychiatric distinct part units in critical
			access hospitals: The hospital has policies and procedures
			that establish which outpatient departments, if any, are not
			required to have a registered nurse present. The policies and
			procedures meet the following requirements:
			- Establish criteria that such outpatient departments need to
			meet, taking into account the types of services provided, the
			general level of acuity of patients served by the department,
			and established standards of practice for the services

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			provided
			- Describe alternative staffing plans
			- Are approved by the nurse executive
			- Are reviewed at least once every three years
§482.23(b)(7)(iii)	(iii) Be approved by the director		NPG.12.02.01, EP 7
	of nursing;		For rehabilitation and psychiatric distinct part units in critical
			access hospitals: The hospital has policies and procedures
			that establish which outpatient departments, if any, are not
			required to have a registered nurse present. The policies and
			procedures meet the following requirements:
			- Establish criteria that such outpatient departments need to
			meet, taking into account the types of services provided, the
			general level of acuity of patients served by the department,
			and established standards of practice for the services
			provided
			- Describe alternative staffing plans
			- Are approved by the nurse executive
			- Are reviewed at least once every three years
§482.23(b)(7)(iv)	(iv) Be reviewed at least once		NPG.12.02.01, EP 7
	every 3 years.		For rehabilitation and psychiatric distinct part units in critical
			access hospitals: The hospital has policies and procedures
			that establish which outpatient departments, if any, are not
			required to have a registered nurse present. The policies and
			procedures meet the following requirements:
			- Establish criteria that such outpatient departments need to
			meet, taking into account the types of services provided, the
			general level of acuity of patients served by the department,
			and established standards of practice for the services
			provided
			- Describe alternative staffing plans
			- Are approved by the nurse executive
			- Are reviewed at least once every three years

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.23(c)	(c) Standard: Preparation and	MM.05.01.09, EP 2	
	administration of drugs.	Information on medication labels is displayed in a	
		standardized format, in accordance with law and regulation	
		and standards of practice.	
		Note: This element of performance is also applicable to	
		sample medications.	
		MM.05.01.09, EP 3	
		All medications prepared in the critical access hospital are	
		correctly labeled with the following:	
		- Medication name, strength, and amount (if not apparent	
		from the container)	
		Note: This is also applicable to sample medications.	
		- Expiration date when not used within 24 hours	
		- Expiration date and time when expiration occurs in less	
		than 24 hours	
		- The date prepared and the diluent for all compounded	
		intravenous admixtures and parenteral nutrition formulas	
		MM.05.01.11, EP 2	
		The critical access hospital dispenses medications and	
		maintains records in accordance with law and regulation,	
		licensure, and professional standards of practice.	
		Note 1: Dispensing practices and recordkeeping include	
		antidiversion strategies.	
		Note 2: This element of performance is also applicable to	
		sample medications.	
		MM.05.01.11, EP 3	
		The critical access hospital dispenses medications within	
		time frames it defines to meet patient needs.	
		MM.06.01.01, EP 1	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Only authorized clinical staff administer medications. The	
		critical access hospital defines, in writing, those who are	
		authorized to administer medication, with or without	
		supervision, in accordance with law and regulation.	
		Note: This does not prohibit self-administration of	
		medications by patients, when indicated.	
		MM.06.01.01, EP 3	
		Before administration, the individual administering the	
		medication does the following:	
		- Verifies that the medication selected matches the	
		medication order and product label	
		- Visually inspects the medication for particulates,	
		discoloration, or other loss of integrity	
		- Verifies that the medication has not expired	
		- Verifies that no contraindications exist	
		- Verifies that the medication is being administered at the	
		proper time, in the prescribed dose, and by the correct route	
		- Discusses any unresolved concerns about the medication	
		with the patient's physician or other licensed practitioner,	
		prescriber (if different from the physician or other licensed	
		practitioner), and/or staff involved with the patient's care,	
		treatment, and services	
		MM.06.01.01, EP 9	
		Before administering a new medication, the patient or family	
		is informed about any potential clinically significant adverse	
		drug reactions or other concerns regarding administration of	
		a new medication.	
§482.23(c)(1)	(1) Drugs and biologicals must	HR.01.06.01, EP 1	MM.16.01.01, EP 1
	be prepared and administered	The critical access hospital defines the competencies it	Drugs and biologicals are prepared and administered in
	in accordance with Federal and	requires of its staff who provide patient care, treatment, or	accordance with federal and state laws, the orders of the
	State laws, the orders of the	services.	licensed practitioner or practitioners responsible for the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	practitioner or practitioners		patient's care, and accepted standards of practice.
	responsible for the patient's	HR.01.06.01, EP 3	For rehabilitation and psychiatric distinct part units in critical
	care, and accepted standards	An individual with the educational background, experience,	access hospitals: Drugs and biologicals may be prepared
	of practice.	or knowledge related to the skills being reviewed assesses	and administered as follows:
		competence.	- On the orders of other practitioners not specified under 42
		Note: When a suitable individual cannot be found to assess	CFR 482.12(c) only if such practitioners are acting in
		staff competence, the critical access hospital can utilize an	accordance with state law, including scope-of-practice laws,
		outside individual for this task. If a suitable individual inside	hospital policies, and medical staff bylaws, rules, and
		or outside the critical access hospital cannot be found, the	regulations.
		critical access hospital may consult the competency	- On the orders contained within preprinted and electronic
		guidelines from an appropriate professional organization to	standing orders, order sets, and protocols for patient orders
		make its assessment.	only if such orders meet the requirements of 42 CFR
		HR.01.06.01, EP 5	482.24(c)(3).
		Staff competence is initially assessed and documented as	
		part of orientation.	
		part of officiation.	
		HR.01.06.01, EP 6	
		Staff competence is assessed and documented once every	
		three years, or more frequently as required by critical access	
		hospital policy or in accordance with law and regulation.	
		MM.04.01.01, EP 1	
		The critical access hospital follows a written policy that	
		identifies the specific types of medication orders that it	
		deems acceptable for use.	
		Note: There are several different types of medication orders.	
		Medication orders commonly used include the following:	
		- As needed (PRN) orders: Orders acted on based on the	
		occurrence of a specific indication or symptom	
		- Standing orders: A prewritten medication order and specific	
		instructions from the physician or other licensed practitioner	
		to administer a medication to a person in clearly defined	

CoP Requirement (	CoP Text	Current EP Mapping	Future State EP Mapping
		circumstances	
		- Automatic stop orders: Orders that include a date or time to	
		discontinue a medication	
		- Titrating orders: Orders in which the dose is either	
		progressively increased or decreased in response to the	
		patient's status	
		- Taper orders: Orders in which the dose is decreased by a	
		particular amount with each dosing interval	
		- Range orders: Orders in which the dose or dosing interval	
		varies over a prescribed range, depending on the situation or	
		patient's status	
		- Signed and held orders: New prewritten (held) medication	
		orders and specific instructions from a physician or other	
		licensed practitioner to administer medication(s) to a patient	
		in clearly defined circumstances that become active upon	
		the release of the orders on a specific date(s) and time(s)	
		- Orders for compounded drugs or drug mixtures not	
		commercially available	
		- Orders for medication-related devices (for example,	
		nebulizers, catheters)	
		- Orders for investigational medications	
		- Orders for herbal products	
		- Orders for medications at discharge or transfer	
		MM.04.01.01, EP 2	
		The critical access hospital follows a written policy that	
		defines the following:	
		- The minimum required elements of a complete medication	
		order, which must include medication name, medication	
		dose, medication route, and medication frequency	
		- When indication for use is required on a medication order	
		- The precautions for ordering medications with look-alike or	
		sound-alike names	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Actions to take when medication orders are incomplete,	
		illegible, or unclear	
		- For medication titration orders, required elements include	
		the medication name, medication route, initial rate of	
		infusion (dose/unit of time), incremental units to which the	
		rate or dose can be increased or decreased, how often the	
		rate or dose can be changed, the maximum rate or dose of	
		infusion, and the objective clinical measure to be used to	
		guide changes	
		Note: Examples of objective clinical measures to be used to	
		guide titration changes include blood pressure, Richmond	
		Agitation–Sedation Scale (RASS), and the Confusion	
		Assessment Method (CAM).	
		MM.05.01.01, EP 1	
		Before dispensing or removing medications from floor stock	
		or from an automated storage and distribution device, a	
		pharmacist reviews all medication orders or prescriptions	
		unless a physician or other licensed practitioner controls the	
		ordering, preparation, and administration of the medication	
		or when a delay would harm the patient in an urgent situation	
		(including sudden changes in a patient's clinical status), in	
		accordance with law and regulation.	
		Note 1: The Joint Commission permits emergency	
		departments to broadly apply two exceptions in regard to	
		Standard MM.05.01.01, EP 1. These exceptions are intended	
		to minimize treatment delays and patient backup. The first	
		exception allows medications ordered by a physician or	
		other licensed practitioner to be administered by staff who	
		are permitted to do so by virtue of education, training, and	
		organization policy (such as a registered nurse) and in	
		accordance with law and regulation. A physician or other	
		licensed practitioner is not required to remain at the bedside	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		when the medication is administered. However, a physician	
		or other licensed practitioner must be available to provide	
		immediate intervention should a patient experience an	
		adverse drug event. The second exception allows	
		medications to be administered in urgent situations when a	
		delay in doing so would harm the patient.	
		Note 2: A critical access hospital's radiology service	
		(including critical access hospital–associated ambulatory	
		radiology) will be expected to define, through protocol or	
		policy, the role of the physician or other licensed practitioner	
		in the direct supervision of a patient during and after IV	
		contrast media is administered including the physician's or	
		other licensed practitioner's timely intervention in the event	
		of a patient emergency.	
		MM.05.01.01, EP 4	
		All medication orders are reviewed for the following:	
		- Patient allergies or potential sensitivities	
		- Existing or potential interactions between the medication	
		ordered and food and medications the patient is currently	
		taking	
		- The appropriateness of the medication, dose, frequency,	
		and route of administration	
		- Current or potential impact as indicated by laboratory	
		values	
		- Therapeutic duplication	
		- Other contraindications	
		MM.05.01.01, EP 11	
		After the medication order has been reviewed, all concerns,	
		issues, or questions are clarified with the individual	
		prescriber before dispensing.	
		presentati before dispensing.	
			<u> </u>

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	MS.03.01.01, EP 2	
	Physicians and other licensed practitioners practice only	
	within the scope of their privileges as determined through	
	mechanisms defined by the organized medical staff.	
	PC.02.01.03, EP 1	
	Prior to providing care, treatment, and services, the critical	
	access hospital obtains or renews orders (verbal or written)	
	from a physician or other licensed practitioner in accordance	e
	with professional standards of practice; law and regulation;	
	critical access hospital policies; and medical staff bylaws,	
	rules, and regulations.	
	Note 1: For rehabilitation and psychiatric distinct part units	in
	critical access hospitals: Outpatient services may be	
	ordered by a physician or other licensed practitioner not	
	appointed to the medical staff as long as the practitioner	
	meets the following:	
	- Responsible for the care of the patient	
	- Licensed to practice in the state where the practitioner	
	provides care to the patient or in accordance with Veterans	
	Administration and Department of Defense licensure	
	requirements	
	- Acting within the practitioner's scope of practice under	
	state law	
	- Authorized in accordance with state law and policies	
	adopted by the medical staff and approved by the governing	;
	body to order the applicable outpatient services	
	Note 2: Patient diets, including therapeutic diets, are ordere	d
	by the physician or other licensed practitioner responsible	
	for the patient's care, or by a qualified dietitian or qualified	
	nutrition professional who is authorized by the medical staf	
	and acting in accordance with state law governing dietitians	
	and nutrition professionals. The requirement of 42 CFR	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		483.25(i) is met for inpatients receiving care at a skilled	
		nursing facility subsequent to critical access hospital care.	
§482.23(c)(1)(i)	(i) Drugs and biologicals may be	MS.03.01.01, EP 2	MM.16.01.01, EP 1
	prepared and administered on	Physicians and other licensed practitioners practice only	Drugs and biologicals are prepared and administered in
	the orders of other practitioners	within the scope of their privileges as determined through	accordance with federal and state laws, the orders of the
	not specified under §482.12(c)	mechanisms defined by the organized medical staff.	licensed practitioner or practitioners responsible for the
	only if such practitioners are		patient's care, and accepted standards of practice.
	acting in accordance with State		For rehabilitation and psychiatric distinct part units in critical
	law, including scope-of-		access hospitals: Drugs and biologicals may be prepared
	practice laws, hospital policies, and medical staff bylaws, rules,		and administered as follows: - On the orders of other practitioners not specified under 42
	and regulations.		CFR 482.12(c) only if such practitioners are acting in
	and regulations.		accordance with state law, including scope-of-practice laws,
			hospital policies, and medical staff bylaws, rules, and
			regulations.
			- On the orders contained within preprinted and electronic
			standing orders, order sets, and protocols for patient orders
			only if such orders meet the requirements of 42 CFR
			482.24(c)(3).
§482.23(c)(1)(ii)	(ii) Drugs and biologicals may	MM.04.01.01, EP 15	MM.16.01.01, EP 1
	be prepared and administered	For rehabilitation and psychiatric distinct part units in critical	Drugs and biologicals are prepared and administered in
	on the orders contained within	access hospitals: Processes for the use of preprinted and	accordance with federal and state laws, the orders of the
	pre-printed and electronic	electronic standing orders, order sets, and protocols for	licensed practitioner or practitioners responsible for the
	standing orders, order sets, and	medication orders include the following:	patient's care, and accepted standards of practice.
	protocols for patient orders	- Review and approval of standing orders and protocols by	For rehabilitation and psychiatric distinct part units in critical
	only if such orders meet the	the medical staff and the critical access hospital's nursing	access hospitals: Drugs and biologicals may be prepared
	requirements of §482.24(c)(3).	and pharmacy leadership	and administered as follows:
		- Evaluation of established standing orders and protocols for	- On the orders of other practitioners not specified under 42
		consistency with nationally recognized and evidence-based	CFR 482.12(c) only if such practitioners are acting in
		guidelines	accordance with state law, including scope-of-practice laws,
		- Regular review of such standing orders and protocols by the	hospital policies, and medical staff bylaws, rules, and
		medical staff and the critical access hospital's nursing and	regulations.
		pharmacy leadership to determine the continuing usefulness	- On the orders contained within preprinted and electronic

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		and safety of the standing orders and protocols  - Dating, timing, and authenticating of standing orders and protocols by the ordering physician or other licensed practitioner or another licensed practitioner responsible for the patient's care in accordance with professional standards of practice; law and regulation; hospital policies; and medical staff bylaws, rules, and regulations.	standing orders, order sets, and protocols for patient orders only if such orders meet the requirements of 42 CFR 482.24(c)(3).
		MS.03.01.01, EP 2 Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.	
§482.23(c)(2)	(2) All drugs and biologicals must be administered by, or under supervision of, nursing or other personnel in accordance with Federal and State laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.	LD.04.01.07, EP 1  Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, and services.  MM.06.01.01, EP 1  Only authorized clinical staff administer medications. The critical access hospital defines, in writing, those who are authorized to administer medication, with or without supervision, in accordance with law and regulation.  Note: This does not prohibit self-administration of medications by patients, when indicated.  MS.03.01.01, EP 2  Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.	MM.16.01.01, EP 2 Drugs, biologicals, and intravenous medications are administered by, or under the supervision of, a registered nurse, a doctor of medicine or osteopathy, or, where permitted by state law, a physician assistant.  Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: Drugs and biologicals are administered by, or under supervision of, nursing or other staff in accordance with federal and state laws and regulations, including applicable licensing requirements, and in accordance with the approved medical staff policies and procedures.
§482.23(c)(3)	(3) With the exception of influenza and pneumococcal vaccines, which may be administered per physician-	HR.01.02.07, EP 2 Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation.	MM.14.01.01, EP 1 Orders for drugs and biologicals are documented and signed by any practitioner who is authorized to write orders in accordance with state law, hospital policy, and medical staff

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	approved hospital policy after		bylaws, rules, and regulations.
	an assessment of	MM.04.01.01, EP 2	Note: Influenza and pneumococcal vaccines may be
	contraindications, orders for	The critical access hospital follows a written policy that	administered per physician-approved hospital policy after an
	drugs and biologicals must be	defines the following:	assessment of contraindications.
	documented and signed by a	- The minimum required elements of a complete medication	
	practitioner who is authorized	order, which must include medication name, medication	
	to write orders in accordance	dose, medication route, and medication frequency	
	with State law and hospital	- When indication for use is required on a medication order	
	policy, and who is responsible	- The precautions for ordering medications with look-alike or	
	for the care of the patient.	sound-alike names	
		- Actions to take when medication orders are incomplete,	
		illegible, or unclear	
		- For medication titration orders, required elements include	
		the medication name, medication route, initial rate of	
		infusion (dose/unit of time), incremental units to which the	
		rate or dose can be increased or decreased, how often the	
		rate or dose can be changed, the maximum rate or dose of	
		infusion, and the objective clinical measure to be used to	
		guide changes	
		Note: Examples of objective clinical measures to be used to	
		guide titration changes include blood pressure, Richmond	
		Agitation–Sedation Scale (RASS), and the Confusion	
		Assessment Method (CAM).	
		MM.04.01.01, EP 14	
		The critical access hospital requires an order from a doctor	
		of medicine or osteopathy or, as permitted by law and	
		regulation, a critical access hospital–specific protocol(s)	
		approved by a doctor of medicine or osteopathy to	
		administer influenza and pneumococcal vaccines.	
		PC.02.01.03, EP 1	
		Prior to providing care, treatment, and services, the critical	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access hospital obtains or renews orders (verbal or written)	
	!	from a physician or other licensed practitioner in accordance	
	'	with professional standards of practice; law and regulation;	
	'	critical access hospital policies; and medical staff bylaws,	
	'	rules, and regulations.	
	'	Note 1: For rehabilitation and psychiatric distinct part units in	
	!	critical access hospitals: Outpatient services may be	
	'	ordered by a physician or other licensed practitioner not	
	!	appointed to the medical staff as long as the practitioner	
	'	meets the following:	
	!	- Responsible for the care of the patient	
	'	- Licensed to practice in the state where the practitioner	
	!	provides care to the patient or in accordance with Veterans	
	'	Administration and Department of Defense licensure	
	!	requirements	
	!	- Acting within the practitioner's scope of practice under	
	'	state law	
	'	- Authorized in accordance with state law and policies	
	'	adopted by the medical staff and approved by the governing	
	!	body to order the applicable outpatient services	
	'	Note 2: Patient diets, including therapeutic diets, are ordered	
	!	by the physician or other licensed practitioner responsible	
	!	for the patient's care, or by a qualified dietitian or qualified	
	!	nutrition professional who is authorized by the medical staff	
	'	and acting in accordance with state law governing dietitians	
	1	and nutrition professionals. The requirement of 42 CFR 483.25(i) is met for inpatients receiving care at a skilled	
	'	nursing facility subsequent to critical access hospital care.	
		nursing racinty subsequent to childat access hospital care.	
		RC.01.02.01, EP 4	
	1	Entries in the medical record are authenticated by the	
	'	author. Information introduced into the medical record	
	'	through transcription or dictation is authenticated by the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		author.	
		Note 1: Authentication can be verified through electronic	
		signatures, written signatures or initials, rubber-stamp	
		signatures, or computer key.	
		Note 2: For paper-based records, signatures entered for	
		purposes of authentication after transcription or for verbal	
		orders are dated when required by law or regulation or	
		critical access hospital policy. For electronic records,	
		electronic signatures will be date-stamped.	
		Note 3: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: All orders, including verbal orders,	
		are dated and authenticated by the ordering physician or	
		other licensed practitioner who is responsible for the care of	
		the patient, and who, in accordance with critical access	
		hospital policy; law and regulation; and medical staff bylaws,	
		rules, and regulations, is authorized to write orders.	
		RC.01.02.01, EP 5	
		The individual identified by the signature stamp or method of	
		electronic authentication is the only individual who uses it.	
		RC.02.01.01, EP 2	
		The medical record contains the following clinical	
		information:	
		- The reason(s) for admission for care, treatment, and	
		services	
		- The patient's initial diagnosis, diagnostic impression(s), or	
		condition(s)	
		- Any findings of assessments and reassessments	
		- Any allergies to food	
		- Any allergies to medications	
		- Any conclusions or impressions drawn from the patient's	
		medical history and physical examination	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Any diagnoses or conditions established during the	
		patient's course of care, treatment, and services (including	
		complications and hospital-acquired infections). For	
		psychiatric distinct part units in critical access hospitals: The	
		diagnosis includes intercurrent diseases (diseases that	
		occur during the course of another disease; for example, a	
		patient with AIDS may develop an intercurrent bout of	
		pneumonia) and the psychiatric diagnoses.	
		- Any consultation reports	
		- Any observations relevant to care, treatment, and services	
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
		- Any medications administered, including the strength,	
		dose, route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		critical access hospital defines in policy the urgent/emergent	
		situations in which block charting would be an acceptable	
		form of documentation.	
		Note 2: For the definition and a further explanation of block	
		charting, refer to the Glossary.	
		- Any access site for medication, administration devices	
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		RC.02.03.07, EP 4	
		Verbal orders are authenticated within the time frame	
	<u> </u>	specified by law and regulation.	
§482.23(c)(3)(i)	(i) If verbal orders are used, they	MM.04.01.01, EP 6	MM.14.01.01, EP 2
	are to be used infrequently.	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The critical access hospital minimizes the	access hospitals: The critical access hospital minimizes the
0.422.224.1421(11)		use of verbal and telephone medication orders.	use of verbal and telephone medication orders.
§482.23(c)(3)(ii)	(ii) When verbal orders are	HR.01.02.07, EP 2	RC.12.02.01, EP 1
	used, they must only be	Staff who provide patient care, treatment, and services	Only staff authorized by critical access hospital policies and
	accepted by persons who are	practice within the scope of their license, certification, or	procedures consistent with federal and state law accept and
	authorized to do so by hospital policy and procedures	registration and as required by law and regulation.	record verbal orders.
	consistent with Federal and	RC.02.03.07, EP 1	
	State law.	The critical access hospital identifies, in writing, the staff	
		who are authorized to receive and record verbal orders, in	
		accordance with law and regulation.	
		RC.02.03.07, EP 2	
		Only authorized staff receive and record verbal orders.	
		RC.02.03.07, EP 3	
		Documentation of verbal orders includes the date and the	
		names of individuals who gave, received, recorded, and	
		implemented the orders.	
		RC.02.03.07, EP 4	
		Verbal orders are authenticated within the time frame	
		specified by law and regulation.	
		RC.02.03.07, EP 6	
		For rehabilitation and psychiatric distinct part units in critical	

CoP Text	Current EP Mapping	Future State EP Mapping
	access hospitals: Documentation of verbal orders includes	
	the time the verbal order was received.	
(iii) Orders for drugs and	RC.01.02.01, EP 1	MM.14.01.01, EP 1
biologicals may be	Only authorized individuals make entries in the medical	Orders for drugs and biologicals are documented and signed
	record.	by any practitioner who is authorized to write orders in
		accordance with state law, hospital policy, and medical staff
ı ·		bylaws, rules, and regulations.
	•	Note: Influenza and pneumococcal vaccines may be
		administered per physician-approved hospital policy after an
1	countersigning, in accordance with law and regulation.	assessment of contraindications.
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regulations.		
	•	
	medicat record.	
	RC.01.02.01, EP 4	
	author. Information introduced into the medical record	
	through transcription or dictation is authenticated by the	
	author.	
	Note 1: Authentication can be verified through electronic	
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	·	
	(iii) Orders for drugs and	access hospitals: Documentation of verbal orders includes the time the verbal order was received.  (iii) Orders for drugs and biologicals may be documented and signed by other practitioners only if such practitioners are acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.  RC.01.02.01, EP 2 The critical access hospital defines the types of entries in the medical record made by licensed practitioners that require countersigning, in accordance with law and regulation.  RC.01.02.01, EP 3 The author of each medical record entry is identified in the medical record.  RC.01.02.01, EP 4 Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		hospital policy; law and regulation; and medical staff bylaws,	
		rules, and regulations, is authorized to write orders.	
§482.23(c)(4)	(4) Blood transfusions and	LD.04.01.07, EP 1	PC.12.01.01, EP 3
	intravenous medications must	Leaders review, approve, and manage the implementation of	The critical access hospital administers blood transfusions
	be administered in accordance	policies and procedures that guide and support patient care,	and intravenous medications in accordance with state law
	with State law and approved	treatment, and services.	and approved medical staff policies and procedures.
	medical staff policies and		
	procedures.	MM.06.01.01, EP 1	
		Only authorized clinical staff administer medications. The	
		critical access hospital defines, in writing, those who are	
		authorized to administer medication, with or without	
		supervision, in accordance with law and regulation.	
		Note: This does not prohibit self-administration of	
		medications by patients, when indicated.	
		PC.02.01.01, EP 15	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Blood transfusions and intravenous	
		medications are administered in accordance with state law	
		and approved medical staff policies and procedures.	
§482.23(c)(5)	(5) There must be a hospital	MM.07.01.03, EP 1	MM.17.01.01, EP 1
	procedure for reporting	The critical access hospital follows a written process to	The critical access hospital develops and implements
	transfusion reactions, adverse	respond to actual or potential adverse drug events,	policies and procedures for reporting transfusion reactions,
	drug reactions, and errors in	significant adverse drug reactions, and medication errors.	adverse drug reactions, and errors in administration of drugs.
	administration of drugs.	Note: This element of performance is also applicable to	Note: This element of performance is also applicable to
		sample medications.	sample medications.
		MM.07.01.03, EP 3	
		The critical access hospital complies with internal and	
		external reporting requirements for actual or potential	
		adverse drug events, significant adverse drug reactions, and	
		medication errors.	
		Note: This element of performance is also applicable to	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		sample medications.	
		PI.01.01.01, EP 7 The critical access hospital collects data on the following: All reported and confirmed transfusion reactions.	
		PI.01.01.01, EP 12 The critical access hospital collects data on the following: Significant medication errors.	
		PI.01.01.01, EP 13  The critical access hospital collects data on the following: Significant adverse drug reactions.	
§482.23(c)(6)	(6) The hospital may allow a patient (or his or her caregiver/support person where appropriate) to self-administer both hospital-issued medications and the patient's own medications brought into the hospital, as defined and specified in the hospital's policies and procedures.	MM.06.01.03, EP 1  If self-administration of medications is allowed, the critical access hospital follows written processes that guide the safe and accurate self-administration of medications or the administration of medications by a family member (refer to the Glossary for the definition of family). The processes address training, supervision, and documentation.	MM.16.01.01, EP 3  The critical access hospital develops and implements policies and procedures that guide the safe and accurate self-administration of medications by the patient or their caregiver or support person, where appropriate.  Note 1: This applies to critical access hospital–issued medications and the patient's own medications brought into the critical access hospital.  Note 2: The term "self-administered medication(s)" may refer to medications administered by a family member.
§482.23(c)(6)(i)	(i) If the hospital allows a patient to self-administer specific hospital-issued medications, then the hospital must have policies and procedures in place to:		
§482.23(c)(6)(i)(A)	(A) Ensure that a practitioner responsible for the care of the patient has issued an order,	MM.03.01.05, EP 1 The critical access hospital defines when medications brought into the critical access hospital by patients, their families, or licensed practitioners can be administered.	MM.16.01.01, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital allows a patient to self-administer specific hospital-issued

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	consistent with hospital policy,	Note: This element of performance is also applicable to	medications, the critical access hospital has policies and
	permitting self-administration.	sample medications.	procedures in place that address the following:
			- Making certain that an order is issued by a licensed
		PC.02.01.03, EP 1	practitioner responsible for the patient's care and that it is
		Prior to providing care, treatment, and services, the critical	consistent with the critical access hospital's self-
		access hospital obtains or renews orders (verbal or written)	administration policy
		from a physician or other licensed practitioner in accordance	- Determining that the patient or the patient's caregiver or
		with professional standards of practice; law and regulation;	support person is capable of administering the specified
		critical access hospital policies; and medical staff bylaws,	medication(s)
		rules, and regulations.	- Instructing the patient or the patient's caregiver or support
		Note 1: For rehabilitation and psychiatric distinct part units in	person, where appropriate, in the safe and accurate
		critical access hospitals: Outpatient services may be	administration of the specified medication(s)
		ordered by a physician or other licensed practitioner not	- Addressing the security of the medications for each patient
		appointed to the medical staff as long as the practitioner	Note: The term "self-administered medication(s)" may refer
		meets the following:	to medications administered by a family member.
		- Responsible for the care of the patient	
		- Licensed to practice in the state where the practitioner	
		provides care to the patient or in accordance with Veterans	
		Administration and Department of Defense licensure	
		requirements	
		- Acting within the practitioner's scope of practice under	
		state law	
		- Authorized in accordance with state law and policies	
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
		nursing facility subsequent to critical access hospital care.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.23(c)(6)(i)(B)	(B) Assess the capacity of the	MM.06.01.03, EP 7	MM.16.01.01, EP 4
	patient (or the patient's	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	caregiver/support person where	access hospitals: The critical access hospital determines	access hospitals: If the critical access hospital allows a
	appropriate) to self-administer	that the patient or the family member who administers the	patient to self-administer specific hospital-issued
	the specified medication(s).	medication is competent at medication administration	medications, the critical access hospital has policies and
		before allowing them to administer medications.	procedures in place that address the following:
			- Making certain that an order is issued by a licensed
			practitioner responsible for the patient's care and that it is
			consistent with the critical access hospital's self-
			administration policy
			- Determining that the patient or the patient's caregiver or
			support person is capable of administering the specified
			medication(s)
			- Instructing the patient or the patient's caregiver or support
			person, where appropriate, in the safe and accurate
			administration of the specified medication(s)
			- Addressing the security of the medications for each patient
			Note: The term "self-administered medication(s)" may refer
0.455.554.3453453453			to medications administered by a family member.
§482.23(c)(6)(i)(C)	(C) Instruct the patient (or the	MM.06.01.03, EP 3	MM.16.01.01, EP 4
	patient's caregiver/support	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	person where appropriate) in	access hospitals: The critical access hospital educates	access hospitals: If the critical access hospital allows a
	the safe and accurate	patients and families involved in self-administration about	patient to self-administer specific hospital-issued
	administration of the specified	how to administer medication, including process, time,	medications, the critical access hospital has policies and
	medication(s).	frequency, route, and dose.	procedures in place that address the following:
			- Making certain that an order is issued by a licensed
			practitioner responsible for the patient's care and that it is
			consistent with the critical access hospital's self-
			administration policy
			- Determining that the patient or the patient's caregiver or support person is capable of administering the specified
			medication(s)
			- Instructing the patient or the patient's caregiver or support
			- manucung the patient of the patient's caregiver of support

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			person, where appropriate, in the safe and accurate
			administration of the specified medication(s)
			- Addressing the security of the medications for each patient
			Note: The term "self-administered medication(s)" may refer
			to medications administered by a family member.
§482.23(c)(6)(i)(D)	(D) Address the security of the	MM.03.01.01, EP 2	MM.16.01.01, EP 4
	medication(s) for each patient.	The critical access hospital stores medications according to	For rehabilitation and psychiatric distinct part units in critical
		the manufacturers' recommendations or, in the absence of	access hospitals: If the critical access hospital allows a
		such recommendations, according to a pharmacist's	patient to self-administer specific hospital-issued
		instructions.	medications, the critical access hospital has policies and
		Note: This element of performance is also applicable to	procedures in place that address the following:
		sample medications.	- Making certain that an order is issued by a licensed
			practitioner responsible for the patient's care and that it is
		MM.03.01.01, EP 3	consistent with the critical access hospital's self-
		The critical access hospital stores all medications and	administration policy
		biologicals, including controlled (scheduled) medications, in	- Determining that the patient or the patient's caregiver or
		a secured area to prevent diversion, and locked when	support person is capable of administering the specified
		necessary, in accordance with law and regulation.	medication(s)
		Note 1: Scheduled medications include those listed in	- Instructing the patient or the patient's caregiver or support
		Schedules II–V of the Comprehensive Drug Abuse Prevention	person, where appropriate, in the safe and accurate
		and Control Act of 1970.	administration of the specified medication(s)
		Note 2: This element of performance is also applicable to	- Addressing the security of the medications for each patient
		sample medications.	Note: The term "self-administered medication(s)" may refer
			to medications administered by a family member.
		MM.06.01.03, EP 1	
		If self-administration of medications is allowed, the critical	
		access hospital follows written processes that guide the safe	
		and accurate self-administration of medications or the	
		administration of medications by a family member (refer to	
		the Glossary for the definition of family). The processes	
		address training, supervision, and documentation.	
§482.23(c)(6)(i)(E)	(E) Document the	MM.06.01.03, EP 1	RC.12.01.01, EP 2
	administration of each	If self-administration of medications is allowed, the critical	The medical record contains the following clinical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	medication, as reported by the	access hospital follows written processes that guide the safe	information:
	patient (or the patient's	and accurate self-administration of medications or the	- Admitting diagnosis
	caregiver/support person where	administration of medications by a family member (refer to	- Any emergency care, treatment, and services provided to
	appropriate), in the patient's	the Glossary for the definition of family). The processes	the patient before their arrival
	medical record.	address training, supervision, and documentation.	- Any allergies to food and medications
			- Any findings of assessments and reassessments
		RC.02.01.01, EP 2	- Results of all consultative evaluations of the patient and
		The medical record contains the following clinical	findings by clinical and other staff involved in the care of the
		information:	patient
		- The reason(s) for admission for care, treatment, and	- Treatment goals, plan of care, and revisions to the plan of
		services	care
		- The patient's initial diagnosis, diagnostic impression(s), or	- Documentation of complications, health care–acquired
		condition(s)	infections, and adverse reactions to drugs and anesthesia
		- Any findings of assessments and reassessments	- All practitioners' orders
		- Any allergies to food	- Nursing notes, reports of treatment, laboratory reports, vital
		- Any allergies to medications	signs, and other information necessary to monitor the
		- Any conclusions or impressions drawn from the patient's	patient's condition
		medical history and physical examination	- Medication records, including the strength, dose, route,
		- Any diagnoses or conditions established during the	date and time of administration, access site for medication,
		patient's course of care, treatment, and services (including	administration devices used, and rate of administration
		complications and hospital-acquired infections). For	Note: When rapid titration of a medication is necessary, the
		psychiatric distinct part units in critical access hospitals: The	critical access hospital defines in policy the urgent/emergent
		diagnosis includes intercurrent diseases (diseases that	situations in which block charting would be an acceptable
		occur during the course of another disease; for example, a	form of documentation. For the definition and a further
		patient with AIDS may develop an intercurrent bout of	explanation of block charting, refer to the Glossary.
		pneumonia) and the psychiatric diagnoses.	- Administration of each self-administered medication, as
		- Any consultation reports	reported by the patient (or the patient's caregiver or support
		- Any observations relevant to care, treatment, and services	person where appropriate)
		- The patient's response to care, treatment, and services	- Records of radiology and nuclear medicine services,
		- Any emergency care, treatment, and services provided to	including signed interpretation reports
		the patient before their arrival	- All care, treatment, and services provided to the patient
		- Any progress notes	- Patient's response to care, treatment, and services
		- All orders	- Medical history and physical examination, including any

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Any medications ordered or prescribed	conclusions or impressions drawn from the information
		- Any medications administered, including the strength,	- Discharge plan and discharge planning evaluation
		dose, route, date and time of administration	- Discharge summary with outcome of hospitalization,
		Note 1: When rapid titration of a medication is necessary, the	disposition of case, and provisions for follow-up care,
		critical access hospital defines in policy the urgent/emergent	including any medications dispensed or prescribed on
		situations in which block charting would be an acceptable	discharge
		form of documentation.	- Any diagnoses or conditions established during the
		Note 2: For the definition and a further explanation of block	patient's course of care, treatment, and services
		charting, refer to the Glossary.	Note: Medical records are completed within 30 days
		- Any access site for medication, administration devices	following discharge, including final diagnosis.
		used, and rate of administration	
		<ul><li>Any adverse drug reactions</li><li>Treatment goals, plan of care, and revisions to the plan of</li></ul>	
		care - Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
§482.23(c)(6)(ii)	(ii) If the hospital allows a		
	patient to self-administer his or		
	her own specific medications		
	brought into the hospital, then		
	the hospital must have policies		
	and procedures in place to:		
§482.23(c)(6)(ii)(A)	(A) Ensure that a practitioner	MM.03.01.05, EP 1	MM.16.01.01, EP 5
	responsible for the care of the	The critical access hospital defines when medications	For rehabilitation and psychiatric distinct part units in critical
	patient has issued an order,	brought into the critical access hospital by patients, their	access hospitals: If the critical access hospital allows a
	consistent with hospital policy,	families, or licensed practitioners can be administered.	patient to self-administer their own specific medications
	permitting self-administration	Note: This element of performance is also applicable to	brought into the hospital, the critical access hospital has
	of medications the patient	sample medications.	policies and procedures in place that address the following:
	brought into the hospital.		- Making certain that an order is issued by a practitioner
		PC.02.01.03, EP 1	responsible for the patient's care and that it is consistent
		Prior to providing care, treatment, and services, the critical	with the critical access hospital's self-administration policy

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access hospital obtains or renews orders (verbal or written)	- Determining that the patient or the patient's caregiver or
		from a physician or other licensed practitioner in accordance	support person is capable of administering the specified
		with professional standards of practice; law and regulation;	medication(s)
		critical access hospital policies; and medical staff bylaws,	- Instructing the patient or the patient's caregiver or support
		rules, and regulations.	person, where appropriate, in the safe and accurate
		Note 1: For rehabilitation and psychiatric distinct part units in	administration of the specified medication(s)
		critical access hospitals: Outpatient services may be	- Addressing the security of the medications for each patient
		ordered by a physician or other licensed practitioner not	- Identifying the specified medication(s) and visually
		appointed to the medical staff as long as the practitioner	evaluating the medication(s) for integrity
		meets the following:	Note: The term "self-administered medication(s)" may refer
		- Responsible for the care of the patient	to medications administered by a family member.
		- Licensed to practice in the state where the practitioner	
		provides care to the patient or in accordance with Veterans	
		Administration and Department of Defense licensure	
		requirements	
		- Acting within the practitioner's scope of practice under	
		state law	
		- Authorized in accordance with state law and policies	
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
		nursing facility subsequent to critical access hospital care.	
§482.23(c)(6)(ii)(B)	(B) Assess the capacity of the	MM.06.01.03, EP 1	MM.16.01.01, EP 5
	patient (or the patient's	If self-administration of medications is allowed, the critical	For rehabilitation and psychiatric distinct part units in critical
	caregiver/support person where	access hospital follows written processes that guide the safe	access hospitals: If the critical access hospital allows a
	appropriate) to self-administer	and accurate self-administration of medications or the	patient to self-administer their own specific medications
	the specified medication(s),	administration of medications by a family member (refer to	brought into the hospital, the critical access hospital has

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	and also determine if the	the Glossary for the definition of family). The processes	policies and procedures in place that address the following:
	patient (or the patient's	address training, supervision, and documentation.	- Making certain that an order is issued by a practitioner
	caregiver/support person where		responsible for the patient's care and that it is consistent
	appropriate) needs instruction	MM.06.01.03, EP 7	with the critical access hospital's self-administration policy
	in the safe and accurate	For rehabilitation and psychiatric distinct part units in critical	- Determining that the patient or the patient's caregiver or
	administration of the specified	access hospitals: The critical access hospital determines	support person is capable of administering the specified
	medication(s).	that the patient or the family member who administers the	medication(s)
		medication is competent at medication administration	- Instructing the patient or the patient's caregiver or support
		before allowing them to administer medications.	person, where appropriate, in the safe and accurate
			administration of the specified medication(s)
			- Addressing the security of the medications for each patient
			- Identifying the specified medication(s) and visually
			evaluating the medication(s) for integrity
			Note: The term "self-administered medication(s)" may refer
			to medications administered by a family member.
§482.23(c)(6)(ii)(C)	(C) Identify the specified	MM.03.01.05, EP 2	MM.16.01.01, EP 5
	medication(s) and visually	Before use or administration of a medication brought into the	For rehabilitation and psychiatric distinct part units in critical
	evaluate the medication(s) for	critical access hospital by a patient, their family, or a	access hospitals: If the critical access hospital allows a
	integrity.	licensed practitioner, the critical access hospital identifies	patient to self-administer their own specific medications
		the medication and visually evaluates the medication's	brought into the hospital, the critical access hospital has
		integrity.	policies and procedures in place that address the following:
		Note: This element of performance is also applicable to	- Making certain that an order is issued by a practitioner
		sample medications.	responsible for the patient's care and that it is consistent
			with the critical access hospital's self-administration policy
			- Determining that the patient or the patient's caregiver or
			support person is capable of administering the specified
			medication(s)
			- Instructing the patient or the patient's caregiver or support
			person, where appropriate, in the safe and accurate
			administration of the specified medication(s)
			- Addressing the security of the medications for each patient
			- Identifying the specified medication(s) and visually
			evaluating the medication(s) for integrity

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			Note: The term "self-administered medication(s)" may refer
			to medications administered by a family member.
§482.23(c)(6)(ii)(D)	(D) Address the security of the	MM.03.01.01, EP 2	MM.16.01.01, EP 5
	medication(s) for each patient.	The critical access hospital stores medications according to	For rehabilitation and psychiatric distinct part units in critical
		the manufacturers' recommendations or, in the absence of	access hospitals: If the critical access hospital allows a
		such recommendations, according to a pharmacist's	patient to self-administer their own specific medications
		instructions.	brought into the hospital, the critical access hospital has
		Note: This element of performance is also applicable to	policies and procedures in place that address the following:
		sample medications.	- Making certain that an order is issued by a practitioner
			responsible for the patient's care and that it is consistent
		MM.03.01.01, EP 3	with the critical access hospital's self-administration policy
		The critical access hospital stores all medications and	- Determining that the patient or the patient's caregiver or
		biologicals, including controlled (scheduled) medications, in	support person is capable of administering the specified
		a secured area to prevent diversion, and locked when	medication(s)
		necessary, in accordance with law and regulation.	- Instructing the patient or the patient's caregiver or support
		Note 1: Scheduled medications include those listed in	person, where appropriate, in the safe and accurate
		Schedules II–V of the Comprehensive Drug Abuse Prevention	administration of the specified medication(s)
		and Control Act of 1970.	- Addressing the security of the medications for each patient
		Note 2: This element of performance is also applicable to	- Identifying the specified medication(s) and visually
		sample medications.	evaluating the medication(s) for integrity
		MM 06 01 02 ED 1	Note: The term "self-administered medication(s)" may refer to medications administered by a family member.
		MM.06.01.03, EP 1  If self-administration of medications is allowed, the critical	to medications administered by a family member.
		access hospital follows written processes that guide the safe	
		and accurate self-administration of medications or the	
		administration of medications by a family member (refer to	
		the Glossary for the definition of family). The processes	
		address training, supervision, and documentation.	
§482.23(c)(6)(ii)(E)	(E) Document the	MM.06.01.03, EP 1	RC.12.01.01, EP 2
	administration of each	If self-administration of medications is allowed, the critical	The medical record contains the following clinical
	medication, as reported by the	access hospital follows written processes that guide the safe	information:
	patient (or the patient's	and accurate self-administration of medications or the	- Admitting diagnosis
	caregiver/support person where	administration of medications by a family member (refer to	- Any emergency care, treatment, and services provided to

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	appropriate), in the patient's	the Glossary for the definition of family). The processes	the patient before their arrival
	medical record.	address training, supervision, and documentation.	- Any allergies to food and medications
			- Any findings of assessments and reassessments
		RC.02.01.01, EP 2	- Results of all consultative evaluations of the patient and
		The medical record contains the following clinical	findings by clinical and other staff involved in the care of the
		information:	patient
		- The reason(s) for admission for care, treatment, and	- Treatment goals, plan of care, and revisions to the plan of
		services	care
		- The patient's initial diagnosis, diagnostic impression(s), or	- Documentation of complications, health care–acquired
		condition(s)	infections, and adverse reactions to drugs and anesthesia
		- Any findings of assessments and reassessments	- All practitioners' orders
		- Any allergies to food	- Nursing notes, reports of treatment, laboratory reports, vital
		- Any allergies to medications	signs, and other information necessary to monitor the
		- Any conclusions or impressions drawn from the patient's	patient's condition
		medical history and physical examination	- Medication records, including the strength, dose, route,
		- Any diagnoses or conditions established during the	date and time of administration, access site for medication,
		patient's course of care, treatment, and services (including	administration devices used, and rate of administration
		complications and hospital-acquired infections). For	Note: When rapid titration of a medication is necessary, the
		psychiatric distinct part units in critical access hospitals: The	critical access hospital defines in policy the urgent/emergent
		diagnosis includes intercurrent diseases (diseases that	situations in which block charting would be an acceptable
		occur during the course of another disease; for example, a	form of documentation. For the definition and a further
		patient with AIDS may develop an intercurrent bout of	explanation of block charting, refer to the Glossary.
		pneumonia) and the psychiatric diagnoses.	- Administration of each self-administered medication, as
		- Any consultation reports	reported by the patient (or the patient's caregiver or support
		- Any observations relevant to care, treatment, and services	person where appropriate)
		- The patient's response to care, treatment, and services	- Records of radiology and nuclear medicine services,
		- Any emergency care, treatment, and services provided to	including signed interpretation reports
		the patient before their arrival	- All care, treatment, and services provided to the patient
		- Any progress notes	- Patient's response to care, treatment, and services
		- All orders	- Medical history and physical examination, including any
		- Any medications ordered or prescribed	conclusions or impressions drawn from the information
		- Any medications administered, including the strength,	- Discharge plan and discharge planning evaluation
		dose, route, date and time of administration	- Discharge summary with outcome of hospitalization,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 1: When rapid titration of a medication is necessary, the	disposition of case, and provisions for follow-up care,
		critical access hospital defines in policy the urgent/emergent	including any medications dispensed or prescribed on
		situations in which block charting would be an acceptable	discharge
		form of documentation.	- Any diagnoses or conditions established during the
		Note 2: For the definition and a further explanation of block	patient's course of care, treatment, and services
		charting, refer to the Glossary.	Note: Medical records are completed within 30 days
		- Any access site for medication, administration devices	following discharge, including final diagnosis.
		used, and rate of administration	
		- Any adverse drug reactions	
		- Treatment goals, plan of care, and revisions to the plan of	
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
§482.24	§482.24 Condition of	- Discharge plan and discharge planning evaluation	LD 42 02 04 FD 4
9462.24		LD.04.01.05, EP 2	LD.13.03.01, EP 1
	Participation: Medical Record Services The hospital must	For rehabilitation and psychiatric distinct part units in critical access hospitals: Programs, services, sites, or departments	The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or
	have a medical record service	providing patient care are directed by one or more qualified	other agreements that meet the needs of the population(s)
	that has administrative	professionals or by a qualified licensed practitioner with	served, are organized appropriate to the scope and
	responsibility for medical	clinical privileges.	complexity of services offered, and are in accordance with
	records. A medical record must	cumoat privileges.	accepted standards of practice. Services may include but
	be maintained for every	LD.04.01.05, EP 3	are not limited to the following:
	individual evaluated or treated	For rehabilitation and psychiatric distinct part units in critical	- Outpatient
	in the hospital.	access hospitals: The critical access hospital defines, in	- Emergency
	iii dio noopitati	writing, the responsibility of those with administrative and	- Medical records
		clinical direction of its programs, services, sites, or	- Diagnostic and therapeutic radiology
		departments.	- Nuclear medicine
		Note: This includes the full-time employee who directs and	- Surgical
		manages dietary services.	- Anesthesia
			- Laboratory
		LD.04.03.01, EP 2	- Respiratory
		For rehabilitation and psychiatric distinct part units in critical	- Dietetic

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access hospitals: The critical access hospital provides	
		essential services, including the following:	RC.11.01.01, EP 1
		- Diagnostic radiology	The critical access hospital maintains a medical record for
		- Dietary	every inpatient and outpatient in the critical access hospital.
		- Emergency	
		- Medical records	
		- Nuclear medicine	
		- Nursing care	
		- Pathology and clinical laboratory	
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
		RC.01.01.01, EP 1	
		The critical access hospital defines the components of a	
		complete medical record.	
		RC.01.01.01, EP 5	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The medical record includes the following:	
		- Information needed to support the patient's diagnosis and	
		condition	
		- Information needed to justify the patient's care, treatment,	
		and services	
		- Information that documents the course and result of the	
		patient's care, treatment, and services	
		- Information about the patient's care, treatment, and	
		services that promotes continuity of care among staff and	
		providers	
		Note: For critical access hospitals that elect The Joint	
		Commission Primary Care Medical Home option: This	
		requirement refers to care provided by both internal and	
		external providers.	
§482.24(a)	§482.24(a) Standard:	HR.01.01.01, EP 1	LD.13.03.01, EP 1
	Organization and Staffing The	The critical access hospital defines staff qualifications	The critical access hospital provides services directly or
	organization of the medical	specific to their job responsibilities.	through referral, consultation, contractual arrangements, or
	record service must be	Note 1: Qualifications for infection control may be met	other agreements that meet the needs of the population(s)
	appropriate to the scope and	through ongoing education, training, experience, and/or	served, are organized appropriate to the scope and
	complexity of the services	certification (such as that offered by the Certification Board	complexity of services offered, and are in accordance with
	performed. The hospital must	for Infection Control).	accepted standards of practice. Services may include but
	employ adequate personnel to	Note 2: For rehabilitation and psychiatric distinct part units in	are not limited to the following:
	ensure prompt completion,	critical access hospitals: Qualified physical therapists,	- Outpatient
	filing, and retrieval of records.	physical therapist assistants, occupational therapists,	- Emergency
		occupational therapy assistants, speech-language	- Medical records
		pathologists, or audiologists (as defined in 42 CFR 484.4)	- Diagnostic and therapeutic radiology
		provide physical therapy, occupational therapy, speech-	- Nuclear medicine
		language pathology, or audiology services, if these services	- Surgical
		are provided by the critical access hospital. The provision of	- Anesthesia
		care and staff qualifications are in accordance with national	- Laboratory
		acceptable standards of practice and also meet the	- Respiratory
		requirements of 409.17. See Appendix B for 409.17	- Dietetic
		requirements.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			NPG.12.01.01, EP 6
		IM.02.02.03, EP 2	For rehabilitation and psychiatric distinct part units in critical
		The critical access hospital's storage and retrieval systems	access hospitals: The critical access hospital has a medical
		make health information accessible when needed for patient	record service that has administrative responsibility for
		care, treatment, and services.	medical records. The critical access hospital employs
		Note: For rehabilitation and psychiatric distinct part units in	adequate staff to support the prompt completion, filing, and retrieval of records.
		critical access hospitals: The medical records system allows for timely retrieval of patient information by diagnosis and	retrieval of records.
		procedure.	
		procedure.	
		IM.02.02.03, EP 3	
		The critical access hospital disseminates data and	
		information in useful formats within time frames that are	
		defined by the critical access hospital and consistent with	
		law and regulation.	
		LD.03.06.01, EP 2	
		Leaders provide for a sufficient number and mix of	
		individuals to support safe, quality care, treatment, and services.	
		Note: The number and mix of individuals is appropriate to the	
		scope and complexity of the services offered.	
		Soope and complexity of the services energy.	
		LD.04.03.01, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital provides	
		essential services, including the following:	
		- Diagnostic radiology	
		- Dietary	
		- Emergency	
		- Medical records	
		- Nuclear medicine	
		- Nursing care	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Pathology and clinical laboratory	
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
§482.24(b)	§482.24(b) Standard: Form and	IM.02.01.03, EP 1	RC.11.01.01, EP 1
	Retention of Record The	The critical access hospital follows a written policy that	The critical access hospital maintains a medical record for
	hospital must maintain a	addresses the security of health information, including	every inpatient and outpatient in the critical access hospital.
	medical record for each	access, use, and disclosure.	
	inpatient and outpatient.		RC.11.01.01, EP 4
	Medical records must be	IM.02.01.03, EP 2	The critical access hospital develops and implements
	accurately written, promptly	The critical access hospital implements a written policy	policies and procedures for accurate, legible, complete,
	completed, properly filed and	addressing the following:	signed, dated, and timed medical record entries that are
	retained, and accessible. The	- The integrity of health information against loss, damage,	authenticated by the person responsible for providing or
	hospital must use a system of	unauthorized alteration, unintentional change, and	evaluating the service provided. Medical records are
	author identification and record	accidental destruction	promptly completed, systematically organized, and readily
	maintenance that ensures the	- The intentional destruction of health information	accessible.
	integrity of the authentication	- When and by whom the removal of health information is	
		permitted	RC.11.02.01, EP 2

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	and protects the security of all	Note: Removal refers to those actions that place health	The critical access hospital uses a system of author
	record entries.	information outside the critical access hospital's control.	identification and record maintenance that ensures the integrity of the authentication and protects the security of all
		IM.02.01.03, EP 6	record entries.
		The critical access hospital protects health information	
		against loss, damage, unauthorized alteration, unintentional	
		change, and accidental destruction.	
		IM.02.02.03, EP 2	
		The critical access hospital's storage and retrieval systems	
		make health information accessible when needed for patient	
		care, treatment, and services.	
		Note: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: The medical records system allows	
		for timely retrieval of patient information by diagnosis and	
		procedure.	
		RC.01.01.01, EP 1	
		The critical access hospital defines the components of a	
		complete medical record.	
		RC.01.01.01, EP 5	
		The medical record includes the following:	
		- Information needed to support the patient's diagnosis and	
		condition	
		- Information needed to justify the patient's care, treatment,	
		and services	
		- Information that documents the course and result of the	
		patient's care, treatment, and services	
		- Information about the patient's care, treatment, and	
		services that promotes continuity of care among staff and	
		providers	
		Note: For critical access hospitals that elect The Joint	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Commission Primary Care Medical Home option: This	
		requirement refers to care provided by both internal and	
		external providers.	
		RC.01.02.01, EP 3	
		The author of each medical record entry is identified in the	
		medical record.	
		RC.01.02.01, EP 4	
		Entries in the medical record are authenticated by the	
		author. Information introduced into the medical record	
		through transcription or dictation is authenticated by the	
		author.	
		Note 1: Authentication can be verified through electronic	
		signatures, written signatures or initials, rubber-stamp	
		signatures, or computer key.	
		Note 2: For paper-based records, signatures entered for	
		purposes of authentication after transcription or for verbal	
		orders are dated when required by law or regulation or	
		critical access hospital policy. For electronic records, electronic signatures will be date-stamped.	
		Note 3: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: All orders, including verbal orders,	
		are dated and authenticated by the ordering physician or	
		other licensed practitioner who is responsible for the care of	
		the patient, and who, in accordance with critical access	
		hospital policy; law and regulation; and medical staff bylaws,	
		rules, and regulations, is authorized to write orders.	
		RC.01.02.01, EP 5	
		The individual identified by the signature stamp or method of	
		electronic authentication is the only individual who uses it.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		RC.01.03.01, EP 1	
		The critical access hospital defines the time frame for	
		completion of the medical record, which does not exceed 30	
		days after the patient's discharge.	
		RC.01.03.01, EP 2	
		The critical access hospital follows its written policy	
		requiring timely entry of information into the patient's medical record.	
		medicarrecord.	
		RC.01.04.01, EP 1	
		The critical access hospital conducts an ongoing review of	
		medical records at the point of care, based on the following	
		indicators: presence, timeliness, legibility (whether	
		handwritten or printed), accuracy, authentication, and	
		completeness of data and information.	
		RC.01.05.01, EP 1	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The retention time of the original or legally	
		reproduced medical record is determined by its use and	
		critical access hospital policy, in accordance with law and	
		regulation.	
		RC.01.05.01, EP 8	
		Original medical records are not released unless the critical	
8492 24/b\/1\	(1) Modical records must be	access hospital is responding to law and regulation.	RC.11.03.01, EP 1
§482.24(b)(1)	(1) Medical records must be retained in their original or	RC.01.05.01, EP 1 For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
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	legally reproduced form for a period of at least 5 years.	access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.	access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			Note: Medical records are retained in their original or legally
			reproduced form for at least five years. This includes nuclear
			medicine reports; radiological reports, printouts, films, and
			scans; and other applicable image records.
§482.24(b)(2)	(2) The hospital must have a	IM.01.01.01, EP 2	IM.13.01.03, EP 1
	system of coding and indexing	The critical access hospital identifies how data and	The critical access hospital has a system for coding and
	medical records. The system	information enter, flow within, and leave the organization.	indexing medical records to make health information
	must allow for timely retrieval		accessible when needed for patient care, treatment, and
	by diagnosis and procedure, in	IM.02.02.03, EP 2	services.
	order to support medical care	The critical access hospital's storage and retrieval systems	Note: For rehabilitation and psychiatric distinct part units in
	evaluation studies.	make health information accessible when needed for patient	critical access hospitals: The medical records system allows
		care, treatment, and services.	for timely retrieval of patient information by diagnosis and
		Note: For rehabilitation and psychiatric distinct part units in	procedure.
		critical access hospitals: The medical records system allows	
		for timely retrieval of patient information by diagnosis and	
		procedure.	
		IM.02.02.03, EP 3	
		The critical access hospital disseminates data and	
		information in useful formats within time frames that are	
		defined by the critical access hospital and consistent with	
		law and regulation.	
§482.24(b)(3)	(3) The hospital must have a	IM.02.01.01, EP 1	IM.12.01.01, EP 1
	procedure for ensuring the	The critical access hospital follows a written policy	The critical access hospital develops and implements
	confidentiality of patient	addressing the privacy and confidentiality of health	policies and procedures addressing the privacy and
	records. Information from or	information.	confidentiality of health information.
	copies of records may be		Note: For swing beds in critical access hospitals: Policies
	released only to authorized	IM.02.01.01, EP 3	and procedures also address the resident's personal
	individuals, and the hospital	The critical access hospital uses health information only for	records.
	must ensure that unauthorized	purposes permitted by law and regulation or as further	
	individuals cannot gain access	limited by its policy on privacy.	IM.12.01.01, EP 3
	to or alter patient records.		The critical access hospital develops and implements
	Original medical records must		policies and procedures for the release of medical records.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	be released by the hospital only	IM.02.01.01, EP 4	The policies and procedures are in accordance with law and
	in accordance with Federal or	The critical access hospital discloses health information only	regulation, court orders, or subpoenas.
	State laws, court orders, or	as authorized by the patient or as otherwise consistent with	Note: Information from or copies of records may be released
	subpoenas.	law and regulation.	only to authorized individuals, and the critical access
			hospital makes certain that unauthorized individuals cannot
			gain access to or alter patient records.
			IM.12.01.03, EP 1
			The critical access hospital develops and implements a
			written policy that addresses the security of health
			information, including the following:
			- Access and use
			- Integrity of health information against loss, damage,
			unauthorized alteration or use, unintentional change, and
			accidental destruction
			- Intentional destruction of health information
			- When and by whom the removal of health information is
			permitted
			Note: Removal refers to those actions that place health
			information outside the critical access hospital's control.
§482.24(c)	§482.24(c) Standard: Content	RC.01.01, EP 5	RC.11.01.01, EP 2
	of Record The medical record	The medical record includes the following:	The medical record includes the following:
	must contain information to	- Information needed to support the patient's diagnosis and condition	- Information needed to justify the patient's admission and
	justify admission and continued hospitalization,		continued care, treatment, and services
	support the diagnosis, and	- Information needed to justify the patient's care, treatment, and services	- Information needed to support the patient's diagnosis and condition
	describe the patient's progress	- Information that documents the course and result of the	- Information about the patient's care, treatment, and
	and response to medications	patient's care, treatment, and services	services that promotes continuity of care among staff and
	and services.	- Information about the patient's care, treatment, and	providers
	and convictor.	services that promotes continuity of care among staff and	Note: For critical access hospitals that elect The Joint
		providers	Commission Primary Care Medical Home option: This
		Note: For critical access hospitals that elect The Joint	requirement refers to care provided by both internal and
		Commission Primary Care Medical Home option: This	external providers.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		requirement refers to care provided by both internal and	
		external providers.	RC.12.01.01, EP 2
			The medical record contains the following clinical
		RC.02.01.01, EP 2	information:
		The medical record contains the following clinical	- Admitting diagnosis
		information:	- Any emergency care, treatment, and services provided to
		- The reason(s) for admission for care, treatment, and	the patient before their arrival
		services	- Any allergies to food and medications
		- The patient's initial diagnosis, diagnostic impression(s), or	- Any findings of assessments and reassessments
		condition(s)	- Results of all consultative evaluations of the patient and
		- Any findings of assessments and reassessments	findings by clinical and other staff involved in the care of the
		- Any allergies to food	patient
		- Any allergies to medications	- Treatment goals, plan of care, and revisions to the plan of
		- Any conclusions or impressions drawn from the patient's	care
		medical history and physical examination	- Documentation of complications, health care–acquired
		- Any diagnoses or conditions established during the	infections, and adverse reactions to drugs and anesthesia
		patient's course of care, treatment, and services (including	- All practitioners' orders
		complications and hospital-acquired infections). For	- Nursing notes, reports of treatment, laboratory reports, vital
		psychiatric distinct part units in critical access hospitals: The	signs, and other information necessary to monitor the
		diagnosis includes intercurrent diseases (diseases that	patient's condition
		occur during the course of another disease; for example, a	- Medication records, including the strength, dose, route,
		patient with AIDS may develop an intercurrent bout of	date and time of administration, access site for medication,
		pneumonia) and the psychiatric diagnoses.	administration devices used, and rate of administration
		- Any consultation reports	Note: When rapid titration of a medication is necessary, the
		- Any observations relevant to care, treatment, and services	critical access hospital defines in policy the urgent/emergent
		- The patient's response to care, treatment, and services	situations in which block charting would be an acceptable
		- Any emergency care, treatment, and services provided to	form of documentation. For the definition and a further
		the patient before their arrival	explanation of block charting, refer to the Glossary.
		- Any progress notes	- Administration of each self-administered medication, as
		- All orders	reported by the patient (or the patient's caregiver or support
		- Any medications ordered or prescribed	person where appropriate)
		- Any medications administered, including the strength,	- Records of radiology and nuclear medicine services,
		dose, route, date and time of administration	including signed interpretation reports

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 1: When rapid titration of a medication is necessary, the critical access hospital defines in policy the urgent/emergent situations in which block charting would be an acceptable form of documentation.  Note 2: For the definition and a further explanation of block charting, refer to the Glossary.  - Any access site for medication, administration devices used, and rate of administration  - Any adverse drug reactions  - Treatment goals, plan of care, and revisions to the plan of care  - Results of diagnostic and therapeutic tests and procedures  - Any medications dispensed or prescribed on discharge  - Discharge diagnosis	<ul> <li>All care, treatment, and services provided to the patient</li> <li>Patient's response to care, treatment, and services</li> <li>Medical history and physical examination, including any conclusions or impressions drawn from the information</li> <li>Discharge plan and discharge planning evaluation</li> <li>Discharge summary with outcome of hospitalization, disposition of case, and provisions for follow-up care, including any medications dispensed or prescribed on discharge</li> <li>Any diagnoses or conditions established during the patient's course of care, treatment, and services</li> <li>Note: Medical records are completed within 30 days following discharge, including final diagnosis.</li> </ul>
§482.24(c)(1)	(1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.	- Discharge plan and discharge planning evaluation  RC.01.01.01, EP 5  The medical record includes the following: - Information needed to support the patient's diagnosis and condition - Information needed to justify the patient's care, treatment, and services - Information that documents the course and result of the patient's care, treatment, and services - Information about the patient's care, treatment, and services that promotes continuity of care among staff and providers  Note: For critical access hospitals that elect The Joint Commission Primary Care Medical Home option: This requirement refers to care provided by both internal and external providers.  RC.01.01.01, EP 7	RC.11.01.01, EP 4  The critical access hospital develops and implements policies and procedures for accurate, legible, complete, signed, dated, and timed medical record entries that are authenticated by the person responsible for providing or evaluating the service provided. Medical records are promptly completed, systematically organized, and readily accessible.
		All entries in the medical record are dated.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		RC.01.01.01, EP 13 For rehabilitation and psychiatric distinct part units in critical access hospitals: All entries in the medical record, including all orders, are timed.	
		RC.01.02.01, EP 2 The critical access hospital defines the types of entries in the medical record made by licensed practitioners that require countersigning, in accordance with law and regulation.	
		RC.01.02.01, EP 3 The author of each medical record entry is identified in the medical record.	
		RC.01.02.01, EP 4 Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author.	
		Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.  Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal	
		orders are dated when required by law or regulation or critical access hospital policy. For electronic records, electronic signatures will be date-stamped.  Note 3: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: All orders, including verbal orders, are dated and authenticated by the ordering physician or other licensed practitioner who is responsible for the care of the patient, and who, in accordance with critical access	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		hospital policy; law and regulation; and medical staff bylaws,	
		rules, and regulations, is authorized to write orders.	
		RC.01.02.01, EP 5	
		The individual identified by the signature stamp or method of	
		electronic authentication is the only individual who uses it.	
		RC.01.04.01, EP 1	
		The critical access hospital conducts an ongoing review of	
		medical records at the point of care, based on the following	
		indicators: presence, timeliness, legibility (whether	
		handwritten or printed), accuracy, authentication, and	
		completeness of data and information.	
§482.24(c)(2)	(2) All orders, including verbal	PC.02.01.03, EP 1	RC.11.02.01, EP 1
	orders, must be dated, timed,	Prior to providing care, treatment, and services, the critical	All orders, including verbal orders, are dated, timed, and
	and authenticated promptly by	access hospital obtains or renews orders (verbal or written)	authenticated by the ordering physician or other licensed
	the ordering practitioner or by	from a physician or other licensed practitioner in accordance	practitioner who is responsible for the patient's care and who
	another practitioner who is	with professional standards of practice; law and regulation;	is authorized to write orders, in accordance with critical
	responsible for the care of the	critical access hospital policies; and medical staff bylaws,	access hospital policy, law and regulation, and medical staff
	patient only if such a	rules, and regulations.	bylaws, rules, and regulations.
	practitioner is acting in	Note 1: For rehabilitation and psychiatric distinct part units in	
	accordance with State law,	critical access hospitals: Outpatient services may be	
	including scope-of-practice	ordered by a physician or other licensed practitioner not	
	laws, hospital policies, and	appointed to the medical staff as long as the practitioner	
	medical staff bylaws, rules, and	meets the following:	
	regulations.	- Responsible for the care of the patient	
		- Licensed to practice in the state where the practitioner	
		provides care to the patient or in accordance with Veterans	
		Administration and Department of Defense licensure	
		requirements	
		- Acting within the practitioner's scope of practice under	
		state law	
		- Authorized in accordance with state law and policies	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
		nursing facility subsequent to critical access hospital care.	
		RC.01.01.01, EP 7	
		All entries in the medical record are dated.	
		RC.01.01.01, EP 13	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: All entries in the medical record, including	
		all orders, are timed.	
		RC.01.02.01, EP 2	
		The critical access hospital defines the types of entries in the	
		medical record made by licensed practitioners that require	
		countersigning, in accordance with law and regulation.	
		RC.01.02.01, EP 3	
		The author of each medical record entry is identified in the	
		medical record.	
		RC.01.02.01, EP 4	
		Entries in the medical record are authenticated by the	
		author. Information introduced into the medical record	
		through transcription or dictation is authenticated by the	
		author.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 1: Authentication can be verified through electronic	
		signatures, written signatures or initials, rubber-stamp	
		signatures, or computer key.	
		Note 2: For paper-based records, signatures entered for	
		purposes of authentication after transcription or for verbal	
		orders are dated when required by law or regulation or	
		critical access hospital policy. For electronic records,	
		electronic signatures will be date-stamped.	
		Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: All orders, including verbal orders,	
		are dated and authenticated by the ordering physician or	
		other licensed practitioner who is responsible for the care of	
		the patient, and who, in accordance with critical access	
		hospital policy; law and regulation; and medical staff bylaws,	
		rules, and regulations, is authorized to write orders.	
		RC.01.02.01, EP 5	
		The individual identified by the signature stamp or method of	
		electronic authentication is the only individual who uses it.	
		RC.02.03.07, EP 3	
		Documentation of verbal orders includes the date and the	
		names of individuals who gave, received, recorded, and	
		implemented the orders.	
		PC 02 02 07 ED 4	
		RC.02.03.07, EP 4  Verbal orders are authenticated within the time frame	
		specified by law and regulation.	
		Specified by taw and regulation.	
		RC.02.03.07, EP 6	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Documentation of verbal orders includes	
		the time the verbal order was received.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.24(c)(3)	(3) Hospitals may use pre-		
	printed and electronic standing		
	orders, order sets, and		
	protocols for patient orders		
	only if the hospital:		
§482.24(c)(3)(i)	(i) Establishes that such orders	MM.04.01.01, EP 15	RC.12.01.01, EP 5
	and protocols have been	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital uses preprinted and electronic
	reviewed and approved by the	access hospitals: Processes for the use of preprinted and	standing orders, order sets, and protocols for patient orders
	medical staff and the hospital's	electronic standing orders, order sets, and protocols for	only if the following occurs:
	nursing and pharmacy	medication orders include the following:	- Orders and protocols are reviewed and approved by the
	leadership;	- Review and approval of standing orders and protocols by	medical staff and the critical access hospital's nursing and
		the medical staff and the critical access hospital's nursing	pharmacy leadership.
		and pharmacy leadership	- Orders and protocols are consistent with nationally
		- Evaluation of established standing orders and protocols for	recognized and evidence-based guidelines.
		consistency with nationally recognized and evidence-based	- Orders and protocols are periodically and regularly
		guidelines	reviewed by the medical staff and the critical access
		- Regular review of such standing orders and protocols by the	hospital's nursing and pharmacy leadership to determine the
		medical staff and the critical access hospital's nursing and	continuing usefulness and safety of the orders and
		pharmacy leadership to determine the continuing usefulness	protocols.
		and safety of the standing orders and protocols	- Orders and protocols are dated, timed, and authenticated
		- Dating, timing, and authenticating of standing orders and	promptly in the patient's medical record by the ordering
		protocols by the ordering physician or other licensed	practitioner or by another practitioner responsible for the
		practitioner or another licensed practitioner responsible for	care of the patient only if such a practitioner is acting in
		the patient's care in accordance with professional standards	accordance with state law, including scope-of-practice laws,
		of practice; law and regulation; hospital policies; and	critical access hospital policies, and medical staff bylaws,
		medical staff bylaws, rules, and regulations.	rules, and regulations.
§482.24(c)(3)(ii)	(ii) Demonstrates that such	MM.04.01.01, EP 15	RC.12.01.01, EP 5
	orders and protocols are	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital uses preprinted and electronic
	consistent with nationally	access hospitals: Processes for the use of preprinted and	standing orders, order sets, and protocols for patient orders
	recognized and evidence-based	electronic standing orders, order sets, and protocols for	only if the following occurs:
	guidelines;	medication orders include the following:	- Orders and protocols are reviewed and approved by the
		- Review and approval of standing orders and protocols by	medical staff and the critical access hospital's nursing and
		the medical staff and the critical access hospital's nursing	pharmacy leadership.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		and pharmacy leadership	- Orders and protocols are consistent with nationally
		- Evaluation of established standing orders and protocols for	recognized and evidence-based guidelines.
		consistency with nationally recognized and evidence-based	- Orders and protocols are periodically and regularly
		guidelines	reviewed by the medical staff and the critical access
		- Regular review of such standing orders and protocols by the	hospital's nursing and pharmacy leadership to determine the
		medical staff and the critical access hospital's nursing and	continuing usefulness and safety of the orders and
		pharmacy leadership to determine the continuing usefulness	protocols.
		and safety of the standing orders and protocols	- Orders and protocols are dated, timed, and authenticated
		- Dating, timing, and authenticating of standing orders and	promptly in the patient's medical record by the ordering
		protocols by the ordering physician or other licensed	practitioner or by another practitioner responsible for the
		practitioner or another licensed practitioner responsible for	care of the patient only if such a practitioner is acting in
		the patient's care in accordance with professional standards	accordance with state law, including scope-of-practice laws,
		of practice; law and regulation; hospital policies; and	critical access hospital policies, and medical staff bylaws,
		medical staff bylaws, rules, and regulations.	rules, and regulations.
§482.24(c)(3)(iii)	(iii) Ensures that the periodic	MM.04.01.01, EP 15	RC.12.01.01, EP 5
	and regular review of such	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital uses preprinted and electronic
	orders and protocols is	access hospitals: Processes for the use of preprinted and	standing orders, order sets, and protocols for patient orders
	conducted by the medical staff	electronic standing orders, order sets, and protocols for	only if the following occurs:
	and the hospital's nursing and	medication orders include the following:	- Orders and protocols are reviewed and approved by the
	pharmacy leadership to	- Review and approval of standing orders and protocols by	medical staff and the critical access hospital's nursing and
	determine the continuing	the medical staff and the critical access hospital's nursing	pharmacy leadership.
	usefulness and safety of the	and pharmacy leadership	- Orders and protocols are consistent with nationally
	orders and protocols; and	- Evaluation of established standing orders and protocols for	recognized and evidence-based guidelines.
		consistency with nationally recognized and evidence-based	- Orders and protocols are periodically and regularly
		guidelines	reviewed by the medical staff and the critical access
		- Regular review of such standing orders and protocols by the	hospital's nursing and pharmacy leadership to determine the
		medical staff and the critical access hospital's nursing and	continuing usefulness and safety of the orders and
		pharmacy leadership to determine the continuing usefulness	protocols.
		and safety of the standing orders and protocols	- Orders and protocols are dated, timed, and authenticated
		- Dating, timing, and authenticating of standing orders and	promptly in the patient's medical record by the ordering
		protocols by the ordering physician or other licensed	practitioner or by another practitioner responsible for the
		practitioner or another licensed practitioner responsible for	care of the patient only if such a practitioner is acting in
		the patient's care in accordance with professional standards	accordance with state law, including scope-of-practice laws,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		of practice; law and regulation; hospital policies; and	critical access hospital policies, and medical staff bylaws,
		medical staff bylaws, rules, and regulations.	rules, and regulations.
§482.24(c)(3)(iv)	(iv) Ensures that such orders	MM.04.01.01, EP 15	RC.12.01.01, EP 5
	and protocols are dated, timed,	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital uses preprinted and electronic
	and authenticated promptly in	access hospitals: Processes for the use of preprinted and	standing orders, order sets, and protocols for patient orders
	the patient's medical record by	electronic standing orders, order sets, and protocols for	only if the following occurs:
	the ordering practitioner or by	medication orders include the following:	- Orders and protocols are reviewed and approved by the
	another practitioner	- Review and approval of standing orders and protocols by	medical staff and the critical access hospital's nursing and
	responsible for the care of the	the medical staff and the critical access hospital's nursing	pharmacy leadership.
	patient only if such a	and pharmacy leadership	- Orders and protocols are consistent with nationally
	practitioner is acting in	- Evaluation of established standing orders and protocols for	recognized and evidence-based guidelines.
	accordance with State law,	consistency with nationally recognized and evidence-based	- Orders and protocols are periodically and regularly
	including scope-of-practice	guidelines	reviewed by the medical staff and the critical access
	laws, hospital policies, and	- Regular review of such standing orders and protocols by the	hospital's nursing and pharmacy leadership to determine the
	medical staff bylaws, rules, and	medical staff and the critical access hospital's nursing and	continuing usefulness and safety of the orders and
	regulations.	pharmacy leadership to determine the continuing usefulness	protocols.
		and safety of the standing orders and protocols	- Orders and protocols are dated, timed, and authenticated
		- Dating, timing, and authenticating of standing orders and	promptly in the patient's medical record by the ordering
		protocols by the ordering physician or other licensed	practitioner or by another practitioner responsible for the
		practitioner or another licensed practitioner responsible for	care of the patient only if such a practitioner is acting in
		the patient's care in accordance with professional standards	accordance with state law, including scope-of-practice laws,
		of practice; law and regulation; hospital policies; and	critical access hospital policies, and medical staff bylaws,
8400 04(a)(4)	(4) All records must document	medical staff bylaws, rules, and regulations.	rules, and regulations.
§482.24(c)(4)	the following, as appropriate:		
§482.24(c)(4)(i)	(i) Evidence of		
\$482.24(c)(4)(i)(A)	(A) A medical history and	PC.01.02.03, EP 4	PC.11.02.01, EP 2
0402.24(0)(4)(1)(7)	physical examination	The patient receives a medical history and physical	A medical history and physical examination is completed
	completed and documented no	examination no more than 30 days prior to, or within 24 hours	and documented no more than 30 days prior to, or within 24
	more than 30 days before or 24	after, registration or inpatient admission, but prior to surgery	hours after, registration or inpatient admission but prior to
	hours after admission or	or a procedure requiring anesthesia services.	surgery or a procedure requiring anesthesia services.
	registration, but prior to surgery	Note 1: For rehabilitation and psychiatric distinct part units in	Note 1: For rehabilitation and psychiatric distinct part units in
	or a procedure requiring	critical access hospitals: Medical histories and physical	critical access hospitals: Medical histories and physical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	anesthesia services, and	examinations are performed as required in this element of	examinations are performed as required in this element of
	except as provided under	performance, except any specific outpatient surgical or	performance, except prior to any specific outpatient surgical
	paragraph (c)(4)(i)(C) of this	procedural services for which an assessment is performed	or procedural services for which an assessment is performed
	section. The medical history	instead.	instead as provided under 42 CFR 482.24(c)(4)(i)(C).
	and physical examination must	Note 2: For law and regulation guidance pertaining to the	Note 2: For law and regulation guidance pertaining to the
	be placed in the patient's	medical history and physical examination, refer to 42 CFR	medical history and physical examination at 42 CFR
	medical record within 24 hours	482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A:	482.22(c)(5)(iii) and 482.51(b)(1)(iii), refer to
	after admission or registration, but prior to surgery or a	Medicare Requirements for Hospitals" (AXA) for full text.	https://www.ecfr.gov/.
	procedure requiring anesthesia	RC.01.03.01, EP 3	RC.12.01.01, EP 6
	services.	For rehabilitation and psychiatric distinct part units in critical	The medical history and physical examination or updates to
		access hospitals: The critical access hospital records the	the medical history and physical examination are placed in
		patient's medical history and physical examination, including	the patient's medical record within 24 hours after admission
		updates, in the medical record within 24 hours after	or registration, but prior to surgery or a procedure requiring
		registration or inpatient admission but prior to surgery or a	anesthesia services.
		procedure requiring anesthesia services.	
		RC.02.01.03, EP 3	
		The patient's medical history and physical examination are	
		recorded in the medical record before an operative or other	
		high-risk procedure is performed.	
§482.24(c)(4)(i)(B)	(B) An updated examination of	PC.01.02.03, EP 5	PC.11.02.01, EP 3
	the patient, including any	For a medical history and physical examination that was	For a medical history and physical examination that was
	changes in the patient's	completed within 30 days prior to registration or inpatient	completed within 30 days prior to registration or inpatient
	condition, when the medical	admission, an update documenting any changes in the	admission, an update documenting any changes in the
	history and physical	patient's condition is completed within 24 hours after	patient's condition is completed within 24 hours after
	examination are completed	registration or inpatient admission, but prior to surgery or a	registration or inpatient admission, but prior to surgery or a
	within 30 days before	procedure requiring anesthesia services.	procedure requiring anesthesia services.
	admission or registration, and	Note 1: For rehabilitation and psychiatric distinct part units in	Note 1: For rehabilitation and psychiatric distinct part units in
	except as provided under	critical access hospitals: Medical histories and physical	critical access hospitals: Medical histories and physical
	paragraph (c)(4)(i)(C) of this	examinations are performed as required in this element of	examinations are performed as required in this element of
	section. Documentation of the	performance, except any specific outpatient surgical or	performance, except prior to any specific outpatient surgical
	updated examination must be	procedural services for which an assessment is performed	or procedural services for which an assessment is performed

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	placed in the patient's medical	instead.	instead as provided under 42 CFR 482.24(c)(4)(i)(C).
	record within 24 hours after	Note 2: For law and regulation guidance pertaining to the	Note 2: For law and regulation guidance pertaining to the
	admission or registration, but	medical history and physical examination, refer to 42 CFR	medical history and physical examination at 42 CFR
	prior to surgery or a procedure	482.22(c)(5)(iii). Refer to "Appendix A: Medicare	482.22(c)(5)(iii), refer to https://www.ecfr.gov/.
	requiring anesthesia services.	Requirements for Hospitals" (AXA) for full text.	
			RC.12.01.01, EP 6
		RC.01.03.01, EP 3	The medical history and physical examination or updates to
		For rehabilitation and psychiatric distinct part units in critical	the medical history and physical examination are placed in
		access hospitals: The critical access hospital records the	the patient's medical record within 24 hours after admission
		patient's medical history and physical examination, including	or registration, but prior to surgery or a procedure requiring
		updates, in the medical record within 24 hours after	anesthesia services.
		registration or inpatient admission but prior to surgery or a	
		procedure requiring anesthesia services.	
§482.24(c)(4)(i)(C)	(C) An assessment of the	PC.01.02.03, EP 7	RC.12.01.01, EP 7
	patient (in lieu of the	For rehabilitation and psychiatric distinct part units in critical	An assessment of the patient (in lieu of a medical history and
	requirements of paragraphs	access hospitals: When the medical staff has chosen to	physical examination as described in 42 CFR
	(c)(4)(i)(A) and (B) of this	allow an assessment (in lieu of a comprehensive medical	482.24(c)(4)(i)(A) and (B)) is completed and documented
	section) completed and	history and physical examination) for patients receiving	after registration, but prior to surgery or a procedure requiring
	documented after registration,	specific outpatient surgical or procedural services, the	anesthesia services, when the following conditions are met:
	but prior to surgery or a	assessment of the patient is completed and documented	- The patient is receiving specific outpatient surgical or
	procedure requiring anesthesia	after registration but prior to surgery or a procedure requiring	procedural services.
	services, when the patient is	anesthesia services when the patient is receiving specific	- The medical staff has chosen to develop and maintain a
	receiving specific outpatient	outpatient surgical or procedural services. (For more	policy that identifies, in accordance with the requirements at
	surgical or procedural services	information, refer to Standard MS.03.01.01)	§ 482.22(c)(5)(v), specific patients as not requiring a
	and when the medical staff has	Note: For further regulatory guidance, refer to 42 CFR	comprehensive medical history and physical examination, or
	chosen to develop and	482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and	any update to it, prior to specific outpatient surgical or
	maintain a policy that	482.22(c)(5)(v). Refer to "Appendix A: Medicare	procedural services.
	identifies, in accordance with	Requirements for Hospitals" (AXA) for full text.	
	the requirements at §		
	482.22(c)(5)(v), specific		
	patients as not requiring a		
	comprehensive medical history		
	and physical examination, or		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	any update to it, prior to		
	specific outpatient surgical or		
	procedural services.		
§482.24(c)(4)(ii)	(ii) Admitting diagnosis.	RC.02.01.01, EP 2	RC.12.01.01, EP 2
		The medical record contains the following clinical	The medical record contains the following clinical
		information:	information:
		- The reason(s) for admission for care, treatment, and	- Admitting diagnosis
		services	- Any emergency care, treatment, and services provided to
		- The patient's initial diagnosis, diagnostic impression(s), or	the patient before their arrival
		condition(s)	- Any allergies to food and medications
		- Any findings of assessments and reassessments	- Any findings of assessments and reassessments
		- Any allergies to food	- Results of all consultative evaluations of the patient and
		- Any allergies to medications	findings by clinical and other staff involved in the care of the
		- Any conclusions or impressions drawn from the patient's	patient
		medical history and physical examination	- Treatment goals, plan of care, and revisions to the plan of
		- Any diagnoses or conditions established during the	care
		patient's course of care, treatment, and services (including	- Documentation of complications, health care–acquired
		complications and hospital-acquired infections). For	infections, and adverse reactions to drugs and anesthesia
		psychiatric distinct part units in critical access hospitals: The	- All practitioners' orders
		diagnosis includes intercurrent diseases (diseases that	- Nursing notes, reports of treatment, laboratory reports, vital
		occur during the course of another disease; for example, a	signs, and other information necessary to monitor the
		patient with AIDS may develop an intercurrent bout of	patient's condition
		pneumonia) and the psychiatric diagnoses.	- Medication records, including the strength, dose, route,
		- Any consultation reports	date and time of administration, access site for medication,
		- Any observations relevant to care, treatment, and services	administration devices used, and rate of administration
		- The patient's response to care, treatment, and services	Note: When rapid titration of a medication is necessary, the
		- Any emergency care, treatment, and services provided to	critical access hospital defines in policy the urgent/emergent
		the patient before their arrival	situations in which block charting would be an acceptable
		- Any progress notes	form of documentation. For the definition and a further
		- All orders	explanation of block charting, refer to the Glossary.
		- Any medications ordered or prescribed	- Administration of each self-administered medication, as
		- Any medications administered, including the strength,	reported by the patient (or the patient's caregiver or support
		dose, route, date and time of administration	person where appropriate)

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 1: When rapid titration of a medication is necessary, the	- Records of radiology and nuclear medicine services,
		critical access hospital defines in policy the urgent/emergent	including signed interpretation reports
		situations in which block charting would be an acceptable	- All care, treatment, and services provided to the patient
		form of documentation.	- Patient's response to care, treatment, and services
		Note 2: For the definition and a further explanation of block	- Medical history and physical examination, including any
		charting, refer to the Glossary.	conclusions or impressions drawn from the information
		- Any access site for medication, administration devices	- Discharge plan and discharge planning evaluation
		used, and rate of administration	- Discharge summary with outcome of hospitalization,
		- Any adverse drug reactions	disposition of case, and provisions for follow-up care,
		- Treatment goals, plan of care, and revisions to the plan of	including any medications dispensed or prescribed on
		care	discharge
		- Results of diagnostic and therapeutic tests and procedures	- Any diagnoses or conditions established during the
		- Any medications dispensed or prescribed on discharge	patient's course of care, treatment, and services
		- Discharge diagnosis	Note: Medical records are completed within 30 days
		- Discharge plan and discharge planning evaluation	following discharge, including final diagnosis.
§482.24(c)(4)(iii)	(iii) Results of all consultative	RC.02.01.01, EP 2	RC.12.01.01, EP 2
	evaluations of the patient and	The medical record contains the following clinical	The medical record contains the following clinical
	appropriate findings by clinical	information:	information:
	and other staff involved in the	- The reason(s) for admission for care, treatment, and	- Admitting diagnosis
	care of the patient.	services	- Any emergency care, treatment, and services provided to
		- The patient's initial diagnosis, diagnostic impression(s), or	the patient before their arrival
		condition(s)	- Any allergies to food and medications
		- Any findings of assessments and reassessments	- Any findings of assessments and reassessments
		- Any allergies to food	- Results of all consultative evaluations of the patient and
		- Any allergies to medications	findings by clinical and other staff involved in the care of the
		- Any conclusions or impressions drawn from the patient's	patient
		medical history and physical examination	- Treatment goals, plan of care, and revisions to the plan of
		- Any diagnoses or conditions established during the	care
		patient's course of care, treatment, and services (including	- Documentation of complications, health care–acquired
		complications and hospital-acquired infections). For	infections, and adverse reactions to drugs and anesthesia
		psychiatric distinct part units in critical access hospitals: The	- All practitioners' orders
		diagnosis includes intercurrent diseases (diseases that	- Nursing notes, reports of treatment, laboratory reports, vital
		occur during the course of another disease; for example, a	signs, and other information necessary to monitor the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		patient with AIDS may develop an intercurrent bout of	patient's condition
		pneumonia) and the psychiatric diagnoses.	- Medication records, including the strength, dose, route,
		- Any consultation reports	date and time of administration, access site for medication,
		- Any observations relevant to care, treatment, and services	administration devices used, and rate of administration
		- The patient's response to care, treatment, and services	Note: When rapid titration of a medication is necessary, the
		- Any emergency care, treatment, and services provided to	critical access hospital defines in policy the urgent/emergent
		the patient before their arrival	situations in which block charting would be an acceptable
		- Any progress notes	form of documentation. For the definition and a further
		- All orders	explanation of block charting, refer to the Glossary.
		- Any medications ordered or prescribed	- Administration of each self-administered medication, as
		- Any medications administered, including the strength,	reported by the patient (or the patient's caregiver or support
		dose, route, date and time of administration	person where appropriate)
		Note 1: When rapid titration of a medication is necessary, the	- Records of radiology and nuclear medicine services,
		critical access hospital defines in policy the urgent/emergent	including signed interpretation reports
		situations in which block charting would be an acceptable	- All care, treatment, and services provided to the patient
		form of documentation.	- Patient's response to care, treatment, and services
		Note 2: For the definition and a further explanation of block	- Medical history and physical examination, including any
		charting, refer to the Glossary.	conclusions or impressions drawn from the information
		- Any access site for medication, administration devices	- Discharge plan and discharge planning evaluation
		used, and rate of administration	- Discharge summary with outcome of hospitalization,
		- Any adverse drug reactions	disposition of case, and provisions for follow-up care,
		- Treatment goals, plan of care, and revisions to the plan of	including any medications dispensed or prescribed on
		care	discharge
		- Results of diagnostic and therapeutic tests and procedures	- Any diagnoses or conditions established during the
		- Any medications dispensed or prescribed on discharge	patient's course of care, treatment, and services
		- Discharge diagnosis	Note: Medical records are completed within 30 days
		- Discharge plan and discharge planning evaluation	following discharge, including final diagnosis.
§482.24(c)(4)(iv)	(iv) Documentation of	RC.02.01.01, EP 2	RC.12.01.01, EP 2
	complications, hospital	The medical record contains the following clinical	The medical record contains the following clinical
	acquired infections, and	information:	information:
	unfavorable reactions to drugs	- The reason(s) for admission for care, treatment, and	- Admitting diagnosis
	and anesthesia.	services	- Any emergency care, treatment, and services provided to
		- The patient's initial diagnosis, diagnostic impression(s), or	the patient before their arrival

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		condition(s)	- Any allergies to food and medications
		- Any findings of assessments and reassessments	- Any findings of assessments and reassessments
		- Any allergies to food	- Results of all consultative evaluations of the patient and
		- Any allergies to medications	findings by clinical and other staff involved in the care of the
		- Any conclusions or impressions drawn from the patient's	patient
		medical history and physical examination	- Treatment goals, plan of care, and revisions to the plan of
		- Any diagnoses or conditions established during the	care
		patient's course of care, treatment, and services (including	- Documentation of complications, health care–acquired
		complications and hospital-acquired infections). For	infections, and adverse reactions to drugs and anesthesia
		psychiatric distinct part units in critical access hospitals: The	- All practitioners' orders
		diagnosis includes intercurrent diseases (diseases that	- Nursing notes, reports of treatment, laboratory reports, vital
		occur during the course of another disease; for example, a	signs, and other information necessary to monitor the
		patient with AIDS may develop an intercurrent bout of	patient's condition
		pneumonia) and the psychiatric diagnoses.	- Medication records, including the strength, dose, route,
		- Any consultation reports	date and time of administration, access site for medication,
		- Any observations relevant to care, treatment, and services	administration devices used, and rate of administration
		- The patient's response to care, treatment, and services	Note: When rapid titration of a medication is necessary, the
		- Any emergency care, treatment, and services provided to	critical access hospital defines in policy the urgent/emergent
		the patient before their arrival	situations in which block charting would be an acceptable
		- Any progress notes	form of documentation. For the definition and a further
		- All orders	explanation of block charting, refer to the Glossary.
		- Any medications ordered or prescribed	- Administration of each self-administered medication, as
		- Any medications administered, including the strength,	reported by the patient (or the patient's caregiver or support
		dose, route, date and time of administration	person where appropriate)
		Note 1: When rapid titration of a medication is necessary, the	- Records of radiology and nuclear medicine services,
		critical access hospital defines in policy the urgent/emergent	including signed interpretation reports
		situations in which block charting would be an acceptable	- All care, treatment, and services provided to the patient
		form of documentation.	- Patient's response to care, treatment, and services
		Note 2: For the definition and a further explanation of block	- Medical history and physical examination, including any
		charting, refer to the Glossary.	conclusions or impressions drawn from the information
		- Any access site for medication, administration devices	- Discharge plan and discharge planning evaluation
		used, and rate of administration	- Discharge summary with outcome of hospitalization,
		- Any adverse drug reactions	disposition of case, and provisions for follow-up care,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Treatment goals, plan of care, and revisions to the plan of	including any medications dispensed or prescribed on
		care	discharge
		- Results of diagnostic and therapeutic tests and procedures	- Any diagnoses or conditions established during the
		- Any medications dispensed or prescribed on discharge	patient's course of care, treatment, and services
		- Discharge diagnosis	Note: Medical records are completed within 30 days
		- Discharge plan and discharge planning evaluation	following discharge, including final diagnosis.
		RC.02.01.03, EP 8	
		The medical record contains the following postoperative	
		information:	
		- The patient's vital signs and level of consciousness	
		- Any medications, including intravenous fluids and any	
		administered blood, blood products, and blood components	
		- Any unanticipated events or complications (including blood	
		transfusion reactions) and the management of those events	
§482.24(c)(4)(v)	(v) Properly executed informed	RC.02.01.01, EP 4	RC.12.01.01, EP 3
	consent forms for procedures	As needed to provide care, treatment, and services, the	The medical record contains any informed consent, when
	and treatments specified by the	medical record contains the following additional	required by critical access hospital policy or federal or state
	medical staff, or by Federal or	information:	law or regulation.
	State law if applicable, to	- Any advance directives	Note: The properly executed informed consent is placed in
	require written patient consent.	- Any informed consent, when required by critical access	the patient's medical record prior to surgery, except in
		hospital policy	emergencies. A properly executed informed consent
		Note: The properly executed informed consent is placed in	contains documentation of a patient's mutual understanding
		the patient's medical record prior to surgery, except in	of and agreement for care, treatment, and services through
		emergencies. For rehabilitation and psychiatric distinct part	written signature; electronic signature; or, when a patient is
		units in critical access hospitals: A properly executed	unable to provide a signature, documentation of the verbal
		informed consent contains documentation of a patient's	agreement by the patient or surrogate decision-maker.
		mutual understanding of and agreement for care, treatment,	
		and services through written signature, electronic signature, or when a patient is unable to provide a signature,	
		documentation of the verbal agreement by the patient or	
		surrogate decision-maker.	
		Surrogate ucosion-maker.	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	- Any records of communication with the patient, such as	
	telephone calls or e-mail	
	- Any patient-generated information	
	RI.01.03.01, EP 1	
	The critical access hospital follows a written policy on	
	informed consent that describes the following:	
	- The specific care, treatment, and services that require	
	informed consent	
	- Circumstances that would allow for exceptions to obtaining	
	informed consent	
	- The process used to obtain informed consent	
	- The physician or other licensed practitioner permitted to	
	conduct the informed consent discussion in accordance	
	with law and regulation	
	- How informed consent is documented in the patient record	
	Note: Documentation may be recorded in a form, in progress	
	notes, or elsewhere in the record.	
	- When a surrogate decision-maker may give informed	
	consent	
	RI.01.03.01, EP 2	
	The informed consent process includes a discussion about	
	the following:	
	- The patient's proposed care, treatment, and services	
	- Potential benefits, risks, and side effects of the patient's	
	proposed care, treatment, and services; the likelihood of the	
	patient achieving their goals; and any potential problems	
	that might occur during recuperation	
	- Reasonable alternatives to the patient's proposed care,	
	treatment, and services. The discussion encompasses risks,	
	benefits, and side effects related to the alternatives and the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		risks related to not receiving the proposed care, treatment,	
		and services.	
§482.24(c)(4)(vi)	(vi) All practitioners' orders,	RC.02.01.01, EP 2	RC.12.01.01, EP 2
	nursing notes, reports of	The medical record contains the following clinical	The medical record contains the following clinical
	treatment, medication records,	information:	information:
	radiology, and laboratory	- The reason(s) for admission for care, treatment, and	- Admitting diagnosis
	reports, and vital signs and	services	- Any emergency care, treatment, and services provided to
	other information necessary to	- The patient's initial diagnosis, diagnostic impression(s), or	the patient before their arrival
	monitor the patient's condition.	condition(s)	- Any allergies to food and medications
		- Any findings of assessments and reassessments	- Any findings of assessments and reassessments
		- Any allergies to food	- Results of all consultative evaluations of the patient and
		- Any allergies to medications	findings by clinical and other staff involved in the care of the
		- Any conclusions or impressions drawn from the patient's	patient
		medical history and physical examination	- Treatment goals, plan of care, and revisions to the plan of
		- Any diagnoses or conditions established during the	care
		patient's course of care, treatment, and services (including	- Documentation of complications, health care–acquired
		complications and hospital-acquired infections). For	infections, and adverse reactions to drugs and anesthesia
		psychiatric distinct part units in critical access hospitals: The	- All practitioners' orders
		diagnosis includes intercurrent diseases (diseases that	- Nursing notes, reports of treatment, laboratory reports, vital
		occur during the course of another disease; for example, a	signs, and other information necessary to monitor the
		patient with AIDS may develop an intercurrent bout of	patient's condition
		pneumonia) and the psychiatric diagnoses.	- Medication records, including the strength, dose, route,
		- Any consultation reports	date and time of administration, access site for medication,
		- Any observations relevant to care, treatment, and services	administration devices used, and rate of administration
		- The patient's response to care, treatment, and services	Note: When rapid titration of a medication is necessary, the
		- Any emergency care, treatment, and services provided to	critical access hospital defines in policy the urgent/emergent
		the patient before their arrival	situations in which block charting would be an acceptable
		- Any progress notes	form of documentation. For the definition and a further
		- All orders	explanation of block charting, refer to the Glossary.
		- Any medications ordered or prescribed	- Administration of each self-administered medication, as
		- Any medications administered, including the strength,	reported by the patient (or the patient's caregiver or support
		dose, route, date and time of administration	person where appropriate)
		Note 1: When rapid titration of a medication is necessary, the	- Records of radiology and nuclear medicine services,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		critical access hospital defines in policy the urgent/emergent	including signed interpretation reports
		situations in which block charting would be an acceptable	- All care, treatment, and services provided to the patient
		form of documentation.	- Patient's response to care, treatment, and services
		Note 2: For the definition and a further explanation of block	- Medical history and physical examination, including any
		charting, refer to the Glossary.	conclusions or impressions drawn from the information
		- Any access site for medication, administration devices	- Discharge plan and discharge planning evaluation
		used, and rate of administration	- Discharge summary with outcome of hospitalization,
		- Any adverse drug reactions	disposition of case, and provisions for follow-up care,
		- Treatment goals, plan of care, and revisions to the plan of	including any medications dispensed or prescribed on
		care	discharge
		- Results of diagnostic and therapeutic tests and procedures	- Any diagnoses or conditions established during the
		- Any medications dispensed or prescribed on discharge	patient's course of care, treatment, and services
		- Discharge diagnosis	Note: Medical records are completed within 30 days
		- Discharge plan and discharge planning evaluation	following discharge, including final diagnosis.
§482.24(c)(4)(vii)	(vii) Discharge summary with	RC.02.04.01, EP 3	RC.12.01.01, EP 2
	outcome of hospitalization,	In order to provide information to other caregivers and	The medical record contains the following clinical
	disposition of case, and	facilitate the patient's continuity of care, the medical record	information:
	provisions for follow-up care.	contains a discharge summary that includes the following:	- Admitting diagnosis
		- The reason for hospitalization	- Any emergency care, treatment, and services provided to
		- The procedures performed	the patient before their arrival
		- The care, treatment, and services provided	- Any allergies to food and medications
		- The patient's condition and disposition at discharge	- Any findings of assessments and reassessments
		- Information provided to the patient and family	- Results of all consultative evaluations of the patient and
		- Provisions for follow-up care	findings by clinical and other staff involved in the care of the
		- For critical access hospitals with swing beds: Where the	patient
		resident plans to reside	- Treatment goals, plan of care, and revisions to the plan of
		Note 1: A discharge summary is not required when a patient	care
		is seen for minor problems or interventions, as defined by the	- Documentation of complications, health care–acquired
		medical staff. In this instance, a final progress note may be	infections, and adverse reactions to drugs and anesthesia
		substituted for the discharge summary provided the note	- All practitioners' orders
		contains the outcome of hospitalization, disposition of the	- Nursing notes, reports of treatment, laboratory reports, vital
		case, and provisions for follow-up care.	signs, and other information necessary to monitor the
		Note 2: When a patient is transferred to a different level of	patient's condition

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		care within the critical access hospital, and caregivers	- Medication records, including the strength, dose, route,
		change, a transfer summary may be substituted for the	date and time of administration, access site for medication,
		discharge summary. If the caregivers do not change, a	administration devices used, and rate of administration
		progress note may be used.	Note: When rapid titration of a medication is necessary, the
			critical access hospital defines in policy the urgent/emergent
			situations in which block charting would be an acceptable
			form of documentation. For the definition and a further
			explanation of block charting, refer to the Glossary.
			- Administration of each self-administered medication, as
			reported by the patient (or the patient's caregiver or support
			person where appropriate)
			- Records of radiology and nuclear medicine services,
			including signed interpretation reports
			- All care, treatment, and services provided to the patient
			- Patient's response to care, treatment, and services
			- Medical history and physical examination, including any
			conclusions or impressions drawn from the information
			- Discharge plan and discharge planning evaluation
			- Discharge summary with outcome of hospitalization,
			disposition of case, and provisions for follow-up care,
			including any medications dispensed or prescribed on
			discharge
			- Any diagnoses or conditions established during the
			patient's course of care, treatment, and services
			Note: Medical records are completed within 30 days
			following discharge, including final diagnosis.
§482.24(c)(4)(viii)	(viii) Final diagnosis with	RC.01.03.01, EP 1	RC.12.01.01, EP 2
	completion of medical records	The critical access hospital defines the time frame for	The medical record contains the following clinical
	within 30 days following	completion of the medical record, which does not exceed 30	information:
	discharge.	days after the patient's discharge.	- Admitting diagnosis
			- Any emergency care, treatment, and services provided to
		RC.02.01.01, EP 2	the patient before their arrival
		The medical record contains the following clinical	- Any allergies to food and medications

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		information:	- Any findings of assessments and reassessments
		- The reason(s) for admission for care, treatment, and	- Results of all consultative evaluations of the patient and
		services	findings by clinical and other staff involved in the care of the
		- The patient's initial diagnosis, diagnostic impression(s), or	patient
		condition(s)	- Treatment goals, plan of care, and revisions to the plan of
		- Any findings of assessments and reassessments	care
		- Any allergies to food	- Documentation of complications, health care–acquired
		- Any allergies to medications	infections, and adverse reactions to drugs and anesthesia
		- Any conclusions or impressions drawn from the patient's	- All practitioners' orders
		medical history and physical examination	- Nursing notes, reports of treatment, laboratory reports, vital
		- Any diagnoses or conditions established during the	signs, and other information necessary to monitor the
		patient's course of care, treatment, and services (including	patient's condition
		complications and hospital-acquired infections). For	- Medication records, including the strength, dose, route,
		psychiatric distinct part units in critical access hospitals: The	date and time of administration, access site for medication,
		diagnosis includes intercurrent diseases (diseases that	administration devices used, and rate of administration
		occur during the course of another disease; for example, a	Note: When rapid titration of a medication is necessary, the
		patient with AIDS may develop an intercurrent bout of	critical access hospital defines in policy the urgent/emergent
		pneumonia) and the psychiatric diagnoses.	situations in which block charting would be an acceptable
		- Any consultation reports	form of documentation. For the definition and a further
		- Any observations relevant to care, treatment, and services	explanation of block charting, refer to the Glossary.
		- The patient's response to care, treatment, and services	- Administration of each self-administered medication, as
		- Any emergency care, treatment, and services provided to	reported by the patient (or the patient's caregiver or support
		the patient before their arrival	person where appropriate)
		- Any progress notes	- Records of radiology and nuclear medicine services,
		- All orders	including signed interpretation reports
		- Any medications ordered or prescribed	- All care, treatment, and services provided to the patient
		- Any medications administered, including the strength,	- Patient's response to care, treatment, and services
		dose, route, date and time of administration	- Medical history and physical examination, including any
		Note 1: When rapid titration of a medication is necessary, the	conclusions or impressions drawn from the information
		critical access hospital defines in policy the urgent/emergent	- Discharge plan and discharge planning evaluation
		situations in which block charting would be an acceptable	- Discharge summary with outcome of hospitalization,
		form of documentation.	disposition of case, and provisions for follow-up care,
		Note 2: For the definition and a further explanation of block	including any medications dispensed or prescribed on

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		charting, refer to the Glossary.	discharge
		- Any access site for medication, administration devices	- Any diagnoses or conditions established during the
		used, and rate of administration	patient's course of care, treatment, and services
		- Any adverse drug reactions	Note: Medical records are completed within 30 days
		- Treatment goals, plan of care, and revisions to the plan of	following discharge, including final diagnosis.
		care	
		- Results of diagnostic and therapeutic tests and procedures	
		- Any medications dispensed or prescribed on discharge	
		- Discharge diagnosis	
		- Discharge plan and discharge planning evaluation	
§482.24(d)	§482.24(d) Standard: Electronic		
	notifications. If the hospital		
	utilizes an electronic medical		
	records system or other		
	electronic administrative		
	system, which is conformant		
	with the content exchange		
	standard at 45 CFR		
	170.205(d)(2), then the hospital		
	must demonstrate that—		
§482.24(d)(1)	(1) The system's notification	IM.02.02.07, EP 1	IM.13.01.05, EP 1
	capacity is fully operational and	The critical access hospital demonstrates that its electronic	The critical access hospital demonstrates that its electronic
	the hospital uses it in	health records system (or other electronic administrative	health records system's (or other electronic administrative
	accordance with all State and	system) has a fully operational notification capacity and is	system's) notification capacity is fully operational and is
	Federal statutes and	used in accordance with applicable state and federal laws	used in accordance with applicable state and federal laws
	regulations applicable to the	and regulations for the exchange of patient health	and regulations for the exchange of patient health
	hospital's exchange of patient	information.	information.
	health information.		
§482.24(d)(2)	(2) The system sends	IM.02.02.07, EP 2	IM.13.01.05, EP 2
	notifications that must include	The critical access hospital demonstrates that its electronic	The critical access hospital demonstrates that its electronic
	at least patient name, treating	health records system (or other electronic administrative	health records system (or other electronic administrative
	practitioner name, and sending	system) sends notifications that include at least the patient's	system) sends notifications that include, at a minimum, the
	institution name.		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		name, treating licensed practitioner's name, and sending	patient's name, treating licensed practitioner's name, and
		institution's name.	sending institution's name.
§482.24(d)(3)	(3) To the extent permissible	IM.02.02.07, EP 3	IM.13.01.05, EP 3
	under applicable federal and	In accordance with the patient's expressed privacy	In accordance with the patient's expressed privacy
	state law and regulations, and	preferences and applicable laws and regulations, the critical	preferences and applicable laws and regulations, the critical
	not inconsistent with the	access hospital's electronic health records system (or other	access hospital's electronic health records system (or other
	patient's expressed privacy	electronic administrative system) sends notifications	electronic administrative system) sends notifications
	preferences, the system sends	directly, or through an intermediary that facilitates exchange	directly, or through an intermediary that facilitates exchange
	notifications directly, or through	of health information, at the time of the patient's emergency	of health information, at the following times, when
	an intermediary that facilitates	department registration or inpatient admission.	applicable:
	exchange of health information,		- The patient's emergency department registration
	at the time of:		- The patient's inpatient admission
§482.24(d)(3)(i)	(i) The patient's registration in	IM.02.02.07, EP 3	IM.13.01.05, EP 3
	the hospital's emergency	In accordance with the patient's expressed privacy	In accordance with the patient's expressed privacy
	department (if applicable).	preferences and applicable laws and regulations, the critical	preferences and applicable laws and regulations, the critical
		access hospital's electronic health records system (or other	access hospital's electronic health records system (or other
		electronic administrative system) sends notifications	electronic administrative system) sends notifications
		directly, or through an intermediary that facilitates exchange	directly, or through an intermediary that facilitates exchange
		of health information, at the time of the patient's emergency	of health information, at the following times, when
		department registration or inpatient admission.	applicable:
			- The patient's emergency department registration
			- The patient's inpatient admission
§482.24(d)(3)(ii)	(ii) The patient's admission to	IM.02.02.07, EP 3	IM.13.01.05, EP 3
	the hospital's inpatient services	In accordance with the patient's expressed privacy	In accordance with the patient's expressed privacy
	(if applicable).	preferences and applicable laws and regulations, the critical	preferences and applicable laws and regulations, the critical
		access hospital's electronic health records system (or other	access hospital's electronic health records system (or other
		electronic administrative system) sends notifications	electronic administrative system) sends notifications
		directly, or through an intermediary that facilitates exchange	directly, or through an intermediary that facilitates exchange
		of health information, at the time of the patient's emergency	of health information, at the following times, when
		department registration or inpatient admission.	applicable:
			- The patient's emergency department registration
			- The patient's inpatient admission

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.24(d)(4)	(4) To the extent permissible	IM.02.02.07, EP 4	IM.13.01.05, EP 4
	under applicable federal and	In accordance with the patient's expressed privacy	In accordance with the patient's expressed privacy
	state law and regulations and	preferences and applicable laws and regulations, the critical	preferences and applicable laws and regulations, the critical
	not inconsistent with the	access hospital's electronic health records system (or other	access hospital's electronic health records system (or other
	patient's expressed privacy	electronic administrative system) sends notifications	electronic administrative system) sends notifications
	preferences, the system sends	directly, or through an intermediary that facilitates exchange	directly, or through an intermediary that facilitates exchange
	notifications directly, or through	of health information, either immediately prior to or at the	of health information, either immediately prior to or at the
	an intermediary that facilitates	time of the patient's discharge or transfer from the critical	time of the patient's discharge or transfer from the critical
	exchange of health information,	access hospital's emergency department or inpatient	access hospital's emergency department or inpatient
	either immediately prior to, or	services.	services.
	at the time of:		
§482.24(d)(4)(i)	(i) The patient's discharge or	IM.02.02.07, EP 4	IM.13.01.05, EP 4
	transfer from the hospital's	In accordance with the patient's expressed privacy	In accordance with the patient's expressed privacy
	emergency department (if	preferences and applicable laws and regulations, the critical	preferences and applicable laws and regulations, the critical
	applicable).	access hospital's electronic health records system (or other	access hospital's electronic health records system (or other
		electronic administrative system) sends notifications	electronic administrative system) sends notifications
		directly, or through an intermediary that facilitates exchange	directly, or through an intermediary that facilitates exchange
		of health information, either immediately prior to or at the	of health information, either immediately prior to or at the
		time of the patient's discharge or transfer from the critical	time of the patient's discharge or transfer from the critical
		access hospital's emergency department or inpatient	access hospital's emergency department or inpatient
		services.	services.
§482.24(d)(4)(ii)	(ii) The patient's discharge or	IM.02.02.07, EP 4	IM.13.01.05, EP 4
	transfer from the hospital's	In accordance with the patient's expressed privacy	In accordance with the patient's expressed privacy
	inpatient services (if	preferences and applicable laws and regulations, the critical	preferences and applicable laws and regulations, the critical
	applicable).	access hospital's electronic health records system (or other	access hospital's electronic health records system (or other
		electronic administrative system) sends notifications	electronic administrative system) sends notifications
		directly, or through an intermediary that facilitates exchange	directly, or through an intermediary that facilitates exchange
		of health information, either immediately prior to or at the	of health information, either immediately prior to or at the
		time of the patient's discharge or transfer from the critical	time of the patient's discharge or transfer from the critical
		access hospital's emergency department or inpatient	access hospital's emergency department or inpatient
		services.	services.
§482.24(d)(5)	(5) The hospital has made a	IM.02.02.07, EP 5	IM.13.01.05, EP 5
	reasonable effort to ensure that	The critical access hospital makes a reasonable effort to	The critical access hospital makes a reasonable effort to

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	the system sends the	confirm that its electronic health records system (or other	confirm that its electronic health records system (or other
	notifications to all applicable	electronic administrative system) sends the notifications to	electronic administrative system) sends the notifications to
	post-acute care services	all applicable post-acute care services providers and	all applicable post–acute care service providers and
	providers and suppliers, as well	suppliers, as well as any of the following who need to receive	suppliers, as well as any of the following who need to receive
	as to any of the following	notification of the patient's status for treatment, care	notification of the patient's status for treatment, care
	practitioners and entities,	coordination, or quality improvement purposes:	coordination, or quality improvement purposes:
	which need to receive	- The patient's established primary care licensed practitioner	- Patient's established primary care licensed practitioner
	notification of the patient's	- The patient's established primary care practice group or	- Patient's established primary care practice group or entity
	status for treatment, care	entity	- Other licensed practitioners, or other practice groups or
	coordination, or quality	- Other licensed practitioners, or other practice groups or	entities, identified by the patient as primarily responsible for
	improvement purposes:	entities, identified by the patient as primarily responsible for	the patient's care
		the patient's care	Note: The term "reasonable effort" means that the critical
		Note: The term "reasonable effort" means that a critical	access hospital has a process to send patient event
		access hospital has a process to send patient event	notifications while working within the constraints of its
		notifications while working within the constraints of its	technology infrastructure. There may be instances in which
		technology infrastructure. There may be instances in which a	the critical access hospital (or its intermediary) cannot
		critical access hospital (or its intermediary) cannot identify	identify an applicable recipient for a patient event
		an applicable recipient for a patient event notification	notification despite establishing processes for identifying
		despite establishing processes for identifying recipients. In	recipients. In addition, some recipients may not be able to
		addition, some recipients may not be able to receive patient	receive patient event notifications in a manner consistent
		event notifications in a manner consistent with a critical	with the critical access hospital system's capabilities.
		access hospital system's capabilities.	
§482.24(d)(5)(i)	(i) The patient's established	IM.02.02.07, EP 5	IM.13.01.05, EP 5
	primary care practitioner;	The critical access hospital makes a reasonable effort to	The critical access hospital makes a reasonable effort to
		confirm that its electronic health records system (or other	confirm that its electronic health records system (or other
		electronic administrative system) sends the notifications to	electronic administrative system) sends the notifications to
		all applicable post-acute care services providers and	all applicable post–acute care service providers and
		suppliers, as well as any of the following who need to receive	suppliers, as well as any of the following who need to receive
		notification of the patient's status for treatment, care	notification of the patient's status for treatment, care
		coordination, or quality improvement purposes:	coordination, or quality improvement purposes:
		- The patient's established primary care licensed practitioner	- Patient's established primary care licensed practitioner
		- The patient's established primary care practice group or	- Patient's established primary care practice group or entity
		entity	- Other licensed practitioners, or other practice groups or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Other licensed practitioners, or other practice groups or	entities, identified by the patient as primarily responsible for
		entities, identified by the patient as primarily responsible for	the patient's care
		the patient's care	Note: The term "reasonable effort" means that the critical
		Note: The term "reasonable effort" means that a critical	access hospital has a process to send patient event
		access hospital has a process to send patient event	notifications while working within the constraints of its
		notifications while working within the constraints of its	technology infrastructure. There may be instances in which
		technology infrastructure. There may be instances in which a	the critical access hospital (or its intermediary) cannot
		critical access hospital (or its intermediary) cannot identify	identify an applicable recipient for a patient event
		an applicable recipient for a patient event notification	notification despite establishing processes for identifying
		despite establishing processes for identifying recipients. In	recipients. In addition, some recipients may not be able to
		addition, some recipients may not be able to receive patient	receive patient event notifications in a manner consistent
		event notifications in a manner consistent with a critical	with the critical access hospital system's capabilities.
		access hospital system's capabilities.	
§482.24(d)(5)(ii)	(ii) The patient's established	IM.02.02.07, EP 5	IM.13.01.05, EP 5
	primary care practice group or	The critical access hospital makes a reasonable effort to	The critical access hospital makes a reasonable effort to
	entity; or	confirm that its electronic health records system (or other	confirm that its electronic health records system (or other
		electronic administrative system) sends the notifications to	electronic administrative system) sends the notifications to
		all applicable post-acute care services providers and	all applicable post–acute care service providers and
		suppliers, as well as any of the following who need to receive	suppliers, as well as any of the following who need to receive
		notification of the patient's status for treatment, care	notification of the patient's status for treatment, care
		coordination, or quality improvement purposes:	coordination, or quality improvement purposes:
		- The patient's established primary care licensed practitioner	- Patient's established primary care licensed practitioner
		- The patient's established primary care practice group or	- Patient's established primary care practice group or entity
		entity	- Other licensed practitioners, or other practice groups or
		- Other licensed practitioners, or other practice groups or	entities, identified by the patient as primarily responsible for
		entities, identified by the patient as primarily responsible for	the patient's care
		the patient's care	Note: The term "reasonable effort" means that the critical
		Note: The term "reasonable effort" means that a critical	access hospital has a process to send patient event
		access hospital has a process to send patient event	notifications while working within the constraints of its
		notifications while working within the constraints of its	technology infrastructure. There may be instances in which
		technology infrastructure. There may be instances in which a	the critical access hospital (or its intermediary) cannot
		critical access hospital (or its intermediary) cannot identify	identify an applicable recipient for a patient event
		an applicable recipient for a patient event notification	notification despite establishing processes for identifying

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		despite establishing processes for identifying recipients. In	recipients. In addition, some recipients may not be able to
		addition, some recipients may not be able to receive patient	receive patient event notifications in a manner consistent
		event notifications in a manner consistent with a critical	with the critical access hospital system's capabilities.
		access hospital system's capabilities.	
§482.24(d)(5)(iii)	(iii) Other practitioner, or other	IM.02.02.07, EP 5	IM.13.01.05, EP 5
	practice group or entity,	The critical access hospital makes a reasonable effort to	The critical access hospital makes a reasonable effort to
	identified by the patient as the	confirm that its electronic health records system (or other	confirm that its electronic health records system (or other
	practitioner, or practice group	electronic administrative system) sends the notifications to	electronic administrative system) sends the notifications to
	or entity, primarily responsible	all applicable post-acute care services providers and	all applicable post–acute care service providers and
	for his or her care.	suppliers, as well as any of the following who need to receive	suppliers, as well as any of the following who need to receive
		notification of the patient's status for treatment, care	notification of the patient's status for treatment, care
		coordination, or quality improvement purposes:	coordination, or quality improvement purposes:
		- The patient's established primary care licensed practitioner	- Patient's established primary care licensed practitioner
		- The patient's established primary care practice group or	- Patient's established primary care practice group or entity
		entity	- Other licensed practitioners, or other practice groups or
		- Other licensed practitioners, or other practice groups or	entities, identified by the patient as primarily responsible for
		entities, identified by the patient as primarily responsible for	the patient's care
		the patient's care	Note: The term "reasonable effort" means that the critical
		Note: The term "reasonable effort" means that a critical	access hospital has a process to send patient event
		access hospital has a process to send patient event	notifications while working within the constraints of its
		notifications while working within the constraints of its	technology infrastructure. There may be instances in which
		technology infrastructure. There may be instances in which a	the critical access hospital (or its intermediary) cannot
		critical access hospital (or its intermediary) cannot identify	identify an applicable recipient for a patient event
		an applicable recipient for a patient event notification	notification despite establishing processes for identifying
		despite establishing processes for identifying recipients. In	recipients. In addition, some recipients may not be able to
		addition, some recipients may not be able to receive patient	receive patient event notifications in a manner consistent
		event notifications in a manner consistent with a critical	with the critical access hospital system's capabilities.
		access hospital system's capabilities.	
§482.25	§482.25 Condition of	LD.04.01.07, EP 1	LD.13.01.09, EP 5
	Participation: Pharmaceutical	Leaders review, approve, and manage the implementation of	For rehabilitation and psychiatric distinct part units in critical
	Services The hospital must	policies and procedures that guide and support patient care,	access hospitals: The critical access hospital develops and
	have pharmaceutical services	treatment, and services.	implements policies and procedures that minimizes drug
	that meet the needs of the		errors. The medical staff develops these policies and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	patients. The institution must	LD.04.03.01, EP 2	procedures unless delegated to the pharmaceutical service.
	have a pharmacy directed by a	For rehabilitation and psychiatric distinct part units in critical	
	registered pharmacist or a drug	access hospitals: The critical access hospital provides	NPG.12.01.01, EP 10
	storage area under competent	essential services, including the following:	For rehabilitation and psychiatric distinct part units in critical
	supervision. The medical staff	- Diagnostic radiology	access hospitals: The critical access hospital has a
	is responsible for developing	- Dietary	pharmacy that is directed by a registered pharmacist. If the
	policies and procedures that	- Emergency	critical access hospital does not have a pharmacy, it has a
	minimize drug errors. This	- Medical records	drug storage area under competent supervision, as defined
	function may be delegated to	- Nuclear medicine	by the critical access hospital.
	the hospital's organized	- Nursing care	Note: The pharmacy or drug storage area is administered in
	pharmaceutical service.	- Pathology and clinical laboratory	accordance with accepted professional principles.
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
		MM.03.01.01, EP 19	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital has a	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		pharmacy directed by a registered pharmacist or a	
		supervised drug storage area, in accordance with law and	
		regulation.	
		Note: This element of performance is also applicable to	
		sample medications.	
§482.25	Element Deleted	LD.04.03.01, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital provides	
		essential services, including the following:	
		- Diagnostic radiology	
		- Dietary	
		- Emergency	
		- Medical records	
		- Nuclear medicine	
		- Nursing care	
		- Pathology and clinical laboratory	
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		professionally approved standards.	
		MM.03.01.01, EP 19	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital has a	
		pharmacy directed by a registered pharmacist or a	
		supervised drug storage area, in accordance with law and	
		regulation.	
		Note: This element of performance is also applicable to	
		sample medications.	
§482.25(a)	§482.25(a) Standard: Pharmacy	LD.03.08.01, EP 1	MM.11.01.01, EP 1
	Management and	The critical access hospital's design of new or modified	Drugs and biologicals are procured, stored, controlled, and
	Administration The pharmacy	services or processes incorporates the following:	distributed, in accordance with federal and state laws and
	or drug storage area must be	- The needs of patients, staff, and others	accepted standards of practice.
	administered in accordance	- The results of performance improvement activities	
	with accepted professional	- Information about potential risks to patients	MM.14.01.01, EP 3
	principles.	- Evidence-based information in the decision-making	The critical access hospital develops and implements a
		process	written policy that defines the following:
		- Information about sentinel events	- Specific types of medication orders that it deems
		Note 1: A proactive risk assessment is one of several ways to	acceptable for use
		assess potential risks to patients. For suggested	- Minimum required elements of a complete medication
		components, refer to the "Proactive Risk Assessment"	order, which includes medication name, medication dose,
		section at the beginning of this chapter.	medication route, and medication frequency
		Note 2: Evidence-based information could include practice	- When indication for use is required on a medication order
		guidelines, successful practices, information from current	- Precautions for ordering medications with look-alike or
		literature, and clinical standards.	sound-alike names
		LD 02 40 04 FD 4	- Actions to take when medication orders are incomplete,
		LD.03.10.01, EP 1	illegible, or unclear
		For critical access hospitals that elect The Joint Commission	- Required elements for medication titration orders, including
		Primary Care Medical Home option or rehabilitation and psychiatric distinct part units in critical access hospitals: The	the medication name, medication route, initial rate of infusion (dose/unit of time), incremental units to which the
		critical access hospital considers using clinical practice	rate or dose can be increased or decreased, how often the
			· ·
		guidelines when designing or improving processes.	rate or dose can be changed, the maximum rate or dose of

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LD.04.01.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines, in writing, the responsibility of those with administrative and	infusion, and the objective clinical measure to be used to guide changes  Note 1: Examples of objective clinical measures to be used to guide titration changes include blood pressure, Richmond Agitation–Sedation Scale (RASS), and the Confusion
		clinical direction of its programs, services, sites, or departments.  Note: This includes the full-time employee who directs and manages dietary services.	Assessment Method (CAM).  Note 2: Drugs and biologicals not specifically prescribed as to time or number of doses are automatically stopped after a reasonable time that is predetermined by the medical staff.
		MM.03.01.01, EP 2 The critical access hospital stores medications according to the manufacturers' recommendations or, in the absence of such recommendations, according to a pharmacist's instructions.  Note: This element of performance is also applicable to sample medications.	
		MM.03.01.01, EP 3 The critical access hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation.  Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.  Note 2: This element of performance is also applicable to sample medications.	
		MM.03.01.01, EP 4 The critical access hospital follows a written policy addressing the control of medication between receipt by a staff member and administration of the medication,	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		including safe storage, handling, wasting, security, disposition, and return to storage.  Note: This element of performance is also applicable to sample medications.	
		MM.03.01.01, EP 7 All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings. Note: This element of performance is also applicable to sample medications.	
		MM.05.01.11, EP 2 The critical access hospital dispenses medications and maintains records in accordance with law and regulation, licensure, and professional standards of practice. Note 1: Dispensing practices and recordkeeping include antidiversion strategies. Note 2: This element of performance is also applicable to sample medications.	
§482.25(a)(1)	(1) A full-time, part-time, or consulting pharmacist must be responsible for developing, supervising, and coordinating all the activities of the pharmacy services.	HR.01.02.05, EP 28 For rehabilitation and psychiatric distinct part units in critical access hospitals: A full-time, part-time, or consulting pharmacist develops, supervises, and coordinates all the activities of the pharmacy department or pharmacy service.	NPG.12.01.01, EP 11  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a full-time, part-time, or consulting pharmacist who is responsible for developing, supervising, and coordinating all pharmacy services activities.
§482.25(a)(2)	(2) The pharmaceutical service must have an adequate number of personnel to ensure quality pharmaceutical services, including emergency services.	LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.	NPG.12.01.01, EP 1 Leaders provide for an adequate number and mix of qualified individuals to support safe, quality care, treatment, and services.  Note 1: The number and mix of individuals is appropriate to the scope and complexity of the services offered. Services may include but are not limited to the following:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			- Rehabilitation services
			- Emergency services
			- Outpatient services
			- Respiratory services
			- Pharmaceutical services, including emergency
			pharmaceutical services
			- Diagnostic and therapeutic radiology services
			Note 2: Emergency services staff are qualified in emergency
			care.
			Note 3: For rehabilitation and psychiatric distinct part units in
			critical access hospitals: As of the first day of the first cost
			reporting period for which all other exclusion requirements
			are met, the unit is fully equipped and staffed and is capable
			of providing hospital inpatient psychiatric or rehabilitation
			care regardless of whether there are any inpatients in the unit
\$400.05(-)(0)	(2) O	MM 00 04 04 FD 0	on that date.
§482.25(a)(3)	(3) Current and accurate	MM.03.01.01, EP 3	MM.13.01.01, EP 1
	records must be kept of the receipt and disposition of all	The critical access hospital stores all medications and biologicals, including controlled (scheduled) medications, in	The critical access hospital maintains current and accurate records of the receipt and disposition of all scheduled drugs.
	scheduled drugs.	a secured area to prevent diversion, and locked when	records of the receipt and disposition of all scheduled drugs.
	scrieduted drugs.	necessary, in accordance with law and regulation.	
		Note 1: Scheduled medications include those listed in	
		Schedules II–V of the Comprehensive Drug Abuse Prevention	
		and Control Act of 1970.	
		Note 2: This element of performance is also applicable to	
		sample medications.	
		P. C.	
		MM.03.01.01, EP 4	
		The critical access hospital follows a written policy	
		addressing the control of medication between receipt by a	
		staff member and administration of the medication,	
		including safe storage, handling, wasting, security,	
		disposition, and return to storage.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: This element of performance is also applicable to	
		sample medications.	
		MM.05.01.11, EP 2	
		The critical access hospital dispenses medications and	
		maintains records in accordance with law and regulation,	
		licensure, and professional standards of practice.	
		Note 1: Dispensing practices and recordkeeping include	
		antidiversion strategies.	
		Note 2: This element of performance is also applicable to	
		sample medications.	
§482.25(b)	§482.25(b) Standard: Delivery	EC.02.01.01, EP 11	MM.11.01.01, EP 1
	of Services In order to provide	The critical access hospital responds to product notices and	Drugs and biologicals are procured, stored, controlled, and
	patient safety, drugs and	recalls.	distributed, in accordance with federal and state laws and
	biologicals must be controlled		accepted standards of practice.
	and distributed in accordance	MM.03.01.01, EP 3	
	with applicable standards of	The critical access hospital stores all medications and	
	practice, consistent with	biologicals, including controlled (scheduled) medications, in	
	Federal and State law.	a secured area to prevent diversion, and locked when	
		necessary, in accordance with law and regulation.	
		Note 1: Scheduled medications include those listed in	
		Schedules II–V of the Comprehensive Drug Abuse Prevention	
		and Control Act of 1970.	
		Note 2: This element of performance is also applicable to	
		sample medications.	
		MM 00 04 04 ED 4	
		MM.03.01.01, EP 4	
		The critical access hospital follows a written policy	
		addressing the control of medication between receipt by a	
		staff member and administration of the medication,	
		including safe storage, handling, wasting, security,	
		disposition, and return to storage.	
		Note: This element of performance is also applicable to	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		sample medications.	
		MM.05.01.01, EP 1	
		Before dispensing or removing medications from floor stock	
		or from an automated storage and distribution device, a	
		pharmacist reviews all medication orders or prescriptions	
		unless a physician or other licensed practitioner controls the	
		ordering, preparation, and administration of the medication	
		or when a delay would harm the patient in an urgent situation	
		(including sudden changes in a patient's clinical status), in	
		accordance with law and regulation.	
		Note 1: The Joint Commission permits emergency	
		departments to broadly apply two exceptions in regard to	
		Standard MM.05.01.01, EP 1. These exceptions are intended	
		to minimize treatment delays and patient backup. The first	
		exception allows medications ordered by a physician or	
		other licensed practitioner to be administered by staff who	
		are permitted to do so by virtue of education, training, and	
		organization policy (such as a registered nurse) and in	
		accordance with law and regulation. A physician or other	
		licensed practitioner is not required to remain at the bedside	
		when the medication is administered. However, a physician	
		or other licensed practitioner must be available to provide	
		immediate intervention should a patient experience an	
		adverse drug event. The second exception allows	
		medications to be administered in urgent situations when a	
		delay in doing so would harm the patient.	
		Note 2: A critical access hospital's radiology service	
		(including critical access hospital-associated ambulatory	
		radiology) will be expected to define, through protocol or	
		policy, the role of the physician or other licensed practitioner	
		in the direct supervision of a patient during and after IV	
		contrast media is administered including the physician's or	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	other licensed practitioner's timely intervention in the event	
	of a patient emergency.	
	MM.05.01.11, EP 2	
	The critical access hospital dispenses medications and	
	maintains records in accordance with law and regulation,	
	licensure, and professional standards of practice.	
	Note 1: Dispensing practices and recordkeeping include	
	antidiversion strategies.	
	Note 2: This element of performance is also applicable to sample medications.	
	Sample medications.	
	MM.05.01.17, EP 1	
	The critical access hospital follows a written policy	
	describing how it will retrieve and handle medications within	
	the critical access hospital that are recalled or discontinued	
	for safety reasons by the manufacturer or the US Food and	
	Drug Administration (FDA).	
	Note: This element of performance is also applicable to	
	sample medications.	
	MM.05.01.17, EP 3	
	When a medication is recalled or discontinued for safety	
	reasons by the manufacturer or the US Food and Drug	
	Administration (FDA), the critical access hospital notifies the	
	prescribers and those who dispense or administer the	
	medication.	
	Note: This element of performance is also applicable to	
	sample medications.	
	MM.05.01.17, EP 4	
	When required by law and regulation or critical access	
	hospital policy, the critical access hospital informs patients	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		that their medication has been recalled or discontinued for	
		safety reasons by the manufacturer or the US Food and Drug	
		Administration (FDA).	
		Note: This element of performance is also applicable to	
		sample medications.	
		MM.05.01.19, EP 2	
		When the critical access hospital accepts unused, expired,	
		or returned medications, it follows a process for returning	
		medications to the pharmacy's or critical access hospital's	
		control which includes procedures for preventing diversion.	
		Note: This element of performance is also applicable to	
		sample medications.	
§482.25(b)(1)	(1) All compounding,	MM.05.01.01, EP 4	MM.15.01.01, EP 1
	packaging, and dispensing of	All medication orders are reviewed for the following:	A pharmacist or other staff authorized in accordance with
	drugs and biologicals must be	- Patient allergies or potential sensitivities	state and federal law and regulation compounds, labels, and
	under the supervision of a	- Existing or potential interactions between the medication	dispenses drugs and biologicals, regardless of whether the
	pharmacist and performed	ordered and food and medications the patient is currently	services are provided by critical access hospital staff or
	consistent with State and	taking	under arrangement.
	Federal laws.	- The appropriateness of the medication, dose, frequency,	Note 1: When an on-site licensed pharmacist is available, a
		and route of administration	pharmacist, or pharmacy staff under the supervision of a
		- Current or potential impact as indicated by laboratory	pharmacist, compounds or admixes all compounded sterile
		values	preparations.
		- Therapeutic duplication	Note 2: For rehabilitation and psychiatric distinct part units in
		- Other contraindications	critical access hospitals: A pharmacist supervises all
			compounding, packaging, and dispensing of drugs and
		MM.05.01.01, EP 11	biologicals except in urgent situations in which a delay could
		After the medication order has been reviewed, all concerns,	harm the patient or when the product's stability is short.
		issues, or questions are clarified with the individual	
		prescriber before dispensing.	MM.15.01.01, EP 2
			The critical access hospital develops and implements
		MM.05.01.07, EP 1	policies and procedures for sterile medication compounding
		A pharmacist or other staff authorized in accordance with	of nonhazardous and hazardous medications in accordance

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		state and federal law and regulation compounds, labels, and	with state and federal law and regulation.
		dispenses drugs or biologicals, regardless of whether the	Note: All compounded medications are prepared in
		services are provided by critical access hospital staff or	accordance with the orders of a physician or other licensed
		under arrangement.	practitioner.
		Note 1: When an on-site licensed pharmacist is available, a	
		pharmacist, or pharmacy staff under the supervision of a	MM.15.01.01, EP 3
		pharmacist, compounds or admixes all compounded sterile	The critical access hospital assesses competency of staff
		preparations.	who conduct sterile medication compounding of
		Note 2: For rehabilitation and psychiatric distinct part units in	nonhazardous and hazardous medications in accordance
		critical access hospitals: A pharmacist supervises all	with state and federal law and regulation and critical access
		compounding, packaging, and dispensing of drugs and	hospital policies.
		biologicals except in urgent situations in which a delay could	
		harm the patient or when the product's stability is short.	MM.15.01.01, EP 4
			The critical access hospital conducts sterile medication
		MM.05.01.07, EP 2	compounding of nonhazardous and hazardous medications
		The critical access hospital develops and implements	within a proper environment in accordance with state and
		policies and procedures for sterile medication compounding	federal law and regulation and critical access hospital
		of nonhazardous and hazardous medications in accordance	policies.
		with state and federal law and regulation.	Note: Aspects of a proper environment include but are not
		Note: All compounded medications are prepared in	limited to air exchanges and pressures, ISO designations,
		accordance with the orders of a physician or other licensed	viable testing, and cleaning/disinfecting.
		practitioner.	
			MM.15.01.01, EP 5
		MM.05.01.07, EP 3	The critical access hospital properly stores compounded
		The critical access hospital assesses competency of staff	sterile preparations of nonhazardous and hazardous
		who conduct sterile medication compounding of	medications and labels them with beyond-use dates in
		nonhazardous and hazardous medications in accordance	accordance with state and federal law and regulation and
		with state and federal law and regulation and the critical	critical access hospital policies.
		access hospital policies.	
			MM.15.01.01, EP 6
		MM.05.01.07, EP 4	The critical access hospital conducts quality assurance of
		The critical access hospital conducts sterile medication	compounded sterile preparations of nonhazardous and
		compounding of nonhazardous and hazardous medications	hazardous medications in accordance with state and federal

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
CoP Requirement CoP Text	within a proper environment in accordar federal law and regulation and critical acpolicies.  Note: Aspects of a proper environment i limited to air exchanges and pressures, viable testing, and cleaning/disinfecting  MM.05.01.07, EP 5  The critical access hospital properly sto sterile preparations of nonhazardous an medications and labels them with beyon accordance with state and federal law a critical access hospital policies.  MM.05.01.07, EP 6  The critical access hospital conducts que compounded sterile preparations of nor hazardous medications in accordance with and regulation and critical access hospitals: An appropriately train pharmacist or doctor of medicine or ost supervises in-house preparation of radio MM.05.01.09, EP 2  Information on medication labels is disp standardized format, in accordance with and standards of practice.  Note: This element of performance is als sample medications.	law and regulation and critical access hospital policies.  MM.15.01.01, EP 7 For rehabilitation and psychiatric distinct part units in critical access hospitals: An appropriately trained registered pharmacist or doctor of medicine or osteopathy performs or supervises in-house preparation of radiopharmaceuticals.  Test compounded designation and regulation and regu

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		MM.05.01.09, EP 3  All medications prepared in the critical access hospital are correctly labeled with the following:  - Medication name, strength, and amount (if not apparent from the container)  Note: This is also applicable to sample medications.  - Expiration date when not used within 24 hours  - Expiration date and time when expiration occurs in less than 24 hours  - The date prepared and the diluent for all compounded intravenous admixtures and parenteral nutrition formulas	
§482.25(b)(2)(i)	(2)(i) All drugs and biologicals must be kept in a secure area, and locked when appropriate.	MM.03.01.01, EP 3  The critical access hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area to prevent diversion, and locked when necessary, in accordance with law and regulation.  Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.  Note 2: This element of performance is also applicable to sample medications.  MM.03.01.01, EP 4  The critical access hospital follows a written policy addressing the control of medication between receipt by a staff member and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.  Note: This element of performance is also applicable to sample medications.  MM.03.01.01, EP 6	MM.13.01.01, EP 2 The critical access hospital stores all medications and biologicals, including controlled (scheduled) medications, in a secured area and locked when necessary to prevent diversion in accordance with law and regulation.  Note 1: Scheduled medications include those listed in Schedules II–V of the Comprehensive Drug Abuse Prevention and Control Act of 1970.  Note 2: This element of performance is also applicable to sample medications.  Note 3: Only authorized staff have access to locked areas.
		The critical access hospital prevents unauthorized	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		individuals from obtaining medications in accordance with	
		its policy and law and regulation.	
		Note: This element of performance is also applicable to	
		sample medications.	
§482.25(b)(2)(ii)	(ii) Drugs listed in Schedules II,	MM.03.01.01, EP 3	MM.13.01.01, EP 2
	III, IV, and V of the	The critical access hospital stores all medications and	The critical access hospital stores all medications and
	Comprehensive Drug Abuse	biologicals, including controlled (scheduled) medications, in	biologicals, including controlled (scheduled) medications, in
	Prevention and Control Act of	a secured area to prevent diversion, and locked when	a secured area and locked when necessary to prevent
	1970 must be kept locked	necessary, in accordance with law and regulation.	diversion in accordance with law and regulation.
	within a secure area.	Note 1: Scheduled medications include those listed in	Note 1: Scheduled medications include those listed in
		Schedules II–V of the Comprehensive Drug Abuse Prevention	Schedules II–V of the Comprehensive Drug Abuse Prevention
		and Control Act of 1970.	and Control Act of 1970.
		Note 2: This element of performance is also applicable to	Note 2: This element of performance is also applicable to
		sample medications.	sample medications.
			Note 3: Only authorized staff have access to locked areas.
§482.25(b)(2)(iii)	(iii) Only authorized personnel	MM.03.01.01, EP 6	MM.13.01.01, EP 2
	may have access to locked	The critical access hospital prevents unauthorized	The critical access hospital stores all medications and
	areas.	individuals from obtaining medications in accordance with	biologicals, including controlled (scheduled) medications, in
		its policy and law and regulation.	a secured area and locked when necessary to prevent
		Note: This element of performance is also applicable to	diversion in accordance with law and regulation.
		sample medications.	Note 1: Scheduled medications include those listed in
			Schedules II–V of the Comprehensive Drug Abuse Prevention
			and Control Act of 1970.
			Note 2: This element of performance is also applicable to
			sample medications.
2.122.224.1/21			Note 3: Only authorized staff have access to locked areas.
§482.25(b)(3)	(3) Outdated, mislabeled, or	MM.03.01.01, EP 8	MM.13.01.01, EP 4
	otherwise unusable drugs and	The critical access hospital removes all expired, damaged,	The critical access hospital removes all expired, damaged,
	biologicals must not be	and/or contaminated medications and stores them	mislabeled, contaminated, or otherwise unusable
	available for patient use.	separately from medications available for administration.	medications and stores them separately from medications
		Note: This element of performance is also applicable to	available for patient use.
		sample medications.	Note: This element of performance is also applicable to
			sample medications.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.25(b)(4)	(4) When a pharmacist is not	MM.05.01.13, EP 1	MM.13.01.01, EP 5
	available, drugs and biologicals	The critical access hospital follows a process for providing	For rehabilitation and psychiatric distinct part units in critical
	must be removed from the	medications to meet patient needs when the pharmacy is	access hospitals: When a pharmacist is not available, only
	pharmacy or storage area only	closed.	designated staff obtain drugs and biologicals from the
	by personnel designated in the		pharmacy or storage area in accordance with policies and
	policies of the medical staff	MM.05.01.13, EP 2	procedures of medical staff and pharmaceutical service, and
	and pharmaceutical service, in	When non-pharmacist health care professionals are allowed	applicable federal and state law and regulation.
	accordance with Federal and	by law or regulation to obtain medications after the	
	State law.	pharmacy is closed, the following occurs:	
		- Medications available are limited to those approved by the	
		critical access hospital.	
		- The critical access hospital stores and secures the	
		medications approved for use outside of the pharmacy.	
		- Only trained, designated prescribers and nurses are	
		permitted access to approved medications	
		- Quality control procedures (such as an independent	
		second check by another individual or a secondary	
		verification built into the system such as bar coding) are in	
		place to prevent medication retrieval errors.	
		- The critical access hospital arranges for a qualified	
		pharmacist to be available either on-call or at another	
		location (for example, at another organization that has 24-	
		hour pharmacy service) to answer questions or provide	
		medications beyond those accessible to non-pharmacy	
		staff.	
§482.25(b)(5)	(5) Drugs and biologicals not	MM.04.01.01, EP 1	MM.14.01.01, EP 3
	specifically prescribed as to	The critical access hospital follows a written policy that	The critical access hospital develops and implements a
	time or number of doses must	identifies the specific types of medication orders that it	written policy that defines the following:
	automatically be stopped after	deems acceptable for use.	- Specific types of medication orders that it deems
	a reasonable time that is	Note: There are several different types of medication orders.	acceptable for use
	predetermined by the medical	Medication orders commonly used include the following:	- Minimum required elements of a complete medication
	staff.	- As needed (PRN) orders: Orders acted on based on the	order, which includes medication name, medication dose,
		occurrence of a specific indication or symptom	medication route, and medication frequency

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Standing orders: A prewritten medication order and specific	- When indication for use is required on a medication order
		instructions from the physician or other licensed practitioner	- Precautions for ordering medications with look-alike or
		to administer a medication to a person in clearly defined	sound-alike names
		circumstances	- Actions to take when medication orders are incomplete,
		- Automatic stop orders: Orders that include a date or time to	illegible, or unclear
		discontinue a medication	- Required elements for medication titration orders, including
		- Titrating orders: Orders in which the dose is either	the medication name, medication route, initial rate of
		progressively increased or decreased in response to the	infusion (dose/unit of time), incremental units to which the
		patient's status	rate or dose can be increased or decreased, how often the
		- Taper orders: Orders in which the dose is decreased by a	rate or dose can be changed, the maximum rate or dose of
		particular amount with each dosing interval	infusion, and the objective clinical measure to be used to
		- Range orders: Orders in which the dose or dosing interval	guide changes
		varies over a prescribed range, depending on the situation or	Note 1: Examples of objective clinical measures to be used
		patient's status	to guide titration changes include blood pressure, Richmond
		- Signed and held orders: New prewritten (held) medication	Agitation–Sedation Scale (RASS), and the Confusion
		orders and specific instructions from a physician or other	Assessment Method (CAM).
		licensed practitioner to administer medication(s) to a patient	Note 2: Drugs and biologicals not specifically prescribed as
		in clearly defined circumstances that become active upon	to time or number of doses are automatically stopped after a
		the release of the orders on a specific date(s) and time(s)	reasonable time that is predetermined by the medical staff.
		- Orders for compounded drugs or drug mixtures not	
		commercially available	
		- Orders for medication-related devices (for example,	
		nebulizers, catheters)	
		- Orders for investigational medications	
		- Orders for herbal products	
		- Orders for medications at discharge or transfer	
		MM.05.01.01, EP 4	
		All medication orders are reviewed for the following:	
		- Patient allergies or potential sensitivities	
		- Existing or potential interactions between the medication	
		ordered and food and medications the patient is currently	
		taking	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- The appropriateness of the medication, dose, frequency,	
		and route of administration	
		- Current or potential impact as indicated by laboratory	
		values	
		- Therapeutic duplication	
		- Other contraindications	
§482.25(b)(6)	(6) Drug administration errors,	MM.07.01.03, EP 1	MM.17.01.01, EP 2
	adverse drug reactions, and	The critical access hospital follows a written process to	For rehabilitation and psychiatric distinct part units in critical
	incompatibilities must be	respond to actual or potential adverse drug events,	access hospitals: Medication administration errors, adverse
	immediately reported to the	significant adverse drug reactions, and medication errors.	drug reactions, and medication incompatibilities, as defined
	attending physician and, if	Note: This element of performance is also applicable to	by the critical access hospital, are immediately reported to
	appropriate, to the hospital's	sample medications.	the attending physician or licensed practitioner and, as
	quality assessment and		appropriate, to the hospitalwide quality assessment and
	performance improvement	MM.07.01.03, EP 2	performance improvement program.
	program.	The critical access hospital follows a written process	
		addressing prescriber notification in the event of an adverse	MM.17.01.01, EP 3
		drug event, significant adverse drug reaction, or medication	The critical access hospital has a method (such as using
		error.	established benchmarks for the size and scope of services
		Note: This element of performance is also applicable to	provided by the critical access hospital or studies on
		sample medications.	reporting rates published in peer-reviewed journals) by which
			to measure the effectiveness of its process for identifying
		MM.07.01.03, EP 3	and reporting medication errors and adverse drug reactions
		The critical access hospital complies with internal and	to the quality assessment and performance improvement
		external reporting requirements for actual or potential	program.
		adverse drug events, significant adverse drug reactions, and	
		medication errors.	
		Note: This element of performance is also applicable to	
		sample medications.	
		MM.07.01.03, EP 6	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Medication administration errors, adverse	
		drug reactions, and medication incompatibilities as defined	
		urug reactions, and medication incompatibilities as defined	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		by the critical access hospital are immediately reported to	
		the attending physician and as appropriate to the	
		organizationwide quality assessment and performance	
		improvement program.	
		Note: The definition of "physician" is the same as that used	
		by the Centers for Medicare & Dedicard Services (CMS)	
		(refer to the Glossary).	
		PI.01.01.01, EP 12	
		The critical access hospital collects data on the following:	
		Significant medication errors.	
		PI.01.01.01, EP 13	
		The critical access hospital collects data on the following:	
		Significant adverse drug reactions.	
§482.25(b)(7)	(7) Abuses and losses of	MM.01.03, EP 5	MM.13.01.01, EP 3
	controlled substances must be	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	reported, in accordance with	access hospitals: The critical access hospital reports abuses	access hospitals: The critical access hospital reports abuses
	applicable Federal and State	and losses of controlled substances, in accordance with law	and losses of controlled substances, in accordance with
	laws, to the individual	and regulation, to the individual responsible for the	federal and state law and regulation, to the individual
	responsible for the	pharmacy department or service and, as appropriate, to the	responsible for the pharmacy department or service and, as
	pharmaceutical service, and to	chief executive.	appropriate, to the chief executive officer.
	the chief executive officer, as	Note: This element of performance is also applicable to	Note: This element of performance is also applicable to
	appropriate.	sample medications.	sample medications.
§482.25(b)(8)	(8) Information relating to drug	IM.03.01.01, EP 1	MM.11.01.03, EP 1
	interactions and information of	The critical access hospital provides access to knowledge-	For rehabilitation and psychiatric distinct part units in critical
	drug therapy, side effects,	based information resources 24 hours a day, 7 days a week.	access hospitals: Information relating to drug interactions,
	toxicology, dosage, indications		drug therapy, side effects, toxicology, dosage, indications for
	for use, and routes of	MM.02.01.01, EP 4	use, and routes of administration is available to the
	administration must be	The critical access hospital maintains a formulary, including	professional staff.
	available to the professional	medication strength and dosage. The formulary is readily	
	staff.	available to those involved in medication management.	
		Note 1: Sample medications are not required to be on the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		formulary. Note 2: In some settings, the term "list of medications	
		available for use" is used instead of "formulary." The terms	
		are synonymous.	
§482.25(b)(9)	(9) A formulary system must be	MM.02.01.01, EP 1	MM.12.01.01, EP 1
	established by the medical staff	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital maintains a formulary that
	to assure quality pharmaceuticals at reasonable	access hospitals: Members of the medical staff, licensed practitioners, pharmacists, and other staff involved in	includes medication strength and dosage. The formulary is readily available to those involved in medication
	costs.	ordering, dispensing, administering, and/or monitoring the	management.
	00013.	effects of medications develop written criteria for	Note 1: Sample medications are not required to be on the
		determining which medications are available for dispensing	formulary.
		or administering to patients.	Note 2: In some settings, the term "list of medications
		Note: This element of performance is also applicable to	available for use" is used instead of "formulary." The terms
		sample medications.	are synonymous.
		MM.02.01.01, EP 2	
		The critical access hospital develops and approves criteria	
		for selecting medications, which, at a minimum, include the	
		following:	
		- Indications for use	
		- Effectiveness	
		- Drug interactions - Potential for errors and abuse	
		- Adverse drug events	
		- Sentinel event advisories	
		- Other risks	
		- Costs	
		Note: This element of performance is also applicable to	
		sample medications.	
		MM.02.01.01, EP 4	
		The critical access hospital maintains a formulary, including	
		medication strength and dosage. The formulary is readily	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		available to those involved in medication management.	
		Note 1: Sample medications are not required to be on the	
		formulary.	
		Note 2: In some settings, the term "list of medications	
		available for use" is used instead of "formulary." The terms	
		are synonymous.	
§482.26	§482.26 Condition of	HR.01.01.01, EP 1	LD.13.03.01, EP 1
	Participation: Radiologic	The critical access hospital defines staff qualifications	The critical access hospital provides services directly or
	Services The hospital must	specific to their job responsibilities.	through referral, consultation, contractual arrangements, or
	maintain, or have available,	Note 1: Qualifications for infection control may be met	other agreements that meet the needs of the population(s)
	diagnostic radiologic services.	through ongoing education, training, experience, and/or	served, are organized appropriate to the scope and
	If therapeutic services are also	certification (such as that offered by the Certification Board	complexity of services offered, and are in accordance with
	provided, they, as well as the	for Infection Control).	accepted standards of practice. Services may include but
	diagnostic services, must meet	Note 2: For rehabilitation and psychiatric distinct part units in	are not limited to the following:
	professionally approved	critical access hospitals: Qualified physical therapists,	- Outpatient
	standards for safety and	physical therapist assistants, occupational therapists,	- Emergency
	personnel qualifications.	occupational therapy assistants, speech-language	- Medical records
		pathologists, or audiologists (as defined in 42 CFR 484.4)	- Diagnostic and therapeutic radiology
		provide physical therapy, occupational therapy, speech-	- Nuclear medicine
		language pathology, or audiology services, if these services	- Surgical
		are provided by the critical access hospital. The provision of	- Anesthesia
		care and staff qualifications are in accordance with national	- Laboratory
		acceptable standards of practice and also meet the	- Respiratory
		requirements of 409.17. See Appendix B for 409.17	- Dietetic
		requirements.	
			NPG.12.01.01, EP 1
		HR.01.06.01, EP 1	Leaders provide for an adequate number and mix of qualified
		The critical access hospital defines the competencies it	individuals to support safe, quality care, treatment, and
		requires of its staff who provide patient care, treatment, or	services.
		services.	Note 1: The number and mix of individuals is appropriate to
			the scope and complexity of the services offered. Services
		LD.01.03.01, EP 3	may include but are not limited to the following:
		The governing body approves the critical access hospital's	- Rehabilitation services

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		written scope of services.	- Emergency services
			- Outpatient services
		LD.04.03.01, EP 1	- Respiratory services
		The needs of the population(s) served guide decisions about	- Pharmaceutical services, including emergency
		which services will be provided directly or through referral,	pharmaceutical services
		consultation, contractual arrangements, or other	- Diagnostic and therapeutic radiology services
		agreements.	Note 2: Emergency services staff are qualified in emergency care.
		LD.04.03.01, EP 2	Note 3: For rehabilitation and psychiatric distinct part units in
		For rehabilitation and psychiatric distinct part units in critical	critical access hospitals: As of the first day of the first cost
		access hospitals: The critical access hospital provides	reporting period for which all other exclusion requirements
		essential services, including the following:	are met, the unit is fully equipped and staffed and is capable
		- Diagnostic radiology	of providing hospital inpatient psychiatric or rehabilitation
		- Dietary	care regardless of whether there are any inpatients in the unit
		- Emergency	on that date.
		- Medical records	
		- Nuclear medicine	
		- Nursing care	
		- Pathology and clinical laboratory	
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
		LD.04.03.09, EP 2	
		The critical access hospital describes, in writing, the nature	
		and scope of services provided through contractual	
		agreements.	
		LD.04.03.09, EP 4	
		Leaders monitor contracted services by establishing	
		expectations for the performance of the contracted services.	
		Note 1: When the critical access hospital contracts with	
		another accredited organization for patient care, treatment,	
		and services to be provided off site, it can do the following:	
		- Verify that all physicians and other licensed practitioners	
		who will be providing patient care, treatment, and services	
		have appropriate privileges by obtaining, for example, a copy	
		of the list of privileges.	
		- Specify in the written agreement that the contracted	
		organization will ensure that all contracted services provided	
		by physicians and other licensed practitioners will be within	
		the scope of their privileges.	
		Note 2: The leaders who monitor the contracted services are	
		the governing body.	
		LD.04.03.09, EP 5	
		Leaders monitor contracted services by communicating the	
		expectations in writing to the provider of the contracted	
		services.	
		Note: A written description of the expectations can be	
		provided either as part of the written agreement or in	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		addition to it.	
		LD.04.03.09, EP 6	
		Leaders monitor contracted services by evaluating these	
		services in relation to the critical access hospital's	
		expectations.	
		LD.04.03.09, EP 7	
		Leaders take steps to improve contracted services that do	
		not meet expectations.	
		Note: Examples of improvement efforts to consider include	
		the following:	
		- Increase monitoring of the contracted services	
		- Provide consultation or training to the contractor	
		- Renegotiate the contract terms	
		- Apply defined penalties	
		- Terminate the contract	
		LD.04.03.09, EP 8	
		When contractual agreements are renegotiated or	
		terminated, the critical access hospital maintains the	
		continuity of patient care.	
§482.26(a)	§482.26(a) Standard:	LD.04.03.01, EP 1	LD.13.03.01, EP 1
	Radiologic Services The	The needs of the population(s) served guide decisions about	The critical access hospital provides services directly or
	hospital must maintain, or have	which services will be provided directly or through referral,	through referral, consultation, contractual arrangements, or
	available, radiologic services	consultation, contractual arrangements, or other	other agreements that meet the needs of the population(s)
	according to the needs of the	agreements.	served, are organized appropriate to the scope and
	patients.		complexity of services offered, and are in accordance with
		LD.04.03.01, EP 2	accepted standards of practice. Services may include but
		For rehabilitation and psychiatric distinct part units in critical	are not limited to the following:
		access hospitals: The critical access hospital provides	- Outpatient
		essential services, including the following:	- Emergency
		- Diagnostic radiology	- Medical records

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Dietary	- Diagnostic and therapeutic radiology
		- Emergency	- Nuclear medicine
		- Medical records	- Surgical
		- Nuclear medicine	- Anesthesia
		- Nursing care	- Laboratory
		- Pathology and clinical laboratory	- Respiratory
		- Pharmaceutical	- Dietetic
		- Physical rehabilitation	
		- Respiratory care	NPG.12.01.01, EP 1
		- Social work	Leaders provide for an adequate number and mix of qualified
		Note 1: Critical access hospitals that provide only	individuals to support safe, quality care, treatment, and
		psychiatric and addiction treatment services are not required	services.
		to provide nuclear medicine, physical rehabilitation, and	Note 1: The number and mix of individuals is appropriate to
		respiratory care services.	the scope and complexity of the services offered. Services
		Note 2: For rehabilitation and psychiatric distinct part units in	may include but are not limited to the following:
		critical access hospitals: For the provision of emergency	- Rehabilitation services
		services, the critical access hospital complies with the	- Emergency services
		requirements of 42 CFR 482.55. For more information on 42	- Outpatient services
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	- Respiratory services
		Critical Access Hospitals with Rehabilitation and/or	- Pharmaceutical services, including emergency
		Psychiatric Distinct Part Units" (AXB).	pharmaceutical services
		Note 3: The diagnostic radiology services provided by the	- Diagnostic and therapeutic radiology services
		critical access hospital, as well as staff qualifications, meet	Note 2: Emergency services staff are qualified in emergency
		professionally approved standards.	care.
			Note 3: For rehabilitation and psychiatric distinct part units in
		LD.04.03.09, EP 2	critical access hospitals: As of the first day of the first cost
		The critical access hospital describes, in writing, the nature	reporting period for which all other exclusion requirements
		and scope of services provided through contractual	are met, the unit is fully equipped and staffed and is capable
		agreements.	of providing hospital inpatient psychiatric or rehabilitation
			care regardless of whether there are any inpatients in the unit
		LD.04.03.09, EP 8	on that date.
		When contractual agreements are renegotiated or	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		terminated, the critical access hospital maintains the	
		continuity of patient care.	
§482.26(b)	§482.26(b) Standard: Safety for	EC.01.01.01, EP 4	PE.02.01.01, EP 4
	Patients and Personnel The	The critical access hospital has a written plan for managing	The critical access hospital develops and implements
	radiologic services, particularly	the following: The environmental safety of patients and	policies and procedures to protect patients and staff from
	ionizing radiology procedures,	everyone else who enters the critical access hospital's	exposure to hazardous materials. The policies and
	must be free from hazards for	facilities.	procedures address the following:
	patients and personnel.		- Minimizing risk when selecting, handling, storing,
		EC.01.01, EP 6	transporting, using, and disposing of radioactive materials,
		The critical access hospital has a written plan for managing	hazardous chemicals, and hazardous gases and vapors
		the following: Hazardous materials and waste.	- Disposal of hazardous medications
		EC 02 04 04 ED 4	- Minimizing risk when selecting and using hazardous energy
		EC.02.01.01, EP 1 The critical access hospital implements its process to	sources, including the use of proper shielding - Periodic inspection of radiology equipment and prompt
		identify safety and security risks associated with the	correction of hazards found during inspection
		environment of care that could affect patients, staff, and	- Precautions to follow and personal protective equipment to
		other people coming to the critical access hospital's	wear in response to hazardous material and waste spills or
		facilities.	exposure
		Note: Risks are identified from internal sources such as	Note 1: Hazardous energy is produced by both ionizing
		ongoing monitoring of the environment, results of root cause	equipment (for example, radiation and x-ray equipment) and
		analyses, results of proactive risk assessments of high-risk	nonionizing equipment (for example, lasers and MRIs).
		processes, and from credible external sources such as	Note 2: Hazardous gases and vapors include but are not
		Sentinel Event Alerts.	limited to ethylene oxide and nitrous oxide gases; vapors
			generated by glutaraldehyde; cauterizing equipment, such as
		EC.02.01.01, EP 3	lasers; waste anesthetic gas disposal (WAGD); and
		The critical access hospital takes action to minimize or	laboratory rooftop exhaust. (For full text, refer to NFPA 99-
		eliminate identified safety and security risks in the physical	2012: 9.3.8; 9.3.9)
		environment.	
		EC.02.02.01, EP 3	
		The critical access hospital has written procedures,	
		including the use of precautions and personal protective	
		equipment, to follow in response to hazardous material and	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		waste spills or exposures.	
		EC.02.02.01, EP 7	
		The critical access hospital minimizes risks associated with	
		selecting and using hazardous energy sources.	
		Note 1: Hazardous energy is produced by both ionizing	
		equipment (for example, radiation and x-ray equipment) and	
		nonionizing equipment (for example, lasers and MRIs).	
		Note 2: This includes the use of proper shielding during	
		fluoroscopic procedures.	
		LD.04.01.07, EP 1	
		Leaders review, approve, and manage the implementation of	
		policies and procedures that guide and support patient care,	
		treatment, and services.	
§482.26(b)(1)	(1) Proper safety precautions	EC.02.02.01, EP 1	PE.02.01.01, EP 4
	must be maintained against	The critical access hospital maintains a written, current	The critical access hospital develops and implements
	radiation hazards. This includes	inventory of hazardous materials and waste that it uses,	policies and procedures to protect patients and staff from
	adequate shielding for patients,	stores, or generates. The only materials that need to be	exposure to hazardous materials. The policies and
	personnel, and facilities, as	included on the inventory are those whose handling, use,	procedures address the following:
	well as appropriate storage, use	and storage are addressed by law and regulation.	- Minimizing risk when selecting, handling, storing,
	and disposal of radioactive	50 00 00 04 5D 0	transporting, using, and disposing of radioactive materials,
	materials.	EC.02.02.01, EP 3	hazardous chemicals, and hazardous gases and vapors
		The critical access hospital has written procedures,	- Disposal of hazardous medications
		including the use of precautions and personal protective equipment, to follow in response to hazardous material and	- Minimizing risk when selecting and using hazardous energy sources, including the use of proper shielding
		waste spills or exposures.	- Periodic inspection of radiology equipment and prompt
		waste spitts of exposures.	correction of hazards found during inspection
		EC.02.02.01, EP 6	- Precautions to follow and personal protective equipment to
		The critical access hospital minimizes risks associated with	wear in response to hazardous material and waste spills or
		selecting, handling, storing, transporting, using, and	exposure
		disposing of radioactive materials.	Note 1: Hazardous energy is produced by both ionizing
			equipment (for example, radiation and x-ray equipment) and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.02.01, EP 7 The critical access hospital minimizes risks associated with selecting and using hazardous energy sources. Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs). Note 2: This includes the use of proper shielding during fluoroscopic procedures.	nonionizing equipment (for example, lasers and MRIs).  Note 2: Hazardous gases and vapors include but are not limited to ethylene oxide and nitrous oxide gases; vapors generated by glutaraldehyde; cauterizing equipment, such as lasers; waste anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9)
		EC.02.02.01, EP 8 The critical access hospital minimizes risks associated with disposing of hazardous medications.	
		EC.02.02.01, EP 11 For managing hazardous materials and waste, the critical access hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.	
		EC.02.02.01, EP 12 The critical access hospital labels hazardous materials and waste. Labels identify the contents and hazard warnings. * Footnote *: The Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens and Hazard Communications Standards and the National Fire Protection Association (NFPA) provide details on labeling requirements.	
		EC.02.04.03, EP 1 Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the critical access hospital performs safety, operational, and functional checks.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.04.03, EP 3 The critical access hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.	
		MM.01.01.03, EP 1 The critical access hospital identifies, in writing, its high-alert and hazardous medications. * Note: This element of performance is also applicable to sample medications. Footnote *: For a list of high-alert medications, see https://www.ismp.org/recommendations. For a list of hazardous drugs, see https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-161.pdf.	
		MM.01.01.03, EP 2 The critical access hospital follows a process for managing high-alert and hazardous medications. Note: This element of performance is also applicable to sample medications.	
§482.26(b)(2)	(2) Periodic inspection of equipment must be made and hazards identified must be promptly corrected.	EC.02.04.01, EP 2 The critical access hospital maintains a written inventory of all medical equipment.  EC.02.04.01, EP 4 The critical access hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory.  Note: Activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a	PE.02.01.01, EP 4  The critical access hospital develops and implements policies and procedures to protect patients and staff from exposure to hazardous materials. The policies and procedures address the following:  - Minimizing risk when selecting, handling, storing, transporting, using, and disposing of radioactive materials, hazardous chemicals, and hazardous gases and vapors  - Disposal of hazardous medications  - Minimizing risk when selecting and using hazardous energy sources, including the use of proper shielding
		100% completion rate.	- Periodic inspection of radiology equipment and prompt

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.04.03, EP 1  Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the critical access hospital performs safety, operational, and functional checks.  EC.02.04.03, EP 3  The critical access hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.	correction of hazards found during inspection - Precautions to follow and personal protective equipment to wear in response to hazardous material and waste spills or exposure Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs). Note 2: Hazardous gases and vapors include but are not limited to ethylene oxide and nitrous oxide gases; vapors generated by glutaraldehyde; cauterizing equipment, such as lasers; waste anesthetic gas disposal (WAGD); and laboratory rooftop exhaust. (For full text, refer to NFPA 99-2012: 9.3.8; 9.3.9)
§482.26(b)(3)	(3) Radiation workers must be checked periodically, by the use of exposure meters or badge tests, for amount of radiation exposure.	EC.02.02.01, EP 3  The critical access hospital has written procedures, including the use of precautions and personal protective equipment, to follow in response to hazardous material and waste spills or exposures.  EC.02.02.01, EP 7  The critical access hospital minimizes risks associated with selecting and using hazardous energy sources.  Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).  Note 2: This includes the use of proper shielding during fluoroscopic procedures.  EC.02.02.01, EP 18	PE.02.01.01, EP 5 Radiation workers are checked periodically, using exposure meters or badge tests, for the amount of radiation exposure.
		For rehabilitation and psychiatric distinct part units in critical access hospitals: Radiation workers are checked periodically, by the use of exposure meters or badge tests, for the amount of radiation exposure.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.26(b)(4)	(4) Radiologic services must be	PC.02.01.03, EP 1	PC.12.01.01, EP 1
	provided only on the order of	Prior to providing care, treatment, and services, the critical	Prior to providing care, treatment, and services, the critical
	practitioners with clinical	access hospital obtains or renews orders (verbal or written)	access hospital obtains or renews orders (verbal or written)
	privileges or, consistent with	from a physician or other licensed practitioner in accordance	from a physician or other licensed practitioner in accordance
	State law, of other practitioners	with professional standards of practice; law and regulation;	with professional standards of practice; law and regulation;
	authorized by the medical staff	critical access hospital policies; and medical staff bylaws,	critical access hospital policies; and medical staff bylaws,
	and the governing body to order	rules, and regulations.	rules, and regulations.
	the services.	Note 1: For rehabilitation and psychiatric distinct part units in	Note 1: This includes but is not limited to respiratory
		critical access hospitals: Outpatient services may be	services, radiology services, rehabilitation services, nuclear
		ordered by a physician or other licensed practitioner not	medicine services, and dietetic services, if provided.
		appointed to the medical staff as long as the practitioner	Note 2: Patient diets, including therapeutic diets, are ordered
		meets the following:	by the physician or other licensed practitioner responsible
		- Responsible for the care of the patient	for the patient's care or by a qualified dietitian or qualified
		- Licensed to practice in the state where the practitioner	nutrition professional who is authorized by the medical staff
		provides care to the patient or in accordance with Veterans	and acting in accordance with state law governing dietitians
		Administration and Department of Defense licensure	and nutrition professionals. The requirement of 42 CFR
		requirements	483.25(i) is met for inpatients receiving care at a skilled
		- Acting within the practitioner's scope of practice under	nursing facility subsequent to critical access hospital care.
		state law	
		- Authorized in accordance with state law and policies	
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
0.400.004.3		nursing facility subsequent to critical access hospital care.	
§482.26(c)	§482.26(c) Standard: Personnel		
§482.26(c)(1)	(1) A qualified full-time, part-	LD.04.01.05, EP 1	MS.17.01.03, EP 5
	time or consulting radiologist	Leaders of the program, service, site, or department oversee	For rehabilitation and psychiatric distinct part units in critical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	must supervise the ionizing	operations.	access hospitals: A full-time, part-time, or consulting
	radiology services and must		radiologist, who is a doctor of medicine or osteopathy
	interpret only those radiologic	LD.04.01.05, EP 3	qualified by education and experience in radiology,
	tests that are determined by the	For rehabilitation and psychiatric distinct part units in critical	supervises ionizing radiology services and interprets
	medical staff to require a	access hospitals: The critical access hospital defines, in	radiologic tests that the medical staff determine to require a
	radiologist's specialized	writing, the responsibility of those with administrative and	radiologist's specialized knowledge.
	knowledge. For purposes of this	clinical direction of its programs, services, sites, or	
	section, a radiologist is a doctor	departments.	
	of medicine or osteopathy who	Note: This includes the full-time employee who directs and	
	is qualified by education and	manages dietary services.	
	experience in radiology.		
		MS.01.01.01, EP 36	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The medical staff bylaws include the	
		following requirements: If departments of the medical staff	
		exist, the qualifications and roles and responsibilities of the	
		department chair, which are defined by the organized	
		medical staff, include the following:	
		Qualifications:	
		- Certification by an appropriate specialty board or	
		comparable competence affirmatively established through	
		the credentialing process	
		Roles and responsibilities:	
		- Clinically related activities of the department	
		- Administratively related activities of the department, unless	
		otherwise provided by the hospital	
		- Continuing surveillance of the professional performance of	
		all individuals in the department who have delineated	
		clinical privileges	
		- Recommending to the medical staff the criteria for clinical	
		privileges that are relevant to the care provided in the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		department	
		- Recommending clinical privileges for each member of the	
		department	
		- Assessing and recommending to the relevant hospital	
		authority off-site sources for needed patient care, treatment,	
		and services not provided by the department or the	
		organization	
		- Integration of the department or service into the primary	
		functions of the organization	
		- Coordination and integration of interdepartmental and	
		intradepartmental services	
		- Development and implementation of policies and	
		procedures that guide and support the provision of care,	
		treatment, and services	
		- Recommendations for a sufficient number of qualified and	
		competent persons to provide care, treatment, and services	
		- Determination of the qualifications and competence of	
		department or service staff who provide patient care,	
		treatment, and services but are not licensed to practice	
		independently	
		- Continuous assessment and improvement of the quality of	
		care, treatment, and services	
		- Maintenance of quality control programs, as appropriate	
		- Orientation and continuing education of all persons in the	
		department or service	
		- Recommending space and other resources needed by the	
		department or service	
		Note: When departments of the medical staff do not exist,	
		the medical staff is responsible for the development of	
		policies and procedures that minimize medication errors.	
		The medical staff may delegate this responsibility to the	
		organized pharmaceutical service.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		MS.06.01.03, EP 9 For rehabilitation and psychiatric distinct part units in critical access hospitals: A full-time, part-time, or consulting radiologist who is a doctor of medicine or osteopathy qualified by education and experience in radiology supervises ionizing radiology services.	
		MS.06.01.05, EP 2  The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a physician's or other licensed practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria:  - Current licensure and/or certification, as appropriate, verified with the primary source  - The applicant's specific relevant training, verified with the primary source  - Evidence of physical ability to perform the requested privilege  - Data from professional practice review by an organization(s) that currently privileges the applicant (if available)  - Peer and/or faculty recommendation  - When renewing privileges, review of the physician's or other licensed practitioner's performance within the critical	
§482.26(c)(2)	(2) Only personnel designated	access hospital MS.03.01.01, EP 16	MS.16.01.01, EP 11
	as qualified by the medical staff may use the radiologic equipment and administer procedures.	For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures.  Note: Technologists who perform diagnostic computed	For rehabilitation and psychiatric distinct part units in critical access hospitals: The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures.  Note: Technologists who perform diagnostic computed

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		tomography exams will, at a minimum, meet the	tomography exams will, at a minimum, meet the
		requirements specified at HR.01.01.01, EP 32.	requirements specified at NPG.13.01.01, EP 1.
§482.26(d)	§482.26(d) Standard: Records	RC.02.01.01, EP 2	RC.12.01.01, EP 2
	Records of radiologic services	The medical record contains the following clinical	The medical record contains the following clinical
	must be maintained.	information:	information:
		- The reason(s) for admission for care, treatment, and	- Admitting diagnosis
		services	- Any emergency care, treatment, and services provided to
		- The patient's initial diagnosis, diagnostic impression(s), or	the patient before their arrival
		condition(s)	- Any allergies to food and medications
		- Any findings of assessments and reassessments	- Any findings of assessments and reassessments
		- Any allergies to food	- Results of all consultative evaluations of the patient and
		- Any allergies to medications	findings by clinical and other staff involved in the care of the
		- Any conclusions or impressions drawn from the patient's	patient
		medical history and physical examination	- Treatment goals, plan of care, and revisions to the plan of
		- Any diagnoses or conditions established during the	care
		patient's course of care, treatment, and services (including	- Documentation of complications, health care–acquired
		complications and hospital-acquired infections). For	infections, and adverse reactions to drugs and anesthesia
		psychiatric distinct part units in critical access hospitals: The	- All practitioners' orders
		diagnosis includes intercurrent diseases (diseases that	- Nursing notes, reports of treatment, laboratory reports, vital
		occur during the course of another disease; for example, a	signs, and other information necessary to monitor the
		patient with AIDS may develop an intercurrent bout of	patient's condition
		pneumonia) and the psychiatric diagnoses.	- Medication records, including the strength, dose, route,
		- Any consultation reports	date and time of administration, access site for medication,
		- Any observations relevant to care, treatment, and services	administration devices used, and rate of administration
		- The patient's response to care, treatment, and services	Note: When rapid titration of a medication is necessary, the
		- Any emergency care, treatment, and services provided to	critical access hospital defines in policy the urgent/emergent
		the patient before their arrival	situations in which block charting would be an acceptable
		- Any progress notes	form of documentation. For the definition and a further
		- All orders	explanation of block charting, refer to the Glossary.
		- Any medications ordered or prescribed	- Administration of each self-administered medication, as
		- Any medications administered, including the strength,	reported by the patient (or the patient's caregiver or support
		dose, route, date and time of administration	person where appropriate)
		Note 1: When rapid titration of a medication is necessary, the	- Records of radiology and nuclear medicine services,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		critical access hospital defines in policy the urgent/emergent	including signed interpretation reports
		situations in which block charting would be an acceptable	- All care, treatment, and services provided to the patient
		form of documentation.	- Patient's response to care, treatment, and services
		Note 2: For the definition and a further explanation of block	- Medical history and physical examination, including any
		charting, refer to the Glossary.	conclusions or impressions drawn from the information
		- Any access site for medication, administration devices	- Discharge plan and discharge planning evaluation
		used, and rate of administration	- Discharge summary with outcome of hospitalization,
		- Any adverse drug reactions	disposition of case, and provisions for follow-up care,
		- Treatment goals, plan of care, and revisions to the plan of	including any medications dispensed or prescribed on
		care	discharge
		- Results of diagnostic and therapeutic tests and procedures	- Any diagnoses or conditions established during the
		- Any medications dispensed or prescribed on discharge	patient's course of care, treatment, and services
		- Discharge diagnosis	Note: Medical records are completed within 30 days
		- Discharge plan and discharge planning evaluation	following discharge, including final diagnosis.
§482.26(d)(1)	(1) The radiologist or other	RC.01.02.01, EP 3	RC.12.01.01, EP 2
	practitioner who performs	The author of each medical record entry is identified in the	The medical record contains the following clinical
	radiology services must sign	medical record.	information:
	reports of his or her		- Admitting diagnosis
	interpretations.	RC.01.02.01, EP 4	- Any emergency care, treatment, and services provided to
		Entries in the medical record are authenticated by the	the patient before their arrival
		author. Information introduced into the medical record	- Any allergies to food and medications
		through transcription or dictation is authenticated by the	- Any findings of assessments and reassessments
		author.	- Results of all consultative evaluations of the patient and
		Note 1: Authentication can be verified through electronic	findings by clinical and other staff involved in the care of the
		signatures, written signatures or initials, rubber-stamp	patient
		signatures, or computer key.	- Treatment goals, plan of care, and revisions to the plan of
		Note 2: For paper-based records, signatures entered for	care
		purposes of authentication after transcription or for verbal	- Documentation of complications, health care–acquired
		orders are dated when required by law or regulation or	infections, and adverse reactions to drugs and anesthesia
		critical access hospital policy. For electronic records,	- All practitioners' orders
		electronic signatures will be date-stamped.	- Nursing notes, reports of treatment, laboratory reports, vital
		Note 3: For rehabilitation and psychiatric distinct part units in	signs, and other information necessary to monitor the
		critical access hospitals: All orders, including verbal orders,	patient's condition

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		are dated and authenticated by the ordering physician or	- Medication records, including the strength, dose, route,
		other licensed practitioner who is responsible for the care of	date and time of administration, access site for medication,
		the patient, and who, in accordance with critical access	administration devices used, and rate of administration
		hospital policy; law and regulation; and medical staff bylaws,	Note: When rapid titration of a medication is necessary, the
		rules, and regulations, is authorized to write orders.	critical access hospital defines in policy the urgent/emergent
			situations in which block charting would be an acceptable
		RC.01.02.01, EP 5	form of documentation. For the definition and a further
		The individual identified by the signature stamp or method of	explanation of block charting, refer to the Glossary.
		electronic authentication is the only individual who uses it.	- Administration of each self-administered medication, as
			reported by the patient (or the patient's caregiver or support
			person where appropriate)
			- Records of radiology and nuclear medicine services,
			including signed interpretation reports
			- All care, treatment, and services provided to the patient
			- Patient's response to care, treatment, and services
			- Medical history and physical examination, including any
			conclusions or impressions drawn from the information
			- Discharge plan and discharge planning evaluation
			- Discharge summary with outcome of hospitalization,
			disposition of case, and provisions for follow-up care,
			including any medications dispensed or prescribed on
			discharge
			- Any diagnoses or conditions established during the
			patient's course of care, treatment, and services
			Note: Medical records are completed within 30 days
8400 0C(d)(0)	(2) The been ital report registers	DO 04 05 04 5D4	following discharge, including final diagnosis.
§482.26(d)(2)	(2) The hospital must maintain	RC.01.05.01, EP 1	RC.11.03.01, EP 1
	the following for at least 5	For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally	For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally
	years:	reproduced medical record is determined by its use and	reproduced medical record is determined by its use and
		critical access hospital policy, in accordance with law and	critical access hospital policy, in accordance with law and
		regulation.	regulation.
		Togulation.	Note: Medical records are retained in their original or legally
			inote. Hedicat records are retained in their original or legally

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, and scans; and other applicable image records.
§482.26(d)(2)(i)	(i) Copies of reports and	RC.01.05.01, EP 1	RC.11.03.01, EP 1
9402.20(u)(2)(i)	printouts	For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.	For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.  Note: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, and scans; and other applicable image records.
§482.26(d)(2)(ii)	(ii) Films, scans, and other	RC.01.05.01, EP 1	RC.11.03.01, EP 1
	image records, as appropriate.	For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.	For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.  Note: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, and scans; and other applicable image records.
§482.27	§482.27 Condition of	LD.04.01.01, EP 1	LD.13.03.01, EP 1
	Participation: Laboratory Services The hospital must maintain, or have available, adequate laboratory services to meet the needs of its patients. The hospital must ensure that all laboratory services provided to its patients are performed in	The critical access hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the critical access hospital is seeking accreditation from The Joint Commission.  Note 1: Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate as specified by the federal CLIA regulations (42)	The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following:  - Outpatient
	The hospital must ensure that all laboratory services provided	testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88)	accepted standards of practice. Service are not limited to the following:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	accordance with Part 493 of	Note 2: For more information on how to obtain a CLIA	- Medical records
	this chapter.	certificate, see http://www.cms.gov/Regulations-and-	- Diagnostic and therapeutic radiology
		Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certif	- Nuclear medicine
		icate_International_Laboratories.html.	- Surgical
			- Anesthesia
		LD.04.01.01, EP 2	- Laboratory
		The critical access hospital provides care, treatment, and	- Respiratory
		services in accordance with licensure requirements, laws	- Dietetic
		(including state law), and rules and regulations.	
			LD.13.03.01, EP 12
		LD.04.03.01, EP 1	The critical access hospital provides the following basic
		The needs of the population(s) served guide decisions about	laboratory services essential to the immediate diagnosis and
		which services will be provided directly or through referral,	treatment of the patient:
		consultation, contractual arrangements, or other	- Chemical examination of urine by the stick method, the
		agreements.	tablet method, or both (including urine ketones)
			- Hemoglobin or hematocrit tests
		LD.04.03.01, EP 2	- Blood glucose tests
		For rehabilitation and psychiatric distinct part units in critical	- Examination of stool specimens for occult blood
		access hospitals: The critical access hospital provides	- Pregnancy tests
		essential services, including the following:	- Primary culturing for transmittal to a certified laboratory
		- Diagnostic radiology	Note 1: The laboratory meets the standards imposed under
		- Dietary	section 353 of the Public Health Service Act (42 U.S.C. 263a).
		- Emergency	(Refer to the laboratory requirements specified in 42 CFR
		- Medical records	493)
		- Nuclear medicine	Note 2: For rehabilitation and psychiatric distinct part units in
		- Nursing care	critical access hospitals: The critical access hospital has
		- Pathology and clinical laboratory	laboratory services available, either directly or through a
		- Pharmaceutical	contractual agreement with a Clinical Laboratory
		- Physical rehabilitation	Improvement Amendments (CLIA)–certified laboratory that
		- Respiratory care	meets the requirements of 42 CFR 493.
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
§482.27(a)	§482.27(a) Standard: Adequacy	LD.04.01.01, EP 1	LD.13.03.01, EP 1
	of Laboratory Services The	The critical access hospital is licensed, is certified, or has a	The critical access hospital provides services directly or
	hospital must have laboratory	permit, in accordance with law and regulation, to provide the	through referral, consultation, contractual arrangements, or
	services available, either	care, treatment, or services for which the critical access	other agreements that meet the needs of the population(s)
	directly or through a	hospital is seeking accreditation from The Joint Commission.	served, are organized appropriate to the scope and
	contractual agreement with a	Note 1: Each service location that performs laboratory	complexity of services offered, and are in accordance with
	certified laboratory that meets	testing (waived or nonwaived) must have a Clinical	accepted standards of practice. Services may include but
	requirements of Part 493 of this	Laboratory Improvement Amendments of 1988 (CLIA '88)	are not limited to the following:
	chapter.	certificate as specified by the federal CLIA regulations (42	- Outpatient
		CFR 493.55 and 493.3) and applicable state law.	- Emergency
		Note 2: For more information on how to obtain a CLIA	- Medical records
		certificate, see http://www.cms.gov/Regulations-and-	- Diagnostic and therapeutic radiology
		Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certif	- Nuclear medicine
		icate_International_Laboratories.html.	- Surgical
			- Anesthesia
		LD.04.03.01, EP 2	- Laboratory
		For rehabilitation and psychiatric distinct part units in critical	- Respiratory
		access hospitals: The critical access hospital provides	- Dietetic
		essential services, including the following:	
		- Diagnostic radiology	LD.13.03.01, EP 12
		- Dietary	The critical access hospital provides the following basic

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Emergency	laboratory services essential to the immediate diagnosis and
		- Medical records	treatment of the patient:
		- Nuclear medicine	- Chemical examination of urine by the stick method, the
		- Nursing care	tablet method, or both (including urine ketones)
		- Pathology and clinical laboratory	- Hemoglobin or hematocrit tests
		- Pharmaceutical	- Blood glucose tests
		- Physical rehabilitation	- Examination of stool specimens for occult blood
		- Respiratory care	- Pregnancy tests
		- Social work	- Primary culturing for transmittal to a certified laboratory
		Note 1: Critical access hospitals that provide only	Note 1: The laboratory meets the standards imposed under
		psychiatric and addiction treatment services are not required	section 353 of the Public Health Service Act (42 U.S.C. 263a).
		to provide nuclear medicine, physical rehabilitation, and	(Refer to the laboratory requirements specified in 42 CFR
		respiratory care services.	493)
		Note 2: For rehabilitation and psychiatric distinct part units in	Note 2: For rehabilitation and psychiatric distinct part units in
		critical access hospitals: For the provision of emergency	critical access hospitals: The critical access hospital has
		services, the critical access hospital complies with the	laboratory services available, either directly or through a
		requirements of 42 CFR 482.55. For more information on 42	contractual agreement with a Clinical Laboratory
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	Improvement Amendments (CLIA)–certified laboratory that
		Critical Access Hospitals with Rehabilitation and/or	meets the requirements of 42 CFR 493.
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
		LD.04.03.09, EP 2	
		The critical access hospital describes, in writing, the nature	
		and scope of services provided through contractual	
		agreements.	
		LD.04.03.09, EP 4	
		Leaders monitor contracted services by establishing	
		expectations for the performance of the contracted services.	
		Note 1: When the critical access hospital contracts with	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		another accredited organization for patient care, treatment,	
		and services to be provided off site, it can do the following:	
		- Verify that all physicians and other licensed practitioners	
		who will be providing patient care, treatment, and services	
		have appropriate privileges by obtaining, for example, a copy	
		of the list of privileges.	
		- Specify in the written agreement that the contracted	
		organization will ensure that all contracted services provided	
		by physicians and other licensed practitioners will be within	
		the scope of their privileges.	
		Note 2: The leaders who monitor the contracted services are	
		the governing body.	
		LD.04.03.09, EP 10	
		Reference and contract laboratory services meet the federal	
		regulations for clinical laboratories and maintain evidence of	
		the same.	
		Note: For law and regulation guidance on the Clinical	
		Laboratory Improvement Amendments of 1988, refer to 42	
		CFR 493.	
§482.27(a)(1)	(1) Emergency laboratory	LD.04.03.01, EP 26	LD.13.03.01, EP 13
	services must be available 24	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	hours a day.	access hospitals: Emergency laboratory services are	access hospitals: Emergency laboratory services are
		available 24 hours a day, 7 days a week.	available 24 hours a day, 7 days a week.
§482.27(a)(2)	(2) A written description of	LD.01.03.01, EP 3	LD.13.03.01, EP 14
	services provided must be	The governing body approves the critical access hospital's	For rehabilitation and psychiatric distinct part units in critical
	available to the medical staff.	written scope of services.	access hospitals: The critical access hospital maintains a
			written description of the scope of laboratory services
		LD.04.03.09, EP 2	provided that is available to the medical staff.
		The critical access hospital describes, in writing, the nature	
		and scope of services provided through contractual	
		agreements.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.27(a)(3)	(3) The laboratory must make	PC.03.01.08, EP 2	PC.13.01.05, EP 1
	provision for proper receipt and	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	reporting of tissue specimens.	access hospitals: The laboratory follows written policies and	access hospitals: The laboratory develops and implements
		procedures for collecting, preserving, transporting, receiving,	written policies and procedures for collecting, preserving,
		and reporting examination results for tissue specimens.	transporting, receiving, and reporting examination results for
			tissue specimens.
§482.27(a)(4)	(4) The medical staff and a	PC.03.01.08, EP 1	PC.13.01.05, EP 2
	pathologist must determine	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	which tissue specimens require	access hospitals: The laboratory follows a written policy,	access hospitals: The laboratory develops and implements a
	a macroscopic (gross)	approved by the medical staff and a pathologist, that	written policy, approved by the medical staff and a
	examination and which require	establishes which tissue specimens require only a	pathologist, that establishes which tissue specimens require
	both macroscopic and	macroscopic examination, and which require both a	only a macroscopic examination and which require both a
	microscopic examinations.	macroscopic and microscopic examination.	macroscopic and microscopic examination.
§482.27(b)	§482.27(b) Standard:		
	Potentially Infectious Blood and		
	Blood Components		
§482.27(b)(1)	(1) Potentially human		
	immunodeficiency virus (HIV)		
	infectious blood and blood		
	components. Potentially HIV		
	infectious blood and blood		
	components are prior		
	collections from a donor –		
§482.27(b)(1)(i)	(i) Who tested negative at the	PC.05.01.09, EP 1	PC.15.01.01, EP 1
	time of donation but tests	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	reactive for evidence of HIV	access hospitals: The critical access hospital has a written	access hospitals: The critical access hospital develops and
	infection on a later donation;	policy(s) and procedure(s) addressing potentially infectious	implements written policies and procedures addressing
		blood, consistent with CMS requirements at 42 CFR 482.27.	potentially infectious blood and blood components,
		Note: For guidance regarding the requirements at 42 CFR	consistent with Centers for Medicare & Dedicard
		482.27, refer to the "Medicare Requirements for Critical	Services requirements at 42 CFR 482.27.
		Access Hospitals with Rehabilitation and/or Psychiatric	Note 1: The procedures for notification and documentation
		Distinct Part Units" appendix.	conform to federal, state, and local laws, including
			requirements for the confidentiality of medical records and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PC.05.01.09, EP 2	other patient information.
		For rehabilitation and psychiatric distinct part units in critical	Note 2: See Glossary for the definition of potentially
		access hospitals: The critical access hospital implements its	infectious blood and blood components.
		policy(s) and procedure(s) addressing potentially infectious	
		blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	
§482.27(b)(1)(ii)	(ii) Who tests positive on the	PC.05.01.09, EP 1	PC.15.01.01, EP 1
	supplemental (additional, more	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	specific) test or other follow-up	access hospitals: The critical access hospital has a written	access hospitals: The critical access hospital develops and
	testing required by FDA; and	policy(s) and procedure(s) addressing potentially infectious	implements written policies and procedures addressing
		blood, consistent with CMS requirements at 42 CFR 482.27.	potentially infectious blood and blood components,
		Note: For guidance regarding the requirements at 42 CFR	consistent with Centers for Medicare & Dedicard
		482.27, refer to the "Medicare Requirements for Critical	Services requirements at 42 CFR 482.27.
		Access Hospitals with Rehabilitation and/or Psychiatric	Note 1: The procedures for notification and documentation
		Distinct Part Units" appendix.	conform to federal, state, and local laws, including
		DO 05 04 00 5D 0	requirements for the confidentiality of medical records and
		PC.05.01.09, EP 2	other patient information.
		For rehabilitation and psychiatric distinct part units in critical	Note 2: See Glossary for the definition of potentially
		access hospitals: The critical access hospital implements its	infectious blood and blood components.
		policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	
		Distinct Part Units" appendix.	
§482.27(b)(1)(iii)	(iii) For whom the timing of	PC.05.01.09, EP 1	PC.15.01.01, EP 1
( ) ( ) ( )	seroconversion cannot be	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	precisely estimated.	access hospitals: The critical access hospital has a written	access hospitals: The critical access hospital develops and
		policy(s) and procedure(s) addressing potentially infectious	implements written policies and procedures addressing
		blood, consistent with CMS requirements at 42 CFR 482.27.	potentially infectious blood and blood components,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	consistent with Centers for Medicare & Described Procedures for Medicare & Described Procedures for notification and documentation conform to federal, state, and local laws, including requirements for the confidentiality of medical records and
		PC.05.01.09, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	other patient information.  Note 2: See Glossary for the definition of potentially infectious blood and blood components.
§482.27(b)(2)	(2) Potentially hepatitis C virus (HCV) infectious blood and blood components. Potentially HCV infectious blood and blood components are the blood and blood components identified in 21 CFR 610.47.	PC.05.01.09, EP 1  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.  PC.05.01.09, EP 2  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its	PC.15.01.01, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital develops and implements written policies and procedures addressing potentially infectious blood and blood components, consistent with Centers for Medicare & Dedicare & Dedicare Services requirements at 42 CFR 482.27.  Note 1: The procedures for notification and documentation conform to federal, state, and local laws, including requirements for the confidentiality of medical records and other patient information.  Note 2: See Glossary for the definition of potentially infectious blood and blood components.
		policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27.  Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.27(b)(3)	(3) Services furnished by an outside blood collecting establishment. If a hospital regularly uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement must require that the blood collecting establishment notify the hospital	PC.05.01.09, EP 1  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.  PC.05.01.09, EP 2  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	LD.13.03.03, EP 5 For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital routinely uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement includes that the blood collecting establishment notify the critical access hospital within the specified timeframes under the following circumstances:  - Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of human immunodeficiency virus (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined to be at increased risk for transmitting HIV or HCV infection  - Within 45 days of the test for the results of the supplemental (additional, more specific) test for HIV or HCV or other follow-up testing required by the US Food and Drug Administration  -Within 3 calendar days after the blood collecting establishment supplied blood and blood components collected from an infectious donor, whenever records are available
§482.27(b)(3)(i)	(i) Within 3 calendar days if the blood collecting establishment supplied blood and blood components collected from a donor who tested negative at the time of donation but tests reactive for evidence of HIV or HCV infection on a later	PC.05.01.09, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric	LD.13.03.03, EP 5 For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital routinely uses the services of an outside blood collecting establishment, it must have an agreement with the blood collecting establishment that governs the procurement, transfer, and availability of blood and blood components. The agreement includes that the blood collecting

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	donation or who is determined	Distinct Part Units" appendix.	establishment notify the critical access hospital within the
	to be at increased risk for		specified timeframes under the following circumstances:
	transmitting HIV or HCV	PC.05.01.09, EP 2	- Within 3 calendar days if the blood collecting
	infection;	For rehabilitation and psychiatric distinct part units in critical	establishment supplied blood and blood components
		access hospitals: The critical access hospital implements its	collected from a donor who tested negative at the time of
		policy(s) and procedure(s) addressing potentially infectious	donation but tests reactive for evidence of human
		blood, consistent with CMS requirements at 42 CFR 482.27.	immunodeficiency virus (HIV) or hepatitis C virus (HCV)
		Note: For guidance regarding the requirements at 42 CFR	infection on a later donation or who is determined to be at
		482.27, refer to the "Medicare Requirements for Critical	increased risk for transmitting HIV or HCV infection
		Access Hospitals with Rehabilitation and/or Psychiatric	- Within 45 days of the test for the results of the
		Distinct Part Units" appendix.	supplemental (additional, more specific) test for HIV or HCV
			or other follow-up testing required by the US Food and Drug
			Administration
			-Within 3 calendar days after the blood collecting
			establishment supplied blood and blood components
			collected from an infectious donor, whenever records are
			available
§482.27(b)(3)(ii)	(ii) Within 45 days of the test, of	PC.05.01.09, EP 1	LD.13.03.03, EP 5
	the results of the supplemental	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	(additional, more specific) test	access hospitals: The critical access hospital has a written	access hospitals: If the critical access hospital routinely
	for HIV or HCV, as relevant, or	policy(s) and procedure(s) addressing potentially infectious	uses the services of an outside blood collecting
	other follow-up testing required	blood, consistent with CMS requirements at 42 CFR 482.27.	establishment, it must have an agreement with the blood
	by FDA;	Note: For guidance regarding the requirements at 42 CFR	collecting establishment that governs the procurement,
		482.27, refer to the "Medicare Requirements for Critical	transfer, and availability of blood and blood components.
		Access Hospitals with Rehabilitation and/or Psychiatric	The agreement includes that the blood collecting
		Distinct Part Units" appendix.	establishment notify the critical access hospital within the
			specified timeframes under the following circumstances:
		PC.05.01.09, EP 2	- Within 3 calendar days if the blood collecting
		For rehabilitation and psychiatric distinct part units in critical	establishment supplied blood and blood components
		access hospitals: The critical access hospital implements its	collected from a donor who tested negative at the time of
		policy(s) and procedure(s) addressing potentially infectious	donation but tests reactive for evidence of human
		blood, consistent with CMS requirements at 42 CFR 482.27.	immunodeficiency virus (HIV) or hepatitis C virus (HCV)
		Note: For guidance regarding the requirements at 42 CFR	infection on a later donation or who is determined to be at

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		482.27, refer to the "Medicare Requirements for Critical	increased risk for transmitting HIV or HCV infection
		Access Hospitals with Rehabilitation and/or Psychiatric	- Within 45 days of the test for the results of the
		Distinct Part Units" appendix.	supplemental (additional, more specific) test for HIV or HCV
			or other follow-up testing required by the US Food and Drug
			Administration
			-Within 3 calendar days after the blood collecting
			establishment supplied blood and blood components
			collected from an infectious donor, whenever records are
			available
§482.27(b)(3)(iii)	(iii) Within 3 calendar days after	PC.05.01.09, EP 1	LD.13.03.03, EP 5
	the blood collecting	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	establishment supplied blood	access hospitals: The critical access hospital has a written	access hospitals: If the critical access hospital routinely
	and blood components	policy(s) and procedure(s) addressing potentially infectious	uses the services of an outside blood collecting
	collected from an infectious	blood, consistent with CMS requirements at 42 CFR 482.27.	establishment, it must have an agreement with the blood
	donor, whenever records are	Note: For guidance regarding the requirements at 42 CFR	collecting establishment that governs the procurement,
	available.	482.27, refer to the "Medicare Requirements for Critical	transfer, and availability of blood and blood components.
		Access Hospitals with Rehabilitation and/or Psychiatric	The agreement includes that the blood collecting
		Distinct Part Units" appendix.	establishment notify the critical access hospital within the
		DO 05 04 00 5D 0	specified timeframes under the following circumstances:
		PC.05.01.09, EP 2	- Within 3 calendar days if the blood collecting
		For rehabilitation and psychiatric distinct part units in critical	establishment supplied blood and blood components
		access hospitals: The critical access hospital implements its	collected from a donor who tested negative at the time of
		policy(s) and procedure(s) addressing potentially infectious	donation but tests reactive for evidence of human
		blood, consistent with CMS requirements at 42 CFR 482.27.	immunodeficiency virus (HIV) or hepatitis C virus (HCV) infection on a later donation or who is determined to be at
		Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	increased risk for transmitting HIV or HCV infection - Within 45 days of the test for the results of the
		Distinct Part Units" appendix.	supplemental (additional, more specific) test for HIV or HCV
		Distillet Fart Offits appendix.	or other follow-up testing required by the US Food and Drug
			Administration
			-Within 3 calendar days after the blood collecting
			establishment supplied blood and blood components

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			collected from an infectious donor, whenever records are
			available
§482.27(b)(4)	(4) Quarantine of blood and	PC.05.01.09, EP 1	PC.15.01.01, EP 2
	blood components pending	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	completion of testing. If the	access hospitals: The critical access hospital has a written	access hospitals: If the critical access hospital receives
	blood collecting establishment	policy(s) and procedure(s) addressing potentially infectious	notification of blood that is reactive to the human
	(either internal or under an	blood, consistent with CMS requirements at 42 CFR 482.27.	immunodeficiency virus (HIV) or hepatitis C virus (HCV)
	agreement) notifies the hospital	Note: For guidance regarding the requirements at 42 CFR	screening test, the critical access hospital determines the
	of the reactive HIV or HCV	482.27, refer to the "Medicare Requirements for Critical	disposition of the blood or blood components and
	screening test results, the	Access Hospitals with Rehabilitation and/or Psychiatric	quarantines all previously donated blood and blood
	hospital must determine the	Distinct Part Units" appendix.	components in inventory.
	disposition of the blood or		
	blood component and	PC.05.01.09, EP 2	
	quarantine all blood and blood	For rehabilitation and psychiatric distinct part units in critical	
	components from previous	access hospitals: The critical access hospital implements its	
	donations in inventory.	policy(s) and procedure(s) addressing potentially infectious	
		blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	
		Distinct Part Units" appendix.	
§482.27(b)(4)(i)	(i) If the blood collecting	PC.05.01.09, EP 1	PC.15.01.01, EP 3
	establishment notifies the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	hospital that the result of the	access hospitals: The critical access hospital has a written	access hospitals: If the critical access hospital receives
	supplemental (additional, more	policy(s) and procedure(s) addressing potentially infectious	notification that the result of the supplemental (additional,
	specific) test or other follow-up	blood, consistent with CMS requirements at 42 CFR 482.27.	more specific) test for potentially infectious blood or blood
	testing required by FDA is	Note: For guidance regarding the requirements at 42 CFR	components or other follow-up testing required by the US
	negative, absent other	482.27, refer to the "Medicare Requirements for Critical	Food and Drug Administration is negative and there are no
	informative test results, the	Access Hospitals with Rehabilitation and/or Psychiatric	other informative test results, the critical access hospital
	hospital may release the blood	Distinct Part Units" appendix.	may release the blood and blood components from
	and blood components from		quarantine.
	quarantine.	PC.05.01.09, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	
§482.27(b)(4)(ii)	(ii) If the blood collecting establishment notifies the hospital that the result of the supplemental (additional, more specific) test or other follow-up testing required by FDA is positive, the hospital must –		
§482.27(b)(4)(ii)(A)	(A) Dispose of the blood and blood components; and	PC.05.01.09, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.  PC.05.01.09, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	PC.15.01.01, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital receives notification that the result of the supplemental (additional, more specific) test for potentially infectious blood or blood components or other follow-up testing required by the US Food and Drug Administration is positive, the critical access hospital does the following:  - Disposes of the blood and blood components - Notifies the transfusion recipients as set forth in 42 CFR 482.27(b)(6)

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.27(b)(4)(ii)(B)	(B) Notify the transfusion	PC.05.01.09, EP 1	PC.15.01.01, EP 4
	recipients as set forth in	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	paragraph (b)(6) of this section.	access hospitals: The critical access hospital has a written	access hospitals: If the critical access hospital receives
		policy(s) and procedure(s) addressing potentially infectious	notification that the result of the supplemental (additional,
		blood, consistent with CMS requirements at 42 CFR 482.27.	more specific) test for potentially infectious blood or blood
		Note: For guidance regarding the requirements at 42 CFR	components or other follow-up testing required by the US
		482.27, refer to the "Medicare Requirements for Critical	Food and Drug Administration is positive, the critical access
		Access Hospitals with Rehabilitation and/or Psychiatric	hospital does the following:
		Distinct Part Units" appendix.	- Disposes of the blood and blood components
			- Notifies the transfusion recipients as set forth in 42 CFR
		PC.05.01.09, EP 2	482.27(b)(6)
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital implements its	
		policy(s) and procedure(s) addressing potentially infectious	
		blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	
		Distinct Part Units" appendix.	
§482.27(b)(4)(iii)	(iii) If the blood collecting	PC.05.01.09, EP 1	PC.15.01.01, EP 5
	establishment notifies the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation or psychiatric distinct part units in critical
	hospital that the result of the	access hospitals: The critical access hospital has a written	access hospitals: If the critical access hospital receives
	supplemental (additional, more	policy(s) and procedure(s) addressing potentially infectious	notification that the result of the supplemental (additional,
	specific) test or other follow-up	blood, consistent with CMS requirements at 42 CFR 482.27.	more specific) test for potentially infectious blood or blood
	testing required by FDA is	Note: For guidance regarding the requirements at 42 CFR	components or other follow-up testing required by the US
	indeterminate, the hospital	482.27, refer to the "Medicare Requirements for Critical	Food and Drug Administration (FDA) is indeterminate, the
	must destroy or label prior	Access Hospitals with Rehabilitation and/or Psychiatric	critical access hospital destroys or labels prior collections of
	collections of blood or blood	Distinct Part Units" appendix.	blood or blood components held in quarantine, consistent
	components held in quarantine		with FDA requirements 21 CFR 610.46(b)(2) and 610.47(b)(2).
	as set forth at 21 CFR	PC.05.01.09, EP 2	
	610.46(b)(2) and 610.47(b)(2).	For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital implements its	
		policy(s) and procedure(s) addressing potentially infectious	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	
		Distinct Part Units" appendix.	
§482.27(b)(5)	(5) Recordkeeping by the		
	hospital. The hospital must		
	maintain		
§482.27(b)(5)(i)	(i) Records of the source and	PC.05.01.09, EP 1	LD.13.01.01, EP 7
	disposition of all units of blood	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units: The
	and blood components for at	access hospitals: The critical access hospital has a written	critical access hospital maintains the following:
	least 10 years from the date of	policy(s) and procedure(s) addressing potentially infectious	- Records of the source and disposition of all units of blood
	disposition in a manner that	blood, consistent with CMS requirements at 42 CFR 482.27.	and blood components for at least 10 years from the date of
	permits prompt retrieval; and	Note: For guidance regarding the requirements at 42 CFR	disposition in a manner that permits prompt retrieval
		482.27, refer to the "Medicare Requirements for Critical	- A fully funded plan to transfer these records to another
		Access Hospitals with Rehabilitation and/or Psychiatric	hospital or other entity if the critical access hospital ceases
		Distinct Part Units" appendix.	operation for any reason
		PC.05.01.09, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital implements its	
		policy(s) and procedure(s) addressing potentially infectious	
		blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	
		Distinct Part Units" appendix.	
§482.27(b)(5)(ii)	(ii) A fully funded plan to	PC.05.01.09, EP 1	LD.13.01.01, EP 7
	transfer these records to	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units: The
	another hospital or other entity	access hospitals: The critical access hospital has a written	critical access hospital maintains the following:
	if such hospital ceases	policy(s) and procedure(s) addressing potentially infectious	- Records of the source and disposition of all units of blood
	operation for any reason.	blood, consistent with CMS requirements at 42 CFR 482.27.	and blood components for at least 10 years from the date of
		Note: For guidance regarding the requirements at 42 CFR	disposition in a manner that permits prompt retrieval

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		482.27, refer to the "Medicare Requirements for Critical	- A fully funded plan to transfer these records to another
		Access Hospitals with Rehabilitation and/or Psychiatric	hospital or other entity if the critical access hospital ceases
		Distinct Part Units" appendix.	operation for any reason
		PC.05.01.09, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital implements its	
		policy(s) and procedure(s) addressing potentially infectious	
		blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	
0.400.07(1.)(0)	(0) D .:: .:	Distinct Part Units" appendix.	
§482.27(b)(6)	(6) Patient notification. If the		
	hospital has administered		
	potentially HIV or HCV		
	infectious blood or blood		
	components (either directly		
	through its own blood		
	collecting establishment or		
	under an agreement) or released such blood or blood		
	components to another entity or individual, the hospital must		
	take the following actions:		
§482.27(b)(6)(i)	(i) Make reasonable attempts to	PC.05.01.09, EP 1	PC.15.01.01, EP 6
3402.27 (6)(0)(1)	notify the patient, or to notify	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	the attending physician or the	access hospitals: The critical access hospital has a written	access hospitals: When potentially human
	physician who ordered the	policy(s) and procedure(s) addressing potentially infectious	immunodeficiency virus (HIV) or hepatitis C virus (HCV)
	blood or blood component and	blood, consistent with CMS requirements at 42 CFR 482.27.	infectious blood or blood components are administered
	ask the physician to notify the	Note: For guidance regarding the requirements at 42 CFR	(either directly through the critical access hospital's own
	patient, or other individual as	482.27, refer to the "Medicare Requirements for Critical	blood collecting establishment or under an agreement) or
	permitted under paragraph	Access Hospitals with Rehabilitation and/or Psychiatric	released to another entity or individual, the critical access

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	(b)(10) of this section, that	Distinct Part Units" appendix.	hospital takes the following actions:
	potentially HIV or HCV		- Attempts to notify the patient, the attending physician or
	infectious blood or blood	PC.05.01.09, EP 2	other licensed practitioner, or the physician or other licensed
	components were transfused to	For rehabilitation and psychiatric distinct part units in critical	practitioner who ordered the blood or blood component and
	the patient and that there may	access hospitals: The critical access hospital implements its	ask the practitioner to notify the patient, or other individuals
	be a need for HIV or HCV	policy(s) and procedure(s) addressing potentially infectious	as permitted under 42 CFR 482.27, that potentially HIV or
	testing and counseling.	blood, consistent with CMS requirements at 42 CFR 482.27.	HCV infectious blood or blood components were transfused
		Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical	to the patient and that there may be a need for HIV or HCV testing and counseling
		Access Hospitals with Rehabilitation and/or Psychiatric	- Attempts to notify to the patient, legal guardian, or relative if
		Distinct Part Units" appendix.	the practitioner is unavailable or declines to make the
			notification
			- Documents in the patient's medical record the notification
			or attempts to give the required notification
§482.27(b)(6)(ii)	(ii) If the physician is	PC.05.01.09, EP 1	PC.15.01.01, EP 6
	unavailable or declines to make	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	the notification, make	access hospitals: The critical access hospital has a written	access hospitals: When potentially human
	reasonable attempts to give	policy(s) and procedure(s) addressing potentially infectious	immunodeficiency virus (HIV) or hepatitis C virus (HCV)
	this notification to the patient,	blood, consistent with CMS requirements at 42 CFR 482.27.	infectious blood or blood components are administered
	legal guardian or relative.	Note: For guidance regarding the requirements at 42 CFR	(either directly through the critical access hospital's own
		482.27, refer to the "Medicare Requirements for Critical	blood collecting establishment or under an agreement) or
		Access Hospitals with Rehabilitation and/or Psychiatric	released to another entity or individual, the critical access
		Distinct Part Units" appendix.	hospital takes the following actions:
			- Attempts to notify the patient, the attending physician or
		PC.05.01.09, EP 2	other licensed practitioner, or the physician or other licensed
		For rehabilitation and psychiatric distinct part units in critical	practitioner who ordered the blood or blood component and
		access hospitals: The critical access hospital implements its	ask the practitioner to notify the patient, or other individuals
		policy(s) and procedure(s) addressing potentially infectious	as permitted under 42 CFR 482.27, that potentially HIV or
		blood, consistent with CMS requirements at 42 CFR 482.27.	HCV infectious blood or blood components were transfused
		Note: For guidance regarding the requirements at 42 CFR	to the patient and that there may be a need for HIV or HCV
		482.27, refer to the "Medicare Requirements for Critical	testing and counseling
		Access Hospitals with Rehabilitation and/or Psychiatric	- Attempts to notify to the patient, legal guardian, or relative if
		Distinct Part Units" appendix.	the practitioner is unavailable or declines to make the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			notification
			- Documents in the patient's medical record the notification
			or attempts to give the required notification
§482.27(b)(6)(iii)	(iii) Document in the patient's	PC.05.01.09, EP 1	PC.15.01.01, EP 6
	medical record the notification	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	or attempts to give the required	access hospitals: The critical access hospital has a written	access hospitals: When potentially human
	notification.	policy(s) and procedure(s) addressing potentially infectious	immunodeficiency virus (HIV) or hepatitis C virus (HCV)
		blood, consistent with CMS requirements at 42 CFR 482.27.	infectious blood or blood components are administered
		Note: For guidance regarding the requirements at 42 CFR	(either directly through the critical access hospital's own
		482.27, refer to the "Medicare Requirements for Critical	blood collecting establishment or under an agreement) or
		Access Hospitals with Rehabilitation and/or Psychiatric	released to another entity or individual, the critical access
		Distinct Part Units" appendix.	hospital takes the following actions:
			- Attempts to notify the patient, the attending physician or
		PC.05.01.09, EP 2	other licensed practitioner, or the physician or other licensed
		For rehabilitation and psychiatric distinct part units in critical	practitioner who ordered the blood or blood component and
		access hospitals: The critical access hospital implements its	ask the practitioner to notify the patient, or other individuals
		policy(s) and procedure(s) addressing potentially infectious	as permitted under 42 CFR 482.27, that potentially HIV or
		blood, consistent with CMS requirements at 42 CFR 482.27.	HCV infectious blood or blood components were transfused
		Note: For guidance regarding the requirements at 42 CFR	to the patient and that there may be a need for HIV or HCV
		482.27, refer to the "Medicare Requirements for Critical	testing and counseling
		Access Hospitals with Rehabilitation and/or Psychiatric	- Attempts to notify to the patient, legal guardian, or relative if
		Distinct Part Units" appendix.	the practitioner is unavailable or declines to make the
			notification
			- Documents in the patient's medical record the notification
			or attempts to give the required notification
§482.27(b)(7)	(7) Timeframe for notification—	PC.05.01.09, EP 1	PC.15.01.01, EP 7
	For donors tested on or after	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	February 20, 2008. For	access hospitals: The critical access hospital has a written	access hospitals: If the critical access hospital receives
	notifications resulting from	policy(s) and procedure(s) addressing potentially infectious	notification that it received potentially human
	donors tested on or after	blood, consistent with CMS requirements at 42 CFR 482.27.	immunodeficiency virus (HIV) or hepatitis C virus (HCV)
	February 20, 2008 as set forth	Note: For guidance regarding the requirements at 42 CFR	infectious blood and blood components, the critical access
	at 21 CFR 610.46 and 21 CFR	482.27, refer to the "Medicare Requirements for Critical	hospital makes reasonable attempts to give notification over
	610.47 the notification effort	Access Hospitals with Rehabilitation and/or Psychiatric	a period of 12 weeks unless one of the following occurs:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	begins when the blood	Distinct Part Units" appendix.	- The patient is located and notified.
	collecting establishment		- The critical access hospital is unable to locate the patient
	notifies the hospital that it	PC.05.01.09, EP 2	and documents in the patient's medical record the
	received potentially HIV or HCV	For rehabilitation and psychiatric distinct part units in critical	extenuating circumstances beyond the critical access
	infectious blood and blood	access hospitals: The critical access hospital implements its	hospital's control that caused the notification timeframe to
	components. The hospital must	policy(s) and procedure(s) addressing potentially infectious	exceed 12 weeks.
	make reasonable attempts to	blood, consistent with CMS requirements at 42 CFR 482.27.	Note: For notifications resulting from donors tested on or
	give notification over a period of	Note: For guidance regarding the requirements at 42 CFR	after February 20, 2008 as set forth at 21 CFR 610.46 and
	12 weeks unless—	482.27, refer to the "Medicare Requirements for Critical	610.47, the notification effort begins when the blood
		Access Hospitals with Rehabilitation and/or Psychiatric	collecting establishment notifies the hospital that it received
		Distinct Part Units" appendix.	potentially HIV or HCV infectious blood and blood
			components
§482.27(b)(7)(i)	(i) The patient is located and	PC.05.01.09, EP 1	PC.15.01.01, EP 7
	notified; or	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The critical access hospital has a written	access hospitals: If the critical access hospital receives
		policy(s) and procedure(s) addressing potentially infectious	notification that it received potentially human
		blood, consistent with CMS requirements at 42 CFR 482.27.	immunodeficiency virus (HIV) or hepatitis C virus (HCV)
		Note: For guidance regarding the requirements at 42 CFR	infectious blood and blood components, the critical access
		482.27, refer to the "Medicare Requirements for Critical	hospital makes reasonable attempts to give notification over
		Access Hospitals with Rehabilitation and/or Psychiatric	a period of 12 weeks unless one of the following occurs:
		Distinct Part Units" appendix.	- The patient is located and notified.
			- The critical access hospital is unable to locate the patient
		PC.05.01.09, EP 2	and documents in the patient's medical record the
		For rehabilitation and psychiatric distinct part units in critical	extenuating circumstances beyond the critical access
		access hospitals: The critical access hospital implements its	hospital's control that caused the notification timeframe to
		policy(s) and procedure(s) addressing potentially infectious	exceed 12 weeks.
		blood, consistent with CMS requirements at 42 CFR 482.27.	Note: For notifications resulting from donors tested on or
		Note: For guidance regarding the requirements at 42 CFR	after February 20, 2008 as set forth at 21 CFR 610.46 and
		482.27, refer to the "Medicare Requirements for Critical	610.47, the notification effort begins when the blood
		Access Hospitals with Rehabilitation and/or Psychiatric	collecting establishment notifies the hospital that it received
		Distinct Part Units" appendix.	potentially HIV or HCV infectious blood and blood
			components

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.27(b)(7)(ii)	(ii) The hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the hospital's control that caused the notification timeframe to exceed 12 weeks.	PC.05.01.09, EP 1  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.  PC.05.01.09, EP 2  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	PC.15.01.01, EP 7  For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital receives notification that it received potentially human immunodeficiency virus (HIV) or hepatitis C virus (HCV) infectious blood and blood components, the critical access hospital makes reasonable attempts to give notification over a period of 12 weeks unless one of the following occurs:  - The patient is located and notified.  - The critical access hospital is unable to locate the patient and documents in the patient's medical record the extenuating circumstances beyond the critical access hospital's control that caused the notification timeframe to exceed 12 weeks.  Note: For notifications resulting from donors tested on or after February 20, 2008 as set forth at 21 CFR 610.46 and 610.47, the notification effort begins when the blood collecting establishment notifies the hospital that it received potentially HIV or HCV infectious blood and blood components
§482.27(b)(8)	(8) Content of notification. The notification must include the following information:		
§482.27(b)(8)(i)	(i) A basic explanation of the need for HIV or HCV testing and counseling.	PC.05.01.09, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	PC.15.01.01, EP 8  For rehabilitation and psychiatric distinct part units in critical access hospitals: When notifying patients who have received potentially human immune deficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood components, the notification includes the following:  - Oral or written information explaining the need for HIV or HCV testing and counseling, so that the patient can make an informed decision about whether to obtain HIV or HCV testing and counseling

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PC.05.01.09, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	- A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any requirements or restrictions the program may impose
§482.27(b)(8)(ii)	(ii) Enough oral or written information so that an informed decision can be made about whether to obtain HIV or HCV testing and counseling.	PC.05.01.09, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.  PC.05.01.09, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital implements its policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27. Note: For guidance regarding the requirements at 42 CFR 482.27, refer to the "Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" appendix.	PC.15.01.01, EP 8  For rehabilitation and psychiatric distinct part units in critical access hospitals: When notifying patients who have received potentially human immune deficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood components, the notification includes the following:  Oral or written information explaining the need for HIV or HCV testing and counseling, so that the patient can make an informed decision about whether to obtain HIV or HCV testing and counseling  A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any requirements or restrictions the program may impose
§482.27(b)(8)(iii)	(iii) A list of programs or places where the person can obtain HIV or HCV testing and counseling, including any	PC.05.01.09, EP 1 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a written policy(s) and procedure(s) addressing potentially infectious blood, consistent with CMS requirements at 42 CFR 482.27.	PC.15.01.01, EP 8  For rehabilitation and psychiatric distinct part units in critical access hospitals: When notifying patients who have received potentially human immune deficiency virus (HIV) or hepatitis C virus (HCV) infectious blood or blood components, the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	requirements or restrictions the	Note: For guidance regarding the requirements at 42 CFR	notification includes the following:
	program may impose.	482.27, refer to the "Medicare Requirements for Critical	- Oral or written information explaining the need for HIV or
		Access Hospitals with Rehabilitation and/or Psychiatric	HCV testing and counseling, so that the patient can make an
		Distinct Part Units" appendix.	informed decision about whether to obtain HIV or HCV
			testing and counseling
		PC.05.01.09, EP 2	- A list of programs or places where the person can obtain
		For rehabilitation and psychiatric distinct part units in critical	HIV or HCV testing and counseling, including any
		access hospitals: The critical access hospital implements its	requirements or restrictions the program may impose
		policy(s) and procedure(s) addressing potentially infectious	
		blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	
		Distinct Part Units" appendix.	
§482.27(b)(9)	(9) Policies and procedures.	PC.05.01.09, EP 1	PC.15.01.01, EP 1
	The hospital must establish	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	policies and procedures for	access hospitals: The critical access hospital has a written	access hospitals: The critical access hospital develops and
	notification and documentation	policy(s) and procedure(s) addressing potentially infectious	implements written policies and procedures addressing
	that conform to Federal, State,	blood, consistent with CMS requirements at 42 CFR 482.27.	potentially infectious blood and blood components,
	and local laws, including	Note: For guidance regarding the requirements at 42 CFR	consistent with Centers for Medicare & Dedicard
	requirements for the	482.27, refer to the "Medicare Requirements for Critical	Services requirements at 42 CFR 482.27.
	confidentiality of medical	Access Hospitals with Rehabilitation and/or Psychiatric	Note 1: The procedures for notification and documentation
	records and other patient	Distinct Part Units" appendix.	conform to federal, state, and local laws, including
	information.		requirements for the confidentiality of medical records and
			other patient information.
			Note 2: See Glossary for the definition of potentially
			infectious blood and blood components.
§482.27(b)(10)	(10) Notification to legal	PC.05.01.09, EP 1	PC.15.01.01, EP 9
	representative or relative. If the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	patient has been adjudged	access hospitals: The critical access hospital has a written	access hospitals: If a patient has received an infectious
	incompetent by a State court,	policy(s) and procedure(s) addressing potentially infectious	blood or blood component, the critical access hospital
	the physician or hospital must	blood, consistent with CMS requirements at 42 CFR 482.27.	notifies the specified individual(s) under the following
	notify a legal representative	Note: For guidance regarding the requirements at 42 CFR	circumstances:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	designated in accordance with	482.27, refer to the "Medicare Requirements for Critical	- A legal representative designated in accordance with state
	State law. If the patient is	Access Hospitals with Rehabilitation and/or Psychiatric	law if the patient has been adjudged incompetent by a state
	competent, but State law	Distinct Part Units" appendix.	court
	permits a legal representative		- The patient or his or her legal representative or relative if the
	or relative to receive the	PC.05.01.09, EP 2	patient is competent but state law permits a legal
	information on the patient's	For rehabilitation and psychiatric distinct part units in critical	representative or relative to receive the information on the
	behalf, the physician or	access hospitals: The critical access hospital implements its	patient's behalf
	hospital must notify the patient	policy(s) and procedure(s) addressing potentially infectious	- The patient's legal representative or relative if the
	or his or her legal	blood, consistent with CMS requirements at 42 CFR 482.27.	beneficiary of the potentially human immunodeficiency virus
	representative or relative. For	Note: For guidance regarding the requirements at 42 CFR	infectious transfusion is deceased
	possible HIV infectious	482.27, refer to the "Medicare Requirements for Critical	- The parents or legal guardian if the patient is a minor
	transfusion recipients that are	Access Hospitals with Rehabilitation and/or Psychiatric	
	deceased, the physician or	Distinct Part Units" appendix.	
	hospital must inform the		
	deceased patient's legal		
	representative or relative. If the		
	patient is a minor, the parents		
	or legal guardian must be		
	notified.		
§482.27(c)	§482.27(c) Standard: General		
	blood safety issues. For		
	lookback activities only related		
	to new blood safety issues that		
	are identified after August 24,		
	2007, hospitals must comply		
	with FDA regulations as they		
	pertain to blood safety issues in		
	the following areas:		
§482.27(c)(1)	(1) Appropriate testing and	PC.05.01.09, EP 1	PC.15.01.01, EP 10
	quarantining of infectious blood	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	and blood components.	access hospitals: The critical access hospital has a written	access hospitals: The critical access hospital complies with
		policy(s) and procedure(s) addressing potentially infectious	US Food and Drug Administration regulations pertaining to
		blood, consistent with CMS requirements at 42 CFR 482.27.	blood safety issues in the following areas:

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: For guidance regarding the requirements at 42 CFR	- Appropriate testing and quarantining of infectious blood
		482.27, refer to the "Medicare Requirements for Critical	and blood components
		Access Hospitals with Rehabilitation and/or Psychiatric	- Notification and counseling of potential recipients of
		Distinct Part Units" appendix.	infectious blood and blood components
			Note: This applies to lookback activities only related to new
		PC.05.01.09, EP 2	blood safety issues that are identified after August 24, 2007.
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital implements its	
		policy(s) and procedure(s) addressing potentially infectious	
		blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	
		Distinct Part Units" appendix.	
§482.27(c)(2)	(2) Notification and counseling	PC.05.01.09, EP 1	PC.15.01.01, EP 10
	of recipients that may have	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	received infectious blood and	access hospitals: The critical access hospital has a written	access hospitals: The critical access hospital complies with
	blood components.	policy(s) and procedure(s) addressing potentially infectious	US Food and Drug Administration regulations pertaining to
		blood, consistent with CMS requirements at 42 CFR 482.27.	blood safety issues in the following areas:
		Note: For guidance regarding the requirements at 42 CFR	- Appropriate testing and quarantining of infectious blood
		482.27, refer to the "Medicare Requirements for Critical	and blood components
		Access Hospitals with Rehabilitation and/or Psychiatric	- Notification and counseling of potential recipients of
		Distinct Part Units" appendix.	infectious blood and blood components
			Note: This applies to lookback activities only related to new
		PC.05.01.09, EP 2	blood safety issues that are identified after August 24, 2007.
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital implements its	
		policy(s) and procedure(s) addressing potentially infectious	
		blood, consistent with CMS requirements at 42 CFR 482.27.	
		Note: For guidance regarding the requirements at 42 CFR	
		482.27, refer to the "Medicare Requirements for Critical	
		Access Hospitals with Rehabilitation and/or Psychiatric	
		Distinct Part Units" appendix.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.28	§482.28 Condition of	HR.01.01.01, EP 1	LD.13.03.01, EP 1
	Participation: Food and Dietetic	The critical access hospital defines staff qualifications	The critical access hospital provides services directly or
	Services The hospital must	specific to their job responsibilities.	through referral, consultation, contractual arrangements, or
	have organized dietary services	Note 1: Qualifications for infection control may be met	other agreements that meet the needs of the population(s)
	that are directed and staffed by	through ongoing education, training, experience, and/or	served, are organized appropriate to the scope and
	adequate qualified personnel.	certification (such as that offered by the Certification Board	complexity of services offered, and are in accordance with
	However, a hospital that has a	for Infection Control).	accepted standards of practice. Services may include but
	contract with an outside food	Note 2: For rehabilitation and psychiatric distinct part units in	are not limited to the following:
	management company may be	critical access hospitals: Qualified physical therapists,	- Outpatient
	found to meet this Condition of	physical therapist assistants, occupational therapists,	- Emergency
	Participation if the company	occupational therapy assistants, speech-language	- Medical records
	has a dietician who serves the	pathologists, or audiologists (as defined in 42 CFR 484.4)	- Diagnostic and therapeutic radiology
	hospital on a full-time, part-	provide physical therapy, occupational therapy, speech-	- Nuclear medicine
	time, or consultant basis, and if	language pathology, or audiology services, if these services	- Surgical
	the company maintains at least	are provided by the critical access hospital. The provision of	- Anesthesia
	the minimum standards	care and staff qualifications are in accordance with national	- Laboratory
	specified in this section and	acceptable standards of practice and also meet the	- Respiratory
	provides for constant liaison	requirements of 409.17. See Appendix B for 409.17	- Dietetic
	with the hospital medical staff	requirements.	
	for recommendations on		NPG.12.01.01, EP 7
	dietetic policies affecting	HR.01.01.01, EP 2	For rehabilitation and psychiatric distinct part units in critical
	patient treatment.	The critical access hospital verifies and documents the	access hospitals: The critical access hospital has dietetic
		following:	services that are directed and adequately staffed by qualified
		- Credentials of staff using the primary source when	personnel.
		licensure, certification, or registration is required by law and	Note: For critical access hospitals that provide dietetic
		regulation to practice their profession. This is done at the	services through contracted services, the contracted service
		time of hire and at the time credentials are renewed.	has a dietician who serves the critical access hospital full-
		- Credentials of staff (primary source not required) when	time, part-time, or on a consultant basis and acts as a liaison
		licensure, certification, or registration is not required by law	to critical access hospital medical staff for
		and regulation. This is done at the time of hire and at the time	recommendations on dietetic policies that affect patient
		credentials are renewed.	care, treatment, and services.
		Note 1: It is acceptable to verify current licensure,	
		certification, or registration with the primary source via a	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	secure electronic communication or by telephone, if this	
	verification is documented.	
	Note 2: A primary verification source may designate another	
	agency to communicate credentials information. The	
	designated agency can then be used as a primary source.	
	Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify	
	credentials information. A CVO must meet the CVO	
	guidelines identified in the Glossary.	
	Service in the execution,	
	HR.01.01.01, EP 3	
	The critical access hospital verifies and documents that the	
	applicant has the education and experience required by the	
	job responsibilities.	
	HR.01.02.05, EP 2	
	For rehabilitation and psychiatric distinct part units in critical	
	access hospitals: The critical access hospital has a qualified	
	dietitian on a full-time, part-time, or consultative basis.	
	LD.03.06.01, EP 2	
	Leaders provide for a sufficient number and mix of	
	individuals to support safe, quality care, treatment, and	
	services.	
	Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.	
	Scope and complexity of the services offered.	
	LD.04.01.05, EP 1	
	Leaders of the program, service, site, or department oversee	
	operations.	
	LD.04.01.05, EP 2	
	For rehabilitation and psychiatric distinct part units in critical	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access hospitals: Programs, services, sites, or departments	
		providing patient care are directed by one or more qualified	
		professionals or by a qualified licensed practitioner with	
		clinical privileges.	
		LD.04.01.05, EP 3	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital defines, in	
		writing, the responsibility of those with administrative and	
		clinical direction of its programs, services, sites, or departments.	
		Note: This includes the full-time employee who directs and	
		manages dietary services.	
		manages dictary services.	
		LD.04.03.01, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital provides	
		essential services, including the following:	
		- Diagnostic radiology	
		- Dietary	
		- Emergency	
		- Medical records	
		- Nuclear medicine	
		- Nursing care	
		- Pathology and clinical laboratory	
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only psychiatric and addiction treatment services are not required	
		1	
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
		LD.04.03.09, EP 1	
		Clinical leaders and medical staff have an opportunity to	
		provide advice about the sources of clinical services to be	
		provided through contractual agreement.	
		LD.04.03.09, EP 2	
		The critical access hospital describes, in writing, the nature	
		and scope of services provided through contractual	
		agreements.	
		LD.04.03.09, EP 3	
		Designated leaders approve contractual agreements.	
		Designated teaders approve contractual agreements.	
		LD.04.03.09, EP 4	
		Leaders monitor contracted services by establishing	
		expectations for the performance of the contracted services.	
		Note 1: When the critical access hospital contracts with	
		another accredited organization for patient care, treatment,	
		and services to be provided off site, it can do the following:	
		- Verify that all physicians and other licensed practitioners	
		who will be providing patient care, treatment, and services	
		have appropriate privileges by obtaining, for example, a copy	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		of the list of privileges.	
		- Specify in the written agreement that the contracted	
		organization will ensure that all contracted services provided	
		by physicians and other licensed practitioners will be within	
		the scope of their privileges.	
		Note 2: The leaders who monitor the contracted services are	
		the governing body.	
		LD.04.03.09, EP 5	
		Leaders monitor contracted services by communicating the	
		expectations in writing to the provider of the contracted	
		services.	
		Note: A written description of the expectations can be	
		provided either as part of the written agreement or in	
		addition to it.	
		LD.04.03.09, EP 6	
		Leaders monitor contracted services by evaluating these	
		services in relation to the critical access hospital's	
		expectations.	
		LD.04.03.09, EP 7	
		Leaders take steps to improve contracted services that do	
		not meet expectations.	
		Note: Examples of improvement efforts to consider include	
		the following:	
		- Increase monitoring of the contracted services	
		- Provide consultation or training to the contractor	
		- Renegotiate the contract terms	
		- Apply defined penalties	
0.400.00(.)	0.400.00(.)0:	- Terminate the contract	
§482.28(a)	§482.28(a) Standard:		
	Organization		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.28(a)(1)	(1) The hospital must have a full-time employee who–	LD.04.01.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.  Note: This includes the full-time employee who directs and manages dietary services.	
§482.28(a)(1)(i)	(i) Serves as director of the food and dietetic services;	LD.04.01.05, EP 1 Leaders of the program, service, site, or department oversee operations.  LD.04.01.05, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges.  LD.04.01.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.  Note: This includes the full-time employee who directs and manages dietary services.	NPG.12.01.01, EP 8 The critical access hospital has a full-time employee, qualified through education, training, or experience, who serves as director to oversee the daily management of food and dietetic services.
§482.28(a)(1)(ii)	(ii) Is responsible for daily management of the dietary services; and	LD.04.01.05, EP 1 Leaders of the program, service, site, or department oversee operations.  LD.04.01.05, EP 2 For rehabilitation and psychiatric distinct part units in critical	NPG.12.01.01, EP 8 The critical access hospital has a full-time employee, qualified through education, training, or experience, who serves as director to oversee the daily management of food and dietetic services.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access hospitals: Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges.	
		LD.04.01.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.  Note: This includes the full-time employee who directs and manages dietary services.	
§482.28(a)(1)(iii)	(iii) Is qualified by experience or training.	HR.01.01.01, EP 1 The critical access hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix B for 409.17 requirements.	NPG.12.01.01, EP 8 The critical access hospital has a full-time employee, qualified through education, training, or experience, who serves as director to oversee the daily management of food and dietetic services.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		HR.01.01.01, EP 3 The critical access hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.	
		LD.04.01.05, EP 1 Leaders of the program, service, site, or department oversee operations.	
		LD.04.01.05, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges.	
		LD.04.01.05, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.  Note: This includes the full-time employee who directs and manages dietary services.	
§482.28(a)(2)	(2) There must be a qualified dietitian, full-time, part-time or on a consultant basis.	HR.01.01,01, EP 1 The critical access hospital defines staff qualifications specific to their job responsibilities. Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control). Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists,	NPG.12.01.01, EP 9 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a qualified dietitian on a full-time, part-time, or consultative basis.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		physical therapist assistants, occupational therapists,	
		occupational therapy assistants, speech-language	
		pathologists, or audiologists (as defined in 42 CFR 484.4)	
		provide physical therapy, occupational therapy, speech-	
		language pathology, or audiology services, if these services	
		are provided by the critical access hospital. The provision of care and staff qualifications are in accordance with national	
		acceptable standards of practice and also meet the	
		requirements of 409.17. See Appendix B for 409.17	
		requirements.	
		HR.01.01.01, EP 3	
		The critical access hospital verifies and documents that the	
		applicant has the education and experience required by the	
		job responsibilities.	
		HR.01.02.05, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital has a qualified	
		dietitian on a full-time, part-time, or consultative basis.	
		LD.03.06.01, EP 2	
		Leaders provide for a sufficient number and mix of	
		individuals to support safe, quality care, treatment, and	
		services.	
		Note: The number and mix of individuals is appropriate to the	
§482.28(a)(3)	(3) There must be	scope and complexity of the services offered.  HR.01.06.01, EP 1	HR.11.01.01, EP 1
3402.20(a)(3)	administrative and technical	The critical access hospital defines the competencies it	The critical access hospital's food and dietetic services
	personnel competent in their	requires of its staff who provide patient care, treatment, or	administrative and technical staff are competent to perform
	respective duties.	services.	their responsibilities.
		HR.01.06.01, EP 5	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Staff competence is initially assessed and documented as	
		part of orientation.	
		HR.01.06.01, EP 6	
		Staff competence is assessed and documented once every	
		three years, or more frequently as required by critical access	
2.122.224.)		hospital policy or in accordance with law and regulation.	
§482.28(b)	§482.28(b) Standard: Diets	PC.02.02.03, EP 7	PC.12.01.09, EP 1
	Menus must meet the needs of	Food and nutrition products are consistent with each	The nutritional needs of the individual patient are met in
	the patients.	patient's care, treatment, and services.	accordance with clinical practice guidelines and recognized
		Note 1: The nutritional needs of inpatients are met in	dietary practices.
		accordance with recognized dietary practices and the orders	Note 1: Diet menus meet the needs of the patients.
		of the physician or other licensed practitioner responsible for the care of inpatients.	Note 2: For swing beds in critical access hospitals: The critical access hospital meets the assisted nutrition and
		Note 2: For swing beds in critical access hospitals: The	hydration requirement at 42 CFR 483.25(g) with respect to
		critical access hospital meets the assisted nutrition and	inpatients receiving posthospital skilled nursing facility care.
		hydration requirement at 42 CFR 483.25(g) with respect to	inputionts receiving postneophat skilled naroing facility date.
		inpatients receiving posthospital skilled nursing facility care.	
§482.28(b)(1)	(1) Individual patient nutritional	HR.01.02.05, EP 2	PC.12.01.09, EP 1
	needs must be met in	For rehabilitation and psychiatric distinct part units in critical	The nutritional needs of the individual patient are met in
	accordance with recognized	access hospitals: The critical access hospital has a qualified	accordance with clinical practice guidelines and recognized
	dietary practices.	dietitian on a full-time, part-time, or consultative basis.	dietary practices.
			Note 1: Diet menus meet the needs of the patients.
		LD.03.10.01, EP 1	Note 2: For swing beds in critical access hospitals: The
		For critical access hospitals that elect The Joint Commission	critical access hospital meets the assisted nutrition and
		Primary Care Medical Home option or rehabilitation and	hydration requirement at 42 CFR 483.25(g) with respect to
		psychiatric distinct part units in critical access hospitals: The	inpatients receiving posthospital skilled nursing facility care.
		critical access hospital considers using clinical practice	
		guidelines when designing or improving processes.	
		PC.01.02.01, EP 3	
		The critical access hospital has defined criteria that identify	
		when nutritional plans are developed.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PC.01.03.01, EP 1 The critical access hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing.	
		PC.02.02.03, EP 7 Food and nutrition products are consistent with each patient's care, treatment, and services. Note 1: The nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the physician or other licensed practitioner responsible for the care of inpatients. Note 2: For swing beds in critical access hospitals: The critical access hospital meets the assisted nutrition and hydration requirement at 42 CFR 483.25(g) with respect to inpatients receiving posthospital skilled nursing facility care.	
		PC.02.02.03, EP 22 For rehabilitation and psychiatric distinct part units in critical access hospitals: A current therapeutic diet manual approved by the dietitian and medical staff is available to all medical, nursing, and food service staff.	
§482.28(b)(2)	(2) All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law	PC.02.01.03, EP 1 Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Outpatient services may be	PC.12.01.01, EP 1 Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nuclear

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	governing dietitians and	ordered by a physician or other licensed practitioner not	medicine services, and dietetic services, if provided.
	nutrition professionals.	appointed to the medical staff as long as the practitioner	Note 2: Patient diets, including therapeutic diets, are ordered
		meets the following:	by the physician or other licensed practitioner responsible
		- Responsible for the care of the patient	for the patient's care or by a qualified dietitian or qualified
		- Licensed to practice in the state where the practitioner	nutrition professional who is authorized by the medical staff
		provides care to the patient or in accordance with Veterans	and acting in accordance with state law governing dietitians
		Administration and Department of Defense licensure	and nutrition professionals. The requirement of 42 CFR
		requirements	483.25(i) is met for inpatients receiving care at a skilled
		- Acting within the practitioner's scope of practice under	nursing facility subsequent to critical access hospital care.
		state law	
		- Authorized in accordance with state law and policies	
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
		nursing facility subsequent to critical access hospital care.	
		PC.02.01.03, EP 7	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital provides care,	
		treatment, and services using the most recent patient	
		order(s).	
§482.28(b)(3)	(3) A current therapeutic diet	PC.02.02.03, EP 22	PC.12.01.09, EP 2
	manual approved by the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	dietitian and medical staff must	access hospitals: A current therapeutic diet manual	access hospitals: The dietician and medical staff approve a
	be readily available to all	approved by the dietitian and medical staff is available to all	therapeutic diet manual that is current and available to all
	medical, nursing, and food	medical, nursing, and food service staff.	medical, nursing, and food service staff.
	service personnel.		Note: For the purposes of this element of performance,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			current is defined as having a publication or revision date no
			more than five years old.
§482.30	§482.30 Condition of	LD.04.01.01, EP 17	LD.13.01.03, EP 1
	Participation: Utilization Review	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	The hospital must have in effect	access hospitals: The critical access hospital has a	access hospitals: The critical access hospital has a
	a utilization review (UR) plan	utilization review plan consistent with 42 CFR 482.30 that	utilization review plan that provides for review of services
	that provides for review of	provides for review of services furnished by the hospital and	provided by the critical access hospital and the medical staff
	services furnished by the	the medical staff to patients entitled to benefits under the	to patients entitled to benefits under the Medicare and
	institution and by members of	Medicare and Medicaid programs.	Medicaid programs.
	the medical staff to patients	Note 1: The critical access hospital does not need to have a	Note: The critical access hospital does not need to have a
	entitled to benefits under the	utilization review plan if either a Quality Improvement	utilization review plan if either a quality improvement
	Medicare and Medicaid	Organization (QIO) has assumed binding review for the	organization (QIO) has assumed binding review for the
	programs.	critical access hospital or the Centers for Medicare & Description (Control of the Center)	critical access hospital or the Centers for Medicare & Description (Control of the Center)
		Medicaid Services (CMS) has determined that the utilization	Medicaid Services (CMS) has determined that the utilization
		review procedures established by the state under title XIX of	review procedures established by the state under title XIX of
		the Social Security Act are superior to the procedures	the Social Security Act are superior to the procedures
		required in this section, and has required critical access	required in this section, and has required critical access
		hospitals in that state to meet the utilization review plan	hospitals in that state to meet the utilization review plan
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	requirements under 42 CFR 456.50 through 42 CFR 456.245.
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(a)	§482.30(a) Standard:	1 Systillating Distillative are Silico (1995).	
0.02.00(a)	Applicability The provisions of		
	this section apply except in		
	either of the following		
	circumstances:		
§482.30(a)(1)	(1) A Utilization and Quality	LD.04.01.01, EP 17	LD.13.01.03, EP 1
	Control Quality Improvement	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	Organization (QIO) has	access hospitals: The critical access hospital has a	access hospitals: The critical access hospital has a
	assumed binding review for the	utilization review plan consistent with 42 CFR 482.30 that	utilization review plan that provides for review of services
	hospital.	provides for review of services furnished by the hospital and	provided by the critical access hospital and the medical staff

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the medical staff to patients entitled to benefits under the	to patients entitled to benefits under the Medicare and
		Medicare and Medicaid programs.	Medicaid programs.
		Note 1: The critical access hospital does not need to have a	Note: The critical access hospital does not need to have a
		utilization review plan if either a Quality Improvement	utilization review plan if either a quality improvement
		Organization (QIO) has assumed binding review for the	organization (QIO) has assumed binding review for the
		critical access hospital or the Centers for Medicare & Description (1997)	critical access hospital or the Centers for Medicare & Description (1997)
		Medicaid Services (CMS) has determined that the utilization	Medicaid Services (CMS) has determined that the utilization
		review procedures established by the state under title XIX of	review procedures established by the state under title XIX of
		the Social Security Act are superior to the procedures	the Social Security Act are superior to the procedures
		required in this section, and has required critical access	required in this section, and has required critical access
		hospitals in that state to meet the utilization review plan	hospitals in that state to meet the utilization review plan
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	requirements under 42 CFR 456.50 through 42 CFR 456.245.
		Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		r systmatrio Biotiniot i are sinto (1985).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	
§482.30(a)(2)	(2) CMS has determined that the UR procedures established by the State under title XIX of the Act are superior to the procedures required in this section, and has required hospitals in that State to meet the UR plan requirements under \$\$456.50 through 456.245 of this chapter.	ED.04.01.01, EP 17  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Decirical access hospital or the Centers for Medicare will access for eview procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	ED.13.01.03, EP 1  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan that provides for review of services provided by the critical access hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note: The critical access hospital does not need to have a utilization review plan if either a quality improvement organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Decition (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.
		LD.04.01.01, EP 18  For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan.  Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare &	
§482.30(b)	§482.30(b) Standard: Composition of Utilization Review Committee A UR committee consisting of two or more practitioners must carry out the UR function. At least two of the members of the committee must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in §482.12(c)(1).	LD.04.01.01, EP 17  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Described in the Centers for Medicare will samp; Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	LD.13.01.03, EP 4  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital's utilization review committee consists of two or more licensed practitioners, and at least two of the members of the committee are doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in 42 CFR 482.12(c)(1).  Note: The committee or group's reviews are not conducted by any individual who has a direct financial interest (for example, an ownership interest) in that critical access hospital or who was professionally involved in the care of the patient whose case is being reviewed.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Dedicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(b)(1)	(1) Except as specified in	1 sychiatric district fart offices (AAD).	
0402.00(5)(1)	paragraphs (b)(2) and (3) of this		
	section, the UR committee		
	must be one of the following:		
§482.30(b)(1)(i)	(i) A staff committee of the	LD.04.01.01, EP 17	LD.13.01.03, EP 3
	institution;	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The critical access hospital has a	access hospitals: The critical access hospital has a
		utilization review plan consistent with 42 CFR 482.30 that	utilization review committee that is either a staff committee
		provides for review of services furnished by the hospital and	or a group outside the critical access hospital established by
		the medical staff to patients entitled to benefits under the	the local medical society and some or all the hospitals in the
		Medicare and Medicaid programs.	locality or in a manner approved by the Centers for Medicare

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 1: The critical access hospital does not need to have a	& Medicaid Services.
		utilization review plan if either a Quality Improvement	Note: If, because of the small size of the critical access
		Organization (QIO) has assumed binding review for the	hospital, it is impracticable to have a properly functioning
		critical access hospital or the Centers for Medicare & Description (1997)	staff committee, the utilization review committee is
		Medicaid Services (CMS) has determined that the utilization	established by a group outside the critical access hospital,
		review procedures established by the state under title XIX of	as specified in 42 CFR 482.30(b)(1)(ii).
		the Social Security Act are superior to the procedures	
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(b)(1)(ii)	(ii) A group outside the	LD.04.01.01, EP 17	LD.13.01.03, EP 3
	institution	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The critical access hospital has a	access hospitals: The critical access hospital has a
		utilization review plan consistent with 42 CFR 482.30 that	utilization review committee that is either a staff committee
		provides for review of services furnished by the hospital and	or a group outside the critical access hospital established by
		the medical staff to patients entitled to benefits under the	the local medical society and some or all the hospitals in the
		Medicare and Medicaid programs.	locality or in a manner approved by the Centers for Medicare
		Note 1: The critical access hospital does not need to have a	& amp; Medicaid Services.
		utilization review plan if either a Quality Improvement	Note: If, because of the small size of the critical access
		Organization (QIO) has assumed binding review for the	hospital, it is impracticable to have a properly functioning
		critical access hospital or the Centers for Medicare & Company (2002)	staff committee, the utilization review committee is
		Medicaid Services (CMS) has determined that the utilization	established by a group outside the critical access hospital,
		review procedures established by the state under title XIX of	as specified in 42 CFR 482.30(b)(1)(ii).
		the Social Security Act are superior to the procedures	
		required in this section, and has required critical access hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		1 systillation blotting that sints (100).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Medicare & Definition (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.  Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	
§482.30(b)(1)(ii)(A)	(A) Established by the local	LD.04.01.01, EP 17	LD.13.01.03, EP 3
	medical society and some or all of the hospitals in the locality; or	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Described in the Centers for Medicare & Described in the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review committee that is either a staff committee or a group outside the critical access hospital established by the local medical society and some or all the hospitals in the locality or in a manner approved by the Centers for Medicare & Decision among the small size of the critical access hospital, it is impracticable to have a properly functioning staff committee, the utilization review committee is established by a group outside the critical access hospital, as specified in 42 CFR 482.30(b)(1)(ii).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LD.04.01.01, EP 18  For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan.  Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.  Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	
§482.30(b)(1)(ii)(B)	(B) Established in a manner approved by CMS.	Psychiatric Distinct Part Units" (AXB).  LD.04.01.01, EP 17  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & CMS) has determined that the utilization review procedures established by the state under title XIX of	LD.13.01.03, EP 3  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review committee that is either a staff committee or a group outside the critical access hospital established by the local medical society and some or all the hospitals in the locality or in a manner approved by the Centers for Medicare & Medicaid Services.  Note: If, because of the small size of the critical access hospital, it is impracticable to have a properly functioning staff committee, the utilization review committee is established by a group outside the critical access hospital, as specified in 42 CFR 482.30(b)(1)(ii).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the Social Security Act are superior to the procedures	
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(b)(2)	(2) If, because of the small size	LD.04.01.01, EP 17	LD.13.01.03, EP 3
	of the institution, it is	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	impracticable to have a	access hospitals: The critical access hospital has a	access hospitals: The critical access hospital has a
	properly functioning staff	utilization review plan consistent with 42 CFR 482.30 that	utilization review committee that is either a staff committee

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	committee, the UR committee	provides for review of services furnished by the hospital and	or a group outside the critical access hospital established by
	must be established as	the medical staff to patients entitled to benefits under the	the local medical society and some or all the hospitals in the
	specified in paragraph (b)(1)(ii) of this section	Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a	locality or in a manner approved by the Centers for Medicare & Amp; Medicaid Services.
	or this section	utilization review plan if either a Quality Improvement	Note: If, because of the small size of the critical access
		Organization (QIO) has assumed binding review for the	hospital, it is impracticable to have a properly functioning
		critical access hospital or the Centers for Medicare & Camp;	staff committee, the utilization review committee is
		Medicaid Services (CMS) has determined that the utilization	established by a group outside the critical access hospital,
		review procedures established by the state under title XIX of	as specified in 42 CFR 482.30(b)(1)(ii).
		the Social Security Act are superior to the procedures	
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for Medicare & Description (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	
§482.30(b)(3)	(3) The committee or group's reviews may not be conducted by any individual who		For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital's utilization review committee consists of two or more licensed practitioners, and at least two of the members of the committee are doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in 42 CFR 482.12(c)(1).  Note: The committee or group's reviews are not conducted by any individual who has a direct financial interest (for example, an ownership interest) in that critical access hospital or who was professionally involved in the care of the patient whose case is being reviewed.
§482.30(b)(3)(i)	(i) Has a direct financial interest (for example, an ownership interest) in that hospital; or	LD.04.01.01, EP 17  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Described Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access	LD.13.01.03, EP 4  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital's utilization review committee consists of two or more licensed practitioners, and at least two of the members of the committee are doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in 42 CFR 482.12(c)(1).  Note: The committee or group's reviews are not conducted by any individual who has a direct financial interest (for example, an ownership interest) in that critical access hospital or who was professionally involved in the care of the patient whose case is being reviewed.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Amp; Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(b)(3)(ii)	(ii) Was professionally involved	LD.04.01.01, EP 17	LD.13.01.03, EP 4
	in the care of the patient whose	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	case is being reviewed.	access hospitals: The critical access hospital has a	access hospitals: The critical access hospital's utilization
		utilization review plan consistent with 42 CFR 482.30 that	review committee consists of two or more licensed
		provides for review of services furnished by the hospital and	practitioners, and at least two of the members of the
		the medical staff to patients entitled to benefits under the	committee are doctors of medicine or osteopathy. The other

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Medicare and Medicaid programs.	members may be any of the other types of practitioners
		Note 1: The critical access hospital does not need to have a	specified in 42 CFR 482.12(c)(1).
		utilization review plan if either a Quality Improvement	Note: The committee or group's reviews are not conducted
		Organization (QIO) has assumed binding review for the	by any individual who has a direct financial interest (for
		critical access hospital or the Centers for Medicare & Description (1997)	example, an ownership interest) in that critical access
		Medicaid Services (CMS) has determined that the utilization	hospital or who was professionally involved in the care of the
		review procedures established by the state under title XIX of	patient whose case is being reviewed.
		the Social Security Act are superior to the procedures	
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Description (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(c)	§482.30(c) Standard: Scope		
	and Frequency of Review		
§482.30(c)(1)	(1) The UR plan must provide for		LD.13.01.03, EP 2
	review for Medicare and		For rehabilitation and psychiatric distinct part units in critical
	Medicaid patients with respect		access hospitals: The critical access hospital's utilization
	to the medical necessity of		review plan provides for the review of Medicare and Medicaid
			patients with respect to the medical necessity of the
			following:
			- Admissions to the critical access hospital
			- Duration of stays
			- Professional services provided, including drugs and
			biologicals
			Note 1: The critical access hospital may perform reviews of
			admissions before, during, or after hospital admission.
			Note 2: The critical access hospital may perform reviews on
0.400.00(.)(4)(!)			a sample basis, except for reviews of extended stay cases.
§482.30(c)(1)(i)	(i) Admissions to the institution;	LD.04.01.01, EP 17	LD.13.01.03, EP 2
		For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The critical access hospital has a	access hospitals: The critical access hospital's utilization
		utilization review plan consistent with 42 CFR 482.30 that	review plan provides for the review of Medicare and Medicaid
		provides for review of services furnished by the hospital and	patients with respect to the medical necessity of the
		the medical staff to patients entitled to benefits under the	following:
		Medicare and Medicaid programs.	- Admissions to the critical access hospital
		Note 1: The critical access hospital does not need to have a	- Duration of stays
		utilization review plan if either a Quality Improvement	- Professional services provided, including drugs and
		Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Camp;	biologicals  Note 1: The critical access hospital may perform reviews of
		Medicaid Services (CMS) has determined that the utilization	admissions before, during, or after hospital admission.
		review procedures established by the state under title XIX of	Note 2: The critical access hospital may perform reviews on
		the Social Security Act are superior to the procedures	a sample basis, except for reviews of extended stay cases.
	1	the Social Security Act are superior to the procedures	a sample basis, except for reviews of extended stay cases.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Dedicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
	40.5	Psychiatric Distinct Part Units" (AXB).	
§482.30(c)(1)(ii)	(ii) The duration of stays; and	LD.04.01.01, EP 17	LD.13.01.03, EP 2
		For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The critical access hospital has a	access hospitals: The critical access hospital's utilization
		utilization review plan consistent with 42 CFR 482.30 that	review plan provides for the review of Medicare and Medicaid
		provides for review of services furnished by the hospital and	patients with respect to the medical necessity of the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the medical staff to patients entitled to benefits under the	following:
		Medicare and Medicaid programs.	- Admissions to the critical access hospital
		Note 1: The critical access hospital does not need to have a	- Duration of stays
		utilization review plan if either a Quality Improvement	- Professional services provided, including drugs and
		Organization (QIO) has assumed binding review for the	biologicals
		critical access hospital or the Centers for Medicare & Description (1997)	Note 1: The critical access hospital may perform reviews of
		Medicaid Services (CMS) has determined that the utilization	admissions before, during, or after hospital admission.
		review procedures established by the state under title XIX of	Note 2: The critical access hospital may perform reviews on
		the Social Security Act are superior to the procedures	a sample basis, except for reviews of extended stay cases.
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Deficated Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	
\$482.30(c)(1)(iii)	(iii) Professional services furnished including drugs and biologicals.	LD.04.01.01, EP 17  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Decivical Access (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital's utilization review plan provides for the review of Medicare and Medicaid patients with respect to the medical necessity of the following:  - Admissions to the critical access hospital  - Duration of stays  - Professional services provided, including drugs and biologicals  Note 1: The critical access hospital may perform reviews of admissions before, during, or after hospital admission.  Note 2: The critical access hospital may perform reviews on a sample basis, except for reviews of extended stay cases.
		LD.04.01.01, EP 18 For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan. Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare &	
§482.30(c)(2)	(2) Review of admissions may be performed before, at, or after hospital admission.	Psychiatric Distinct Part Units" (AXB).  LD.04.01.01, EP 17  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Described amp; Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	LD.13.01.03, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital's utilization review plan provides for the review of Medicare and Medicaid patients with respect to the medical necessity of the following:  - Admissions to the critical access hospital  - Duration of stays  - Professional services provided, including drugs and biologicals  Note 1: The critical access hospital may perform reviews of admissions before, during, or after hospital admission.  Note 2: The critical access hospital may perform reviews on a sample basis, except for reviews of extended stay cases.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
0.400.007.770	(0) 5	Psychiatric Distinct Part Units" (AXB).	
§482.30(c)(3)	(3) Except as specified in	LD.04.01.01, EP 17	LD.13.01.03, EP 2
	paragraph (e) of this section,	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	reviews may be conducted on a	access hospitals: The critical access hospital has a	access hospitals: The critical access hospital's utilization
	sample basis.	utilization review plan consistent with 42 CFR 482.30 that	review plan provides for the review of Medicare and Medicaid
		provides for review of services furnished by the hospital and	patients with respect to the medical necessity of the
		the medical staff to patients entitled to benefits under the	following:
		Medicare and Medicaid programs.	- Admissions to the critical access hospital
		Note 1: The critical access hospital does not need to have a	- Duration of stays
		utilization review plan if either a Quality Improvement	- Professional services provided, including drugs and
		Organization (QIO) has assumed binding review for the	biologicals
		critical access hospital or the Centers for Medicare & Description of the Center & Des	Note 1: The critical access hospital may perform reviews of

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	admissions before, during, or after hospital admission.  Note 2: The critical access hospital may perform reviews on a sample basis, except for reviews of extended stay cases.
		LD.04.01.01, EP 18  For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan.  Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.  Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	
§482.30(c)(4)	(4) Hospitals that are paid for	,	LD.13.01.03, EP 7
	inpatient hospital services		For rehabilitation and psychiatric distinct part units in critical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	under the prospective payment system set forth in Part 412 of this chapter must conduct review of duration of stays and review of professional services as follows:		access hospitals: If the critical access hospital is paid for inpatient hospital services under the prospective payment system set forth in 42 CFR Part 412, it conducts a review of duration of stays and a review of professional services as follows:  - For duration of stays, the critical access hospital reviews only cases that it determines to be outlier cases based on extended length of stay, as described in 42 CFR 412.80(a)(1)(i).  - For professional services, the critical access hospital reviews only cases that it determines to be outlier cases based on extraordinarily high costs, as described in 42 CFR 412.80(a)(1)(ii).
§482.30(c)(4)(i)	(i) For duration of stays, these hospitals need review only cases that they reasonably assume to be outlier cases based on extended length of stay, as described in \$412.80(a)(1)(i) of this chapter; and	LD.04.01.01, EP 17  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Decitical access hospital or the Centers for Medicare & Decitical access hospital or the Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.  Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	LD.13.01.03, EP 7  For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital is paid for inpatient hospital services under the prospective payment system set forth in 42 CFR Part 412, it conducts a review of duration of stays and a review of professional services as follows:  - For duration of stays, the critical access hospital reviews only cases that it determines to be outlier cases based on extended length of stay, as described in 42 CFR 412.80(a)(1)(i).  - For professional services, the critical access hospital reviews only cases that it determines to be outlier cases based on extraordinarily high costs, as described in 42 CFR 412.80(a)(1)(ii).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Description review are additional and but the	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(c)(4)(ii)	(ii) For professional services,	LD.04.01.01, EP 17	LD.13.01.03, EP 7
	these hospitals need review	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	only cases that they reasonably	access hospitals: The critical access hospital has a	access hospitals: If the critical access hospital is paid for
	assume to be outlier cases	utilization review plan consistent with 42 CFR 482.30 that	inpatient hospital services under the prospective payment
	based on extraordinarily high	provides for review of services furnished by the hospital and	system set forth in 42 CFR Part 412, it conducts a review of
	costs, as described in	the medical staff to patients entitled to benefits under the	duration of stays and a review of professional services as
	§412.80(a)(1)(ii) of this chapter.	Medicare and Medicaid programs.	follows:
		Note 1: The critical access hospital does not need to have a	- For duration of stays, the critical access hospital reviews
		utilization review plan if either a Quality Improvement	only cases that it determines to be outlier cases based on
		Organization (QIO) has assumed binding review for the	extended length of stay, as described in 42 CFR
		critical access hospital or the Centers for Medicare & Description of the Center of th	412.80(a)(1)(i).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Medicaid Services (CMS) has determined that the utilization	- For professional services, the critical access hospital
		review procedures established by the state under title XIX of	reviews only cases that it determines to be outlier cases
		the Social Security Act are superior to the procedures	based on extraordinarily high costs, as described in 42 CFR
		required in this section, and has required critical access	412.80(a)(1)(ii).
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & mp; Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.30(d)	§482.30(d) Standard:		
	Determination Regarding		
	Admissions or Continued Stays		
§482.30(d)(1)	(1) The determination that an		
	admission or continued stay is		
	not medically necessary-		
§482.30(d)(1)(i)	(i) May be made by one member	LD.04.01.01, EP 17	LD.13.01.03, EP 6
	of the UR committee if the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	practitioner or practitioners	access hospitals: The critical access hospital has a	access hospitals: The critical access hospital develops and
	responsible for the care of the	utilization review plan consistent with 42 CFR 482.30 that	implements a process to determine if an admission or
	patient, as specified of	provides for review of services furnished by the hospital and	continued stay is not medically necessary. This
	§482.12(c), concur with the	the medical staff to patients entitled to benefits under the	determination is made by one of the following:
	determination or fail to present	Medicare and Medicaid programs.	- One member of the utilization review committee if the
	their views when afforded the	Note 1: The critical access hospital does not need to have a	licensed practitioner(s) responsible for the patient's care, as
	opportunity; and	utilization review plan if either a Quality Improvement	specified in 42 CFR 482.12(c), concurs with the
		Organization (QIO) has assumed binding review for the	determination or fails to present their views when afforded
		critical access hospital or the Centers for Medicare & Description (1997)	the opportunity
		Medicaid Services (CMS) has determined that the utilization	- At least two members of the utilization review committee in
		review procedures established by the state under title XIX of	all other cases
		the Social Security Act are superior to the procedures	Note: Before determining that an admission or continued
		required in this section, and has required critical access	stay is not medically necessary, the utilization review
		hospitals in that state to meet the utilization review plan	committee consults the licensed practitioner(s) responsible
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	for the patient's care and affords the practitioner(s) the
		Note 2: For guidance regarding the requirements at 42 CFR	opportunity to present their views.
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Defication Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(d)(1)(ii)	(ii) Must be made by at least	LD.04.01.01, EP 17	LD.13.01.03, EP 6
	two members of the UR	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	committee in all other cases.	access hospitals: The critical access hospital has a	access hospitals: The critical access hospital develops and
		utilization review plan consistent with 42 CFR 482.30 that	implements a process to determine if an admission or
		provides for review of services furnished by the hospital and	continued stay is not medically necessary. This
		the medical staff to patients entitled to benefits under the	determination is made by one of the following:
		Medicare and Medicaid programs.	- One member of the utilization review committee if the
		Note 1: The critical access hospital does not need to have a	licensed practitioner(s) responsible for the patient's care, as
		utilization review plan if either a Quality Improvement	specified in 42 CFR 482.12(c), concurs with the
		Organization (QIO) has assumed binding review for the	determination or fails to present their views when afforded
		critical access hospital or the Centers for Medicare & Description (1997)	the opportunity
		Medicaid Services (CMS) has determined that the utilization	- At least two members of the utilization review committee in
		review procedures established by the state under title XIX of	all other cases
		the Social Security Act are superior to the procedures	Note: Before determining that an admission or continued
		required in this section, and has required critical access	stay is not medically necessary, the utilization review
		hospitals in that state to meet the utilization review plan	committee consults the licensed practitioner(s) responsible
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	for the patient's care and affords the practitioner(s) the
		Note 2: For guidance regarding the requirements at 42 CFR	opportunity to present their views.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(d)(2)	(2) Before making a	LD.04.01.01, EP 17	LD.13.01.03, EP 6
	determination that an	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	admission or continued stay is	access hospitals: The critical access hospital has a	access hospitals: The critical access hospital develops and
	not medically necessary, the	utilization review plan consistent with 42 CFR 482.30 that	implements a process to determine if an admission or
	UR committee must consult the	provides for review of services furnished by the hospital and	continued stay is not medically necessary. This
	practitioner or practitioners	the medical staff to patients entitled to benefits under the	determination is made by one of the following:
	responsible for the care of the	Medicare and Medicaid programs.	- One member of the utilization review committee if the
	patient, as specified in	Note 1: The critical access hospital does not need to have a	licensed practitioner(s) responsible for the patient's care, as
	§482.12(c), and afford the	utilization review plan if either a Quality Improvement	specified in 42 CFR 482.12(c), concurs with the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	practitioner or practitioners the	Organization (QIO) has assumed binding review for the	determination or fails to present their views when afforded
	opportunity to present their	critical access hospital or the Centers for Medicare & Description of the Center of th	the opportunity
	views.	Medicaid Services (CMS) has determined that the utilization	- At least two members of the utilization review committee in
		review procedures established by the state under title XIX of	all other cases
		the Social Security Act are superior to the procedures	Note: Before determining that an admission or continued
		required in this section, and has required critical access	stay is not medically necessary, the utilization review
		hospitals in that state to meet the utilization review plan	committee consults the licensed practitioner(s) responsible
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	for the patient's care and affords the practitioner(s) the
		Note 2: For guidance regarding the requirements at 42 CFR	opportunity to present their views.
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & mp; Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.30(d)(3)	(3) If the committee decides	LD.04.01.01, EP 17	LD.13.01.03, EP 10
	that admission to or continued	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	stay in the hospital is not	access hospitals: The critical access hospital has a	access hospitals: If the utilization review committee
	medically necessary, written	utilization review plan consistent with 42 CFR 482.30 that	determines that admission to or continued stay in the critical
	notification must be given, no	provides for review of services furnished by the hospital and	access hospital is not medically necessary, the committee
	later than 2 days after the	the medical staff to patients entitled to benefits under the	gives written notification to the critical access hospital, the
	determination, to the hospital,	Medicare and Medicaid programs.	patient, and the licensed practitioner(s) responsible for the
	the patient, and the practitioner	Note 1: The critical access hospital does not need to have a	patient's care, as specified in 42 CFR 482.12(c), no later than
	or practitioners responsible for	utilization review plan if either a Quality Improvement	2 days after the determination.
	the care of the patient, as	Organization (QIO) has assumed binding review for the	
	specified in §482.12(c);	critical access hospital or the Centers for Medicare & Description of the Center & Description of th	
		Medicaid Services (CMS) has determined that the utilization	
		review procedures established by the state under title XIX of	
		the Social Security Act are superior to the procedures	
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & mp; Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.  Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	
§482.30(e)	§482.30(e) Standard: Extended Stay Review		
§482.30(e)(1)	(1) In hospitals that are not paid under the prospective payment system, the UR committee must make a periodic review, as specified in the UR plan, or each current inpatient receiving hospital services during a continuous period of extended duration. The scheduling of the periodic reviews may	ED.04.01.01, EP 17  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.  Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	For rehabilitation and psychiatric distinct part units in critical access hospitals: In critical access hospitals that are not paid under the prospective payment system, the utilization review (UR) committee periodically reviews, as specified in the UR plan, each current inpatient during a continuous period of extended duration. The scheduling of the periodic reviews may be the same for all cases or differ for different classes of cases.  Note: The UR committee conducts its review no later than 7 days after the day required in the UR plan.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LD.04.01.01, EP 18  For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan.  Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.  Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	
§482.30(e)(1)(i)	(i) Be the same for all cases; or	LD.04.01.01, EP 17  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & CMS) has determined that the utilization review procedures established by the state under title XIX of	ED.13.01.03, EP 8  For rehabilitation and psychiatric distinct part units in critical access hospitals: In critical access hospitals that are not paid under the prospective payment system, the utilization review (UR) committee periodically reviews, as specified in the UR plan, each current inpatient during a continuous period of extended duration. The scheduling of the periodic reviews may be the same for all cases or differ for different classes of cases.  Note: The UR committee conducts its review no later than 7 days after the day required in the UR plan.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the Social Security Act are superior to the procedures	
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & mp; Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(e)(1)(ii)	(ii) Differ for different classes of	LD.04.01.01, EP 17	LD.13.01.03, EP 8
	cases.	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
		access hospitals: The critical access hospital has a	access hospitals: In critical access hospitals that are not
		utilization review plan consistent with 42 CFR 482.30 that	paid under the prospective payment system, the utilization

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Samp; Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	review (UR) committee periodically reviews, as specified in the UR plan, each current inpatient during a continuous period of extended duration. The scheduling of the periodic reviews may be the same for all cases or differ for different classes of cases.  Note: The UR committee conducts its review no later than 7 days after the day required in the UR plan.
		LD.04.01.01, EP 18  For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan.  Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Dedicare & Procedures (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
§482.30(e)(2)	(2) In hospitals paid under the	LD.04.01.01, EP 17	LD.13.01.03, EP 9
	prospective payment system,	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units: In
	the UR committee must review	access hospitals: The critical access hospital has a	critical access hospitals paid under the prospective payment
	all cases reasonably assumed	utilization review plan consistent with 42 CFR 482.30 that	system, the utilization review (UR) committee reviews all
	by the hospital to be outlier	provides for review of services furnished by the hospital and	cases where the extended length of stay exceeds the
	cases because the extended	the medical staff to patients entitled to benefits under the	threshold criteria for the diagnosis, as described in 42 CFR
	length of stay exceeds the	Medicare and Medicaid programs.	412.80 (a)(1)(i). The critical access hospital is not required to
	threshold criteria for the	Note 1: The critical access hospital does not need to have a	review an extended stay that does not exceed the outlier
	diagnosis, as described in	utilization review plan if either a Quality Improvement	threshold for the diagnosis.
	§412.80(a)(1)(i). The hospital is	Organization (QIO) has assumed binding review for the	Note: The UR committee conducts its review no later than 7
	not required to review an	critical access hospital or the Centers for Medicare & Description (1997)	days after the day required in the UR plan.
	extended stay that does not	Medicaid Services (CMS) has determined that the utilization	
	exceed the outlier threshold for	review procedures established by the state under title XIX of	
	the diagnosis.	the Social Security Act are superior to the procedures	
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Definition (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.  Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
0.400.004.1401	(0) 71 119	Psychiatric Distinct Part Units" (AXB).	
\$482.30(e)(3)	(3) The UR committee must make the periodic review no later than 7 days after the day required in the UR plan.	ED.04.01.01, EP 17 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Decirical access hospital or the Centers for Medicare with the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245. Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for	For rehabilitation and psychiatric distinct part units: In critical access hospitals paid under the prospective payment system, the utilization review (UR) committee reviews all cases where the extended length of stay exceeds the threshold criteria for the diagnosis, as described in 42 CFR 412.80 (a)(1)(i). The critical access hospital is not required to review an extended stay that does not exceed the outlier threshold for the diagnosis.  Note: The UR committee conducts its review no later than 7 days after the day required in the UR plan.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18  For rehabilitation and psychiatric distinct part units in critical access hospitals: Utilization review activities are implemented by the critical access hospital in accordance with the plan.  Note 1: The critical access hospital does not need to implement utilization review activities itself if either a Quality Improvement Organization (QIO) has assumed binding review for the critical access hospital or the Centers for Medicare & Medicaid Services (CMS) has determined that the utilization review procedures established by the state under title XIX of the Social Security Act are superior to the procedures required in this section, and has required critical access hospitals in that state to meet the utilization review plan requirements under 42 CFR 456.50 through 42 CFR 456.245.  Note 2: For guidance regarding the requirements at 42 CFR 482.30, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or	
\$400.00(6)	SADO 20/f) Chandand, Daview of	Psychiatric Distinct Part Units" (AXB).	LD 40 04 00 ED 5
§482.30(f)	\$482.30(f) Standard: Review of Professional Services The committee must review professional services provided, to determine medical necessity and to promote the most efficient use of available health facilities and services.	ED.04.01.01, EP 17 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a utilization review plan consistent with 42 CFR 482.30 that provides for review of services furnished by the hospital and the medical staff to patients entitled to benefits under the Medicare and Medicaid programs.  Note 1: The critical access hospital does not need to have a utilization review plan if either a Quality Improvement Organization (QIO) has assumed binding review for the	ED.13.01.03, EP 5 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital's utilization review committee reviews professional services provided to determine medical necessity and to promote the most efficient use of available health facilities and services.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		critical access hospital or the Centers for Medicare & Description of the Center & Description of th	
		Medicaid Services (CMS) has determined that the utilization	
		review procedures established by the state under title XIX of	
		the Social Security Act are superior to the procedures	
		required in this section, and has required critical access	
		hospitals in that state to meet the utilization review plan	
		requirements under 42 CFR 456.50 through 42 CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		LD.04.01.01, EP 18	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Utilization review activities are	
		implemented by the critical access hospital in accordance	
		with the plan.	
		Note 1: The critical access hospital does not need to	
		implement utilization review activities itself if either a Quality	
		Improvement Organization (QIO) has assumed binding	
		review for the critical access hospital or the Centers for	
		Medicare & Amp; Medicaid Services (CMS) has determined	
		that the utilization review procedures established by the	
		state under title XIX of the Social Security Act are superior to	
		the procedures required in this section, and has required	
		critical access hospitals in that state to meet the utilization	
		review plan requirements under 42 CFR 456.50 through 42	
		CFR 456.245.	
		Note 2: For guidance regarding the requirements at 42 CFR	
		482.30, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.41	§482.41 Condition of	EC.02.05.01, EP 1	PE.01.01.01, EP 1
	Participation: Physical	The critical access hospital designs and installs utility	The critical access hospital's building is constructed,
	Environment The hospital must	systems according to National Fire Protection Association	arranged, and maintained to allow safe access and to protect
	be constructed, arranged, and	codes to meet patient care and operational needs.	the safety and well-being of patients.
	maintained to ensure the safety		Note 1: Diagnostic and therapeutic facilities are located in
	of the patient, and to provide	EC.02.06.01, EP 1	areas appropriate for the services provided.
	facilities for diagnosis and	Interior spaces meet the needs of the patient population and	Note 2: When planning for new, altered, or renovated space,
	treatment and for special	are safe and suitable to the care, treatment, and services	the critical access hospital uses state rules and regulations
	hospital services appropriate to	provided.	or the current Guidelines for Design and Construction of
	the needs of the community.		Hospitals published by the Facility Guidelines Institute. If the
		EC.02.06.01, EP 11	state rules and regulations or the Guidelines do not address
		Lighting is suitable for care, treatment, and services.	the design needs of the critical access hospital, then it uses
			other reputable standards and guidelines that provide
		EC.02.06.01, EP 20	equivalent design criteria.
		Areas used by patients are clean and free of offensive odors.	
		50 00 00 04 5D 00	PE.01.01.01, EP 2
		EC.02.06.01, EP 26	The critical access hospital has adequate space and
		The critical access hospital keeps furnishings and equipment	facilities for the services it provides, including facilities for
		safe and in good repair.	the diagnosis and treatment of patients and for any special
		EC 02 06 05 ED 4	services offered to meet the needs of the community served.
		EC.02.06.05, EP 1	Note: The extent and complexity of facilities is determined by
		When planning for new, altered, or renovated space, the	the services offered.
		critical access hospital uses one of the following design criteria:	
		- State rules and regulations	
		- State rules and regulations - The most current edition of the Guidelines for Design and	
		Construction of Hospitals published by the Facility	
		Guidelines Institute	
		When the above rules, regulations, and guidelines do not	
		meet specific design needs, use other reputable standards	
		and guidelines that provide equivalent design criteria.	
		and Salastinos that provide equivatent decign entend.	
		EC.02.06.05, EP 2	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		When planning for demolition, construction, renovation, or	
		general maintenance, the critical access hospital conducts a	
		preconstruction risk assessment for air quality requirements,	
		infection control, utility requirements, noise, vibration, and	
		other hazards that affect care, treatment, and services and	
		mitigates the identified risks.	
		Note: See LS.01.02.01 for information on fire safety	
		procedures to implement during construction or renovation.	
		EC.02.06.05, EP 3	
		The critical access hospital takes action based on its	
		assessment to minimize risks during demolition,	
		construction, renovation, or general maintenance.	
§482.41(a)	§482.41(a) Standard: Buildings	EC.01.01.01, EP 4	PE.01.01.01, EP 1
	The condition of the physical	The critical access hospital has a written plan for managing	The critical access hospital's building is constructed,
	plant and the overall hospital	the following: The environmental safety of patients and	arranged, and maintained to allow safe access and to protect
	environment must be	everyone else who enters the critical access hospital's	the safety and well-being of patients.
	developed and maintained in	facilities.	Note 1: Diagnostic and therapeutic facilities are located in
	such a manner that the safety		areas appropriate for the services provided.
	and well-being of patients are	EC.01.01.01, EP 6	Note 2: When planning for new, altered, or renovated space,
	assured.	The critical access hospital has a written plan for managing	the critical access hospital uses state rules and regulations
		the following: Hazardous materials and waste.	or the current Guidelines for Design and Construction of
			Hospitals published by the Facility Guidelines Institute. If the
		EC.01.01, EP 7	state rules and regulations or the Guidelines do not address
		The critical access hospital has a written plan for managing	the design needs of the critical access hospital, then it uses
		the following: Fire safety.	other reputable standards and guidelines that provide
		FO 04 04 04 FD 0	equivalent design criteria.
		EC.01.01.01, EP 8	DE 04 04 04 ED 0
		The critical access hospital has a written plan for managing	PE.01.01.01, EP 2
		the following: Medical equipment.	The critical access hospital has adequate space and facilities for the services it provides, including facilities for
		EC.01.01.01, EP 9	the diagnosis and treatment of patients and for any special
		The critical access hospital has a written plan for managing	services offered to meet the needs of the community served.
		The children access hospital has a whiteh plan for managing	services offered to meet the fields of the confinitionity served.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		the following: Utility systems.	Note: The extent and complexity of facilities is determined by
		Note: In circumstances where the program or service is	the services offered.
		located in a business occupancy not owned by the	
		accredited organization, the plan may only need to address	PE.01.01.01, EP 3
		how routine service and maintenance for their utility systems	The critical access hospital's premises are clean and orderly.
		are obtained.	Note: Clean and orderly means an uncluttered physical
			environment where patients and staff can function. This
		EC.02.01.01, EP 1	includes but is not limited to storing equipment and supplies
		The critical access hospital implements its process to	in their proper spaces, attending to spills, and keeping areas
		identify safety and security risks associated with the	neat.
		environment of care that could affect patients, staff, and	
		other people coming to the critical access hospital's facilities.	
		Note: Risks are identified from internal sources such as	
		ongoing monitoring of the environment, results of root cause	
		analyses, results of proactive risk assessments of high-risk	
		processes, and from credible external sources such as	
		Sentinel Event Alerts.	
		EC.02.01.01, EP 3	
		The critical access hospital takes action to minimize or	
		eliminate identified safety and security risks in the physical	
		environment.	
		EC.02.01.01, EP 5	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital maintains all	
		grounds and equipment.	
		EC.02.01.01, EP 11	
		The critical access hospital responds to product notices and	
		recalls.	
		Todatto.	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	EC.02.02.01, EP 1	
	The critical access hospital maintains a written, current	
	inventory of hazardous materials and waste that it uses,	
	stores, or generates. The only materials that need to be	
	included on the inventory are those whose handling, use,	
	and storage are addressed by law and regulation.	
	EC.02.02.01, EP 3	
	The critical access hospital has written procedures,	
	including the use of precautions and personal protective	
	equipment, to follow in response to hazardous material and	
	waste spills or exposures.	
	EC.02.02.01, EP 4	
	The critical access hospital implements its procedures in	
	response to hazardous material and waste spills or	
	exposures.	
	EC.02.01, EP 5	
	The critical access hospital minimizes risks associated with	
	selecting, handling, storing, transporting, using, and	
	disposing of hazardous chemicals.	
	EC.02.02.01, EP 8	
	The critical access hospital minimizes risks associated with	
	disposing of hazardous medications.	
	EC.02.02.01, EP 10	
	The critical access hospital monitors levels of hazardous	
	gases and vapors to determine that they are in safe range.	
	Note: Law and regulation determine the frequency of	
	monitoring hazardous gases and vapors as well as	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		acceptable ranges.	
		EC.02.02.01, EP 11	
		For managing hazardous materials and waste, the critical	
		access hospital has the permits, licenses, manifests, and	
		safety data sheets required by law and regulation.	
		EC.02.02.01, EP 12	
		The critical access hospital labels hazardous materials and	
		waste. Labels identify the contents and hazard warnings. *	
		Footnote *: The Occupational Safety and Health	
		Administration's (OSHA) Bloodborne Pathogens and Hazard	
		Communications Standards and the National Fire Protection	
		Association (NFPA) provide details on labeling requirements.	
		EC.02.04.01, EP 9	
		The critical access hospital has written procedures to follow	
		when medical equipment fails, including using emergency	
		clinical interventions and backup equipment.	
		EC.02.05.01, EP 9	
		The critical access hospital labels utility system controls to	
		facilitate partial or complete emergency shutdowns.	
		Note 1: Examples of utility system controls that should be	
		labeled are utility source valves, utility system main switches	
		and valves, and individual circuits in an electrical distribution	
		panel.	
		Note 2: For example, the fire alarm system's circuit is clearly	
		labeled as Fire Alarm Circuit; the disconnect method (that is,	
		the circuit breaker) is marked in red; and access is restricted	
		to authorized personnel. Information regarding the dedicated	
		branch circuit for the fire alarm panel is located in the control	
		unit. For additional guidance, see NFPA 101-2012:	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	18/19.3.4.1; 9.6.1.3; NFPA 72-2010: 10.5.5.2.	
	EC.02.05.01, EP 10	
	The critical access hospital has written procedures for	
	responding to utility system disruptions.	
	EC 02 05 01 ED 11	
	EC.02.05.01, EP 11 The critical access hospital's procedures address shutting	
	off the malfunctioning system and notifying staff in affected	
	areas.	
	dicus.	
	EC.02.05.01, EP 12	
	The critical access hospital's procedures address performing	
	emergency clinical interventions during utility system	
	disruptions.	
	EC.02.05.01, EP 13	
	The critical access hospital responds to utility system	
	disruptions as described in its procedures.	
	50 00 05 04 5D 47	
	EC.02.05.01, EP 17	
	The critical access hospital maps the distribution of its utility	
	systems.	
	EC.02.06.01, EP 1	
	Interior spaces meet the needs of the patient population and	
	are safe and suitable to the care, treatment, and services	
	provided.	
	EC.02.06.01, EP 26	
	The critical access hospital keeps furnishings and equipment	
	safe and in good repair.	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	EC.04.01.01, EP 15	
	For rehabilitation and psychiatric distinct part units in critical	
	access hospitals: Every 12 months, the critical access	
	hospital evaluates each environment of care management	
	plan, including a review of the plan's objectives, scope,	
	performance, and effectiveness.	
	EC.04.01.03, EP 2	
	For rehabilitation and psychiatric distinct part units in critical	
	access hospitals: The critical access hospital uses the	
	results of data analysis to identify opportunities to resolve	
	environmental safety issues.	
	EC.04.01.05, EP 1	
	For rehabilitation and psychiatric distinct part units in critical	
	access hospitals: The critical access hospital takes action on	
	the identified opportunities to resolve environmental safety	
	issues.	
	EM.11.01.01, EP 1	
	The critical access hospital conducts a facility-based hazard	
	vulnerability analysis (HVA) using an all-hazards approach	
	that includes the following:	
	- Hazards that are likely to impact the critical access	
	hospital's geographic region, community, facility, and patient	
	population	
	- A community-based risk assessment (such as those	
	developed by external emergency management agencies)	
	- Separate HVAs for its other accredited facilities if they	
	significantly differ from the main site	
	The findings are documented.	
	Note: A separate HVA is only required if the accredited	
	facilities are in different geographic locations, experience	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	different hazards or threats, or the patient population and	
	services offered are unique to this facility.	
	EM.11.01.01, EP 3	
	The critical access hospital evaluates and prioritizes the	
	findings of the hazard vulnerability analysis to determine	
	what presents the highest likelihood of occurring and the	
	impacts those hazards will have on the operating status of	
	the critical access hospital and its ability to provide services	
	The findings are documented.	
	EM.12.01.01, EP 1	
	The critical access hospital has a written all-hazards	
	emergency operations plan (EOP) with supporting policies	
	and procedures that provides guidance to staff and	
	volunteers on actions to take during emergency or disaster	
	incidents. The EOP and policies and procedures include, but	
	are not limited to, the following:	
	- Mobilizing incident command	
	- Communications plan	
	- Maintaining, expanding, curtailing, or closing operations	
	- Protecting critical systems and infrastructure	
	- Conserving and/or supplementing resources	
	- Surge plans (such as flu or pandemic plans)	
	- Identifying alternate treatment areas or locations	
	- Sheltering in place	
	- Evacuating (partial or complete) or relocating services	
	- Safety and security	
	- Securing information and records	
	EM.12.02.01, EP 3	
	The critical access hospital's communication plan describes	
	how the critical access hospital will communicate with and	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		report information about its organizational needs, available	
		occupancy, and ability to provide assistance to relevant	
		authorities.	
		Note: Examples of critical access hospital needs include	
		shortages in personal protective equipment, staffing	
		shortages, evacuation or transfer of patients, and temporary	
		loss of part or all organization function.	
		EM.12.02.05, EP 3	
		The critical access hospital coordinates with the local	
		medical examiner's office, local mortuary services, and other	
		local, regional, or state services when there is a surge of	
		unidentified or deceased patients.	
		EM.12.02.09, EP 3	
		The critical access hospital's plan for managing its resources	
		and assets describes in writing the actions the critical	
		access hospital will take to sustain the needs of the critical	
		access hospital for up to 96 hours based on calculations of	
		current resource consumptions.	
		Note 1: Hospitals are not required to remain fully functional	
		for 96 hours or stockpile 96 hours' worth of supplies.	
		Note 2: The 96-hour time frame provides a framework for	
		hospitals to evaluate their capability to be self-sufficient for	
		at least 96 hours. For example, if a critical access hospital	
		loses electricity and has backup generators, the emergency	
		response plan for resources and assets establishes how	
		much fuel is on hand and how long those generators can be	
		operated before determining next steps. The plan may also address conservation of resources and assets, such as	
		rationing existing resources, canceling noncritical	
		procedures, or redirecting resources.	
		procedures, or redirecting resources.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EM.14.01.01, EP 1  The critical access hospital has a disaster recovery plan that describes in writing its strategies for when and how it will do the following:  - Conduct hospitalwide damage assessments  - Restore critical systems and essential services  - Return to full operations	
§482.41(a)(1)	(1) There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.	The critical access hospital provides emergency power within 10 seconds for the following: Alarm systems, as required by the Life Safety Code.  Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).  EC.02.05.03, EP 3  The critical access hospital provides emergency power within 10 seconds for the following: Exit route and exit sign illumination, as required by the Life Safety Code.  Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).  EC.02.05.03, EP 4	PE.04.01.03, EP 1 The critical access hospital has emergency power and lighting in the following areas, at a minimum: - Operating rooms - Recovery rooms - Intensive care - Emergency rooms - Stairwells Battery lamps and flashlights are available in all other areas not serviced by the emergency power supply source.
		New buildings equipped with or requiring the use of life support systems (electro-mechanical or inhalation anesthetics) have illumination of means of egress, emergency lighting equipment, exit, and directional signs supplied by the life safety branch of the electrical system described in NFPA 99. (For full text, refer to NFPA 101-2012: 18.2.9.2; 18.2.10.5; NFPA 99-2012: 6.4.2.2)	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	EC.02.05.03, EP 5 The critical access hospital provides emergency power within 10 seconds for the following: Emergency communication systems, as required by the Life Safety Code.  Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.2.2; NFPA 110-2010: 4.1; Table 4.1(b).	
	EC.02.05.03, EP 6  The critical access hospital provides emergency power within 10 seconds for the following: Equipment that could cause patient harm when it fails, including life-support systems; blood, bone, and tissue storage systems; medical air compressors; and medical and surgical vacuum systems. Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010 4.1; Table 4.1(b).	
	EC.02.05.03, EP 7 The critical access hospital provides emergency power within 10 seconds for the following: Areas in which loss of power could result in patient harm, including intensive care, emergency rooms, operating rooms, recovery rooms, obstetrical delivery rooms, and nurseries.  Note: For guidance in establishing a reliable emergency power system (that is, an essential electrical distribution system), see NFPA 99-2012: 6.4.1.1; 6.4.2.2; NFPA 110-2010 4.1; Table 4.1(b).	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.05.03, EP 12  Equipment designated to be powered by emergency power supply is energized by the critical access hospital's design. Staging of equipment startup is permissible. (For full text, refer to NFPA 99-2012: 6.4.2.2)	
		EC.02.05.03, EP 13  The critical access hospital provides emergency power for elevators selected to provide service to patients during interruption of normal power (at least one for nonambulatory patients).  Note: For guidance in establishing a reliable emergency power system for the equipment branch (that is, an essential electrical distribution system), refer to NFPA 99-2012: 6.4.2.2.	
		EC.02.05.03, EP 16  For rehabilitation and psychiatric distinct part units in critical access hospitals: Battery lamps and flashlights are available in areas not serviced by the emergency supply source.	
§482.41(a)(2)	(2) There must be facilities for emergency gas and water supply.	EC.02.05.01, EP 10 The critical access hospital has written procedures for responding to utility system disruptions.  EC.02.05.01, EP 11 The critical access hospital's procedures address shutting off the malfunctioning system and notifying staff in affected	PE.04.01.03, EP 2 The critical access hospital has a system to provide emergency gas and water supply. Note 1: The system includes making arrangements with local utility companies and others for the provision of emergency sources of water and gas. Note 2: Emergency gas includes fuels such as propane,
		ereas.  EC.02.05.01, EP 12  The critical access hospital's procedures address performing emergency clinical interventions during utility system disruptions.	natural gas, fuel oil, or liquefied natural gas, as well as any gases the critical access hospital uses in the care of patients, such as oxygen, nitrogen, or nitrous oxide.

EC.02.05.01, EP 13 The critical access hospital responds to utility system disruptions as described in its procedures.  EM.12.02.11, EP 1 The critical access hospital's plan for managing utilities describes in writing the utility systems that it considers as essential or critical to provide care, treatment, and services. Note: Essential or critical utilities to consider may include systems for electrical distribution; emergency power; vertical and horizontal transport; heating, ventilation, and air conditioning; plumbing and steam boilers; medical gas; medical/surgical vacuum; and network or communication systems.  §482.41(b) §482.41(b) Standard: Life Safety EC.02.03.01, EP 1  PE.03.01.01, EP 3	CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
ensure that the life safety from fire requirements are met.  FC.02.03.01, EP 4 The critical access hospital maintains free and unobstructed access to all exits. Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.  FC.02.03.01, EP 4 The critical access hospital maintains free and unobstructed access to all exits. Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter addresses the requirements for all other occupancy types.  FC.02.03.01, EP 4 The critical access hospital maintains free and unobstructed access to all exits. Note 2: The provisions of the Life Safety Code do not apply a state where the Centers for Medicare & amp; Medicaid Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in critical access hospitals. Note 3: In consideration of a recommendation by the state		§482.41(b) Standard: Life Safety from Fire The hospital must ensure that the life safety from	EC.02.05.01, EP 13 The critical access hospital responds to utility system disruptions as described in its procedures.  EM.12.02.11, EP 1 The critical access hospital's plan for managing utilities describes in writing the utility systems that it considers as essential or critical to provide care, treatment, and services. Note: Essential or critical utilities to consider may include systems for electrical distribution; emergency power; vertical and horizontal transport; heating, ventilation, and air conditioning; plumbing and steam boilers; medical gas; medical/surgical vacuum; and network or communication systems.  EC.02.03.01, EP 1 The critical access hospital minimizes the potential for harm from fire, smoke, and other products of combustion.  EC.02.03.01, EP 4 The critical access hospital maintains free and unobstructed access to all exits. Note: This requirement applies to all buildings classified as business occupancy. The "Life Safety" (LS) chapter	PE.03.01.01, EP 3  The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 and Tentative Interim Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).  Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies, regardless of the number of patients served.  Note 2: The provisions of the Life Safety Code do not apply in a state where the Centers for Medicare & Dedicare & Ded

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			access hospital, but only if the waiver will not adversely
			affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings,
			CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.41(b)(1)	(1) Except as otherwise		
	provided in this section—		
§482.41(b)(1)(i)	(i) The hospital must meet the	EC.02.03.03, EP 1	
	applicable provisions and must	The critical access hospital conducts fire drills once per shift	
	proceed in accordance with the	per quarter in each building defined as a health care	
	Life Safety Code (NFPA 101 and Tentative Interim Amendments	occupancy by the Life Safety Code. The critical access hospital conducts quarterly fire drills in each building	
	TIA 12–1, TIA 12–2, TIA 12–3,	defined as an ambulatory health care occupancy by the Life	
	and TIA 12–4.) Outpatient	Safety Code.	
	surgical departments must	Note 1: Evacuation of patients during drills is not required.	
	meet the provisions applicable	Note 2: When drills are conducted between 9:00 P.M. and	
	to Ambulatory Health Care	6:00 A.M., the critical access hospital may use a coded	
	Occupancies, regardless of the	announcement to notify staff instead of activating audible	
	number of patients served.	alarms. For full text, refer to NFPA 101-2012: 18/19: 7.1.7.	
		Note 3: In leased or rented facilities, drills need be	
		conducted only in areas of the building that the critical	
		access hospital occupies.	
		EC.02.03.03, EP 3	
		When quarterly fire drills are required, they are unannounced	
L		Tribil quarterly inc units are required, they are unannounced	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	and held at unexpected times and under varying conditions. Fire drills include transmission of fire alarm signal and simulation of emergency fire conditions.  Note 1: When drills are conducted between 9:00 P.M. and 6:00 A.M., the critical access hospital may use a coded announcement to notify staff instead of activating audible alarms.  Note 2: Fire drills vary by at least one hour for each shift from quarter to quarter, through four consecutive quarters.  Note 3: For full text, refer to NFPA 101-2012: 18/19: 7.1; 7.1.7; 7.2; 7.3.	
	EC.02.03.03, EP 4 Staff who work in buildings where patients are housed or treated participate in drills according to the critical access hospital's fire response plan.	
	EC.02.03.03, EP 5 The critical access hospital critiques fire drills to evaluate fire safety equipment, fire safety building features, and staff response to fire. The evaluation is documented.	
	EC.02.03.03, EP 7 The critical access hospital conducts annual fire exit drills for operating rooms/surgical suites. (For full text, refer to NFPA 99-2012: 15.13.3.10.3) Note 1: This drill involves applicable staff and focuses on prevention as well as simulated extinguishment and evacuation. Note 2: An announced annual fire exit drill cannot be used to meet one of the unannounced quarterly fire drills required by NFPA 101-2012: 18/19.7.1.6.	

CoP Requirement CoP	Text	Current EP Mapping	Future State EP Mapping
		FC.02.03.03, EP 8 For critical access hospitals that have hyperbaric facilities, emergency procedures and fire training drills are conducted annually. (For full text, refer to NFPA 99-2012: 14.2.4.5.4; 14.3.1.4.5) Note 1: This drill includes recording the time to evacuate all persons from the area, involves applicable staff, and focuses on prevention as well as simulated extinguishment and evacuation. Response procedures for fires within and outside the hyperbaric chamber address the role of the inside observer, the chamber operator, medical personnel, and other personnel, as applicable. For additional guidance, refer to NFPA 99-2012: B.14.2 and B.14.3. Note 2: If the critical access hospital conducts an unannounced drill, it may serve as one of the required fire drills.	
		EC.02.03.05, EP 28  Documentation of maintenance, testing, and inspection activities for Standard EC.02.03.05, EPs 1–20, 25 (including fire alarm and fire protection features) includes the following:  Name of the activity  Date of the activity  Inventory of devices, equipment, or other items  Required frequency of the activity  Name and contact information, including affiliation, of the person who performed the activity  NFPA standard(s) referenced for the activity  Results of the activity  Note: For additional guidance on documenting activities, see NFPA 25-2011: 4.3; 4.4; NFPA 72-2010: 14.2.1; 14.2.2; 14.2.3; 14.2.4.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.03.01.01, EP 1	
		Staff responsible for the maintenance, inspection, testing,	
		and use of medical equipment, utility systems and	
		equipment, fire safety systems and equipment, and safe	
		handling of hazardous materials and waste are competent	
		and receive continuing education and training.	
		EC.03.01.01, EP 2	
		Staff can describe or demonstrate actions to take in the	
		event of an environment of care incident.	
		LS.01.01.01, EP 1	
		The critical access hospital assigns an individual(s) to assess	
		compliance with the Life Safety Code and manage the	
		Statement of Conditions (SOC) when addressing survey-	
		related deficiencies.	
		Note 1: The critical access hospital complies with the 2012	
		Life Safety Code.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: The provisions of the Life Safety	
		Code do not apply in a state where the Centers for Medicare	
		& Medicaid Services finds that a fire and safety code	
		imposed by state law adequately protects patients in critical	
		access hospitals.	
		LS.01.02.01, EP 1	
		The critical access hospital has a written interim life safety	
		measures (ILSM) policy that covers situations when Life	
		Safety Code deficiencies cannot be immediately corrected	
		or during periods of construction. The policy includes criteria	
		for evaluating when and to what extent the critical access	
		hospital implements LS.01.02.01, EPs 2–15, to compensate	
		for increased life safety risk. The criteria include the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		assessment process to determine when interim life safety measures are implemented.  Note: For any Life Safety Code (LSC) deficiency that cannot be immediately corrected during survey, the critical access hospital identifies which ILSMs in its policy will be implemented until the issue is corrected.	
		LS.01.02.01, EP 2 When the critical access hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the critical access hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building.  Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)	
		LS.01.02.01, EP 15 The critical access hospital's policy allows the use of other ILSMs not addressed in EPs 2–14. Note: The "other" ILSMs used are documented by selecting "other" and annotating the associated text box in the critical access hospital's Survey-Related Plan for Improvement (SPFI) within the Statement of Conditions™ (SOC).	
		LS.02.01.10, EP 1 Buildings meet requirements for construction type and height. In Types I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		prohibit sprinklers. All new buildings contain approved automatic sprinkler systems. Existing buildings contain approved automatic sprinkler systems as required by the construction type. (For full text, refer to NFPA 101-2012: 18/19.1.6; 18.3.5.1; 19.3.5.3; 18/19.3.5.4; 18/19.3.5.5; 18.3.5.6)	
		LS.02.01.10, EP 3 Any building undergoing change of use or change of occupancy classification complies with NFPA 101-2012: 43.7, unless permitted by NFPA 101-2012: 18/19.1.1.4.2.	
		LS.02.01.10, EP 4 When an addition is made to a building, the building is in compliance with NFPA 101-2012: 43.8 and Chapter 18.	
		LS.02.01.10, EP 5 Buildings without protection from automatic sprinkler systems comply with NFPA 101-2012: 18.4.3.2; 18.4.3.3; and 18.4.3.8. When a nonsprinklered smoke compartment has undergone major rehabilitation, the automatic sprinkler requirements of Chapter 18.3.5 will apply.  Note: Major rehabilitation involves the modification of more than 50 percent, or 4500 square feet, of the area of the smoke compartment. (For full text, refer to NFPA 101-2012: 18/19.1.1.4.3.3)	
		LS.02.01.10, EP 8 When multiple occupancies are identified, they are in accordance with NFPA 101-2012: 18/19.1.3.2 or 18/19.1.3.4, and the most stringent occupancy requirements are followed throughout the building. Note 1: If a two-hour separation is provided in accordance	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	with NFPA 101-2012: 8.2.1.3, the o	construction type is
	determined as follows:	
	- The construction type and suppo	<del>-</del>
	health care occupancy is based o	-
	located in the building in accordan	nce with NFPA 101-2012:
	18/19.1.6 and Tables 18/19.1.6.1.	
	- The construction type of the area	
	the other occupancies are based	on NFPA 101-2012:
	18/19.1.3.5; 8.2.1.3.	
	Note 2: Outpatient surgical depart	
	as ambulatory health care occupa	
	number of patients served. (For fu	IL TEXT, PETER TO NEPA 101-
	2012: 18/19.1.3.4.1)	
	LS.02.01.10, EP 9	
	The fire protection ratings for oper	ning protectives in fire
	barriers and fire-rated smoke barr	iers are as follows:
	- Three hours in three-hour barrier	s
	- Ninety minutes in two-hour barri	ers
	- Forty-five minutes in one-hour ba	arriers
	- Twenty minutes in thirty-minute I	
	(For full text, refer to NFPA 101-20	12: 8.3.3.2; 8.3.4; Table
	8.3.4.2)	
	Note 1: Labels on fire door assem	blies must be maintained
	in legible condition.	I maata tha anniachia
	Note 2: The critical access hospita	
	provisions of the Life Safety Code	Terriative interim
	Amendment (TIA) 12-1.	
	LS.02.01.10, EP 10	
	In existing buildings that are not a	high rise and are protected
	with automatic sprinkler systems,	exit stairs (or new exit
	stairs connecting three or fewer flo	pors) are fire rated for one

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		hour. In new construction, exit stairs connecting four or more	
		floors are fire rated for two hours. (For full text, refer to NFPA	
		101-2012: 7.1.3.2.1)	
		LS.02.01.10, EP 11	
		Fire-rated doors within walls and floors have functioning	
		hardware, including positive latching devices and self-	
		closing or automatic-closing devices (either kept closed or	
		activated by release device complying with NFPA 101-2012: 7.2.1.8.2). Gaps between meeting edges of door pairs are no	
		more than 1/8 of an inch wide, and undercuts are no larger	
		than 3/4 of an inch. Fire-rated doors within walls do not have	
		unapproved protective plates greater than 16 inches from the	
		bottom of the door. Blocking or wedging open fire-rated	
		doors is prohibited. (For full text, refer to NFPA 101-2012:	
		8.3.3.1; 7.2.1.8.2; NFPA 80-2010: 4.8.4.1; 5.2.13.3; 6.3.1.7;	
		6.4.5)	
		LS.02.01.10, EP 12	
		Doors requiring a fire rating of 3/4 of an hour or longer are	
		free of coverings, decorations, or other objects applied to the	
		door face, with the exception of informational signs, which	
		are applied with adhesive only. (For full text, refer to NFPA 80-	
		2010: 4.1.4)	
		LS.02.01.10, EP 13	
		Ducts penetrating the walls or floors with a fire resistance	
		rating of less than 3 hours are protected by dampers that are	
		fire rated for 1 1/2 hours; ducts penetrating the walls or floors	
		with a fire resistance rating of 3 hours or greater are	
		protected by dampers that are fire rated for 3 hours. (For full	
		text, refer to NFPA 101-2012: 8.3.5.7; 9.2.1; NFPA 90A-2012:	
		5.4.1; 5.4.2)	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
CoP Requirement	CoP Text	LS.02.01.10, EP 14  The space around pipes, conduits, bus ducts, cables, wires, air ducts, or pneumatic tubes penetrating the walls or floors are protected with an approved fire-rated material.  Note: Polyurethane expanding foam is not an accepted fire-rated material for this purpose. (For full text, refer to NFPA 101-2012: 8.3.5)  LS.02.01.10, EP 15  The critical access hospital meets all other Life Safety Code requirements related to NFPA 101-2012: 18/19.1.  LS.02.01.20, EP 1  Doors in a means of egress are not equipped with a latch or lock that requires the use of a tool or key from the egress side, unless a compliant locking configuration is used, such as a delayed-egress locking system as defined in NFPA 101-2012: 7.2.1.6.1 or access-controlled egress door assemblies as defined in NFPA 101-2012: 7.2.1.6.2. Elevator lobby exit access door locking is allowed if compliant with 7.2.1.6.3. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.4;	Future State EP Mapping
		18/19.2.2.2.5; 18/19.2.2.2.6) Note: The critical access hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-4.	
		LS.02.01.20, EP 2 Doors to patient sleeping rooms are not locked unless the clinical needs of patients require specialized security or where patients pose a security threat and staff can readily unlock doors at all times. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.2; 18/19.2.2.2.5.1; 18/19.2.2.2.5.2)	

LS.02.01.20, EP 3 Horizontal sliding doors permitted by NFPA 101-2012: 7.2.1.14 that are not automatic closing are limited to a single leaf and have a latch or other mechanism to prevent the door from rebounding. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.10.1)  LS.02.01.20, EP 4 Horizontal sliding doors serving an occupant load fewer than 10 are permitted, as long as they comply with NFPA 101-2012: 18/19.2.2.2.10.2 and meet the following criteria: - Area served by the door has no hazards Door is operable from either side without special knowledge or effort Force required to operate the door in the direction of travel is less than or equal to 30 pounds-force (lbf) to set the door in motion and less than or equal to 15 lbf to close or open to the required width Assembly is appropriately fire rated and is self- or automatic-closing by smoke detection per 7.2.1.8; assembly is installed per NFPA 80-2010.	
Horizontal sliding doors permitted by NFPA 101-2012: 7.2.1.14 that are not automatic closing are limited to a single leaf and have a latch or other mechanism to prevent the door from rebounding. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.10.1)  LS.02.01.20, EP 4  Horizontal sliding doors serving an occupant load fewer than 10 are permitted, as long as they comply with NFPA 101-2012: 18/19.2.2.2.10.2 and meet the following criteria: - Area served by the door has no hazards Door is operable from either side without special knowledge or effort Force required to operate the door in the direction of travel is less than or equal to 30 pounds-force (lbf) to set the door in motion and less than or equal to 15 lbf to close or open to the required width Assembly is appropriately fire rated and is self- or automatic-closing by smoke detection per 7.2.1.8; assembly is installed per NFPA 80-2010.	
7.2.1.14 that are not automatic closing are limited to a single leaf and have a latch or other mechanism to prevent the door from rebounding. (For full text, refer to NFPA 101-2012: 18/19.2.2.2.10.1)  LS.02.01.20, EP 4  Horizontal sliding doors serving an occupant load fewer than 10 are permitted, as long as they comply with NFPA 101-2012: 18/19.2.2.2.10.2 and meet the following criteria: - Area served by the door has no hazards Door is operable from either side without special knowledge or effort Force required to operate the door in the direction of travel is less than or equal to 30 pounds-force (lbf) to set the door in motion and less than or equal to 15 lbf to close or open to the required width Assembly is appropriately fire rated and is self- or automatic-closing by smoke detection per 7.2.1.8; assembly is installed per NFPA 80-2010.	
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- Where required to latch, the door has a latch or other	
mechanism to prevent the door from rebounding.	
LS.02.01.20, EP 5	
Walls containing horizontal exits are fire rated for two or more	
hours, extend from the lowest floor slab to the floor or roof	
slab above, and extend continuously from exterior wall to	
exterior wall. (For full text, refer to NFPA 101-2012: 7.2.4.3.1;	
18/19.2.2.5)	
LS.02.01.20, EP 6	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Doors in new buildings that are a part of horizontal exits have approved vision panels, are installed without a center mullion, and swing in the opposite direction of one another. Doors in existing construction are not required to swing with egress travel. (For full text, refer to NFPA 101-2012: 18.2.2.5.6; 18.2.2.5.4; 19.2.2.5.3)	
		LS.02.01.20, EP 7 When horizontal exit walls in new buildings terminate at outside walls at an angle of less than 180 degrees, the outside walls are fire rated for 1 hour for a distance of 10 or more feet. Openings in the walls in the 10-foot span are fire rated for 3/4 of an hour. (For full text, refer to NFPA 101-2012: 7.2.4.3.4)	
		LS.02.01.20, EP 8  Outside exit stairs are separated from the interior of the building by walls with the same fire rating required for enclosed stairs. The wall extends vertically from the ground to a point 10 feet or more above the top landing of the stairs or roofline (whichever is lower) and extends 10 feet or more horizontally. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.6.3)	
		LS.02.01.20, EP 9 Stairs and ramps serving as a required means of egress have handrails and guards on both sides in new buildings and on at least one side in existing buildings. Ramps, exit passageways, fire and slide escapes, alternating tread devices, and areas of refuge are in accordance with NFPA 101-2012: 7.2.5–7.5.12. (For full text, refer to NFPA 101-2012: 18/19.2.2.3; 18/19.2.2.6–18/19.2.2.10; 7.2.2.4; 7.2.5–7.2.12)	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	LS.02.01.20, EP 10	
	New stairs serving three or more stories and existing stairs	
	serving five or more stories have signs on each floor landing	
	in the stairwell that identify the story, the stairwell, the top	
	and bottom, and the direction to and story of exit discharge.	
	Floor level information is also presented in tactile lettering.	
	The signs are placed five feet above the floor landing in a	
	position that is easily visible when the door is open or closed.	
	(For full text, refer to NFPA 101-2012: 18/19.2.2.3; 7.2.2.5.4)	
	LS.02.01.20, EP 11	
	The capacity of the means of egress is in accordance with	
	NFPA 101-2012: 7.3. (For full text, refer to NFPA 101-2012:	
	18/19.2.3.1)	
	LS.02.01.20, EP 12	
	Exits discharge to the outside at grade level or through an	
	approved exit passageway that is continuous and provides a	
	level walking surface. The exit discharge is a hard-packed,	
	all-weather travel surface that is free from obstructions and	
	terminates at a public way or at an exterior exit discharge.	
	(For full text, refer to NFPA 101-2012: 18/19.2.7; 7.1.7;	
	7.1.10.1; 7.2.6; 7.7.2)	
	LS.02.01.20, EP 14	
	Exits, exit accesses, and exit discharges (means of egress)	
	are clear of obstructions or impediments to the public way,	
	such as clutter (for example, equipment, carts, furniture),	
	construction material, and snow and ice. (For full text, refer	
	to NFPA 101-2012: 18/19.2.5.1; 7.1.10.1; 7.5.1.1)	
	Note 1: Wheeled equipment (such as equipment and carts	
	currently in use, equipment used for patient lift and	
	transport, and medical emergency equipment not in use)	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		that maintains at least five feet of clear and unobstructed	
		corridor width is allowed, provided there is a fire plan and	
		training program addressing its relocation in a fire or similar	
		emergency. (For full text, refer to NFPA 101-2012: 18/19.2.3.4	
		(4))	
		Note 2: Where the corridor width is at least eight feet and the	
		smoke compartment is fully protected by an electrically	
		supervised smoke detection system or is in direct supervision of facility staff, furniture that is securely	
		attached is allowed provided it does not reduce the corridor	
		width to less than six feet, is only on one side of the corridor,	
		does not exceed 50 square feet, is in groupings spaced at	
		least 10 feet apart, and does not restrict access to building	
		service and fire protection equipment. (For full text, refer to	
		NFPA 101-2012: 18/19.2.3.4 (5))	
		LS.02.01.20, EP 15	
		When stair doors are held open and the sprinkler or fire	
		alarm system activates the release of one door in a stairway,	
		all doors serving that stairway close. (For full text, refer to	
		NFPA 101-2012: 18/19.2.2.2.7; 18/19.2.2.2.8)	
		LS.02.01.20, EP 16	
		Each floor of a building has at least two exits that are remote	
		from each other and accessible from every part of the floor.	
		Each smoke compartment has two distinct egress paths to	
		exits that do not require entry into the same adjacent smoke	
		compartment. (For full text, refer to NFPA 101-2012:	
		18/19.2.4.1–18/19.2.4.4)	
		LC 02 04 20 ED 47	
		LS.02.01.20, EP 17	
		Every corridor provides access to at least two approved exits in accordance with NFPA 101-2012: 7.4 and 7.5 without	
		in accordance with NFPA TOT-2012: 7.4 and 7.5 Without	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		passing through any intervening rooms or spaces other than corridors or lobbies. (For full text, refer to NFPA 101-2012: 18/19.2.5.4)	
		LS.02.01.20, EP 18 In new buildings, exit corridors are at least eight feet wide, unless otherwise permitted by the Life Safety Code. (For full text, refer to NFPA 101-2012: 18.2.3.4; 18.2.3.5)	
		LS.02.01.20, EP 20 Existing exit access doors and exit doors are of the swinging type and are at least 32 inches in clear width. Exceptions are provided for existing 34-inch doors and for existing 28-inch doors where the fire plan does not require evacuation by bed, gurney, or wheelchair. (For full text, refer to NFPA 101-2012: 19.2.3.6, 19.2.3.7)	
		LS.02.01.20, EP 21  New exit access doors and exit doors are of the swinging type and are at least 41 1/2 inches in clear width. Doors not subject to patient use, in exit stairway enclosures, or serving newborn nurseries are at least 32 inches in clear width. If using a pair of doors, the doors have a rabbet, bevel, or astragal at the meeting edge, and at least one of the doors provides 32 inches in clear width, while the inactive leaf of the pair is secured with automatic flush bolts. (For full text, refer to NFPA 101-2012: 18.2.3.6; 18.2.3.7)	
		LS.02.01.20, EP 22 Exit access doors and exit doors are free of mirrors, hangings, or draperies that might conceal, obscure, or confuse the direction of exit. (For full text, refer to NFPA 101-2012: 18/19.2.1; 18/19.2.5.1; 7.1.10.2; 7.5.2.2.1)	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LS.02.01.20, EP 23  Doors to new boiler rooms, new heater rooms, and new mechanical equipment rooms located in a means of egress are not held open by an automatic release device. (For full text, refer to NFPA 101-2012: 18.2.2.2.7)	
		LS.02.01.20, EP 24 The corridor width is not obstructed by wall projections. Note: When corridors are six feet wide or more, it is allowable for certain objects to project into the corridor, such as hand rub dispensers or computer desks that are retractable. The objects must be no more than 36 inches wide and cannot project more than 6 inches into the corridor. These items must be installed at least 48 inches apart and above the handrail height. (For full text, refer to NFPA 101-2012: 18/19.2.3.4)	
		LS.02.01.20, EP 25 In new buildings, no dead-end corridor is longer than 30 feet, and the common path of travel does not exceed 100 feet. (For full text, refer to NFPA 101-2012: 18.2.5.2) Note: Existing dead-end corridors longer than 30 feet are permitted to be used if it is impractical and unfeasible to alter them. (For full text, refer to NFPA 101-2012: 19.2.5.2)	
		LS.02.01.20, EP 26 Patient sleeping rooms open directly onto an exit access corridor. Patient sleeping rooms with less than eight beds may have one intervening room to reach an exit access corridor provided the intervening room is equipped with an approved automatic smoke detection system. (For full text, refer to NFPA 101-2012: 18/19.2.5.6.1–18/19.2.5.6.4)	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LS.02.01.20, EP 27 Patient sleeping rooms that are larger than 1,000 square feet have at least two exit access doors remotely located from each other. Rooms not used as patient sleeping rooms that are larger than 2,500 square feet have at least two exit access doors remotely located from each other. (For full text, refer to NFPA 101-2012: 18/19.2.5.5)	
		LS.02.01.20, EP 32 For existing buildings, suites of patient sleeping rooms are limited to 5,000 square feet or less. If the existing building has an approved electrically supervised sprinkler system and total coverage automatic smoke detection system, the suite is permitted to be increased to 7,500 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.3.4; 19.3.5.7; 19.3.5.8.) If the suite is provided with direct visual supervision, an approved electrically supervised sprinkler system, and a total coverage (complete) smoke detection system, the suite is permitted to be increased to 10,000 square feet. (For full text, refer to NFPA 101-2012: 9.6.2.9; 19.2.5.7.2.1(D)(1)(a); 19.2.5.7.2.3; 19.3.4; 19.3.5.8)	
		LS.02.01.20, EP 35 For new buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100 feet or less from any point in the suite. The travel distance between any point in the suite and an exit is 200 feet. (For full text, refer to NFPA 101-2012: 18.2.5.7.2.4; 18.2.5.7.3.4)  LS.02.01.20, EP 36 For existing buildings, sleeping and non-sleeping patient care suites have a travel distance to an exit access door of 100	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		feet or less from any point in the suite. The travel distance	
		between any point in the suite and an exit is either 150 feet if	
		the building is not protected throughout by an approved	
		electrically supervised sprinkler system or 200 feet if the	
		building is fully protected by an approved electrically	
		supervised sprinkler system. (For full text, refer to NFPA 101-	
		2012: 19.2.5.7.2.4; 19.2.5.7.3.4)	
		LS.02.01.20, EP 37	
		Travel distances to exits are measured in accordance with	
		NFPA 101-2012: 7.6.	
		- From any point in the room or suite to the exit is 150 feet or	
		less (200 feet or less if the building is fully sprinklered)	
		- From any point in a room to the room door is 50 feet or less	
		(For full text, refer to NFPA 101-2012: 18/19.2.6)	
		LS.02.01.20, EP 38	
		Means of egress are adequately illuminated at all points,	
		including angles and intersections of corridors and	
		passageways, stairways, stairway landings, exit doors, and	
		exit discharges. (For full text, refer to NFPA 101-2012:	
		18/19.2.8; 7.8.1.1)	
		LS.02.01.20, EP 39	
		Illumination in the means of egress, including exit	
		discharges, is arranged so that failure of any single light	
		fixture or bulb will not leave the area in darkness (less than	
		0.2 foot candles). Emergency lighting of at least 1½-hours	
		duration is provided automatically in accordance with NFPA	
		101-2012: 7.9. (For full text, refer to NFPA 101-2012:	
		18/19.2.8; 18/19.2.9.1; 7.8.1.4; 7.9.2)	
		LS.02.01.20, EP 40	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Exit signs are visible when the path to the exit is not readily	
		apparent. Signs are adequately lit and have letters that are	
		four or more inches high (or six inches high if externally lit).	
		Exit and directional signs displayed with continuous	
		illumination are also served by the emergency lighting	
		system unless the building is one story with less than 30	
		occupants, and the line of exit travel is obvious. (For full text, refer to NFPA 101-2012: 18/19.2.10; 7.10.1.4; 7.10.1.5.1;	
		7.10.5; 7.10.6; 7.10.7)	
		LS.02.01.20, EP 41	
		Signs reading "NO EXIT" are posted on any door, passage, or	
		stairway that is neither an exit nor an access to an exit but	
		may be mistaken for an exit. (For full text, refer to NFPA 101-	
		2012: 18/19.2.10.1; 7.10.8.3)	
		LS.02.01.20, EP 42	
		The critical access hospital meets all other Life Safety Code	
		means of egress requirements related to NFPA 101-2012:	
		18/19.2.	
		LS.02.01.30, EP 1	
		In new construction, vertical openings, including exit stairs,	
		are enclosed by one-hour fire-rated walls when connecting	
		three or fewer floors and two-hour fire-rated walls when	
		connecting four or more floors. In existing construction, vertical openings, including exit stairs, are enclosed with a	
		minimum of one-hour fire-rated construction.	
		Note: These vertical openings include, but are not limited to,	
		shafts (including elevator, light and ventilation),	
		communicating stairs, ramps, trash chutes, linen chutes,	
		and utility chases. (For full text, refer to NFPA 101-2012: 8.6;	
		18/19.3.1; 7.1.3.2.1)	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	LS.02.01.30, EP 4 Laboratories using quantities of flammable, combustible, or hazardous materials that are considered a severe hazard are in accordance with NFPA 101-2012: 8.7 and NFPA 99 requirements applicable to administration, maintenance, and testing. (For full text refer to NFPA 101-2012: 18/19.3.2.2; NFPA 99-2012: 15.4)	
	LS.02.01.30, EP 5 Where residential or commercial cooking equipment is used to prepare meals for less than 31 people in a smoke compartment, one cooking facility is permitted to be open to the corridor provided all criteria in NFPA 101-2012: 18/19.3.2.5 are met.  Note: The critical access hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendment (TIA) 12-2.	
	LS.02.01.30, EP 7 Existing wall and ceiling interior finishes are rated Class A or B for limiting smoke development and the spread of flames. Newly installed wall and ceiling interior finishes are rated Class A. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2)	
	LS.02.01.30, EP 8  Newly installed interior floor finishes in corridors of smoke compartments with an approved automatic sprinkler system is at least Class II. Existing floor finishes are not restricted. (For full text, refer to NFPA 101-2012: 18/19.3.3; 10.2.7)	
	LS.02.01.30, EP 11	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Within corridors in smoke compartments that are protected	
		throughout with an approved supervised sprinkler system,	
		partitions are allowed to terminate at the ceiling if the ceiling	
		is constructed to limit the passage of smoke. The passage of	
		smoke can be limited by an exposed, suspended-grid	
		acoustical tile ceiling with penetrating items such as	
		sprinkler piping and sprinklers that penetrate the ceiling,	
		ducted heating, ventilating, and air conditioning (HVAC)	
		supply and return-air diffusers, speakers, and recessed	
		lighting fixtures. (For full text, refer to NFPA 101-2012:	
		18/19.3.6.2)	
		LS.02.01.30, EP 14	
		In smoke compartments without sprinkler systems, fixed fire	
		windows in corridor walls are 25% or less of the size of the	
		corridor walls in which they are installed. Existing window	
		installations that conform to previously accepted Life Safety	
		Code criteria (such as a size of 1,296 square inches or less,	
		made with wired glass or fire-rated glazing, and set in	
		approved metal frames) are permitted. (For full text, refer to	
		NFPA 101-2012: 19.3.6.2.7; 8.3.3.8; 8.3.3.9; 8.3.3.11)	
		LS.02.01.30, EP 15	
		Openings in vision panels or doors in corridor walls (other	
		than in smoke compartments containing patient sleeping	
		rooms) are installed at or below one half the distance from	
		the floor to the ceiling. These openings may not be larger	
		than 80 square inches in new buildings or larger than 20	
		square inches in existing buildings.	
		Note: Openings may include, but are not limited to, mail slots	
		and pass-through windows in areas such as laboratories,	
		pharmacies, and cashier stations. (For full text, refer to NFPA	
		101-2012: 18/19.3.6.5)	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LS.02.01.30, EP 16	
		Corridors serving adjoining areas are not used for a portion of	
		an air supply, air return, or exhaust air plenum.	
		Note: Incidental air movement between rooms and corridors	
		(such as isolation rooms) because of the need for pressure	
		differentials in hospitals is permitted. In such cases, the	
		direction of airflow is not the focus for this element of	
		performance. For the purpose of fire protection, air transfer	
		should be limited to the amount necessary to maintain	
		positive or negative pressure differentials. (For full text, refer	
		to NFPA 101-2012: 19.5.2.1; NFPA 90A-2012: 4.3.12.1;	
		4.3.12.1.3.2)	
		LS.02.01.30, EP 18	
		In existing buildings, at least two smoke compartments are	
		provided for every story that has more than 30 patients in	
		sleeping rooms. Smoke barriers have a minimum ½-hour fire	
		resistance rating; the maximum size of each smoke	
		compartment is limited to 22,500 square feet. Space shall be	
		provided on each side of smoke barriers to adequately	
		accommodate the total number of occupants in adjoining	
		compartments. The travel distance from any point within the	
		smoke compartment to a smoke barrier door is no more than	
		200 feet. (For full text, refer to NFPA 101-2012: 19.3.7.1;	
		19.3.7.3; 19.3.7.5)	
		LS.02.01.30, EP 19	
		Smoke barriers extend from the floor slab to the floor or roof	
		slab above, through any concealed spaces (such as those	
		above suspended ceilings and interstitial spaces), and	
		extend continuously from exterior wall to exterior wall. All	
		penetrations are properly sealed. (For full text, refer to NFPA	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		sprinkler system, the damper is not required in the duct. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.3.5.1; 8.5.5; 8.5.5.7)	
		LS.02.01.30, EP 23 Approved smoke dampers protect air transfer openings extending through smoke barriers in ceiling spaces that are used as an unducted common plenum for either supply or return air. (For full text, refer to NFPA 101-2012: 18/19.3.7.3; 8.5.5.2)	
		LS.02.01.30, EP 26 The critical access hospital meets all other Life Safety Code fire and smoke protection requirements related to NFPA 101-2012: 18/19.3.	
		FOR FULL EP MAPPING VIEW DPU CROSSWALK	
§482.41(b)(1)(ii)	(ii) Notwithstanding paragraph (b)(1)(i) of this section, corridor doors and doors to rooms containing flammable or combustible materials must be provided with positive latching hardware. Roller latches are prohibited on such doors.	All new hazardous areas have doors that are self-closing or automatic-closing, except for laboratories using flammable or combustible materials deemed less than a severe hazard and storage rooms greater than 50 square feet, but less than 100 square feet that are used for storage of combustible material. Hazardous areas have a fire barrier with a one-hour fire-resistive rating. These areas include, but are not limited to, boiler and fuel-fired heater rooms, central/bulk laundries larger than 100 square feet, paint shops, repair shops, soiled linen rooms, trash collection rooms with containers exceeding 64 gallons, laboratories considered a severe hazard, and storage rooms larger than 100 square feet that contain combustible material. (For full text, refer to NFPA 101-2012: 18.3.2.1; 18.3.2.2; 18.3.2.3; 18.3.2.4; Table 18.3.2.1)	PE.03.01.01, EP 6 Regardless of the provisions of the Life Safety Code, corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited on these doors.

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	Note: Doors to rooms containing flammable or combustible	
	materials are provided with positive latching hardware. Roller	
	latches are prohibited on such doors.	
	LS.02.01.30, EP 3	
	All existing hazardous areas have doors that are self-closing	
	or automatic-closing. These areas are protected by either a	
	fire barrier with one-hour fire-resistive rating or an approved	
	electrically supervised automatic sprinkler system.	
	Hazardous areas include, but are not limited to, boiler and	
	fuel-fired heater rooms, central/bulk laundries larger than	
	100 square feet, paint shops, repair shops, soiled linen	
	rooms, trash collection rooms with containers exceeding 64	
	gallons, laboratories employing flammable or combustible	
	materials deemed less than a severe hazard, and storage	
	rooms greater than 50 square feet used for storage of	
	equipment and combustible supplies. (For full text, refer to	
	NFPA 101-2012: 19.3.2.1; 19.3.2.2; 19.3.2.3; 19.3.2.4)	
	Note: Doors to rooms containing flammable or combustible	
	materials are provided with positive latching hardware. Roller	
	latches are prohibited on such doors.	
	LS.02.01.30, EP 12	
	In new buildings, all corridor doors are constructed to resist	
	the passage of smoke, hinged so that they swing, and the	
	doors do not have ventilating louvers or transfer grills (with	
	the exception of bathrooms, toilets, and sink closets that do	
	not contain flammable or combustible materials). Undercuts	
	are no larger than one inch. Positive latching hardware is	
	required. Roller latches are prohibited. (For full text, refer to	
	NFPA 101-2012: 18.3.6.3.1; 18.3.6.3.5; 18.3.6.4; 18.3.6.5;	
	18.3.6.3.10; 18.3.6.3.11)	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		LS.02.01.30, EP 13	
		In existing buildings, all corridor doors are constructed to	
		resist the passage of smoke and constructed of 1 3/4-inch or	
		thicker solid bonded wood core or constructed of material	
		that resists fire for not less than 20 minutes, and the doors	
		do not have ventilating louvers or transfer grills (with the	
		exception of bathrooms, toilets, and sink closets that do not	
		contain flammable or combustible materials). Positive	
		latching hardware is required. Roller latches are prohibited.	
		(For full text, refer to NFPA 101-2012: 19.3.6.3.1; 19.3.6.3.2;	
		19.3.6.3.5)	
		Note 1: Powered corridor doors are equipped with positive	
		latching hardware unless the organization can verify that this	
		equipment is not an option provided by the door	
		manufacturer. In instances where positive latching hardware	
		is not an available option provided by the manufacturer, the	
		device used must be capable of keeping the door fully closed	
		when a force of 5 lbf is applied at the latch edge and in any	
		direction to a sliding or folding door, whether or not power is	
		applied in accordance with NFPA 101-2012: 19.3.6.3.7.	
		Note 2: Doors to toilet rooms, bathrooms, shower rooms,	
		sink closets, and similar auxiliary spaces that do not contain	
		flammable or combustible materials are not required to have	
		a device capable of keeping the door fully closed if a force of	
		5 lbf is applied at the latch edge. In these cases, roller	
		latches are permissible.	
§482.41(b)(2)	(2) In consideration of a	LS.01.01.01, EP 2	PE.03.01.01, EP 3
	recommendation by the State	In time frames defined by the critical access hospital, the	The critical access hospital meets the applicable provisions
	survey agency or Accrediting	critical access hospital performs a building assessment to	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
	Organization or at the	determine compliance with the "Life Safety" (LS) chapter.	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
	discretion of the Secretary, may		Note 1: Outpatient surgical departments meet the provisions
	waive, for periods deemed	LS.01.01.01, EP 4	applicable to ambulatory health care occupancies,
	appropriate, specific provisions	When the critical access hospital plans to resolve a	regardless of the number of patients served.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	of the Life Safety Code, which	deficiency through a Survey-Related Plan for Improvement	Note 2: The provisions of the Life Safety Code do not apply in
	would result in unreasonable	(SPFI), the critical access hospital meets the 60-day time	a state where the Centers for Medicare & Decirity Medicaid
	hardship upon a hospital, but	frame.	Services (CMS) finds that a fire and safety code imposed by
	only if the waiver will not	Note 1: If the corrective action will exceed the 60-day time	state law adequately protects patients in critical access
	adversely affect the health and	frame, the critical access hospital must request a time-	hospitals.
	safety of the patients.	limited waiver within 30 days from the end of survey.	Note 3: In consideration of a recommendation by the state
		Note 2: If there are alternative systems, methods, or devices	survey agency or accrediting organization or at the discretion
		considered equivalent, the critical access hospital may	of the Secretary for the US Department of Health & Department &
		submit an equivalency request using its Statement of	Human Services, CMS may waive, for periods deemed
		Conditions (SOC).	appropriate, specific provisions of the Life Safety Code,
		Note 3: For further information on waiver and equivalency	which would result in unreasonable hardship upon a critical
		requests, see	access hospital, but only if the waiver will not adversely
		https://www.jointcommission.org/resources/patient-safety-	affect the health and safety of the patients.
		topics/the-physical-environment/life-safety-code-	Note 4: After consideration of state survey agency findings,
		information-and-resources/ and NFPA 101-2012: 1.4.	CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.41(b)(3)	(3) The provisions of the Life	LS.01.01.01, EP 1	PE.03.01.01, EP 3
	Safety Code do not apply in a	The critical access hospital assigns an individual(s) to assess	The critical access hospital meets the applicable provisions
	State where CMS finds that a	compliance with the Life Safety Code and manage the	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
	fire and safety code imposed by	Statement of Conditions (SOC) when addressing survey-	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
	State law adequately protects	related deficiencies.	Note 1: Outpatient surgical departments meet the provisions
	patients in hospitals.	Note 1: The critical access hospital complies with the 2012	applicable to ambulatory health care occupancies,
		Life Safety Code.	regardless of the number of patients served.
		Note 2: For rehabilitation and psychiatric distinct part units in	Note 2: The provisions of the Life Safety Code do not apply in
		critical access hospitals: The provisions of the Life Safety	a state where the Centers for Medicare & Dedicaid

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
•		Code do not apply in a state where the Centers for Medicare & Description of the Centers for Medicare and Safety code imposed by state law adequately protects patients in critical access hospitals.	Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in critical access hospitals.  Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & Department of Healt
§482.41(b)(4)	(4) The hospital must have procedures for the proper routine storage and prompt disposal of trash.	EC.02.02.01, EP 5 The critical access hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of hazardous chemicals.  EC.02.02.01, EP 6 The critical access hospital minimizes risks associated with selecting, handling, storing, transporting, using, and disposing of radioactive materials.	PE.02.01.01, EP 6 The critical access hospital has procedures for the proper routine storage and prompt disposal of trash and regulated medical waste.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.02.01, EP 19 The critical access hospital has procedures for the proper routine storage and prompt disposal of trash and regulated medical waste.	
§482.41(b)(5)	(5) The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.	EC.02.03.01, EP 9  The written fire response plan describes the specific roles of staff at and away from a fire's point of origin, including when and how to sound and report fire alarms, how to contain smoke and fire, how to use a fire extinguisher, how to assist and relocate patients, how to evacuate to areas of refuge, and how staff will cooperate with firefighting authorities.  Staff are periodically instructed on and kept informed of their duties under the plan, including cooperation with firefighting and disaster authorities. A copy of the plan is readily available with the telephone operator or security.  Note: For full text, refer to NFPA 101-2012: 18/19.7.1; 7.2.  EC.02.03.03, EP 2  The critical access hospital conducts fire drills every 12 months from the date of the last drill in all freestanding buildings classified as business occupancies and in which patients are seen or treated.  Note: In leased or rented facilities, drills need be conducted only in areas of the building that the critical access hospital	PE.03.01.01, EP 4  The critical access hospital has written fire control plans that include provisions for prompt reporting of fires; extinguishing fires; protection of patients, staff, and guests; evacuation; and cooperation with firefighting authorities.
		HR.01.04.01, EP 1 The critical access hospital orients its staff to the key safety content it identifies before staff provides care, treatment, and services. Completion of this orientation is documented. Note: Key safety content may include specific processes and	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		procedures related to the provision of care, treatment, or	
		services; the environment of care; and infection control.	
§482.41(b)(6)	(6) The hospital must maintain	LS.01.01.01, EP 5	PE.03.01.01, EP 5
	written evidence of regular	The critical access hospital maintains documentation of any	The critical access hospital maintains written evidence of
	inspection and approval by	inspections and approvals made by state or local fire control	regular inspection and approval by state or local fire control
	State or local fire control	agencies.	agencies.
	agencies.		
§482.41(b)(7)	(7) A hospital may install	LS.02.01.30, EP 6	PE.03.01.01, EP 7
	alcohol-based hand rub	Alcohol-based hand rubs (ABHR) are stored and handled in	When the critical access hospital installs alcohol-based
	dispensers in its facility if the	accordance with NFPA 101-2012: 8.7.3.1, unless all of the	hand rub dispensers, it installs the dispensers in a manner
	dispensers are installed in a	following conditions are met:	that protects against inappropriate access.
	manner that adequately	- Corridor is at least six feet wide.	
	protects against inappropriate	- ABHR does not exceed 95% alcohol.	
	access;	- Maximum individual dispenser capacity is 0.32 gallons of	
		fluid (0.53 gallons in suites) or 18 ounces of NFPA Level 1–	
		classified aerosols.	
		- Dispensers have a minimum of four feet of horizontal	
		spacing between them.	
		- Dispensers are not installed within one inch of an ignition	
		source.	
		- If floor is carpeted, the building is fully sprinkler protected.	
		- Operation of the dispenser complies with NFPA 101-2012:	
		18/19.3.2.6(11).	
		- ABHR is protected against inappropriate access.	
		- Not more than an aggregate of 10 gallons of fluid or 1135	
		ounces of aerosol are used in a single smoke compartment	
		outside a storage cabinet, excluding one individual dispenser	
		per room.	
		- Storing more than five gallons of fluid in a single smoke	
		compartment complies with NFPA 30.	
§482.41(b)(8)	(8) When a sprinkler system is	LS.01.02.01, EP 2	
	shut down for more than 10	When the critical access hospital identifies Life Safety Code	
	hours, the hospital must:	deficiencies that cannot be immediately corrected or during	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		periods of construction, the critical access hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building. Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)	
§482.41(b)(8)(i)	(i) Evacuate the building or portion of the building affected by the system outage until the system is back in service, or	LS.01.02.01, EP 2 When the critical access hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the critical access hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building.  Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)	PE.03.01.01, EP 8 When a sprinkler system is shut down for more than 10 hours, the critical access hospital either evacuates the building or portion of the building affected by the system outage until the system is back in service, or the critical access hospital establishes a fire watch until the system is back in service.
§482.41(b)(8)(ii)	(ii) Establish a fire watch until the system is back in service.	LS.01.02.01, EP 2 When the critical access hospital identifies Life Safety Code deficiencies that cannot be immediately corrected or during periods of construction, the critical access hospital evacuates the building or notifies the fire department (or other emergency response group) and initiates a fire watch when a fire alarm system is out of service more than 4 out of 24 hours or a sprinkler system is out of service more than 10 hours in a 24-hour period in an occupied building.  Notification and fire watch times are documented. (For full text, refer to NFPA 101-2012: 9.6.1.6; 9.7.6; NFPA 25-2011: 15.5.2)	PE.03.01.01, EP 8 When a sprinkler system is shut down for more than 10 hours, the critical access hospital either evacuates the building or portion of the building affected by the system outage until the system is back in service, or the critical access hospital establishes a fire watch until the system is back in service.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.41(b)(9)	(9) Buildings must have an	LS.02.01.30, EP 24	PE.03.01.01, EP 9
	outside window or outside door	Every patient sleeping room has an outside window or	Buildings have an outside window or outside door in every
	in every sleeping room, and for	outside door except newborn nurseries or rooms intended	sleeping room. For any building constructed after July 5,
	any building constructed after	for less than 24-hour stays (such as obstetrical labor beds,	2016, the sill height does not exceed 36 inches above the
	July 5, 2016 the sill height must	recovery beds, and observation beds in the emergency	floor.
	not exceed 36 inches above the	department).	Note 1: Windows in atrium walls are considered outside
	floor. Windows in atrium walls	Note: Windows in atrium walls are considered outside	windows for the purposes of this requirement.
	are considered outside	windows.	Note 2: The sill height requirement does not apply to
	windows for the purposes of		newborn nurseries and rooms intended for occupancy for
	this requirement.	LS.02.01.30, EP 25	less than 24 hours.
		In new buildings constructed after July 5, 2016, the window	Note 3: The sill height in special nursing care areas of new
		sill height in patient sleeping rooms does not exceed 36	occupancies does not exceed 60 inches.
		inches from the floor, except in special nursing care areas	
		(for example, intensive care units, coronary care units,	
		hemodialysis units, and neonatal intensive care units),	
		where window sill height does not exceed 60 inches above	
		the floor.	
§482.41(b)(9)(i)	(i) The sill height requirement	LS.02.01.30, EP 24	PE.03.01.01, EP 9
	does not apply to newborn	Every patient sleeping room has an outside window or	Buildings have an outside window or outside door in every
	nurseries and rooms intended	outside door except newborn nurseries or rooms intended	sleeping room. For any building constructed after July 5,
	for occupancy for less than 24	for less than 24-hour stays (such as obstetrical labor beds,	2016, the sill height does not exceed 36 inches above the
	hours.	recovery beds, and observation beds in the emergency	floor.
		department).	Note 1: Windows in atrium walls are considered outside
		Note: Windows in atrium walls are considered outside	windows for the purposes of this requirement.
		windows.	Note 2: The sill height requirement does not apply to
		LC 00 04 20 FD 05	newborn nurseries and rooms intended for occupancy for
		LS.02.01.30, EP 25	less than 24 hours.
		In new buildings constructed after July 5, 2016, the window sill height in patient sleeping rooms does not exceed 36	Note 3: The sill height in special nursing care areas of new
			occupancies does not exceed 60 inches.
		inches from the floor, except in special nursing care areas (for example, intensive care units, coronary care units,	
		hemodialysis units, and neonatal intensive care units),	
		nemodiatysis units, and neonatal intensive care units),	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		where window sill height does not exceed 60 inches above	
		the floor.	
§482.41(b)(9)(ii)	(ii) The sill height in special	LS.02.01.30, EP 24	PE.03.01.01, EP 9
	nursing care areas of new	Every patient sleeping room has an outside window or	Buildings have an outside window or outside door in every
	occupancies must not exceed	outside door except newborn nurseries or rooms intended	sleeping room. For any building constructed after July 5,
	60 inches	for less than 24-hour stays (such as obstetrical labor beds,	2016, the sill height does not exceed 36 inches above the
		recovery beds, and observation beds in the emergency	floor.
		department).	Note 1: Windows in atrium walls are considered outside
		Note: Windows in atrium walls are considered outside	windows for the purposes of this requirement.
		windows.	Note 2: The sill height requirement does not apply to
		10 00 04 00 FD 05	newborn nurseries and rooms intended for occupancy for
		LS.02.01.30, EP 25	less than 24 hours.
		In new buildings constructed after July 5, 2016, the window	Note 3: The sill height in special nursing care areas of new
		sill height in patient sleeping rooms does not exceed 36	occupancies does not exceed 60 inches.
		inches from the floor, except in special nursing care areas (for example, intensive care units, coronary care units,	
		hemodialysis units, and neonatal intensive care units),	
		where window sill height does not exceed 60 inches above	
		the floor.	
§482.41(c)	(c) Standard: Building safety.	EC.01.01.01, EP 1	PE.04.01.01, EP 1
3402.41(0)	Except as otherwise provided in	Leaders identify an individual(s) to manage risk, coordinate	The critical access hospital meets the applicable provisions
	this section, the hospital must	risk reduction activities in the physical environment, collect	and proceeds in accordance with the Health Care Facilities
	meet the applicable provisions	deficiency information, and disseminate summaries of	Code (NFPA 99-2012 and Tentative Interim Amendments
	and must proceed in	actions and results.	[TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).
	accordance with the Health	Note: Deficiencies include injuries, problems, or use errors.	Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities
	Care Facilities Code (NFPA 99	, ,,	Code do not apply.
	and Tentative Interim	EC.02.01.03, EP 4	Note 2: If application of the Health Care Facilities Code
	Amendments TIA 12-2, TIA 12-	Smoking materials are removed from patients receiving	would result in unreasonable hardship for the critical access
	3, TIA 12–4, TIA 12–5 and TIA	respiratory therapy. When a nasal cannula is delivering	hospital, the Centers for Medicare & Amp; Medicaid Services
	12–6).	oxygen outside of a patient's room, no sources of ignition are	may waive specific provisions of the Health Care Facilities
		within the site of intentional expulsion (within 1 foot). When	Code, but only if the waiver does not adversely affect the
		other oxygen delivery equipment is used or oxygen is	health and safety of patients.
		delivered inside a patient's room, no sources of ignition are	Note 3: All inspecting activities are documented with the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		within the area of administration (within 15 feet). Solid fuel-burning appliances are not in the area of administration.  Nonmedical appliances with hot surfaces or sparking mechanisms are not within oxygen-delivery equipment or site of intentional expulsion. (For full text, refer to NFPA 99-2012: 11.5.1.1; Tentative Interim Amendment [TIA] 12-6)	name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
		EC.02.03.01, EP 13 The critical access hospital meets all other Health Care Facilities Code fire protection requirements, as related to NFPA 99-2012: Chapter 15.	
		EC.02.04.03, EP 27 The critical access hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical equipment in the patient care vicinity. (For full text, refer to NFPA 99-2012: Chapter 10) Note: The critical access hospital meets the applicable	
		provisions of the Health Care Facilities Code Tentative Interim Amendment (TIA) 12-5.  EC.02.05.01, EP 2  New building systems and modifications to existing building systems are designed to meet the National Fire Protection	
		Association's Categories 1–4 requirements. (For full text, refer to NFPA 99-2012: Chapter 4 for descriptions of the four categories related to gas, vacuum, electrical, and electrical equipment.)	
		EC.02.05.01, EP 18  Medical gas storage rooms and transfer and manifold rooms comply with NFPA 99-2012: 9.3.7.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.05.01, EP 19 The emergency power supply system's equipment and environment are maintained per manufacturers' recommendations, including ambient temperature not less than 40°F; ventilation supply and exhaust; and water jacket temperature (when required). (For full text, refer to NFPA 99-2012: 9.3.10)	
		EC.02.05.05, EP 8  The critical access hospital meets NFPA 99-2012: Health Care Facilities Code requirements related to electrical systems and heating, ventilation, and air conditioning (HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and 9)  Note: The critical access hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-2 and 12-3.	
		EC.02.05.09, EP 14 The critical access hospital meets all other NFPA 99-2012: Health Care Facilities Code requirements related to gas and vacuum systems and gas equipment. (For full text, refer to NFPA 99-2012: Chapters 5 and 11) Note: The critical access hospital meets the applicable provisions of the Health Care Facilities Code Tentative Interim Amendments (TIAs) 12-4 and 12-6.	
§482.41(c)(1)	(1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to a hospital.	EC.01.01.01, EP 1 Leaders identify an individual(s) to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results.  Note: Deficiencies include injuries, problems, or use errors.	PE.04.01.01, EP 1 The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
\$482.41(c)(2)	(2) If application of the Health Care Facilities Code required	EC.01.01.01, EP 1 Leaders identify an individual(s) to manage risk, coordinate	Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Description of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.  Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.  PE.04.01.01, EP 1  The critical access hospital meets the applicable provisions
	under paragraph (c) of this section would result in unreasonable hardship for the hospital, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.	risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results.  Note: Deficiencies include injuries, problems, or use errors.	and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply. Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Dedicare Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
§482.41(d)	§482.41(d) Standard: Facilities	LD.04.01.11, EP 2	PE.01.01.01, EP 1
	The hospital must maintain	The arrangement and allocation of space supports safe,	The critical access hospital's building is constructed,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
ooi moquiioment	adequate facilities for its services.	efficient, and effective care, treatment, and services.  LD.04.01.11, EP 3  For rehabilitation and psychiatric distinct part units in critical access hospitals: The interior and exterior space provided for care, treatment, and services meets the needs of patients. Note: The extent and complexity of facilities must be determined by the services offered.	arranged, and maintained to allow safe access and to protect the safety and well-being of patients.  Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided.  Note 2: When planning for new, altered, or renovated space, the critical access hospital uses state rules and regulations or the current Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the critical access hospital, then it uses other reputable standards and guidelines that provide equivalent design criteria.  PE.01.01.01, EP 2  The critical access hospital has adequate space and facilities for the services it provides, including facilities for the diagnosis and treatment of patients and for any special services offered to meet the needs of the community served. Note: The extent and complexity of facilities is determined by
§482.41(d)(1)	(1) Diagnostic and therapeutic facilities must be located for the safety of patients.	LD.04.01.11, EP 2 The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.  LD.04.01.11, EP 3 For rehabilitation and psychiatric distinct part units in critical access hospitals: The interior and exterior space provided for care, treatment, and services meets the needs of patients.  Note: The extent and complexity of facilities must be determined by the services offered.	PE.01.01.01, EP 1  The critical access hospital's building is constructed, arranged, and maintained to allow safe access and to protect the safety and well-being of patients.  Note 1: Diagnostic and therapeutic facilities are located in areas appropriate for the services provided.  Note 2: When planning for new, altered, or renovated space, the critical access hospital uses state rules and regulations or the current Guidelines for Design and Construction of Hospitals published by the Facility Guidelines Institute. If the state rules and regulations or the Guidelines do not address the design needs of the critical access hospital, then it uses

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			other reputable standards and guidelines that provide
			equivalent design criteria.
§482.41(d)(2)	(2) Facilities, supplies, and	EC.01.01.01, EP 1	
	equipment must be maintained	Leaders identify an individual(s) to manage risk, coordinate	
	to ensure an acceptable level of	risk reduction activities in the physical environment, collect	
	safety and quality.	deficiency information, and disseminate summaries of	
		actions and results.	
		Note: Deficiencies include injuries, problems, or use errors.	
		EC.01.01.01, EP 3	
		The critical access hospital has a library of information	
		regarding inspection, testing, and maintenance of its	
		equipment and systems.	
		Note: This library includes manuals, procedures provided by	
		manufacturers, technical bulletins, and other information.	
		EC.01.01.01, EP 8	
		The critical access hospital has a written plan for managing	
		the following: Medical equipment.	
		EC.01.01.01, EP 9	
		The critical access hospital has a written plan for managing	
		the following: Utility systems.	
		Note: In circumstances where the program or service is	
		located in a business occupancy not owned by the	
		accredited organization, the plan may only need to address	
		how routine service and maintenance for their utility systems	
		are obtained.	
		EC.02.03.05, EP 1	
		The critical access hospital tests supervisory signal devices	
		on the inventory in accordance with the following time	
		frames:	

CoP Requirement Co	P Text	Current EP Mapping	Future State EP Mapping
		- Quarterly for pressure supervisory indicating devices	
		(including both high- and low-air pressure switches), water	
		level supervisory indicating devices, water temperature	
		supervisory indicating devices, room temperature	
		supervisory indicating devices, and other suppression	
		system supervisory initiating devices	
		- Semiannually for valve supervisory switches	
		- Annually for other supervisory initiating devices	
		The results and completion dates are documented.	
		Note 1: For additional guidance on performing tests, see	
		NFPA 72-2010: Table 14.4.5.	
		Note 2: Water storage tanks and associated water storage	
		equipment do not require testing.	
		EC.02.03.05, EP 2	
		Every 6 months, the critical access hospital tests vane-type	
		and pressure-type water flow devices and valve tamper	
		switches on the inventory. The results and completion dates	
		are documented.	
		Note 1: For additional guidance on performing tests, see	
		NFPA 72-2010: Table 14.4.5.	
		Note 2: Mechanical water flow devices (including, but not	
		limited to, water motor gongs) should be tested quarterly.	
		The results and completion dates are documented. (For full	
		text, refer to NFPA 25-2011: Table 5.1.1.2)	
		EC.02.03.05, EP 3	
		Every 12 months, the critical access hospital tests duct	
		detectors, heat detectors, manual fire alarm boxes, and	
		smoke detectors on the inventory. The results and	
		completion dates are documented.	
		Note: For additional guidance on performing tests, see NFPA	
		72-2010: Table 14.4.5; 17.14.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.03.05, EP 4	
		Every 12 months, the critical access hospital tests visual and	
		audible fire alarms, including speakers and door-releasing	
		devices on the inventory. The results and completion dates	
		are documented.	
		Note: For additional guidance on performing tests, see NFPA	
		72-2010: Table 14.4.5.	
		EC.02.03.05, EP 5	
		Every 12 months, the critical access hospital tests fire alarm	
		equipment on the inventory for notifying off-site fire	
		responders. The results and completion dates are	
		documented.	
		Note: For additional guidance on performing tests, see NFPA	
		72-2010: Table 14.4.5.	
		EC.02.03.05, EP 6	
		For automatic sprinkler systems: The critical access hospital	
		tests electric motor–driven fire pumps monthly and diesel	
		engine–driven fire pumps every week under no-flow	
		conditions. The results and completion dates are	
		documented.	
		Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.1; 8.3.2.	
		20-2011.0.0.1, 0.3.2.	
		EC.02.03.05, EP 9	
		For automatic sprinkler systems: Every 12 months, the	
		critical access hospital tests main drains at system low point	
		or at all system risers. The results and completion dates are	
		documented.	
		Note: For additional guidance on performing tests, see NFPA	
		25-2011: 13.2.5; 13.3.3.4; Table 13.1.1.2; Table 13.8.1.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.03.05, EP 10 For automatic sprinkler systems: Every quarter, the critical access hospital inspects all fire department water supply connections. The results and completion dates are documented.  Note: For additional guidance on performing tests, see NFPA 25-2011: 13.7; Table 13.1.1.2.	
		EC.02.03.05, EP 11 For automatic sprinkler systems: Every 12 months, the critical access hospital tests fire pumps under flow. Fire pump supervisory signals for "pump running" and "pump power loss" are tested annually. The results and completion dates are documented.  Note: For additional guidance on performing tests, see NFPA 25-2011: 8.3.3; 8.3.3.4.	
		EC.02.03.05, EP 12 Every 5 years, the critical access hospital conducts hydrostatic and water flow tests for standpipe systems. The results and completion dates are documented. Note: For additional guidance on performing tests, see NFPA 25-2011: 6.3.1; 6.3.2; Table 6.1.1.2.	
		EC.02.03.05, EP 13  Every 6 months, the critical access hospital inspects any automatic fire-extinguishing system in a kitchen. The results and completion dates are documented.  Note 1: Discharge of the fire-extinguishing systems is not required.  Note 2: For additional guidance on performing inspections, see NFPA 96-2011: 11.2.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.03.05, EP 14  The critical access hospital tests automatic fire-extinguishing systems as follows:  - Carbon dioxide systems every 12 months  - Halon systems every 6 months  - Other special systems per National Fire Protection Association standards and manufacturers' recommendations.  The results and completion dates are documented. Note 1: Discharge of the fire-extinguishing systems is not required.  Note 2: For full text, refer to NFPA 12-2011: 4.8.3.2 (for carbon dioxide systems) and NFPA 12A-2009: 6.1 (for halon systems).  Note 3: For full text, refer to NFPA 11-2010; NFPA 16-2011; NFPA 17-2009; NFPA 17A-2009 for other extinguishing systems.	
		EC.02.03.05, EP 15 At least monthly, the critical access hospital inspects portable fire extinguishers. The results and completion dates are documented.  Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory.  Note 2: Inspections involve a visual check to determine correct type of and clear and unobstructed access to a fire extinguisher, in addition to a check for broken parts and full charge.  Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10-2010: 7.2.2; 7.2.4.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.03.05, EP 16  Every 12 months, the critical access hospital performs maintenance on portable fire extinguishers, including recharging. Individuals performing annual maintenance on extinguishers are certified. The results and completion dates are documented.  Note 1: There are many ways to document the maintenance, such as using bar-coding equipment, using check marks on a tag, or using an inventory.  Note 2: For additional guidance on maintaining fire extinguishers, see NFPA 10-2010: 7.1.2; 7.2.2; 7.2.4; 7.3.1.	
		EC.02.03.05, EP 17  The critical access hospital conducts hydrostatic tests on standpipe occupant hoses 5 years after installation and every 3 years thereafter. The results and completion dates are documented.  Note: For additional guidance on hydrostatic testing, see NFPA 1962-2008: Chapter 7 and NFPA 25-2011: Chapter 6.	
		EC.02.03.05, EP 18 The critical access hospital operates fire and smoke dampers one year after installation and then at least every six years to verify that they fully close. The results and completion dates are documented.  Note: For additional guidance on performing tests, see NFPA 90A-2012: 5.4.8; NFPA 80-2010: 19.4; NFPA 105-2010: 6.5.	
		EC.02.03.05, EP 19  Every 12 months, the critical access hospital tests automatic smoke-detection shutdown devices for air-handling equipment. The results and completion dates are documented.	

CoP Requirement (	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: For additional guidance on performing tests, see NFPA	
		90A-2012: 6.4.1.	
		EC.02.03.05, EP 20	
		Every 12 months, the critical access hospital tests sliding	
		and rolling fire doors, smoke barrier sliding or rolling doors,	
		and sliding and rolling fire doors in corridor walls and	
		partitions for proper operation and full closure. The results	
		and completion dates are documented.	
		Note: For full text, refer to NFPA 80-2010: 5.2.14.3; NFPA 105-2010: 5.2.1; 5.2.2.	
		100-2010. 5.2.1, 5.2.2.	
		EC.02.03.05, EP 25	
		The critical access hospital has annual inspection and	
		testing of fire door assemblies by individuals who can	
		demonstrate knowledge and understanding of the operating	
		components of the door being tested. Testing begins with a	
		pre-test visual inspection; testing includes both sides of the	
		opening.	
		Note 1: Nonrated doors, including corridor doors to patient	
		care rooms and smoke barrier doors, are not subject to the	
		annual inspection and testing requirements of either NFPA	
		80 or NFPA 105.	
		Note 2: Nonrated doors should be routinely inspected and	
		maintained in accordance with the facility maintenance	
		program.	
		Note 3: For additional guidance on testing of door	
		assemblies, see NFPA 101-2012: 7.2.1.5.10.1; 7.2.1.5.11; 7.2.1.15; NFPA 80-2010: 4.8.4; 5.2.1; 5.2.3; 5.2.4; 5.2.6;	
		5.2.7; 6.3.1.7; NFPA 105-2010: 5.2.1.	
		0.2.7, 0.0.1.7, NH A 100-2010. 0.2.1.	
		EC.02.03.05, EP 27	
		Elevators with firefighters' emergency operations are tested	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		monthly. The test completion dates and results are documented. (For full text, refer to NFPA 101-2012: 9.4.3; 9.4.6)	
		EC.02.04.01, EP 2 The critical access hospital maintains a written inventory of all medical equipment.	
		EC.02.04.01, EP 3 The critical access hospital identifies high-risk medical equipment on the inventory for which there is a risk of serious injury or death to a patient or staff member should the equipment fail.  Note: High-risk medical equipment includes life-support equipment.	
		EC.02.04.01, EP 4  The critical access hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory.  Note: Activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate.	
		EC.02.04.01, EP 9 The critical access hospital has written procedures to follow when medical equipment fails, including using emergency clinical interventions and backup equipment.	
		EC.02.04.01, EP 11 The critical access hospital monitors and reports all incidents in which medical equipment is suspected in or	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	attributed to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990.	
	EC.02.04.03, EP 1  Before initial use and after major repairs or upgrades of medical equipment on the medical equipment inventory, the critical access hospital performs safety, operational, and functional checks.	
	EC.02.04.03, EP 2  The critical access hospital inspects, tests, and maintains all high-risk equipment. These activities are documented.  Note 1: High-risk equipment includes medical equipment for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.  Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate.	
	EC.02.04.03, EP 3 The critical access hospital inspects, tests, and maintains non-high-risk equipment identified on the medical equipment inventory. These activities are documented.  EC.02.04.03, EP 4	
	The critical access hospital conducts performance testing of and maintains all sterilizers. These activities are documented.	
	EC.02.04.03, EP 5 The critical access hospital performs equipment	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	maintenance and chemical and biological testing of water	
	used in hemodialysis. These activities are documented.	
	EC.02.04.03, EP 8	
	Equipment listed for use in oxygen-enriched atmospheres is	
	clearly and permanently labeled (withstands	
	cleaning/disinfecting) as follows:	
	- Oxygen-metering equipment, pressure-reducing regulators,	
	humidifiers, and nebulizers are labeled with name of	
	manufacturer or supplier.	
	- Oxygen-metering equipment and pressure reducing	
	regulators are labeled "OXYGEN-USE NO OIL."	
	- Labels on flowmeters, pressure-reducing regulators, and	
	oxygen-dispensing apparatuses designate the gases for	
	which they are intended.	
	- Cylinders and containers are labeled in accordance with	
	Compressed Gas Association (CGA) C-7. (For full text, refer to NFPA 99-2012: 11.5.3.1)	
	Note: Color coding is not utilized as the primary method of	
	determining cylinder or container contents.	
	determining cythiaer or container contents.	
	EC.02.04.03, EP 10	
	All occupancies containing hyperbaric facilities comply with	
	construction, equipment, administration, and maintenance	
	requirements of NFPA 99-2012: Chapter 14.	
	EC.02.04.03, EP 27	
	The critical access hospital meets NFPA 99-2012: Health	
	Care Facilities Code requirements related to electrical	
	equipment in the patient care vicinity. (For full text, refer to	
	NFPA 99-2012: Chapter 10)	
	Note: The critical access hospital meets the applicable	
	provisions of the Health Care Facilities Code Tentative	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	Interim Amendment (TIA) 12-5.	
	EC.02.05.01, EP 3	
	The critical access hospital maintains a written inventory of	
	all operating components of utility systems.	
	FO 00 0F 04 FD 4	
	EC.02.05.01, EP 4	
	The critical access hospital identifies high-risk operating components of utility systems on the inventory for which	
	there is a risk of serious harm or death to a patient or staff	
	member should the component fail.	
	Note: High-risk utility system components include life-	
	support equipment.	
	опроточиринени	
	EC.02.05.01, EP 5	
	The critical access hospital identifies the activities and	
	associated frequencies, in writing, for inspecting, testing,	
	and maintaining all operating components of utility systems	
	on the inventory.	
	Note: For guidance on maintenance and testing activities for	
	Essential Electric Systems (Type I), see NFPA 99-2012: 6.4.4.	
	EC 02.05.01 ED 11	
	EC.02.05.01, EP 11  The critical access hospital's procedures address shutting	
	off the malfunctioning system and notifying staff in affected	
	areas.	
	41040.	
	EC.02.05.01, EP 15	
	In critical care areas designed to control airborne	
	contaminants (such as biological agents, gases, fumes,	
	dust), the ventilation system provides appropriate pressure	
	relationships, air-exchange rates, filtration efficiencies,	
	temperature, and humidity. For new and existing health care	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		facilities, or altered, renovated, or modernized portions of	
		existing systems or individual components (constructed or	
		plans approved on or after July 5, 2016), heating, cooling,	
		and ventilation are in accordance with NFPA 99-2012, which	
		includes 2008 ASHRAE 170, or state design requirements if	
		more stringent.	
		Note 1: Existing facilities may elect to implement a Centers	
		for Medicare & Description of the Medicard Services (CMS) categorical	
		waiver to reduce their relative humidity to 20% in operating	
		rooms and other anesthetizing locations. Should the facility	
		elect the waiver, it must be included in its Basic Building	
		Information (BBI), and the facility's equipment and supplies must be compatible with the humidity reduction. For further	
		information on waiver and equivalency requests, see	
		https://www.jointcommission.org/resources/patient-safety-	
		topics/the-physical-environment/life-safety-code-	
		information-and-resources/.	
		Note 2: Existing facilities may comply with the 2012 NFPA 99	
		ventilation requirements or the ventilation requirements in	
		the edition of the NFPA code previously adopted by CMS at	
		the time of installation (for example,1999 NFPA 99).	
		EC.02.05.01, EP 20	
		Operating rooms are considered wet procedure locations,	
		unless otherwise determined by a risk assessment	
		authorized by the facility governing body. Operating rooms	
		defined as wet locations are protected by either isolated	
		power or ground-fault circuit interrupters. A written record of	
		the risk assessment is maintained and available for	
		inspection. (For full text, refer to NFPA 99-2012: 6.3.2.2.8.4;	
		6.3.2.2.8.7; 6.4.4.2)	
		EC.02.05.01, EP 21	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Electrical distribution in the critical access hospital is based	
		on the following categories:	
		- Category 1: Critical care rooms served by a Type 1 essential	
		electrical system (EES) in which electrical system failure is	
		likely to cause major injury or death to patients, including all	
		rooms where electric life support equipment is required.	
		- Category 2: General care rooms served by a Type 1 or Type 2	
		EES in which electrical system failure is likely to cause minor	
		injury to patients.	
		- Category 3: Basic care rooms in which electrical system	
		failure is not likely to cause injury to patients. Patient care	
		rooms are required to have a Type 3 EES where the life safety branch has an alternate source of power that will be effective	
		for 1 1/2 hours.	
		(For full text, refer to NFPA 99-2012: 3.3.138; 6.3.2.2.10;	
		6.6.2.2.2; 6.6.3.1.1)	
		0.0.2.2.2, 0.0.0.111)	
		EC.02.05.01, EP 22	
		Hospital-grade receptacles at patient bed locations and	
		where deep sedation or general anesthesia is administered	
		are tested after initial installation, replacement, or servicing.	
		In pediatric locations, receptacles in patient rooms (other	
		than nurseries), bathrooms, play rooms, and activity rooms	
		are listed tamper-resistant or have a listed tamper-resistant	
		cover. Electrical receptacles or cover plates supplied from	
		the life safety and critical branches have a distinctive color or	
		marking. (For full text, refer to NFPA 99-2012: 6.3.2; 6.3.3;	
		6.3.4; 6.4.2.2.6; 6.5.2.2.4.2; 6.6.2.2.3.2)	
		EC.02.05.01, EP 23	
		Power strips in a patient care vicinity are only used for	
		components of movable electrical equipment assemblies	
		used for patient care. These power strips meet UL 1363A or	
		Lasca for patient care. These power strips infect of 1363A 01	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		UL 60601-1. Power strips used outside of a patient care	
		vicinity, but within the patient care room, meet UL 1363. In	
		non-patient care rooms, power strips meet other UL	
		standards. (For full text, refer to NFPA 99-2012: 10.2.3.6;	
		10.2.4; NFPA 70-2011: 400-8; 590.3(D); Tentative Interim	
		Amendment [TIA] 12-5)	
		Note 1: The mounting of power strips to medical equipment	
		assemblies or the reconfiguration of equipment powered by	
		power strips in a medical equipment assembly must be	
		performed by personnel who are qualified to make certain	
		that this is done in accordance with NFPA 99-2012: 10.2.3.6.	
		Note 2: Per NFPA 99-2012: 3.3.138, patient care room is	
		defined as any room of a health care facility wherein patients	
		are intended to be examined or treated. Per NFPA 99-2012:	
		3.3.139, patient care vicinity is defined as a space, within a	
		location intended for the examination and treatment of	
		patients, extending 1.8 meters (6 feet) beyond the normal	
		location of the bed, chair, table, treadmill, or other device	
		that supports the patient during examination and treatment	
		and extending vertically to 2.3 meters (7 feet, 6 inches) above	
		the floor.	
		Note 3: In new facilities, the number of receptacles shall be	
		in accordance with NFPA 99-2012: 6.3.2.2.6.2. If patient bed	
		locations in existing health care facilities undergo renovation	
		or a change in occupancy, the number of receptacles must	
		be increased to meet the requirements of NFPA 99-2012:	
		6.3.2.2.6.2 to eliminate the need for power strips.	
		EC.02.05.01, EP 24	
		Extension cords are not used as a substitute for fixed wiring	
		in a building. Extension cords used temporarily are removed	
		immediately upon completion of the intended purpose. (For	
		full text, refer to NFPA 99-2012: 10.2.3.6; 10.2.4; NFPA 70-	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		2011: 400-8; 590.3(D); Tentative Interim Amendment [TIA]	
		12-5)	
		EC.02.05.01, EP 25	
		Areas designated for administration of general anesthesia	
		(specifically, inhaled anesthetics) using medical gases or	
		vacuum are in accordance with NFPA 101-2012: 8.7 and	
		NFPA 99-2012 as follows:	
		- Zone valves are located immediately outside each	
		anesthetizing location for medical gas or vacuum, readily	
		accessible in an emergency, and arranged so shutting off any	
		one anesthetizing location will not affect others.	
		- Area alarm panels are installed to monitor all medical gas,	
		medical-surgical vacuum, and piped waste anesthetic gas	
		disposal (WAGD) systems. Alarm panels include visual and	
		audible sensors and are in locations that provide for	
		surveillance, including medical gas pressure decreases of	
		20% and vacuum decreases of 12-inch gauge HgV (mercury	
		vacuum).	
		- Alarm sensors are installed either on the source side of	
		individual room zone valve box assemblies or on the	
		patient/use side of each of the individual zone valve box	
		assemblies.	
		(For full text, refer to NFPA 101-2012: 18/19.3.2.3; NFPA 99-	
		2012: 5.1.4.8.7; 5.1.9.3)	
		EC.02.05.01, EP 26	
		Areas designated for administration of general anesthesia	
		(specifically, inhaled anesthetics) using medical gases or	
		vacuum are in accordance with NFPA 101-2012: 8.7 and	
		NFPA 99-2012 as follows: The essential electrical system's	
		(EES) critical branch supplies power for task illumination,	
		fixed equipment, select receptacles, and select power	
		Inxed equipment, select receptables, and select power	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		circuits. The EES equipment system supplies power to the	
		ventilation system. (For full text, refer to NFPA 101-2012:	
		18/19.3.2.3; NFPA 99-2012: 6.4.2.2.4.2)	
		EC.02.05.01, EP 27	
		Newly engineered smoke control systems are designed,	
		installed, maintained, and tested per NFPA 92-2012. Existing	
		smoke control systems are tested and maintained to	
		established engineering principles unless specifically	
		exempted by the authority having jurisdiction. Systems not	
		meeting the performance requirements of the testing	
		specified in NFPA 101-2012: 19.7.7.1 can be continued in	
		operation only with the specific approval of the authority	
		having jurisdiction. (For full text, refer to NFPA 101-2012: 18/19: 7.7; NFPA 92-2012)	
		Note: The smoke plume created by the thermal destruction	
		of tissue by cauterizing equipment and lasers is addressed at	
		Standard EC.02.02.01, EP 9.	
		EC.02.05.02, EP 1	
		The water management program has an individual or a team	
		responsible for the oversight and implementation of the	
		program, including but not limited to development,	
		management, and maintenance activities.	
		EC.02.05.02, EP 2	
		The individual or team responsible for the water	
		management program develops the following:	
		- A basic diagram that maps all water supply sources,	
		treatment systems, processing steps, control measures, and	
		end-use points	
		Note: An example would be a flow chart with symbols	
		showing sinks, showers, water fountains, ice machines, and	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		so forth.	
		- A water risk management plan based on the diagram that	
		includes an evaluation of the physical and chemical	
		conditions of each step of the water flow diagram to identify	
		any areas where potentially hazardous conditions may occur	
		(these conditions are most likely to occur in areas with slow	
		or stagnant water)	
		Note: Refer to the Centers for Disease Control and	
		Prevention's "Water Infection Control Risk Assessment	
		(WICRA) for Healthcare Settings" tool as an example for	
		conducting a water-related risk assessment.	
		- A plan for addressing the use of water in areas of buildings	
		where water may have been stagnant for a period of time (for	
		example, unoccupied or temporarily closed areas)	
		- An evaluation of the patient populations served to identify	
		patients who are immunocompromised	
		- Monitoring protocols and acceptable ranges for control	
		measures	
		Note: Critical access hospitals should consider	
		incorporating basic practices for water monitoring within	
		their water management programs that include monitoring of	
		water temperature, residual disinfectant, and pH. In	
		addition, protocols should include specificity around the	
		parameters measured, locations where measurements are	
		made, and appropriate corrective actions taken when	
		parameters are out of range.	
		EC.02.05.02, EP 3	
		The individual or team responsible for the water	
		management program manages the following:	
		- Documenting results of all monitoring activities	
		- Corrective actions and procedures to follow if a test result	
		outside of acceptable limits is obtained, including when a	

CoP Requirement CoF	P Text	Current EP Mapping	Future State EP Mapping
		probable or confirmed waterborne pathogen(s) indicates	
		action is necessary	
		- Documenting corrective actions taken when control limits	
		are not maintained	
		Note: See EC.04.01.01, EP 1 for the process of monitoring,	
		reporting, and investigating utility system issues.	
		EC.02.05.02, EP 4	
		The individual or team responsible for the water	
		management program reviews the program annually and	
		when the following occurs:	
		- Changes have been made to the water system that would	
		add additional risk.	
		- New equipment or an at-risk water system(s) has been	
		added that could generate aerosols or be a potential source	
		for Legionella. This includes the commissioning of a new	
		wing or building.	
		Note 1: The Joint Commission and the Centers for Medicare	
		& Medicaid Services (CMS) do not require culturing for	
		Legionella or other waterborne pathogens. Testing protocols	
		are at the discretion of the critical access hospital unless	
		required by law or regulation.	
		Note 2: Refer to ASHRAE Standard 188-2018 "Legionellosis:	
		Risk Management for Building Water Systems" and the	
		Centers for Disease Control and Prevention Toolkit	
		"Developing a Water Management Program to Reduce	
		Legionella Growth and Spread in Buildings" for additional	
		guidance on creating a water management plan. For	
		additional guidance, consult ANSI/ASHRAE Guideline 12-	
		2020 "Managing the Risk of Legionellosis Associated with Building Water Systems."	
		bulluling water Systems.	
		EC.02.05.05, EP 2	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The critical access hospital tests utility system components on the inventory before initial use and after major repairs or upgrades. The completion dates and test results are documented.	
		EC.02.05.05, EP 4	
		The critical access hospital inspects, tests, and maintains the following: High-risk utility system components on the inventory. The completion date and the results of the activities are documented.	
		Note 1: A high-risk utility system includes components for which there is a risk of serious injury or even death to a patient or staff member should it fail, which includes life-support equipment.	
		Note 2: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components must have a 100% completion rate.	
		EC.02.05.05, EP 5 The critical access hospital inspects, tests, and maintains the following: Infection control utility system components on the inventory. The completion date and the results of the activities are documented.  Note: Required activities and associated frequencies for maintaining, inspecting, and testing of utility systems components must have a 100% completion rate.	
		EC.02.05.05, EP 6 The critical access hospital inspects, tests, and maintains the following: Non-high-risk utility system components on the inventory. The completion date and the results of the activities are documented.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		EC.02.05.05, EP 7	
		Line isolation monitors (LIM), if installed, are tested at least	
		monthly by actuating the LIM test switch per NFPA 99-2012:	
		6.3.2.6.3.6, which activates both visual and audible alarms.	
		For LIM circuits with automated self-testing, a manual test is	
		performed at least annually. LIM circuits are tested per NFPA 99-2012: 6.3.3.3.2 after any repair or renovation to the	
		electric distribution system. Records are maintained of	
		required tests and associated repairs or modifications,	
		containing date, room or area tested, and results. (For full	
		text, refer to NFPA 99-2012: 6.3.2; 6.3.3; 6.3.4)	
		EC.02.05.05, EP 8	
		The critical access hospital meets NFPA 99-2012: Health	
		Care Facilities Code requirements related to electrical	
		systems and heating, ventilation, and air conditioning	
		(HVAC). (For full text, refer to NFPA 99-2012: Chapters 6 and	
		9)	
		Note: The critical access hospital meets the applicable provisions of the Health Care Facilities Code Tentative	
		Interim Amendments (TIAs) 12-2 and 12-3.	
		interim America (nas) 12 2 dna 12 3.	
		EC.02.05.07, EP 1	
		At least monthly, the critical access hospital performs a	
		functional test of emergency lighting systems and exit signs	
		required for egress and task lighting for a minimum duration	
		of 30 seconds, along with a visual inspection of other exit	
		signs. The test results and completion dates are	
		documented. (For full text, refer to NFPA 101-2012: 7.9.3;	
		7.10.9; NFPA 99-2012: 6.3.2.2.11.5)	
		EC.02.05.07, EP 2	
		Every 12 months, the critical access hospital performs a	
		1 275.7 12 months, the orthographic portornis a	I .

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		functional test of battery-powered lights on the inventory	
		required for egress and exit signs for a duration of 1 1/2	
		hours. For new construction, renovation, or modernization,	
		battery-powered lighting in locations where deep sedation	
		and general anesthesia are administered is tested annually	
		for 30 minutes. The test results and completion dates are	
		documented. (For full text, refer to NFPA 101-2012: 7.9.3;	
		7.10.9; NFPA 99-2012: 6.3.2.2.11.5)	
		EC.02.05.07, EP 3	
		The critical access hospital performs a functional test of	
		Level 1 stored emergency power supply systems (SEPSS) on	
		a monthly basis and performs a test of Level 2 SEPSS on a	
		quarterly basis. Test duration is for five minutes or as	
		specified for its class (whichever is less). The critical access	
		hospital performs an annual test at full load for 60% of the	
		full duration of its class. The test results and completion	
		dates are documented.	
		Note 1: Non–SEPSS battery backup emergency power	
		systems that the critical access hospital has determined to	
		be critical for operations during a power failure (for example,	
		laboratory equipment or electronic health records) should be	
		properly tested and maintained in accordance with	
		manufacturers' recommendations.	
		Note 2: Level 1 SEPSS are intended to automatically supply	
		illumination or power to critical areas and equipment	
		essential for safety to human life. Included are systems that	
		supply emergency power for such functions as illumination	
		for safe exiting, ventilation where it is essential to maintain	
		life, fire detection and alarm systems, public safety	
		communications systems, and processes where the current	
		interruption would produce serious life safety or health	
		hazards to patients, the public, or staff.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note 3: Class defines the minimum time for which the SEPSS	
		is designed to operate at its rated load without being	
		recharged.	
		Note 4: For additional guidance on operational inspection	
		and testing, see NFPA 111-2010: 8.4.	
		EC.02.05.07, EP 5	
		At least monthly, the critical access hospital tests each	
		emergency generator beginning with a cold start under load	
		for at least 30 continuous minutes. The cooldown period is	
		not part of the 30 continuous minutes. The test results and	
		completion dates are documented. (For full text, refer to	
		NFPA 99-2012: 6.4.4.1)	
		EC.02.05.07, EP 6	
		The monthly tests for diesel-powered emergency generators	
		are conducted with a dynamic load that is at least 30% of the	
		nameplate rating of the generator or meets the	
		manufacturer's recommended prime movers' exhaust gas	
		temperature. If the critical access hospital does not meet	
		either the 30% of nameplate rating or the recommended	
		exhaust gas temperature during any test in EC.02.05.07, EP	
		5, then it must test the emergency generator once every 12	
		months using supplemental (dynamic or static) loads of 50%	
		of nameplate rating for 30 minutes, followed by 75% of	
		nameplate rating for 60 minutes, for a total of 1½ continuous hours. (For full text, refer to NFPA 99-2012: 6.4.4.1)	
		Note: Tests for non-diesel-powered generators need only be	
		conducted with available load.	
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		EC.02.05.07, EP 7	
		At least monthly, the critical access hospital tests all	
		automatic and manual transfer switches on the inventory.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The test results and completion dates are documented. (For	
		full text, refer to NFPA 99-2012: 6.4.4.1)	
		50 00 05 07 5D 0	
		EC.02.05.07, EP 9 At least once every 36 months, critical access hospitals with	
		a generator providing emergency power test each emergency	
		generator for a minimum of 4 continuous hours. The test	
		results and completion dates are documented.	
		Note: For additional guidance, see NFPA 110-2010, Chapter	
		8.	
		EC.02.05.07, EP 10	
		The 36-month diesel-powered emergency generator test	
		uses a dynamic or static load that is at least 30% of the	
		nameplate rating of the generator or meets the	
		manufacturer's recommended prime movers' exhaust gas	
		temperature.	
		Note 1: Tests for non-diesel-powered generators need only be conducted with available load.	
		Note 2: For additional guidance, see NFPA 110-2010,	
		Chapter 8.	
		FOR FULL EP MAPPING VIEW DPU CROSSWALK	
§482.41(d)(3)	(3) The extent and complexity of	LD.04.01.11, EP 2	PE.01.01.01, EP 2
	facilities must be determined	The arrangement and allocation of space supports safe,	The critical access hospital has adequate space and
	by the services offered.	efficient, and effective care, treatment, and services.	facilities for the services it provides, including facilities for the diagnosis and treatment of patients and for any special
		LD.04.01.11, EP 3	services offered to meet the needs of the community served.
		For rehabilitation and psychiatric distinct part units in critical	Note: The extent and complexity of facilities is determined by
		access hospitals: The interior and exterior space provided for	the services offered.
		care, treatment, and services meets the needs of patients.	
		Note: The extent and complexity of facilities must be	
		determined by the services offered.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.41(d)(4)	(4) There must be proper	EC.02.02.01, EP 9	PE.04.01.01, EP 3
	ventilation, light, and	The critical access hospital minimizes risks associated with	The critical access hospital has proper ventilation, lighting,
	temperature controls in	selecting, handling, storing, transporting, using, and	and temperature control in all pharmaceutical, patient care,
	pharmaceutical, food	disposing of hazardous gases and vapors.	and food preparation areas.
	preparation, and other	Note: Hazardous gases and vapors include, but are not	
	appropriate areas.	limited to, ethylene oxide and nitrous oxide gases; vapors	
		generated by glutaraldehyde; cauterizing equipment, such as	
		lasers; waste anesthetic gas disposal (WAGD); and	
		laboratory rooftop exhaust. (For full text, refer to NFPA 99-	
		2012: 9.3.8; 9.3.9)	
		EC.02.05.01, EP 16	
		In non–critical care areas, the ventilation system provides	
		required pressure relationships, temperature, and humidity.	
		Note: Examples of non–critical care areas are general care	
		nursing units; clean and soiled utility rooms in acute care	
		areas; laboratories, pharmacies, diagnostic and treatment	
		areas, food preparation areas, and other support	
		departments.	
		EC.02.06.01, EP 11	
		Lighting is suitable for care, treatment, and services.	
§482.41(e)	(e) The standards incorporated	EC.02.06.05, EP 1	
	by reference in this section are	When planning for new, altered, or renovated space, the	
	approved for incorporation by	critical access hospital uses one of the following design	
	reference by the Director of the	criteria:	
	Office of the Federal Register in	- State rules and regulations	
	accordance with 5 U.S.C.552(a)	- The most current edition of the Guidelines for Design and	
	and 1 CFR part 51. You may	Construction of Hospitals published by the Facility	
	inspect a copy at the CMS	Guidelines Institute	
	Information Resource Center,	When the above rules, regulations, and guidelines do not	
	7500 Security Boulevard,	meet specific design needs, use other reputable standards	
	Baltimore, MD or at the	and guidelines that provide equivalent design criteria.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
Cor nequirement	National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202–741–6030, or go to: http://www.archives.gov/federa l_register/code_of_federal_regu lations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.	Current Er Mapping	Puture State Er Mapping
§482.41(e)(1)	(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.		
§482.41(e)(1)(i)	(i) NFPA 99, Standards for Health Care Facilities Code of the National Fire Protection Association 99, 2012 edition, issued August 11, 2011.	EC.01.01.01, EP 12 The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.	PE.04.01.01, EP 1  The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).  Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.  Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Dedicare & Dedicare Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.  Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
§482.41(e)(1)(ii)	(ii) TIA 12–2 to NFPA 99, issued August 11, 2011.	EC.01.01.01, EP 12 The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.	PE.04.01.01, EP 1  The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).  Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.  Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Dedicare & Dedicare Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.  Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
§482.41(e)(1)(iii)	(iii) TIA 12–3 to NFPA 99, issued August 9, 2012.	EC.01.01.01, EP 12 The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.	PE.04.01.01, EP 1 The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).  Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.  Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Medicaid Services

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients. Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
§482.41(e)(1)(iv)	(iv) TIA 12–4 to NFPA 99, issued March 7, 2013.	EC.01.01.01, EP 12 The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.	PE.04.01.01, EP 1  The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).  Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.  Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Dedicare & Dedicare Services may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.  Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
§482.41(e)(1)(v)	(v) TIA 12–5 to NFPA 99, issued August 1, 2013.	EC.01.01.01, EP 12 The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6.	PE.04.01.01, EP 1 The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.	Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.  Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Description of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.  Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.
§482.41(e)(1)(vi)	(vi) TIA 12–6 to NFPA 99, issued March 3, 2014.	EC.01.01.01, EP 12 The critical access hospital complies with the 2012 edition of NFPA 99: Health Care Facilities Code, including Tentative Interim Amendments (TIA) 12-2, 12-3, 12-4, 12-5, and 12-6. Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.	PE.04.01.01, EP 1  The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Care Facilities Code (NFPA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).  Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.  Note 2: If application of the Health Care Facilities Code would result in unreasonable hardship for the critical access hospital, the Centers for Medicare & Death Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.  Note 3: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity; NFPA standard(s) referenced for the activity; and results of the activity.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.41(e)(1)(vii)	(vii) NFPA 101, Life Safety Code,	LS.01.01.01, EP 8	PE.03.01.01, EP 3
	2012 edition, issued August 11,	The critical access hospital complies with the Life Safety	The critical access hospital meets the applicable provisions
	2011;	Code (NFPA 101-2012 and Tentative Interim Amendments	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
		[TIA] 12-1, 12-2, 12-3, and 12-4).	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
			Note 1: Outpatient surgical departments meet the provisions
			applicable to ambulatory health care occupancies,
			regardless of the number of patients served.
			Note 2: The provisions of the Life Safety Code do not apply in
			a state where the Centers for Medicare & Dedicard
			Services (CMS) finds that a fire and safety code imposed by
			state law adequately protects patients in critical access
			hospitals.
			Note 3: In consideration of a recommendation by the state
			survey agency or accrediting organization or at the discretion
			of the Secretary for the US Department of Health & Department &
			Human Services, CMS may waive, for periods deemed
			appropriate, specific provisions of the Life Safety Code,
			which would result in unreasonable hardship upon a critical
			access hospital, but only if the waiver will not adversely
			affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings,
			CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.41(e)(1)(viii)	(viii) TIA 12–1 to NFPA 101,	LS.01.01.01, EP 8	PE.03.01.01, EP 3
5-102.41(0)(1)(VIII)	issued August 11, 2011.	The critical access hospital complies with the Life Safety	The critical access hospital meets the applicable provisions
	10000007.00000111, 2011.	The characteristic hospital compacts with the Life datety	The characteristic modes the applicable provisions

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Code (NFPA 101-2012 and Tentative Interim Amendments	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
		[TIA] 12-1, 12-2, 12-3, and 12-4).	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
			Note 1: Outpatient surgical departments meet the provisions
			applicable to ambulatory health care occupancies,
			regardless of the number of patients served.
			Note 2: The provisions of the Life Safety Code do not apply in
			a state where the Centers for Medicare & Dedicard
			Services (CMS) finds that a fire and safety code imposed by
			state law adequately protects patients in critical access
			hospitals.
			Note 3: In consideration of a recommendation by the state
			survey agency or accrediting organization or at the discretion
			of the Secretary for the US Department of Health & Department & Dep
			Human Services, CMS may waive, for periods deemed
			appropriate, specific provisions of the Life Safety Code,
			which would result in unreasonable hardship upon a critical
			access hospital, but only if the waiver will not adversely
			affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings,
			CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
8492 41(a)(1)(iv)	(ix) TIA 12–2 to NFPA 101,	LS.01.01.01, EP 8	the activity. PE.03.01.01, EP 3
§482.41(e)(1)(ix)	(IX) TIA 12–2 to NFPA 101, issued October 30, 2012.	The critical access hospital complies with the Life Safety	The critical access hospital meets the applicable provisions
	155060 OCTOBEL 30, 2012.	Code (NFPA 101-2012 and Tentative Interim Amendments	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
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		[TIA] 12-1, 12-2, 12-3, and 12-4).	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			Note 1: Outpatient surgical departments meet the provisions
			applicable to ambulatory health care occupancies,
			regardless of the number of patients served.
			Note 2: The provisions of the Life Safety Code do not apply in
			a state where the Centers for Medicare & Dedicaid
			Services (CMS) finds that a fire and safety code imposed by
			state law adequately protects patients in critical access
			hospitals.
			Note 3: In consideration of a recommendation by the state
			survey agency or accrediting organization or at the discretion
			of the Secretary for the US Department of Health & Department & Dep
			Human Services, CMS may waive, for periods deemed
			appropriate, specific provisions of the Life Safety Code,
			which would result in unreasonable hardship upon a critical
			access hospital, but only if the waiver will not adversely
			affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings,
			CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.41(e)(1)(x)	(x) TIA 12–3 to NFPA 101, issued	LS.01.01, EP 8	PE.03.01.01, EP 3
	October 22, 2013.	The critical access hospital complies with the Life Safety	The critical access hospital meets the applicable provisions
		Code (NFPA 101-2012 and Tentative Interim Amendments	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
		[TIA] 12-1, 12-2, 12-3, and 12-4).	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
			Note 1: Outpatient surgical departments meet the provisions
			applicable to ambulatory health care occupancies,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			regardless of the number of patients served.
			Note 2: The provisions of the Life Safety Code do not apply in
			a state where the Centers for Medicare & Dedicaid
			Services (CMS) finds that a fire and safety code imposed by
			state law adequately protects patients in critical access
			hospitals.
			Note 3: In consideration of a recommendation by the state
			survey agency or accrediting organization or at the discretion
			of the Secretary for the US Department of Health & Department & Dep
			Human Services, CMS may waive, for periods deemed
			appropriate, specific provisions of the Life Safety Code,
			which would result in unreasonable hardship upon a critical
			access hospital, but only if the waiver will not adversely
			affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings,
			CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
\$400.44(=)(4)(::)	() TIA 40, 4+- NEDA 404	10.04.04.04.50.0	the activity.
§482.41(e)(1)(xi)	(xi) TIA 12–4 to NFPA 101,	LS.01.01.01, EP 8	PE.03.01.01, EP 3
	issued October 22, 2013.	The critical access hospital complies with the Life Safety	The critical access hospital meets the applicable provisions
		Code (NFPA 101-2012 and Tentative Interim Amendments	of the Life Safety Code (NFPA 101-2012 and Tentative Interim
		[TIA] 12-1, 12-2, 12-3, and 12-4).	Amendments [TIA] 12-1, 12-2, 12-3, and 12-4).
			Note 1: Outpatient surgical departments meet the provisions applicable to ambulatory health care occupancies,
			regardless of the number of patients served.
			Note 2: The provisions of the Life Safety Code do not apply in

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			a state where the Centers for Medicare & Dedicaid
			Services (CMS) finds that a fire and safety code imposed by
			state law adequately protects patients in critical access
			hospitals.
			Note 3: In consideration of a recommendation by the state
			survey agency or accrediting organization or at the discretion
			of the Secretary for the US Department of Health & Department &
			Human Services, CMS may waive, for periods deemed
			appropriate, specific provisions of the Life Safety Code,
			which would result in unreasonable hardship upon a critical
			access hospital, but only if the waiver will not adversely
			affect the health and safety of the patients.
			Note 4: After consideration of state survey agency findings,
			CMS may waive specific provisions of the Life Safety Code
			that, if rigidly applied, would result in unreasonable hardship
			on the critical access hospital, but only if the waiver does not
			adversely affect the health and safety of patients.
			Note 5: All inspecting activities are documented with the
			name of the activity; date of the activity; inventory of devices,
			equipment, or other items; required frequency; name and
			contact information of person who performed the activity;
			NFPA standard(s) referenced for the activity; and results of
			the activity.
§482.42	\$482.42 Condition of	EC.02.05.01, EP 15	IC.04.01.01, EP 2
	participation: Infection	In critical care areas designed to control airborne	The infection preventionist(s) or infection control
	prevention and control and	contaminants (such as biological agents, gases, fumes,	professional(s) is responsible for the following:
	antibiotic stewardship	dust), the ventilation system provides appropriate pressure	- Development and implementation of hospitalwide infection
	programs. The hospital must	relationships, air-exchange rates, filtration efficiencies,	surveillance, prevention, and control policies and
	have active hospital-wide	temperature, and humidity. For new and existing health care	procedures that adhere to law and regulation and nationally
	programs for the surveillance,	facilities, or altered, renovated, or modernized portions of	recognized guidelines
	prevention, and control of HAIs	existing systems or individual components (constructed or	- Documentation of the infection prevention and control
	and other infectious diseases,	plans approved on or after July 5, 2016), heating, cooling,	program and its surveillance, prevention, and control
	and for the optimization of	and ventilation are in accordance with NFPA 99-2012, which	activities

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	antibiotic use through	includes 2008 ASHRAE 170, or state design requirements if	- Competency-based training and education of critical
	stewardship. The programs	more stringent.	access hospital personnel and staff, including medical staff
	must demonstrate adherence	Note 1: Existing facilities may elect to implement a Centers	and, as applicable, personnel providing contracted services
	to nationally recognized	for Medicare & Medicaid Services (CMS) categorical	in the critical access hospital, on infection prevention and
	infection prevention and	waiver to reduce their relative humidity to 20% in operating	control guidelines, policies and procedures and their
	control guidelines, as well as to	rooms and other anesthetizing locations. Should the facility	application
	best practices for improving	elect the waiver, it must be included in its Basic Building	- Prevention and control of health care–associated infections
	antibiotic use where	Information (BBI), and the facility's equipment and supplies	and other infectious diseases, including auditing staff
	applicable, and for reducing the	must be compatible with the humidity reduction. For further	adherence to infection prevention and control policies and
	development and transmission	information on waiver and equivalency requests, see	procedures
	of HAIs and antibiotic-resistant	https://www.jointcommission.org/resources/patient-safety-	- Communication and collaboration with all components of
	organisms. Infection prevention	topics/the-physical-environment/life-safety-code-	the critical access hospital involved in infection prevention
	and control problems and	information-and-resources/.	and control activities, including but not limited to the
	antibiotic use issues identified	Note 2: Existing facilities may comply with the 2012 NFPA 99	antibiotic stewardship program, sterile processing
	in the programs must be	ventilation requirements or the ventilation requirements in	department, and water management program
	addressed in collaboration with	the edition of the NFPA code previously adopted by CMS at	- Communication and collaboration with the critical access
	the hospital-wide quality	the time of installation (for example,1999 NFPA 99).	hospital's quality assessment and performance
	assessment and performance		improvement program to address infection prevention and
	improvement (QAPI) program.	IC.04.01.01, EP 2	control issues
		The infection preventionist(s) or infection control	Note: The outcome of competency-based training is the
		professional(s) is responsible for the following:	staff's ability to demonstrate the skills and tasks specific to
		- Development and implementation of hospitalwide infection	their roles and responsibilities. Examples of competencies
		surveillance, prevention, and control policies and	may include donning/doffing of personal protective
		procedures that adhere to law and regulation and nationally	equipment and the ability to correctly perform the processes
		recognized guidelines	for high-level disinfection. (For more information on
		- Documentation of the infection prevention and control	competency requirements, refer to HR.11.04.01 EP 1).
		program and its surveillance, prevention, and control	
		activities	IC.04.01.01, EP 3
		- Competency-based training and education of critical	The critical access hospital's infection prevention and
		access hospital staff on infection prevention and control	control program has written policies and procedures to guide
		policies and procedures and their application	its activities and methods for preventing and controlling the
		- Prevention and control of health care–associated infections	transmission of infections within the critical access hospital
		and other infectious diseases, including auditing staff	and between the critical access hospital and other

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		adherence to infection prevention and control policies and	institutions and settings. The policies and procedures are in
		procedures	accordance with the following hierarchy of references:
		- Communication and collaboration with all components of	a. Applicable law and regulation.
		the critical access hospital involved in infection prevention	b. Manufacturers' instructions for use.
		and control activities, including but not limited to the	c. Nationally recognized evidence-based guidelines and
		antibiotic stewardship program, sterile processing	standards of practice, including the Centers for Disease
		department, and water management program	Control and Prevention's (CDC) Core Infection Prevention
		- Communication and collaboration with the critical access	and Control Practices for Safe Healthcare Delivery in All
		hospital's quality assessment and performance	Settings or, in the absence of such guidelines, expert
		improvement program to address infection prevention and	consensus or best practices. The guidelines are documented
		control issues	within the policies and procedures.
		Note: The outcome of competency-based training is the	Note 1: Relevant federal, state, and local law and regulations
		staff's ability to demonstrate the skills and tasks specific to	include but are not limited to the Centers for Medicare
		their roles and responsibilities. Examples of competencies	& Bamp; Medicaid Services' Conditions of Participation, Food
		may include donning/doffing of personal protective	and Drug Administration's regulations for reprocessing
		equipment and the ability to correctly perform the processes	single-use medical devices; Occupational Safety and Health
		for high-level disinfection. (For more information on	Administration's Bloodborne Pathogens Standard 29 CFR
		competency requirements, refer to HR.01.06.01 EPs 1, 3, 5,	1910.1030, Personal Protective Equipment Standard 29 CFR
		6).	1910.132, and Respiratory Protection Standard 29 CFR
			1910.134; health care worker vaccination laws; state and
		IC.04.01.01, EP 3	local public health authorities' requirements for reporting of
		The critical access hospital's infection prevention and	communicable diseases and outbreaks; and state and local
		control program has written policies and procedures to guide	regulatory requirements for biohazardous or regulated
		its activities and methods for preventing and controlling the	medical waste generators.
		transmission of infections within the critical access hospital	Note 2: For full details on the CDC's Core Infection
		and between the critical access hospital and other	Prevention and Control Practices for Safe Healthcare
		institutions and settings. The policies and procedures are in	Delivery in All Settings, refer to
		accordance with the following hierarchy of references:	https://www.cdc.gov/infection-control/hcp/disinfection-
		a. Applicable law and regulation.	sterilization/introduction-methods-definition-of-terms.html.
		b. Manufacturers' instructions for use.	Note 3: The critical access hospital determines which
		c. Nationally recognized evidence-based guidelines and	evidence-based guidelines, expert recommendations, best
		standards of practice, including the Centers for Disease	practices, or a combination thereof it adopts in its policies
		Control and Prevention's (CDC) Core Infection Prevention	and procedures.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		and Control Practices for Safe Healthcare Delivery in All	
		Settings or, in the absence of such guidelines, expert	IC.04.01.01, EP 5
		consensus or best practices. The guidelines are documented	The infection prevention and control program reflects the
		within the policies and procedures.	scope and complexity of the critical access hospital services
		Note 1: Relevant federal, state, and local law and regulations	provided by addressing all locations, patient populations,
		include but are not limited to the Centers for Medicare	and staff.
		& Medicaid Services' Conditions of Participation, Food	
		and Drug Administration's regulations for reprocessing	IC.05.01.01, EP 1
		single-use medical devices; Occupational Safety and Health	The critical access hospital's governing body, or responsible
		Administration's Bloodborne Pathogens Standard 29 CFR	individual, is responsible for the implementation,
		1910.1030, Personal Protective Equipment Standard 29 CFR	performance, and sustainability of the infection prevention
		1910.132, and Respiratory Protection Standard 29 CFR	and control program and provides resources to support and
		1910.134; health care worker vaccination laws; state and	track the implementation, success, and sustainability of the
		local public health authorities' requirements for reporting of	program's activities.
		communicable diseases and outbreaks; and state and local	Note: To make certain that systems are in place and
		regulatory requirements for biohazardous or regulated	operational to support the program, the governing body, or
		medical waste generators.	responsible individual, provides access to information
		Note 2: For full details on the CDC's Core Infection	technology; laboratory services; equipment and supplies;
		Prevention and Control Practices for Safe Healthcare	local, state, and federal public health authorities' advisories
		Delivery in All Settings, refer to	and alerts, such as the CDC's Health Alert Network (HAN);
		https://www.cdc.gov/infection-control/hcp/disinfection-	FDA alerts; manufacturers' instructions for use; and
		sterilization/introduction-methods-definition-of-terms.html.	guidelines used to inform policies.
		Note 3: The critical access hospital determines which	10 05 04 04 FD 0
		evidence-based guidelines, expert recommendations, best	IC.05.01.01, EP 2 The critical access hospital's governing body, or responsible
		practices, or a combination thereof it adopts in its policies and procedures.	individual, ensures that the problems identified by the
		and procedures.	infection prevention and control program are addressed in
		IC.04.01.01, EP 5	collaboration with critical access hospital quality
		The infection prevention and control program reflects the	assessment and performance improvement leaders and
		scope and complexity of the critical access hospital services	other leaders (for example, the medical director, nurse
		provided by addressing all locations, patient populations,	executive, and administrative leaders).
		and staff.	one survey and daminion days to dudoroj.
		4.14 5.41.1	IC.06.01.01, EP 3
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CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		IC.05.01.01, EP 1	The critical access hospital implements activities for the
		The critical access hospital's governing body, or responsible	surveillance, prevention, and control of health care–
		individual, is responsible for the implementation,	associated infections and other infectious diseases,
		performance, and sustainability of the infection prevention	including maintaining a clean and sanitary environment to
		and control program and provides resources to support and	avoid sources and transmission of infection, and addresses
		track the implementation, success, and sustainability of the	any infection control issues identified by public health
		program's activities.	authorities that could impact the critical access hospital.
		Note: To make certain that systems are in place and	
		operational to support the program, the governing body, or	MM.18.01.01, EP 1
		responsible individual, provides access to information	The antibiotic stewardship program reflects the scope and
		technology; laboratory services; equipment and supplies;	complexity of the critical access hospital services provided.
		local, state, and federal public health authorities' advisories	
		and alerts, such as the CDC's Health Alert Network (HAN);	MM.18.01.01, EP 3
		FDA alerts; manufacturers' instructions for use; and	The leader(s) of the antibiotic stewardship program is
		guidelines used to inform policies.	responsible for the following:
			- Development and implementation a critical access
		IC.05.01.01, EP 2	hospitalwide antibiotic stewardship program, based on
		The critical access hospital's governing body, or responsible	nationally recognized guidelines, to monitor and improve the
		individual, ensures that the problems identified by the	use of antibiotics.
		infection prevention and control program are addressed in	- All documentation, written or electronic, of antibiotic
		collaboration with critical access hospital quality	stewardship program activities.
		assessment and performance improvement leaders and	- Communication and collaboration with medical staff,
		other leaders (for example, the medical director, nurse	nursing, and pharmacy leadership, as well as with the critical
		executive, and administrative leaders).	access hospital's infection prevention and control and QAPI
			programs, on antibiotic use issues.
		IC.06.01.01, EP 3	- Competency-based training and education of critical
		The critical access hospital implements activities for the	access hospital personnel and staff, including medical staff,
		surveillance, prevention, and control of health care-	and, as applicable, personnel providing contracted services
		associated infections and other infectious diseases,	in the critical access hospital, on the practical applications
		including maintaining a clean and sanitary environment to	of antibiotic stewardship guidelines, policies, and
		avoid sources and transmission of infection, and addresses	procedures.
		any infection control issues identified by public health	
		authorities that could impact the critical access hospital.	PE.04.01.01, EP 1

CoP Text	Current EP Mapping	Future State EP Mapping
		The critical access hospital meets the applicable provisions
	MM.09.01.01, EP 10	and proceeds in accordance with the Health Care Facilities
	The critical access hospital allocates financial resources for	Code (NFPA 99-2012 and Tentative Interim Amendments
	staffing and information technology to support the antibiotic	[TIA] 12-2, 12-3, 12-4, 12-5, and 12-6).
	stewardship program.	Note 1: Chapters 7, 8, 12, and 13 of the Health Care Facilities Code do not apply.
	MM.09.01.01, EP 12	Note 2: If application of the Health Care Facilities Code
	The leader(s) of the antibiotic stewardship program is	would result in unreasonable hardship for the critical access
	responsible for the following:	hospital, the Centers for Medicare & Dedicare & Services
	- Developing and implementing a hospitalwide antibiotic	may waive specific provisions of the Health Care Facilities
	stewardship program that is based on nationally recognized	Code, but only if the waiver does not adversely affect the
	guidelines to monitor and improve the use of antibiotics	health and safety of patients.
	- Documenting antibiotic stewardship activities, including	Note 3: All inspecting activities are documented with the
		name of the activity; date of the activity; inventory of devices,
		equipment, or other items; required frequency; name and
		contact information of person who performed the activity;
		NFPA standard(s) referenced for the activity; and results of
	· · ·	the activity.
	• •	
(a) Ohan dand Jufaatian	guidelines, policies, and procedures	
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	HR 01 01 01 FP 1	HR.11.02.01, EP 1
· ·	·	The critical access hospital defines staff qualifications
,	·	specific to their job responsibilities.
_		Note 1: Qualifications for infection control may be met
· ·		through ongoing education, training, experience, and/or
•		certification (such as that offered by the Certification Board
	(a) Standard: Infection prevention and control program organization and policies. The hospital must demonstrate that: (1) An individual (or individuals), who is qualified through education, training, experience, or certification in infection prevention and control, is appointed by the	MM.09.01.01, EP 10  The critical access hospital allocates financial resources for staffing and information technology to support the antibiotic stewardship program.  MM.09.01.01, EP 12  The leader(s) of the antibiotic stewardship program is responsible for the following:  - Developing and implementing a hospitalwide antibiotic stewardship program that is based on nationally recognized guidelines to monitor and improve the use of antibiotics  - Documenting antibiotic stewardship activities, including any new or sustained improvements  - Communicating and collaborating with the medical staff, nursing leaders, and pharmacy leaders, as well as with the critical access hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues  - Providing competency-based training and education for staff on the practical applications of antibiotic stewardship guidelines, policies, and procedures  (a) Standard: Infection prevention and control program organization and policies. The hospital must demonstrate that:  (1) An individual (or individual), who is qualified through education, training, experience, or certification in infection prevention and  HR.01.01.01, EP 1  The critical access hospital defines staff qualifications specific to their job responsibilities.  Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	governing body as the infection	for Infection Control).	for Infection Control).
	preventionist(s)/infection	Note 2: For rehabilitation and psychiatric distinct part units in	Note 2: For rehabilitation and psychiatric distinct part units in
	control professional(s)	critical access hospitals: Qualified physical therapists,	critical access hospitals: Qualified physical therapists,
	responsible for the infection	physical therapist assistants, occupational therapists,	physical therapist assistants, occupational therapists,
	prevention and control program	occupational therapy assistants, speech-language	occupational therapy assistants, speech-language
	and that the appointment is	pathologists, or audiologists (as defined in 42 CFR 484.4)	pathologists, or audiologists, as defined in 42 CFR 484,
	based on the	provide physical therapy, occupational therapy, speech-	provide physical therapy, occupational therapy, speech-
	recommendations of medical	language pathology, or audiology services, if these services	language pathology, or audiology services, if these services
	staff leadership and nursing	are provided by the critical access hospital. The provision of	are provided by the critical access hospital. See Glossary for
	leadership;	care and staff qualifications are in accordance with national	definitions of physical therapist, physical therapist assistant,
		acceptable standards of practice and also meet the	occupational therapist, occupational therapy assistant,
		requirements of 409.17. See Appendix B for 409.17	speech-language pathologist, and audiologist.
		requirements.	Note 3: For rehabilitation and psychiatric distinct part units in
			critical access hospitals: If respiratory care services are
		IC.04.01.01, EP 1	provided, staff qualified to perform specific respiratory care
		The critical access hospital's governing body, or responsible	procedures and the amount of supervision required to carry
		individual, based on the recommendation of the medical	out the specific procedures is designated in writing.
		staff and nursing leaders, appoints an infection	
		preventionist(s) or infection control professional(s) qualified	NPG.12.01.01, EP 12
		through education, training, experience, or certification in	The critical access hospital's governing body, or responsible
		infection prevention to be responsible for the infection	individual, based on the recommendation of the medical
		prevention and control program.	staff and nursing leaders, appoints an infection
			preventionist(s) or infection control professional(s) qualified
			through education, training, experience, or certification in
			infection prevention to be responsible for the infection
\$400,40(a)(0)	(2) The been ital infection	IO 04 04 04 ED 2	prevention and control program.
§482.42(a)(2)	(2) The hospital infection prevention and control	IC.04.01.01, EP 3 The critical access hospital's infection prevention and	IC.04.01.01, EP 3 The critical access hospital's infection prevention and
	•	· · · · · · · · · · · · · · · · · · ·	•
	program, as documented in its	control program has written policies and procedures to guide	control program has written policies and procedures to guide
	policies and procedures, employs methods for	its activities and methods for preventing and controlling the transmission of infections within the critical access hospital	its activities and methods for preventing and controlling the transmission of infections within the critical access hospital
	preventing and controlling the	and between the critical access hospital and other	and between the critical access hospital and other
	transmission of infections	institutions and settings. The policies and procedures are in	institutions and settings. The policies and procedures are in
	transmission of fillections	montations and settings. The policies and procedures are in	montunions and settings. The policies and procedures are in

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	within the hospital and	accordance with the following hierarchy of references:	accordance with the following hierarchy of references:
	between the hospital and other	a. Applicable law and regulation.	a. Applicable law and regulation.
	institutions and settings;	b. Manufacturers' instructions for use.	b. Manufacturers' instructions for use.
		c. Nationally recognized evidence-based guidelines and	c. Nationally recognized evidence-based guidelines and
		standards of practice, including the Centers for Disease	standards of practice, including the Centers for Disease
		Control and Prevention's (CDC) Core Infection Prevention	Control and Prevention's (CDC) Core Infection Prevention
		and Control Practices for Safe Healthcare Delivery in All	and Control Practices for Safe Healthcare Delivery in All
		Settings or, in the absence of such guidelines, expert	Settings or, in the absence of such guidelines, expert
		consensus or best practices. The guidelines are documented	consensus or best practices. The guidelines are documented
		within the policies and procedures.	within the policies and procedures.
		Note 1: Relevant federal, state, and local law and regulations	Note 1: Relevant federal, state, and local law and regulations
		include but are not limited to the Centers for Medicare	include but are not limited to the Centers for Medicare
		& Medicaid Services' Conditions of Participation, Food	& Bamp; Medicaid Services' Conditions of Participation, Food
		and Drug Administration's regulations for reprocessing	and Drug Administration's regulations for reprocessing
		single-use medical devices; Occupational Safety and Health	single-use medical devices; Occupational Safety and Health
		Administration's Bloodborne Pathogens Standard 29 CFR	Administration's Bloodborne Pathogens Standard 29 CFR
		1910.1030, Personal Protective Equipment Standard 29 CFR	1910.1030, Personal Protective Equipment Standard 29 CFR
		1910.132, and Respiratory Protection Standard 29 CFR	1910.132, and Respiratory Protection Standard 29 CFR
		1910.134; health care worker vaccination laws; state and	1910.134; health care worker vaccination laws; state and
		local public health authorities' requirements for reporting of	local public health authorities' requirements for reporting of
		communicable diseases and outbreaks; and state and local	communicable diseases and outbreaks; and state and local
		regulatory requirements for biohazardous or regulated	regulatory requirements for biohazardous or regulated
		medical waste generators.	medical waste generators.
		Note 2: For full details on the CDC's Core Infection	Note 2: For full details on the CDC's Core Infection
		Prevention and Control Practices for Safe Healthcare	Prevention and Control Practices for Safe Healthcare
		Delivery in All Settings, refer to	Delivery in All Settings, refer to
		https://www.cdc.gov/infection-control/hcp/disinfection-	https://www.cdc.gov/infection-control/hcp/disinfection-
		sterilization/introduction-methods-definition-of-terms.html.	sterilization/introduction-methods-definition-of-terms.html.
		Note 3: The critical access hospital determines which	Note 3: The critical access hospital determines which
		evidence-based guidelines, expert recommendations, best	evidence-based guidelines, expert recommendations, best
		practices, or a combination thereof it adopts in its policies	practices, or a combination thereof it adopts in its policies
		and procedures.	and procedures.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		IC.04.01.01, EP 4	IC.04.01.01, EP 4
		The critical access hospital's policies and procedures for	The critical access hospital's policies and procedures for
		cleaning, disinfection, and sterilization of reusable medical	cleaning, disinfection, and sterilization of reusable medical
		and surgical devices and equipment address the following:	and surgical devices and equipment address the following:
		- Cleaning, disinfection, and sterilization of reusable medical	- Cleaning, disinfection, and sterilization of reusable medical
		and surgical devices in accordance with the Spaulding	and surgical devices in accordance with the Spaulding
		classification system and manufacturers' instructions	classification system and manufacturers' instructions
		- Use of disinfectants registered by the Environmental	- Use of disinfectants registered by the Environmental
		Protection Agency for noncritical devices and equipment	Protection Agency for noncritical devices and equipment
		according to the directions on the product labeling, including	according to the directions on the product labeling, including
		but not limited to indication, specified use dilution, contact	but not limited to indication, specified use dilution, contact
		time, and method of application	time, and method of application
		- Use of FDA-approved liquid chemical sterilants for the	- Use of FDA-approved liquid chemical sterilants for the
		processing of critical devices and high-level disinfectants for	processing of critical devices and high-level disinfectants for
		the processing of semicritical devices in accordance with	the processing of semicritical devices in accordance with
		FDA-cleared label and device manufacturers' instructions	FDA-cleared label and device manufacturers' instructions
		- Required documentation for device reprocessing cycles,	- Required documentation for device reprocessing cycles,
		including but not limited to sterilizer cycle logs, the	including but not limited to sterilizer cycle logs, the
		frequency of chemical and biological testing, and the results	frequency of chemical and biological testing, and the results
		of testing for appropriate concentration for chemicals used	of testing for appropriate concentration for chemicals used
		in high-level disinfection	in high-level disinfection
		- Resolution of conflicts or discrepancies between a medical	- Resolution of conflicts or discrepancies between a medical
		device manufacturer's instructions and manufacturers'	device manufacturer's instructions and manufacturers'
		instructions for automated high-level disinfection or	instructions for automated high-level disinfection or
		sterilization equipment	sterilization equipment
		- Criteria and process for the use of immediate-use steam	- Criteria and process for the use of immediate-use steam
		sterilization	sterilization
		- Actions to take in the event of a reprocessing error or failure	- Actions to take in the event of a reprocessing error or failure
		identified either prior to the release of the reprocessed	identified either prior to the release of the reprocessed
		item(s) or after the reprocessed item(s) was used or stored	item(s) or after the reprocessed item(s) was used or stored
		for later use	for later use
		Note 1: The Spaulding classification system classifies	Note 1: The Spaulding classification system classifies
		medical and surgical devices as critical, semicritical, or	medical and surgical devices as critical, semicritical, or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		noncritical based on risk to the patient from contamination	noncritical based on risk to the patient from contamination
		on a device and establishes the levels of germicidal activity	on a device and establishes the levels of germicidal activity
		(sterilization, high-level disinfection, intermediate-level	(sterilization, high-level disinfection, intermediate-level
		disinfection, and low-level disinfection) to be used for the	disinfection, and low-level disinfection) to be used for the
		three classes of devices.	three classes of devices.
		Note 2: Depending on the nature of the incident, examples of	Note 2: Depending on the nature of the incident, examples of
		actions may include quarantine of the sterilizer, recall of	actions may include quarantine of the sterilizer, recall of
		item(s), stakeholder notification, patient notification,	item(s), stakeholder notification, patient notification,
		surveillance, and follow-up.	surveillance, and follow-up.
§482.42(a)(3)	(3) The infection prevention and	EC.02.05.02, EP 1	IC.06.01.01, EP 3
	control program includes	The water management program has an individual or a team	The critical access hospital implements activities for the
	surveillance, prevention, and	responsible for the oversight and implementation of the	surveillance, prevention, and control of health care–
	control of HAIs, including	program, including but not limited to development,	associated infections and other infectious diseases,
	maintaining a clean and	management, and maintenance activities.	including maintaining a clean and sanitary environment to
	sanitary environment to avoid		avoid sources and transmission of infection, and addresses
	sources and transmission of	EC.02.05.02, EP 2	any infection control issues identified by public health
	infection, and addresses any	The individual or team responsible for the water	authorities that could impact the critical access hospital.
	infection control issues	management program develops the following:	
	identified by public health	- A basic diagram that maps all water supply sources,	IC.06.01.01, EP 4
	authorities; and	treatment systems, processing steps, control measures, and	The critical access hospital implements its policies and
		end-use points	procedures for infectious disease outbreaks, including the
		Note: An example would be a flow chart with symbols	following:
		showing sinks, showers, water fountains, ice machines, and	- Implementing infection prevention and control activities
		so forth.	when an outbreak is first recognized by internal surveillance
		- A water risk management plan based on the diagram that	or public health authorities
		includes an evaluation of the physical and chemical	- Reporting an outbreak in accordance with state and local
		conditions of each step of the water flow diagram to identify	public health authorities' requirements
		any areas where potentially hazardous conditions may occur	- Investigating an outbreak
		(these conditions are most likely to occur in areas with slow	- Communicating information necessary to prevent further
		or stagnant water)	transmission of the infection among patients, visitors, and
		Note: Refer to the Centers for Disease Control and	staff, as appropriate
		Prevention's "Water Infection Control Risk Assessment	
		(WICRA) for Healthcare Settings" tool as an example for	IC.06.01.01, EP 5

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		conducting a water-related risk assessment.	The critical access hospital implements policies and
		- A plan for addressing the use of water in areas of buildings	procedures to minimize the risk of communicable disease
		where water may have been stagnant for a period of time (for	exposure and acquisition among its staff, in accordance with
		example, unoccupied or temporarily closed areas)	law and regulation. The policies and procedures address the
		- An evaluation of the patient populations served to identify	following:
		patients who are immunocompromised	- Screening and medical evaluations for infectious diseases
		- Monitoring protocols and acceptable ranges for control	- Immunizations
		measures	- Staff education and training
		Note: Critical access hospitals should consider	- Management of staff with potentially infectious exposures
		incorporating basic practices for water monitoring within	or communicable illnesses
		their water management programs that include monitoring of	
		water temperature, residual disinfectant, and pH. In	PE.01.01.01, EP 1
		addition, protocols should include specificity around the	The critical access hospital's building is constructed,
		parameters measured, locations where measurements are	arranged, and maintained to allow safe access and to protect
		made, and appropriate corrective actions taken when	the safety and well-being of patients.
		parameters are out of range.	Note 1: Diagnostic and therapeutic facilities are located in
			areas appropriate for the services provided.
		EC.02.06.05, EP 2	Note 2: When planning for new, altered, or renovated space,
		When planning for demolition, construction, renovation, or	the critical access hospital uses state rules and regulations
		general maintenance, the critical access hospital conducts a	or the current Guidelines for Design and Construction of
		preconstruction risk assessment for air quality requirements,	Hospitals published by the Facility Guidelines Institute. If the
		infection control, utility requirements, noise, vibration, and	state rules and regulations or the Guidelines do not address
		other hazards that affect care, treatment, and services and	the design needs of the critical access hospital, then it uses
		mitigates the identified risks.	other reputable standards and guidelines that provide
		Note: See LS.01.02.01 for information on fire safety	equivalent design criteria.
		procedures to implement during construction or renovation.	
			PE.04.01.05, EP 1
		EC.02.06.05, EP 3	The water management program has an individual or a team
		The critical access hospital takes action based on its	responsible for the oversight and implementation of the
		assessment to minimize risks during demolition,	program, including but not limited to development,
		construction, renovation, or general maintenance.	management, and maintenance activities.
		IC.06.01.01, EP 3	PE.04.01.05, EP 2
		10.00.01.01, EF 3	FE.U4.U1.U3, EF Z

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The critical access hospital implements activities for the	The individual or team responsible for the water
		surveillance, prevention, and control of health care–	management program develops the following:
		associated infections and other infectious diseases,	- A basic diagram that maps all water supply sources,
		including maintaining a clean and sanitary environment to	treatment systems, processing steps, control measures, and
		avoid sources and transmission of infection, and addresses	end-use points
		any infection control issues identified by public health	Note: An example would be a flow chart with symbols
		authorities that could impact the critical access hospital.	showing sinks, showers, water fountains, ice machines, and
		10.00.04.04 ED.4	so forth.
		IC.06.01.01, EP 4	- A water risk management plan based on the diagram that
		The critical access hospital implements its policies and	includes an evaluation of the physical and chemical
		procedures for infectious disease outbreaks, including the following:	conditions of each step of the water flow diagram to identify any areas where potentially hazardous conditions may occur
		- Implementing infection prevention and control activities	(these conditions are most likely to occur in areas with slow
		when an outbreak is first recognized by internal surveillance	or stagnant water)
		or public health authorities	Note: Refer to the Centers for Disease Control and
		- Reporting an outbreak in accordance with state and local	Prevention's "Water Infection Control Risk Assessment
		public health authorities' requirements	(WICRA) for Healthcare Settings" tool as an example for
		- Investigating an outbreak	conducting a water-related risk assessment.
		- Communicating information necessary to prevent further	- A plan for addressing the use of water in areas of buildings
		transmission of the infection among patients, visitors, and	where water may have been stagnant for a period of time (for
		staff, as appropriate	example, unoccupied or temporarily closed areas)
			- An evaluation of the patient populations served to identify
		IC.06.01.01, EP 5	patients who are immunocompromised
		The critical access hospital implements policies and	- Monitoring protocols and acceptable ranges for control
		procedures to minimize the risk of communicable disease	measures
		exposure and acquisition among its staff, in accordance with	Note: Critical access hospitals should consider
		law and regulation. The policies and procedures address the	incorporating basic practices for water monitoring within
		following:	their water management programs that include monitoring of
		- Screening and medical evaluations for infectious diseases	water temperature, residual disinfectant, and pH. In
		- Immunizations	addition, protocols should include specificity around the
		- Staff education and training	parameters measured, locations where measurements are
		- Management of staff with potentially infectious exposures	made, and appropriate corrective actions taken when
		or communicable illnesses	parameters are out of range.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.42(a)(4)	(4) The infection prevention and	IC.04.01.01, EP 5	IC.04.01.01, EP 5
	control program reflects the	The infection prevention and control program reflects the	The infection prevention and control program reflects the
	scope and complexity of the	scope and complexity of the critical access hospital services	scope and complexity of the critical access hospital services
	hospital services provided.	provided by addressing all locations, patient populations,	provided by addressing all locations, patient populations,
		and staff.	and staff.
§482.42(b)	(b) Standard: Antibiotic		
	stewardship program		
	organization and policies. The		
	hospital must demonstrate		
	that:		
§482.42(b)(1)	(1) An individual (or	MM.09.01.01, EP 11	MM.18.01.01, EP 2
	individuals), who is qualified	The governing body appoints a physician and/or pharmacist	The critical access hospital demonstrates that an individual
	through education, training, or	who is qualified through education, training, or experience in	(or individuals), who is qualified through education, training,
	experience in infectious	infectious diseases and/or antibiotic stewardship as the	or experience in infectious diseases and/or antibiotic
	diseases and/or antibiotic	leader(s) of the antibiotic stewardship program.	stewardship, is appointed by the governing body, or
	stewardship, is appointed by	Note: The appointment(s) is based on recommendations of	responsible individual, as the leader(s) of the antibiotic
	the governing body as the	medical staff leaders and pharmacy leaders.	stewardship program and that the appointment is based on
	leader(s) of the antibiotic		the recommendations of medical staff leadership and
	stewardship program and that		pharmacy leadership.
	the appointment is based on		
	the recommendations of		
	medical staff leadership and		
	pharmacy leadership;		
§482.42(b)(2)	(2) The hospital-wide antibiotic		
	stewardship program:		
§482.42(b)(2)(i)	(i) Demonstrates coordination	MM.09.01.01, EP 14	MM.18.01.01, EP 5
	among all components of the	The antibiotic stewardship program demonstrates	The critical access hospitalwide antibiotic stewardship
	hospital responsible for	coordination among all components of the critical access	program:
	antibiotic use and resistance,	hospital responsible for antibiotic use and resistance,	- Demonstrates coordination among all components of the
	including, but not limited to, the	including, but not limited to, the infection prevention and	critical access hospital responsible for antibiotic use and
	infection prevention and	control program, the quality assessment and performance	resistance, including, but not limited to, the infection
	control program, the QAPI	improvement program, the medical staff, nursing services,	prevention and control program, the QAPI program, the
	program, the medical staff,	and pharmacy services.	medical staff, nursing services, and pharmacy services.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	nursing services, and pharmacy services;		<ul> <li>Documents the evidence-based use of antibiotics in all departments and services of the critical access hospital.</li> <li>Documents any improvements, including sustained improvements, in proper antibiotic use.</li> </ul>
§482.42(b)(2)(ii)	(ii) Documents the evidence- based use of antibiotics in all departments and services of the hospital; and	MM.09.01.01, EP 15 The antibiotic stewardship program documents the evidence-based use of antibiotics in all departments and services of the critical access hospital.	MM.18.01.01, EP 5  The critical access hospitalwide antibiotic stewardship program:  - Demonstrates coordination among all components of the critical access hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services.  - Documents the evidence-based use of antibiotics in all departments and services of the critical access hospital.  - Documents any improvements, including sustained improvements, in proper antibiotic use.
§482.42(b)(2)(iii)	(iii) Documents any improvements, including sustained improvements, in proper antibiotic use;	MM.09.01.01, EP 12  The leader(s) of the antibiotic stewardship program is responsible for the following:  - Developing and implementing a hospitalwide antibiotic stewardship program that is based on nationally recognized guidelines to monitor and improve the use of antibiotics  - Documenting antibiotic stewardship activities, including any new or sustained improvements  - Communicating and collaborating with the medical staff, nursing leaders, and pharmacy leaders, as well as with the critical access hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues  - Providing competency-based training and education for staff on the practical applications of antibiotic stewardship guidelines, policies, and procedures	MM.18.01.01, EP 5  The critical access hospitalwide antibiotic stewardship program:  - Demonstrates coordination among all components of the critical access hospital responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services.  - Documents the evidence-based use of antibiotics in all departments and services of the critical access hospital.  - Documents any improvements, including sustained improvements, in proper antibiotic use.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		MM.09.01.01, EP 20 The antibiotic stewardship program collects, analyzes, and reports data to critical access hospital leaders and prescribers. Note: Examples of antibiotic stewardship program data include antibiotic resistance patterns, antibiotic prescribing practices, or an evaluation of antibiotic stewardship activities.	
		MM.09.01.01, EP 21 The critical access hospital takes action on improvement opportunities identified by the antibiotic stewardship program.	
§482.42(b)(3)	(3) The antibiotic stewardship program adheres to nationally recognized guidelines, as well as best practices, for improving antibiotic use; and	MM.09.01.01, EP 17  The antibiotic stewardship program implements one or both of the following strategies to optimize antibiotic prescribing:  - Preauthorization for specific antibiotics that includes an internal review and approval process prior to use  - Prospective review and feedback regarding antibiotic prescribing practices, including the treatment of positive blood cultures, by a member of the antibiotic stewardship program	MM.18.01.01, EP 6 The antibiotic stewardship program adheres to nationally recognized guidelines, as well as best practices, for improving antibiotic use.
		MM.09.01.01, EP 18  The antibiotic stewardship program implements at least two evidence-based guidelines to improve antibiotic use for the most common indications.  Note 1: Examples include, but are not limited to, the following:  - Community-acquired pneumonia  - Urinary tract infections  - Skin and soft tissue infections  - Clostridioides difficile colitis	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Asymptomatic bacteriuria - Plan for parenteral to oral antibiotic conversion - Use of surgical prophylactic antibiotics Note 2: Evidence-based guidelines must be based on national guidelines and also reflect local susceptibilities, formulary options, and the patients served, as needed.	
		MM.09.01.01, EP 19  The antibiotic stewardship program evaluates adherence (including antibiotic selection and duration of therapy, where applicable) to at least one of the evidence-based guidelines the critical access hospital implements.  Note 1: The critical access hospital may measure adherence at the group level (that is, departmental, unit, clinician subgroup) or at the individual prescriber level.  Note 2: The critical access hospital may obtain adherence data for a sample of patients from relevant clinical areas by analyzing electronic health records or by conducting chart reviews.	
§482.42(b)(4)	(4) The antibiotic stewardship program reflects the scope and complexity of the hospital services provided.	MM.09.01.01, EP 12  The leader(s) of the antibiotic stewardship program is responsible for the following:  - Developing and implementing a hospitalwide antibiotic stewardship program that is based on nationally recognized guidelines to monitor and improve the use of antibiotics  - Documenting antibiotic stewardship activities, including any new or sustained improvements  - Communicating and collaborating with the medical staff, nursing leaders, and pharmacy leaders, as well as with the critical access hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues  - Providing competency-based training and education for	MM.18.01.01, EP 1 The antibiotic stewardship program reflects the scope and complexity of the critical access hospital services provided.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		staff on the practical applications of antibiotic stewardship	
		guidelines, policies, and procedures	
		MM 00 01 01 ED 15	
		MM.09.01.01, EP 15 The antibiotic stewardship program documents the	
		evidence-based use of antibiotics in all departments and	
		services of the critical access hospital.	
§482.42(c)	(c) Standard: Leadership responsibilities.		
§482.42(c)(1)	(1) The governing body must ensure all of the following:		
§482.42(c)(1)(i)	(i) Systems are in place and	IC.05.01.01, EP 1	IC.05.01.01, EP 1
	operational for the tracking of	The critical access hospital's governing body, or responsible	The critical access hospital's governing body, or responsible
	all infection surveillance,	individual, is responsible for the implementation,	individual, is responsible for the implementation,
	prevention, and control, and	performance, and sustainability of the infection prevention	performance, and sustainability of the infection prevention
	antibiotic use activities, in order to demonstrate the	and control program and provides resources to support and track the implementation, success, and sustainability of the	and control program and provides resources to support and track the implementation, success, and sustainability of the
	implementation, success, and	program's activities.	program's activities.
	sustainability of such activities.	Note: To make certain that systems are in place and	Note: To make certain that systems are in place and
	,	operational to support the program, the governing body, or	operational to support the program, the governing body, or
		responsible individual, provides access to information	responsible individual, provides access to information
		technology; laboratory services; equipment and supplies;	technology; laboratory services; equipment and supplies;
		local, state, and federal public health authorities' advisories	local, state, and federal public health authorities' advisories
		and alerts, such as the CDC's Health Alert Network (HAN);	and alerts, such as the CDC's Health Alert Network (HAN);
		FDA alerts; manufacturers' instructions for use; and	FDA alerts; manufacturers' instructions for use; and
		guidelines used to inform policies.	guidelines used to inform policies.
		MM.09.01.01, EP 12	MM.18.01.01, EP 7
		The leader(s) of the antibiotic stewardship program is	The governing body, or responsible individual, ensures that
		responsible for the following:	systems are in place and operational for the tracking of all
		- Developing and implementing a hospitalwide antibiotic	antibiotic use activities in order to demonstrate the
		stewardship program that is based on nationally recognized	implementation, success, and sustainability of such
		guidelines to monitor and improve the use of antibiotics	activities.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Documenting antibiotic stewardship activities, including	
		any new or sustained improvements	
		- Communicating and collaborating with the medical staff,	
		nursing leaders, and pharmacy leaders, as well as with the	
		critical access hospital's infection prevention and control	
		and quality assessment and performance improvement	
		programs on antibiotic use issues	
		- Providing competency-based training and education for	
		staff on the practical applications of antibiotic stewardship	
		guidelines, policies, and procedures	
		MM.09.01.01, EP 20	
		The antibiotic stewardship program collects, analyzes, and	
		reports data to critical access hospital leaders and	
		prescribers.	
		Note: Examples of antibiotic stewardship program data	
		include antibiotic resistance patterns, antibiotic prescribing	
		practices, or an evaluation of antibiotic stewardship	
		activities.	
		MM.09.01.01, EP 21	
		The critical access hospital takes action on improvement	
		opportunities identified by the antibiotic stewardship	
		program.	
§482.42(c)(1)(ii)	(ii) All HAIs and other infectious	IC.05.01.01, EP 2	IC.05.01.01, EP 2
	diseases identified by the	The critical access hospital's governing body, or responsible	The critical access hospital's governing body, or responsible
	infection prevention and	individual, ensures that the problems identified by the	individual, ensures that the problems identified by the
	control program as well as	infection prevention and control program are addressed in	infection prevention and control program are addressed in
	antibiotic use issues identified	collaboration with critical access hospital quality	collaboration with critical access hospital quality
	by the antibiotic stewardship	assessment and performance improvement leaders and	assessment and performance improvement leaders and
	program are addressed in	other leaders (for example, the medical director, nurse	other leaders (for example, the medical director, nurse
	collaboration with hospital	executive, and administrative leaders).	executive, and administrative leaders).
	QAPI leadership.		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		MM.09.01.01, EP 12	MM.18.01.01, EP 4
		The leader(s) of the antibiotic stewardship program is	The governing body, or responsible individual, ensures all
		responsible for the following:	antibiotic use issues identified by the antibiotic stewardship
		- Developing and implementing a hospitalwide antibiotic	program are addressed in collaboration with the critical
		stewardship program that is based on nationally recognized	access hospital's QAPI leadership.
		guidelines to monitor and improve the use of antibiotics	
		- Documenting antibiotic stewardship activities, including	
		any new or sustained improvements	
		- Communicating and collaborating with the medical staff,	
		nursing leaders, and pharmacy leaders, as well as with the	
		critical access hospital's infection prevention and control	
		and quality assessment and performance improvement	
		programs on antibiotic use issues	
		- Providing competency-based training and education for	
		staff on the practical applications of antibiotic stewardship	
		guidelines, policies, and procedures	
		MM.09.01.01, EP 14	
		The antibiotic stewardship program demonstrates	
		coordination among all components of the critical access	
		hospital responsible for antibiotic use and resistance,	
		including, but not limited to, the infection prevention and	
		control program, the quality assessment and performance	
		improvement program, the medical staff, nursing services,	
		and pharmacy services.	
§482.42(c)(2)	(2) The infection		
	preventionist(s)/infection		
	control professional(s) is		
	responsible for:		
§482.42(c)(2)(i)	(i) The development and	IC.04.01.01, EP 2	IC.04.01.01, EP 2
	implementation of hospital-	The infection preventionist(s) or infection control	The infection preventionist(s) or infection control
	wide infection surveillance,	professional(s) is responsible for the following:	professional(s) is responsible for the following:
	prevention, and control policies	- Development and implementation of hospitalwide infection	- Development and implementation of hospitalwide infection

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	and procedures that adhere to	surveillance, prevention, and control policies and	surveillance, prevention, and control policies and
	nationally recognized	procedures that adhere to law and regulation and nationally	procedures that adhere to law and regulation and nationally
	guidelines.	recognized guidelines	recognized guidelines
		- Documentation of the infection prevention and control	- Documentation of the infection prevention and control
		program and its surveillance, prevention, and control	program and its surveillance, prevention, and control
		activities	activities
		- Competency-based training and education of critical	- Competency-based training and education of critical
		access hospital staff on infection prevention and control	access hospital personnel and staff, including medical staff
		policies and procedures and their application	and, as applicable, personnel providing contracted services
		- Prevention and control of health care–associated infections	in the critical access hospital, on infection prevention and
		and other infectious diseases, including auditing staff	control guidelines, policies and procedures and their
		adherence to infection prevention and control policies and	application
		procedures	- Prevention and control of health care–associated infections
		- Communication and collaboration with all components of	and other infectious diseases, including auditing staff
		the critical access hospital involved in infection prevention	adherence to infection prevention and control policies and
		and control activities, including but not limited to the	procedures
		antibiotic stewardship program, sterile processing	- Communication and collaboration with all components of
		department, and water management program	the critical access hospital involved in infection prevention
		- Communication and collaboration with the critical access	and control activities, including but not limited to the
		hospital's quality assessment and performance	antibiotic stewardship program, sterile processing
		improvement program to address infection prevention and	department, and water management program
		control issues	- Communication and collaboration with the critical access
		Note: The outcome of competency-based training is the	hospital's quality assessment and performance
		staff's ability to demonstrate the skills and tasks specific to	improvement program to address infection prevention and
		their roles and responsibilities. Examples of competencies	control issues
		may include donning/doffing of personal protective	Note: The outcome of competency-based training is the
		equipment and the ability to correctly perform the processes	staff's ability to demonstrate the skills and tasks specific to
		for high-level disinfection. (For more information on	their roles and responsibilities. Examples of competencies
		competency requirements, refer to HR.01.06.01 EPs 1, 3, 5,	may include donning/doffing of personal protective
		6).	equipment and the ability to correctly perform the processes
			for high-level disinfection. (For more information on
			competency requirements, refer to HR.11.04.01 EP 1).

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.42(c)(2)(ii)	(ii) All documentation, written	IC.04.01.01, EP 2	IC.04.01.01, EP 2
	or electronic, of the infection	The infection preventionist(s) or infection control	The infection preventionist(s) or infection control
	prevention and control program	professional(s) is responsible for the following:	professional(s) is responsible for the following:
	and its surveillance, prevention,	- Development and implementation of hospitalwide infection	- Development and implementation of hospitalwide infection
	and control activities.	surveillance, prevention, and control policies and	surveillance, prevention, and control policies and
		procedures that adhere to law and regulation and nationally	procedures that adhere to law and regulation and nationally
		recognized guidelines	recognized guidelines
		- Documentation of the infection prevention and control	- Documentation of the infection prevention and control
		program and its surveillance, prevention, and control	program and its surveillance, prevention, and control
		activities	activities
		- Competency-based training and education of critical	- Competency-based training and education of critical
		access hospital staff on infection prevention and control	access hospital personnel and staff, including medical staff
		policies and procedures and their application	and, as applicable, personnel providing contracted services
		- Prevention and control of health care–associated infections	in the critical access hospital, on infection prevention and
		and other infectious diseases, including auditing staff	control guidelines, policies and procedures and their
		adherence to infection prevention and control policies and	application
		procedures	- Prevention and control of health care–associated infections
		- Communication and collaboration with all components of	and other infectious diseases, including auditing staff
		the critical access hospital involved in infection prevention	adherence to infection prevention and control policies and
		and control activities, including but not limited to the	procedures
		antibiotic stewardship program, sterile processing	- Communication and collaboration with all components of
		department, and water management program	the critical access hospital involved in infection prevention
		- Communication and collaboration with the critical access	and control activities, including but not limited to the
		hospital's quality assessment and performance	antibiotic stewardship program, sterile processing
		improvement program to address infection prevention and	department, and water management program
		control issues	- Communication and collaboration with the critical access
		Note: The outcome of competency-based training is the	hospital's quality assessment and performance
		staff's ability to demonstrate the skills and tasks specific to	improvement program to address infection prevention and
		their roles and responsibilities. Examples of competencies	control issues
		may include donning/doffing of personal protective	Note: The outcome of competency-based training is the
		equipment and the ability to correctly perform the processes	staff's ability to demonstrate the skills and tasks specific to
		for high-level disinfection. (For more information on	their roles and responsibilities. Examples of competencies
			may include donning/doffing of personal protective

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		competency requirements, refer to HR.01.06.01 EPs 1, 3, 5,	equipment and the ability to correctly perform the processes
		6).	for high-level disinfection. (For more information on
			competency requirements, refer to HR.11.04.01 EP 1).
§482.42(c)(2)(iii)	(iii) Communication and	IC.04.01.01, EP 2	IC.04.01.01, EP 2
	collaboration with the	The infection preventionist(s) or infection control	The infection preventionist(s) or infection control
	hospital's QAPI program on	professional(s) is responsible for the following:	professional(s) is responsible for the following:
	infection prevention and	- Development and implementation of hospitalwide infection	- Development and implementation of hospitalwide infection
	control issues.	surveillance, prevention, and control policies and	surveillance, prevention, and control policies and
		procedures that adhere to law and regulation and nationally	procedures that adhere to law and regulation and nationally
		recognized guidelines	recognized guidelines
		- Documentation of the infection prevention and control	- Documentation of the infection prevention and control
		program and its surveillance, prevention, and control	program and its surveillance, prevention, and control
		activities	activities
		- Competency-based training and education of critical	- Competency-based training and education of critical
		access hospital staff on infection prevention and control	access hospital personnel and staff, including medical staff
		policies and procedures and their application	and, as applicable, personnel providing contracted services
		- Prevention and control of health care–associated infections	in the critical access hospital, on infection prevention and
		and other infectious diseases, including auditing staff	control guidelines, policies and procedures and their
		adherence to infection prevention and control policies and	application
		procedures	- Prevention and control of health care–associated infections
		- Communication and collaboration with all components of	and other infectious diseases, including auditing staff
		the critical access hospital involved in infection prevention	adherence to infection prevention and control policies and
		and control activities, including but not limited to the	procedures
		antibiotic stewardship program, sterile processing	- Communication and collaboration with all components of
		department, and water management program	the critical access hospital involved in infection prevention
		- Communication and collaboration with the critical access	and control activities, including but not limited to the
		hospital's quality assessment and performance	antibiotic stewardship program, sterile processing
		improvement program to address infection prevention and	department, and water management program
		control issues	- Communication and collaboration with the critical access
		Note: The outcome of competency-based training is the	hospital's quality assessment and performance
		staff's ability to demonstrate the skills and tasks specific to	improvement program to address infection prevention and
		their roles and responsibilities. Examples of competencies	control issues
		may include donning/doffing of personal protective	Note: The outcome of competency-based training is the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.01.06.01 EPs 1, 3, 5, 6).	staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.11.04.01 EP 1).
§482.42(c)(2)(iv)	(iv) Competency-based training and education of hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the	HR.01.05.03, EP 1 Staff participate in ongoing education and training to maintain or increase their competency and, as needed, when staff responsibilities change. Staff participation is documented.	HR.11.03.01, EP 1 Staff participate in ongoing education and training to maintain or increase their competency and, as needed, when staff responsibilities change. Staff participation is documented.
	hospital, on the practical applications of infection prevention and control guidelines, policies, and procedures.	HR.01.06.01, EP 1 The critical access hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.	HR.11.04.01, EP 1 Staff competence is initially assessed and documented as part of orientation and once every three years, or more frequently as required by critical access hospital policy or in accordance with law and regulation.
		HR.01.06.01, EP 3 An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.  Note: When a suitable individual cannot be found to assess staff competence, the critical access hospital can utilize an outside individual for this task. If a suitable individual inside or outside the critical access hospital cannot be found, the critical access hospital may consult the competency guidelines from an appropriate professional organization to make its assessment.	IC.04.01.01, EP 2  The infection preventionist(s) or infection control professional(s) is responsible for the following:  - Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines  - Documentation of the infection prevention and control program and its surveillance, prevention, and control activities
		HR.01.06.01, EP 5 Staff competence is initially assessed and documented as part of orientation.	- Competency-based training and education of critical access hospital personnel and staff, including medical staff and, as applicable, personnel providing contracted services in the critical access hospital, on infection prevention and control guidelines, policies and procedures and their

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		HR.01.06.01, EP 6	application
		Staff competence is assessed and documented once every	- Prevention and control of health care–associated infections
		three years, or more frequently as required by critical access	and other infectious diseases, including auditing staff
		hospital policy or in accordance with law and regulation.	adherence to infection prevention and control policies and
			procedures
		IC.04.01.01, EP 2	- Communication and collaboration with all components of
		The infection preventionist(s) or infection control	the critical access hospital involved in infection prevention
		professional(s) is responsible for the following:	and control activities, including but not limited to the
		- Development and implementation of hospitalwide infection	antibiotic stewardship program, sterile processing
		surveillance, prevention, and control policies and	department, and water management program
		procedures that adhere to law and regulation and nationally	- Communication and collaboration with the critical access
		recognized guidelines	hospital's quality assessment and performance
		- Documentation of the infection prevention and control	improvement program to address infection prevention and
		program and its surveillance, prevention, and control	control issues
		activities	Note: The outcome of competency-based training is the
		- Competency-based training and education of critical	staff's ability to demonstrate the skills and tasks specific to
		access hospital staff on infection prevention and control	their roles and responsibilities. Examples of competencies
		policies and procedures and their application	may include donning/doffing of personal protective
		- Prevention and control of health care–associated infections	equipment and the ability to correctly perform the processes
		and other infectious diseases, including auditing staff	for high-level disinfection. (For more information on
		adherence to infection prevention and control policies and	competency requirements, refer to HR.11.04.01 EP 1).
		procedures	
		- Communication and collaboration with all components of	
		the critical access hospital involved in infection prevention	
		and control activities, including but not limited to the	
		antibiotic stewardship program, sterile processing	
		department, and water management program	
		- Communication and collaboration with the critical access	
		hospital's quality assessment and performance	
		improvement program to address infection prevention and	
		control issues	
		Note: The outcome of competency-based training is the	
		staff's ability to demonstrate the skills and tasks specific to	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		their roles and responsibilities. Examples of competencies	
		may include donning/doffing of personal protective	
		equipment and the ability to correctly perform the processes	
		for high-level disinfection. (For more information on	
		competency requirements, refer to HR.01.06.01 EPs 1, 3, 5,	
		6).	
§482.42(c)(2)(v)	(v) The prevention and control	IC.04.01.01, EP 2	IC.04.01.01, EP 2
	of HAIs, including auditing of	The infection preventionist(s) or infection control	The infection preventionist(s) or infection control
	adherence to infection	professional(s) is responsible for the following:	professional(s) is responsible for the following:
	prevention and control policies	- Development and implementation of hospitalwide infection	- Development and implementation of hospitalwide infection
	and procedures by hospital	surveillance, prevention, and control policies and	surveillance, prevention, and control policies and
	personnel.	procedures that adhere to law and regulation and nationally	procedures that adhere to law and regulation and nationally
		recognized guidelines	recognized guidelines
		- Documentation of the infection prevention and control	- Documentation of the infection prevention and control
		program and its surveillance, prevention, and control	program and its surveillance, prevention, and control
		activities	activities
		- Competency-based training and education of critical	- Competency-based training and education of critical
		access hospital staff on infection prevention and control	access hospital personnel and staff, including medical staff
		policies and procedures and their application	and, as applicable, personnel providing contracted services
		- Prevention and control of health care–associated infections	in the critical access hospital, on infection prevention and
		and other infectious diseases, including auditing staff	control guidelines, policies and procedures and their
		adherence to infection prevention and control policies and	application
		procedures	- Prevention and control of health care–associated infections
		- Communication and collaboration with all components of	and other infectious diseases, including auditing staff
		the critical access hospital involved in infection prevention	adherence to infection prevention and control policies and
		and control activities, including but not limited to the	procedures
		antibiotic stewardship program, sterile processing	- Communication and collaboration with all components of
		department, and water management program	the critical access hospital involved in infection prevention
		- Communication and collaboration with the critical access	and control activities, including but not limited to the
		hospital's quality assessment and performance	antibiotic stewardship program, sterile processing
		improvement program to address infection prevention and	department, and water management program
		control issues	- Communication and collaboration with the critical access
		Note: The outcome of competency-based training is the	hospital's quality assessment and performance

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		staff's ability to demonstrate the skills and tasks specific to	improvement program to address infection prevention and
		their roles and responsibilities. Examples of competencies	control issues
		may include donning/doffing of personal protective	Note: The outcome of competency-based training is the
		equipment and the ability to correctly perform the processes	staff's ability to demonstrate the skills and tasks specific to
		for high-level disinfection. (For more information on	their roles and responsibilities. Examples of competencies
		competency requirements, refer to HR.01.06.01 EPs 1, 3, 5,	may include donning/doffing of personal protective
		6).	equipment and the ability to correctly perform the processes
			for high-level disinfection. (For more information on
			competency requirements, refer to HR.11.04.01 EP 1).
§482.42(c)(2)(vi)	(vi) Communication and	IC.04.01.01, EP 2	IC.04.01.01, EP 2
	collaboration with the antibiotic	The infection preventionist(s) or infection control	The infection preventionist(s) or infection control
	stewardship program.	professional(s) is responsible for the following:	professional(s) is responsible for the following:
		- Development and implementation of hospitalwide infection	- Development and implementation of hospitalwide infection
		surveillance, prevention, and control policies and	surveillance, prevention, and control policies and
		procedures that adhere to law and regulation and nationally	procedures that adhere to law and regulation and nationally
		recognized guidelines	recognized guidelines
		- Documentation of the infection prevention and control	- Documentation of the infection prevention and control
		program and its surveillance, prevention, and control	program and its surveillance, prevention, and control
		activities	activities
		- Competency-based training and education of critical	- Competency-based training and education of critical
		access hospital staff on infection prevention and control	access hospital personnel and staff, including medical staff
		policies and procedures and their application	and, as applicable, personnel providing contracted services
		- Prevention and control of health care–associated infections	in the critical access hospital, on infection prevention and
		and other infectious diseases, including auditing staff	control guidelines, policies and procedures and their
		adherence to infection prevention and control policies and	application
		procedures	- Prevention and control of health care–associated infections
		- Communication and collaboration with all components of	and other infectious diseases, including auditing staff
		the critical access hospital involved in infection prevention	adherence to infection prevention and control policies and
		and control activities, including but not limited to the	procedures
		antibiotic stewardship program, sterile processing	- Communication and collaboration with all components of
		department, and water management program	the critical access hospital involved in infection prevention
		- Communication and collaboration with the critical access	and control activities, including but not limited to the
		hospital's quality assessment and performance	antibiotic stewardship program, sterile processing

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		improvement program to address infection prevention and control issues  Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.01.06.01 EPs 1, 3, 5, 6).	department, and water management program  - Communication and collaboration with the critical access hospital's quality assessment and performance improvement program to address infection prevention and control issues  Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.11.04.01 EP 1).
§482.42(c)(3)	(3) The leader(s) of the antibiotic stewardship program is responsible for:		competency requirements, refer to TIN. 11.04.01 EF 1).
§482.42(c)(3)(i)	(i) The development and implementation of a hospital-wide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics.	MM.09.01.01, EP 12  The leader(s) of the antibiotic stewardship program is responsible for the following:  - Developing and implementing a hospitalwide antibiotic stewardship program that is based on nationally recognized guidelines to monitor and improve the use of antibiotics  - Documenting antibiotic stewardship activities, including any new or sustained improvements  - Communicating and collaborating with the medical staff, nursing leaders, and pharmacy leaders, as well as with the critical access hospital's infection prevention and control and quality assessment and performance improvement programs on antibiotic use issues  - Providing competency-based training and education for staff on the practical applications of antibiotic stewardship guidelines, policies, and procedures	MM.18.01.01, EP 3  The leader(s) of the antibiotic stewardship program is responsible for the following:  - Development and implementation a critical access hospitalwide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics.  - All documentation, written or electronic, of antibiotic stewardship program activities.  - Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as with the critical access hospital's infection prevention and control and QAPI programs, on antibiotic use issues.  - Competency-based training and education of critical access hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the critical access hospital, on the practical applications

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			of antibiotic stewardship guidelines, policies, and
			procedures.
§482.42(c)(3)(ii)	(ii) All documentation, written	MM.09.01.01, EP 12	MM.18.01.01, EP 3
	or electronic, of antibiotic	The leader(s) of the antibiotic stewardship program is	The leader(s) of the antibiotic stewardship program is
	stewardship program activities.	responsible for the following:	responsible for the following:
		- Developing and implementing a hospitalwide antibiotic	- Development and implementation a critical access
		stewardship program that is based on nationally recognized	hospitalwide antibiotic stewardship program, based on
		guidelines to monitor and improve the use of antibiotics - Documenting antibiotic stewardship activities, including	nationally recognized guidelines, to monitor and improve the use of antibiotics.
		any new or sustained improvements	- All documentation, written or electronic, of antibiotic
		- Communicating and collaborating with the medical staff,	stewardship program activities.
		nursing leaders, and pharmacy leaders, as well as with the	- Communication and collaboration with medical staff,
		critical access hospital's infection prevention and control	nursing, and pharmacy leadership, as well as with the critical
		and quality assessment and performance improvement	access hospital's infection prevention and control and QAPI
		programs on antibiotic use issues	programs, on antibiotic use issues.
		- Providing competency-based training and education for	- Competency-based training and education of critical
		staff on the practical applications of antibiotic stewardship	access hospital personnel and staff, including medical staff,
		guidelines, policies, and procedures	and, as applicable, personnel providing contracted services
			in the critical access hospital, on the practical applications
			of antibiotic stewardship guidelines, policies, and
\$400,40(a)(0)(:::)	(iii) O a mana and a sting and	MM 00 04 04 ED 40	procedures.
§482.42(c)(3)(iii)	(iii) Communication and collaboration with medical	MM.09.01.01, EP 12 The leader(s) of the antibiotic stewardship program is	MM.18.01.01, EP 3 The leader(s) of the antibiotic stewardship program is
	staff, nursing, and pharmacy	responsible for the following:	responsible for the following:
	leadership, as well as with the	- Developing and implementing a hospitalwide antibiotic	- Development and implementation a critical access
	hospital's infection prevention	stewardship program that is based on nationally recognized	hospitalwide antibiotic stewardship program, based on
	and control and QAPI	guidelines to monitor and improve the use of antibiotics	nationally recognized guidelines, to monitor and improve the
	programs, on antibiotic use	- Documenting antibiotic stewardship activities, including	use of antibiotics.
	issues.	any new or sustained improvements	- All documentation, written or electronic, of antibiotic
	1.55.55	- Communicating and collaborating with the medical staff,	stewardship program activities.
		nursing leaders, and pharmacy leaders, as well as with the	- Communication and collaboration with medical staff,
		critical access hospital's infection prevention and control	nursing, and pharmacy leadership, as well as with the critical
		and quality assessment and performance improvement	access hospital's infection prevention and control and QAPI

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		programs on antibiotic use issues	programs, on antibiotic use issues.
		- Providing competency-based training and education for	- Competency-based training and education of critical
		staff on the practical applications of antibiotic stewardship	access hospital personnel and staff, including medical staff,
		guidelines, policies, and procedures	and, as applicable, personnel providing contracted services
			in the critical access hospital, on the practical applications
			of antibiotic stewardship guidelines, policies, and
			procedures.
§482.42(c)(3)(iv)	(iv) Competency-based training	MM.09.01.01, EP 12	MM.18.01.01, EP 3
	and education of hospital	The leader(s) of the antibiotic stewardship program is	The leader(s) of the antibiotic stewardship program is
	personnel and staff, including	responsible for the following:	responsible for the following:
	medical staff, and, as	- Developing and implementing a hospitalwide antibiotic	- Development and implementation a critical access
	applicable, personnel providing	stewardship program that is based on nationally recognized	hospitalwide antibiotic stewardship program, based on
	contracted services in the	guidelines to monitor and improve the use of antibiotics	nationally recognized guidelines, to monitor and improve the
	hospital, on the practical	- Documenting antibiotic stewardship activities, including	use of antibiotics.
	applications of antibiotic	any new or sustained improvements	- All documentation, written or electronic, of antibiotic
	stewardship guidelines,	- Communicating and collaborating with the medical staff,	stewardship program activities.
	policies, and procedures.	nursing leaders, and pharmacy leaders, as well as with the	- Communication and collaboration with medical staff,
		critical access hospital's infection prevention and control	nursing, and pharmacy leadership, as well as with the critical
		and quality assessment and performance improvement	access hospital's infection prevention and control and QAPI
		programs on antibiotic use issues	programs, on antibiotic use issues.
		- Providing competency-based training and education for	- Competency-based training and education of critical
		staff on the practical applications of antibiotic stewardship guidelines, policies, and procedures	access hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services
		guidelines, policies, and procedures	in the critical access hospital, on the practical applications
			of antibiotic stewardship guidelines, policies, and
			procedures.
§482.42(d)	(d) Standard: Unified and		LD.11.01.01, EP 10
	integrated infection prevention		If a critical access hospital is part of a multihospital system
	and control and antibiotic		with separately accredited hospitals, critical access
	stewardship programs for		hospitals, and/or rural emergency hospitals using a system
	multi-hospital systems. If a		governing body that is legally responsible for the conduct of
	hospital is multiple separately		two or more hospitals, critical access hospitals, and/or rural
	certified hospitals using a		emergency hospitals, the system governing body can elect to

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	system governing body that is		have unified and integrated infection prevention and control
	legally responsible for the		and antibiotic stewardship programs for all of its member
	conduct of two or more		facilities after determining that such a decision is in
	hospitals, the system governing		accordance with applicable law and regulation.
	body can elect to have unified		Each separately certified critical access hospital subject to
	and integrated infection		the system governing body demonstrates that the unified and
	prevention and control and		integrated infection prevention and control program and the
	antibiotic stewardship		antibiotic stewardship program do the following:
	programs for all of its member		- Account for each member critical access hospital's unique
	hospitals after determining that		circumstances and any significant differences in patient
	such a decision is in		populations and services offered
	accordance with all applicable		- Establish and implement policies and procedures to make
	State and local laws. The		certain that the needs and concerns of each separately
	system governing body is		certified critical access hospital, regardless of practice or
	responsible and accountable		location, are given due consideration
	for ensuring that each of its		- Have mechanisms in place to ensure that issues localized
	separately certified hospitals		to particular critical access hospitals are duly considered
	meets all of the requirements of		and addressed
	this section. Each separately		- Designate a qualified individual(s) at the critical access
	certified hospital subject to the		hospital with expertise in infection prevention and control
	system governing body must		and in antibiotic stewardship as responsible for
	demonstrate that:		communicating with the unified infection prevention and
			control and antibiotic stewardship programs, implementing
			and maintaining the policies and procedures governing
			infection prevention and control and antibiotic stewardship
			(as directed by the unified infection prevention and control
			and antibiotic stewardship programs), and providing
			education and training on the practical applications of
			infection prevention and control and antibiotic stewardship
			to critical access hospital staff
			Note: The system governing body is responsible and
			accountable for making certain that each of its separately

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			certified critical access hospitals meet all of the
			requirements at 42 CFR 485.640(g).
§482.42(d)(1)	(1) The unified and integrated		LD.11.01.01, EP 10
	infection prevention and		If a critical access hospital is part of a multihospital system
	control and antibiotic		with separately accredited hospitals, critical access
	stewardship programs are		hospitals, and/or rural emergency hospitals using a system
	established in a manner that		governing body that is legally responsible for the conduct of
	takes into account each		two or more hospitals, critical access hospitals, and/or rural
	member hospital's unique		emergency hospitals, the system governing body can elect to
	circumstances and any		have unified and integrated infection prevention and control
	significant differences in		and antibiotic stewardship programs for all of its member
	patient populations and		facilities after determining that such a decision is in
	services offered in each		accordance with applicable law and regulation.
	hospital;		Each separately certified critical access hospital subject to
			the system governing body demonstrates that the unified and
			integrated infection prevention and control program and the
			antibiotic stewardship program do the following:
			- Account for each member critical access hospital's unique
			circumstances and any significant differences in patient
			populations and services offered
			- Establish and implement policies and procedures to make
			certain that the needs and concerns of each separately
			certified critical access hospital, regardless of practice or
			location, are given due consideration
			- Have mechanisms in place to ensure that issues localized
			to particular critical access hospitals are duly considered
			and addressed
			- Designate a qualified individual(s) at the critical access
			hospital with expertise in infection prevention and control
			and in antibiotic stewardship as responsible for
			communicating with the unified infection prevention and
			control and antibiotic stewardship programs, implementing
			and maintaining the policies and procedures governing

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			infection prevention and control and antibiotic stewardship
			(as directed by the unified infection prevention and control
			and antibiotic stewardship programs), and providing
			education and training on the practical applications of
			infection prevention and control and antibiotic stewardship
			to critical access hospital staff
			Note: The system governing body is responsible and
			accountable for making certain that each of its separately
			certified critical access hospitals meet all of the
			requirements at 42 CFR 485.640(g).
§482.42(d)(2)	(2) The unified and integrated		LD.11.01.01, EP 10
	infection prevention and		If a critical access hospital is part of a multihospital system
	control and antibiotic		with separately accredited hospitals, critical access
	stewardship programs		hospitals, and/or rural emergency hospitals using a system
	establish and implement		governing body that is legally responsible for the conduct of
	policies and procedures to		two or more hospitals, critical access hospitals, and/or rural
	ensure that the needs and		emergency hospitals, the system governing body can elect to
	concerns of each of its		have unified and integrated infection prevention and control
	separately certified hospitals,		and antibiotic stewardship programs for all of its member
	regardless of practice or		facilities after determining that such a decision is in
	location, are given due		accordance with applicable law and regulation.
	consideration;		Each separately certified critical access hospital subject to
			the system governing body demonstrates that the unified and
			integrated infection prevention and control program and the
			antibiotic stewardship program do the following:
			- Account for each member critical access hospital's unique
			circumstances and any significant differences in patient
			populations and services offered
			- Establish and implement policies and procedures to make
			certain that the needs and concerns of each separately
			certified critical access hospital, regardless of practice or
			location, are given due consideration
			- Have mechanisms in place to ensure that issues localized

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			to particular critical access hospitals are duly considered
			and addressed
			- Designate a qualified individual(s) at the critical access
			hospital with expertise in infection prevention and control
			and in antibiotic stewardship as responsible for
			communicating with the unified infection prevention and
			control and antibiotic stewardship programs, implementing
			and maintaining the policies and procedures governing
			infection prevention and control and antibiotic stewardship
			(as directed by the unified infection prevention and control
			and antibiotic stewardship programs), and providing
			education and training on the practical applications of
			infection prevention and control and antibiotic stewardship
			to critical access hospital staff
			Note: The system governing body is responsible and
			accountable for making certain that each of its separately
			certified critical access hospitals meet all of the
			requirements at 42 CFR 485.640(g).
§482.42(d)(3)	(3) The unified and integrated		LD.11.01.01, EP 10
	infection prevention and		If a critical access hospital is part of a multihospital system
	control and antibiotic		with separately accredited hospitals, critical access
	stewardship programs have		hospitals, and/or rural emergency hospitals using a system
	mechanisms in place to ensure		governing body that is legally responsible for the conduct of
	that issues localized to		two or more hospitals, critical access hospitals, and/or rural
	particular hospitals are duly		emergency hospitals, the system governing body can elect to
	considered and addressed; and		have unified and integrated infection prevention and control
			and antibiotic stewardship programs for all of its member
			facilities after determining that such a decision is in
			accordance with applicable law and regulation.
			Each separately certified critical access hospital subject to
			the system governing body demonstrates that the unified and
			integrated infection prevention and control program and the
			antibiotic stewardship program do the following:

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			- Account for each member critical access hospital's unique
			circumstances and any significant differences in patient
			populations and services offered
			- Establish and implement policies and procedures to make
			certain that the needs and concerns of each separately
			certified critical access hospital, regardless of practice or
			location, are given due consideration
			- Have mechanisms in place to ensure that issues localized
			to particular critical access hospitals are duly considered
			and addressed
			- Designate a qualified individual(s) at the critical access
			hospital with expertise in infection prevention and control
			and in antibiotic stewardship as responsible for
			communicating with the unified infection prevention and
			control and antibiotic stewardship programs, implementing
			and maintaining the policies and procedures governing
			infection prevention and control and antibiotic stewardship
			(as directed by the unified infection prevention and control
			and antibiotic stewardship programs), and providing
			education and training on the practical applications of
			infection prevention and control and antibiotic stewardship
			to critical access hospital staff
			Note: The system governing body is responsible and
			accountable for making certain that each of its separately
			certified critical access hospitals meet all of the
2.122.124.040			requirements at 42 CFR 485.640(g).
§482.42(d)(4)	(4) A qualified individual (or		LD.11.01.01, EP 10
	individuals) with expertise in		If a critical access hospital is part of a multihospital system
	infection prevention and		with separately accredited hospitals, critical access
	control and in antibiotic		hospitals, and/or rural emergency hospitals using a system
	stewardship has been		governing body that is legally responsible for the conduct of
	designated at the hospital as		two or more hospitals, critical access hospitals, and/or rural
	responsible for communicating		emergency hospitals, the system governing body can elect to

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	with the unified infection		have unified and integrated infection prevention and control
	prevention and control and		and antibiotic stewardship programs for all of its member
	antibiotic stewardship		facilities after determining that such a decision is in
	programs, for implementing		accordance with applicable law and regulation.
	and maintaining the policies		Each separately certified critical access hospital subject to
	and procedures governing		the system governing body demonstrates that the unified and
	infection prevention and		integrated infection prevention and control program and the
	control and antibiotic		antibiotic stewardship program do the following:
	stewardship as directed by the		- Account for each member critical access hospital's unique
	unified infection prevention and		circumstances and any significant differences in patient
	control and antibiotic		populations and services offered
	stewardship programs, and for		- Establish and implement policies and procedures to make
	providing education and		certain that the needs and concerns of each separately
	training on the practical		certified critical access hospital, regardless of practice or
	applications of infection		location, are given due consideration
	prevention and control and		- Have mechanisms in place to ensure that issues localized
	antibiotic stewardship to		to particular critical access hospitals are duly considered
	hospital staff.		and addressed
			- Designate a qualified individual(s) at the critical access
			hospital with expertise in infection prevention and control
			and in antibiotic stewardship as responsible for
			communicating with the unified infection prevention and
			control and antibiotic stewardship programs, implementing
			and maintaining the policies and procedures governing
			infection prevention and control and antibiotic stewardship
			(as directed by the unified infection prevention and control
			and antibiotic stewardship programs), and providing
			education and training on the practical applications of
			infection prevention and control and antibiotic stewardship
			to critical access hospital staff
			Note: The system governing body is responsible and
			accountable for making certain that each of its separately

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			certified critical access hospitals meet all of the
			requirements at 42 CFR 485.640(g).
§482.43	§482.43 Condition of	PC.04.01.03, EP 7	PC.14.01.01, EP 1
	Participation: Discharge	The critical access hospital has an effective discharge	The critical access hospital has an effective discharge
	Planning The hospital must	planning process that focuses on the patient's goals and	planning process that focuses on, and is consistent with, the
	have an effective discharge	treatment preferences and includes the patient and the	patient's goals and treatment preferences; makes certain
	planning process that focuses	patient's caregiver or support person(s) as active partners in	there is an effective transition of the patient from the critical
	on the patient's goals and	the discharge planning for post-discharge care. The	access hospital to postdischarge care; and reduces the
	treatment preferences and	discharge planning process is consistent with the patient's	factors leading to preventable critical access hospital and
	includes the patient and his or	goals for care and their treatment preferences, makes	hospital readmissions.
	her caregivers/support	certain that there is an effective transition of the patient from	Note: The critical access hospital's discharge planning
	person(s) as active partners in	the hospital to post-discharge care, and reduces the factors	process requires regular reevaluation of the patient's
	the discharge planning for	leading to preventable critical access hospital readmissions.	condition to identify changes that require modification of the
	postdischarge care. The		discharge plan. The discharge plan is updated as needed to
	discharge planning process and		reflect these changes.
	the discharge plan must be		DO 44.04.04 ED 4
	consistent with the patient's		PC.14.01.01, EP 4
	goals for care and his or her		The patient, the patient's caregiver(s) or support person(s),
	treatment preferences, ensure		physicians, other licensed practitioners, clinical
	an effective transition of the		psychologists, and staff who are involved in the patient's
	patient from hospital to post- discharge care, and reduce the		care, treatment, and services participate in planning the patient's discharge or transfer. The patient and their
	factors leading to preventable		caregiver(s) or support person(s) are included as active
	hospital readmissions.		partners when planning for postdischarge care.
	nospitat readinissions.		Note 1: For rehabilitation and psychiatric distinct part units in
			critical access hospitals: The definition of "physician" is the
			same as that used by the Centers for Medicare & Days of the Centers for Medicare & Day
			Medicaid Services (refer to the Glossary).
			Note 2: For psychiatric distinct part units in critical access
			hospitals: Social service staff responsibilities include but are
			not limited to participating in discharge planning, arranging
			for follow-up care, and developing mechanisms for exchange
			of information with sources outside the critical access

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			hospital.
			Note 3: For swing beds in critical access hospitals: The
			critical access hospital notifies the resident and, if known, a
			family member or legal representative of the resident of the
			transfer or discharge and reasons for the move. The notice is
			in writing, in a language and manner they understand, and
			includes the items described in 42 CFR 483.15(c)(5). The
			critical access hospital also provides sufficient preparation
			and orientation to residents to make sure that transfer or
			discharge from the critical access hospital is safe and
			orderly. The critical access hospital sends a copy of the
			notice to a representative of the office of the state's long- term care ombudsman.
\$400 42/a)	\$402 42(a) Standard: Discharge	PC.04.01.03, EP 1	PC.14.01.01, EP 2
§482.43(a)	§482.43(a) Standard: Discharge planning process. The	The critical access hospital begins the discharge planning	The critical access hospital begins the discharge planning
	hospital's discharge planning	process early in the patient's episode of care, treatment, and	process early in the patient's episode of care, treatment, and
	process must identify, at an	services.	services.
	early stage of hospitalization,	GOT VICCO.	SOLVIOCO:
	those patients who are likely to	PC.04.01.03, EP 2	PC.14.01.01, EP 5
	suffer adverse health	The critical access hospital identifies any needs the patient	The critical access hospital performs a discharge planning
	consequences upon discharge	may have for psychosocial or physical care, treatment, and	evaluation and creates a discharge plan for those patients it
	in the absence of adequate	services after discharge or transfer.	identifies at an early stage of hospitalization are likely to
	discharge planning and must	_	suffer adverse health consequences upon discharge in the
	provide a discharge planning		absence of adequate discharge planning or at the request of
	evaluation for those patients so		the patient, patient's representative, or the patient's
	identified as well as for other		physician.
	patients upon the request of		Note 1: The discharge planning evaluation is completed in a
	the patient, patient's		timely manner so that appropriate arrangements for post–
	representative, or patient's		hospital care are made before discharge and unnecessary
	physician.		delays in discharge are avoided.
			Note 2: The discharge planning evaluation is performed and
			subsequent discharge plan is created by, or under the

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			supervision of, a registered nurse, social worker, or other
			qualified person.
§482.43(a)(1)	(1) Any discharge planning	PC.04.01.03, EP 1	PC.14.01.01, EP 5
	evaluation must be made on a	The critical access hospital begins the discharge planning	The critical access hospital performs a discharge planning
	timely basis to ensure that	process early in the patient's episode of care, treatment, and	evaluation and creates a discharge plan for those patients it
	appropriate arrangements for	services.	identifies at an early stage of hospitalization are likely to
	post-hospital care will be made		suffer adverse health consequences upon discharge in the
	before discharge and to avoid	PC.04.01.03, EP 2	absence of adequate discharge planning or at the request of
	unnecessary delays in	The critical access hospital identifies any needs the patient	the patient, patient's representative, or the patient's
	discharge.	may have for psychosocial or physical care, treatment, and	physician.
		services after discharge or transfer.	Note 1: The discharge planning evaluation is completed in a
		DO 04 04 00 ED 4	timely manner so that appropriate arrangements for post-
		PC.04.01.03, EP 4	hospital care are made before discharge and unnecessary
		Prior to discharge, the critical access hospital arranges or assists in arranging the services required by the patient after	delays in discharge are avoided.  Note 2: The discharge planning evaluation is performed and
		discharge in order to meet the patient's ongoing needs for	subsequent discharge plan is created by, or under the
		care and services.	supervision of, a registered nurse, social worker, or other
		care and services.	qualified person.
§482.43(a)(2)	(2) A discharge planning	PC.04.01.03, EP 2	PC.14.01.01, EP 3
0402.40(4)(2)	evaluation must include an	The critical access hospital identifies any needs the patient	As part of the discharge planning evaluation, the critical
	evaluation of a patient's likely	may have for psychosocial or physical care, treatment, and	access hospital evaluates the patient's need for appropriate
	need for appropriate post-	services after discharge or transfer.	post–critical access hospital services, including but not
	hospital services, including, but	0.000	limited to hospice care services, extended care services,
	not limited to, hospice care	PC.04.01.03, EP 4	home health services, and non–health care services and
	services, post-hospital	Prior to discharge, the critical access hospital arranges or	community-based care providers. The critical access
	extended care services, home	assists in arranging the services required by the patient after	hospital also evaluates the availability of the appropriate
	health services, and non-health	discharge in order to meet the patient's ongoing needs for	services and the patient's access to those services as part of
	care services and community	care and services.	the discharge planning evaluation.
	based care providers, and must		
	also include a determination of		
	the availability of the		
	appropriate services as well as		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	of the patient's access to those		
	services.		
§482.43(a)(3)	(3) The discharge planning	RC.02.01.01, EP 2	PC.14.01.01, EP 6
	evaluation must be included in	The medical record contains the following clinical	The critical access hospital discusses the results of the
	the patient's medical record for	information:	discharge planning evaluation with the patient or their
	use in establishing an	- The reason(s) for admission for care, treatment, and	representative, including any reevaluations performed and
	appropriate discharge plan and	services	any arrangements made.
	the results of the evaluation	- The patient's initial diagnosis, diagnostic impression(s), or	
	must be discussed with the	condition(s)	RC.12.01.01, EP 2
	patient (or the patient's	- Any findings of assessments and reassessments	The medical record contains the following clinical
	representative).	- Any allergies to food	information:
		- Any allergies to medications	- Admitting diagnosis
		- Any conclusions or impressions drawn from the patient's	- Any emergency care, treatment, and services provided to
		medical history and physical examination	the patient before their arrival
		- Any diagnoses or conditions established during the	- Any allergies to food and medications
		patient's course of care, treatment, and services (including	- Any findings of assessments and reassessments
		complications and hospital-acquired infections). For	- Results of all consultative evaluations of the patient and
		psychiatric distinct part units in critical access hospitals: The	findings by clinical and other staff involved in the care of the
		diagnosis includes intercurrent diseases (diseases that	patient
		occur during the course of another disease; for example, a	- Treatment goals, plan of care, and revisions to the plan of
		patient with AIDS may develop an intercurrent bout of	care
		pneumonia) and the psychiatric diagnoses.	- Documentation of complications, health care-acquired
		- Any consultation reports	infections, and adverse reactions to drugs and anesthesia
		- Any observations relevant to care, treatment, and services	- All practitioners' orders
		- The patient's response to care, treatment, and services	- Nursing notes, reports of treatment, laboratory reports, vital
		- Any emergency care, treatment, and services provided to	signs, and other information necessary to monitor the
		the patient before their arrival	patient's condition
		- Any progress notes	- Medication records, including the strength, dose, route,
		- All orders	date and time of administration, access site for medication,
		- Any medications ordered or prescribed	administration devices used, and rate of administration
		- Any medications administered, including the strength,	Note: When rapid titration of a medication is necessary, the
		dose, route, date and time of administration	critical access hospital defines in policy the urgent/emergent
		Note 1: When rapid titration of a medication is necessary, the	situations in which block charting would be an acceptable

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		critical access hospital defines in policy the urgent/emergent	form of documentation. For the definition and a further
		situations in which block charting would be an acceptable	explanation of block charting, refer to the Glossary.
		form of documentation.	- Administration of each self-administered medication, as
		Note 2: For the definition and a further explanation of block	reported by the patient (or the patient's caregiver or support
		charting, refer to the Glossary.	person where appropriate)
		- Any access site for medication, administration devices	- Records of radiology and nuclear medicine services,
		used, and rate of administration	including signed interpretation reports
		- Any adverse drug reactions	- All care, treatment, and services provided to the patient
		- Treatment goals, plan of care, and revisions to the plan of	- Patient's response to care, treatment, and services
		care	- Medical history and physical examination, including any
		- Results of diagnostic and therapeutic tests and procedures	conclusions or impressions drawn from the information
		- Any medications dispensed or prescribed on discharge	- Discharge plan and discharge planning evaluation
		- Discharge diagnosis	- Discharge summary with outcome of hospitalization,
		- Discharge plan and discharge planning evaluation	disposition of case, and provisions for follow-up care,
			including any medications dispensed or prescribed on
			discharge
			- Any diagnoses or conditions established during the
			patient's course of care, treatment, and services
			Note: Medical records are completed within 30 days
0.400, 407, 7747	(4) 11	D0 04 04 00 ED 4	following discharge, including final diagnosis.
§482.43(a)(4)	(4) Upon the request of a	PC.04.01.03, EP 1	PC.14.01.01, EP 5
	patient's physician, the hospital	The critical access hospital begins the discharge planning	The critical access hospital performs a discharge planning
	must arrange for the	process early in the patient's episode of care, treatment, and	evaluation and creates a discharge plan for those patients it
	development and initial	services.	identifies at an early stage of hospitalization are likely to
	implementation of a discharge	DO 04 04 02 FD 0	suffer adverse health consequences upon discharge in the
	plan for the patient.	PC.04.01.03, EP 2	absence of adequate discharge planning or at the request of
		The critical access hospital identifies any needs the patient	the patient, patient's representative, or the patient's
		may have for psychosocial or physical care, treatment, and	physician.
		services after discharge or transfer.	Note 1: The discharge planning evaluation is completed in a timely manner so that appropriate arrangements for post–
		PC.04.01.03, EP 3	
		The patient, the patient's family, physicians, other licensed	hospital care are made before discharge and unnecessary delays in discharge are avoided.
		practitioners, clinical psychologists, and staff involved in the	Note 2: The discharge planning evaluation is performed and
		practitioners, clinical psychologists, and stan involved in the	Note 2. The discharge planning evaluation is performed and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		patient's care, treatment, and services participate in	subsequent discharge plan is created by, or under the
		planning the patient's discharge or transfer.	supervision of, a registered nurse, social worker, or other
		Note 1: For rehabilitation and psychiatric distinct part units in	qualified person.
		critical access hospitals: The definition of "physician" is the	
		same as that used by the Centers for Medicare & Description (1997)	
		Medicaid Services (CMS) (refer to the Glossary).	
		Note 2: For psychiatric distinct part units in critical access	
		hospitals: Social service staff responsibilities include, but	
		are not limited to, participating in discharge planning,	
		arranging for follow-up care, and developing mechanisms for	
		exchange of information with sources outside the critical	
		access hospital.	
		Note 3: For swing beds in critical access hospitals: The	
		critical access hospital notifies the resident and, if known, a	
		family member or legal representative of the resident of the	
		transfer or discharge and reasons for the move in writing. The	
		hospital also provides sufficient preparation and orientation	
		to residents to make sure that transfer or discharge from the	
		hospital is safe and orderly. The critical access hospital	
		sends a copy of the notice to a representative of the office of	
		the state's long-term care ombudsman.	
		PC.04.01.03, EP 4	
		Prior to discharge, the critical access hospital arranges or	
		assists in arranging the services required by the patient after	
		discharge in order to meet the patient's ongoing needs for	
		care and services.	
§482.43(a)(5)	(5) Any discharge planning	HR.01.01.01, EP 1	PC.14.01.01, EP 5
	evaluation or discharge plan	The critical access hospital defines staff qualifications	The critical access hospital performs a discharge planning
	required under this paragraph	specific to their job responsibilities.	evaluation and creates a discharge plan for those patients it
	must be developed by, or under	Note 1: Qualifications for infection control may be met	identifies at an early stage of hospitalization are likely to
	the supervision of, a registered	through ongoing education, training, experience, and/or	suffer adverse health consequences upon discharge in the
	nurse, social worker, or other	certification (such as that offered by the Certification Board	absence of adequate discharge planning or at the request of

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	appropriately qualified	for Infection Control).	the patient, patient's representative, or the patient's
	personnel.	Note 2: For rehabilitation and psychiatric distinct part units in	physician.
		critical access hospitals: Qualified physical therapists,	Note 1: The discharge planning evaluation is completed in a
		physical therapist assistants, occupational therapists,	timely manner so that appropriate arrangements for post–
		occupational therapy assistants, speech-language	hospital care are made before discharge and unnecessary
		pathologists, or audiologists (as defined in 42 CFR 484.4)	delays in discharge are avoided.
		provide physical therapy, occupational therapy, speech-	Note 2: The discharge planning evaluation is performed and
		language pathology, or audiology services, if these services are provided by the critical access hospital. The provision of	subsequent discharge plan is created by, or under the supervision of, a registered nurse, social worker, or other
		care and staff qualifications are in accordance with national	qualified person.
		acceptable standards of practice and also meet the	qualifica portooni
		requirements of 409.17. See Appendix B for 409.17	
		requirements.	
		PC.02.01.05, EP 1	
		Care, treatment, and services are provided to the patient in	
		an interdisciplinary, collaborative manner.	
		PC.02.02.01, EP 3	
		The critical access hospital coordinates the patient's care,	
		treatment, and services within a time frame that meets the	
		patient's needs.	
		Note: Coordination involves resolving scheduling conflicts	
		and duplication of care, treatment, and services.	
		PC.04.01.03, EP 3	
		The patient, the patient's family, physicians, other licensed	
		practitioners, clinical psychologists, and staff involved in the	
		patient's care, treatment, and services participate in	
		planning the patient's discharge or transfer.	
		Note 1: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: The definition of "physician" is the	
		same as that used by the Centers for Medicare & Description (1997)	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.43(a)(6)	(6) The hospital's discharge planning process must require regular re-evaluation of the patient's condition to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.	Medicaid Services (CMS) (refer to the Glossary).  Note 2: For psychiatric distinct part units in critical access hospitals: Social service staff responsibilities include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the critical access hospital.  Note 3: For swing beds in critical access hospitals: The critical access hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move in writing. The hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the hospital is safe and orderly. The critical access hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman.  PC.01.02.03, EP 3  Each patient is reassessed as necessary based on their plan for care or changes in their condition.  Note 1: Reassessments may also be based on the patient's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; discharge planning needs; and/or their setting requirements.  Note 2: For rehabilitation distinct part units in critical access hospitals: The Centers for Medicare & Detail Care and Care and East three face-to-face patient visits per week.  PC.01.03.01, EP 22  Based on the goals established in the patient's plan of care, staff evaluate the patient's progress.	PC.14.01.01, EP 1  The critical access hospital has an effective discharge planning process that focuses on, and is consistent with, the patient's goals and treatment preferences; makes certain there is an effective transition of the patient from the critical access hospital to postdischarge care; and reduces the factors leading to preventable critical access hospital and hospital readmissions.  Note: The critical access hospital's discharge planning process requires regular reevaluation of the patient's condition to identify changes that require modification of the discharge plan. The discharge plan is updated as needed to reflect these changes.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PC.01.03.01, EP 23	
		The critical access hospital revises plans and goals for care,	
		treatment, and services based on the patient's needs.	
§482.43(a)(7)	(7) The hospital must assess its	PC.04.01.03, EP 10	PC.14.01.01, EP 14
	discharge planning process on	The critical access hospital assesses its discharge planning	The critical access hospital assesses its discharge planning
	a regular basis. The	process within its established time frames. The assessment	process on a regular basis, as defined by the critical access
	assessment must include	includes ongoing, periodic review of a representative sample	hospital. The assessment includes an ongoing, periodic
	ongoing, periodic review of a	of discharge plans, including those patients who were	review of a representative sample of discharge plans,
	representative sample of	readmitted within 30 days of a previous admission, to make	including plans for patients who were readmitted within 30
	discharge plans, including	certain that the plans are responsive to patient post-	days of a previous admission, to make certain that the plans
	those patients who were	discharge needs.	are responsive to patient postdischarge needs.
	readmitted within 30 days of a		
	previous admission, to ensure		
	that the plans are responsive to		
	patient post-discharge needs.		
§482.43(a)(8)	(8) The hospital must assist	PC.04.01.01, EP 31	PC.14.01.01, EP 7
	patients, their families, or the	The critical access hospital assists patients, their families, or	The critical access hospital assists the patient, their family,
	patient's representative in	the patient's representative in selecting a post-acute care	or the patient's representative in selecting a post-acute care
	selecting a post-acute care	provider by using and sharing data that includes, but is not	provider by using and sharing data that includes but is not
	provider by using and sharing	limited to, home health agency, skilled nursing facility,	limited to home health agency, skilled nursing facility,
	data that includes, but is not	inpatient rehabilitation facility, and long term care hospital	inpatient rehabilitation facility, and long-term care hospital
	limited to, HHA, SNF, IRF, or	data on quality measures and resource-use measures. The	data on quality measures and resource-use measures. The
	LTCH data on quality measures	critical access hospital makes certain that the post-acute	critical access hospital makes certain that the post-acute
	and data on resource use	care data on quality measures and resource-use measures is	care data on quality measures and resource-use measures is
	measures. The hospital must	relevant and applicable to the patient's goals of care and	relevant and applicable to the patient's goals of care and
	ensure that the post-acute care	treatment preferences.	treatment preferences.
	data on quality measures and		
	data on resource use measures		
	is relevant and applicable to		
	the patient's goals of care and treatment preferences.		
8400 42(b)	•	IM 02 04 04 ED 4	DC 14 02 02 ED 1
§482.43(b)	§482.43(b) Standard: Discharge	IM.02.01.01, EP 4	PC.14.02.03, EP 1
	of the patient and provision and	The critical access hospital discloses health information only	The critical access hospital provides or transmits necessary

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	transmission of the patient's	as authorized by the patient or as otherwise consistent with	medical information when discharging, transferring, or
	necessary medical information.	law and regulation.	referring the patient to post–acute care service providers and
	The hospital must discharge		suppliers, facilities, agencies, and other outpatient service
	the patient, and also transfer or	PC.02.02.01, EP 1	providers and practitioners who are responsible for the
	refer the patient where	The critical access hospital follows a process to receive or	patient's follow-up or ancillary care. Necessary medical
	applicable, along with all	share patient information when the patient is referred to	information includes, at a minimum, the following:
	necessary medical information	other internal or external providers of care, treatment, and	- Current course of illness and treatment
	pertaining to the patient's	services.	- Postdischarge goals of care
	current course of illness and		- Treatment preferences at the time of discharge
	treatment, postdischarge goals	PC.04.02.01, EP 1	Note: For swing beds in critical access hospitals: The
	of care, and treatment	At the time of the patient's discharge or transfer, the critical	information sent to the receiving provider also includes the
	preferences, at the time of	access hospital informs other service providers who will	following:
	discharge, to the appropriate	provide care, treatment, and services to the patient about	- Contact information of the physician or other licensed
	post-acute care service	the following:	practitioner responsible for the care of the resident
	providers and suppliers,	- The reason for the patient's discharge or transfer	- Resident representative information, including contact
	facilities, agencies, and other	- The patient's physical and psychosocial status	information
	outpatient service providers	- A summary of care, treatment, and services it provided to	- Advance directive information
	and practitioners responsible	the patient	- All special instructions or precautions for ongoing care,
	for the patient's follow-up or	- The patient's progress toward goals	when appropriate
	ancillary care.	- A list of community resources or referrals made or provided	- Comprehensive care plan goals
		to the patient	- All other necessary information, including a copy of the
			residents discharge summary, consistent with 42 CFR
		Note: For swing beds in critical access hospitals: The	483.21(c)(2), and any other documentation, as applicable, to
		information sent to the receiving provider also includes the following:	support a safe and effective transition of care
		- Contact information of the physician or other licensed	
		practitioner responsible for the care of the resident	
		- Resident representative information, including contact	
		information	
		- Advance directive information	
		- All special instructions or precautions for ongoing care,	
		when appropriate	
		- Comprehensive care plan goals	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.43(c)	§482.43(c) Standard:		
	Requirements related to post-		
	acute care services. For those		
	patients discharged home and		
	referred for HHA services, or for		
	those patients transferred to a		
	SNF for post-hospital extended		
	care services, or transferred to		
	an IRF or LTCH for specialized		
	hospital services, the following		
	requirements apply, in addition		
	to those set out at paragraphs		
	(a) and (b) of this section:		
§482.43(c)(1)	(1) The hospital must include in		PC.14.01.01, EP 8
	the discharge plan a list of		For rehabilitation and psychiatric distinct part units in critical
	HHAs, SNFs, IRFs, or LTCHs		access hospitals: The patient's discharge plan includes a list
	that are available to the patient,		of home health agencies, skilled nursing facilities, inpatient
	that are participating in the		rehabilitation facilities, or long-term care hospitals that are
	Medicare program, and that		available to the patient, participating in the Medicare
	serve the geographic area (as		program, and serving the geographic area in which the
	defined by the HHA) in which		patient resides (as defined by the home health agency or, in
	the patient resides, or in the		the case of a skilled nursing facility, inpatient rehabilitation
	case of a SNF, IRF, or LTCH, in		facility, or long-term care hospital, in the geographic area
	the geographic area requested		requested by the patient). The critical access hospital
	by the patient. HHAs must		documents in the medical record that this list was presented
	request to be listed by the		to the patient or the patient's representative.
	hospital as available.		Note 1: Home health agencies must request to be listed by
			the critical access hospital.
			Note 2: This list is only presented to patients for whom home
			health care, posthospital extended care services, skilled
			nursing, inpatient rehabilitation, or long-term care hospital
			services are identified as needed.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.43(c)(1)(i)	(i) This list must only be	PC.04.01.01, EP 32	PC.14.01.01, EP 8
	presented to patients for whom	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	home health care post-hospital	access hospitals: The patient's discharge plan includes a list	access hospitals: The patient's discharge plan includes a list
	extended care services, SNF,	of home health agencies, skilled nursing facilities, inpatient	of home health agencies, skilled nursing facilities, inpatient
	IRF, or LTCH services are	rehabilitation facilities, or long-term care hospitals that are	rehabilitation facilities, or long-term care hospitals that are
	indicated and appropriate as	available to the patient, participating in the Medicare	available to the patient, participating in the Medicare
	determined by the discharge	program, and serving the geographic area in which the	program, and serving the geographic area in which the
	planning evaluation.	patient resides (as defined by the home health agency or in	patient resides (as defined by the home health agency or, in
		the case of a skilled nursing facility, inpatient rehabilitation	the case of a skilled nursing facility, inpatient rehabilitation
		facility, or long-term care hospital, in the geographic area	facility, or long-term care hospital, in the geographic area
		requested by the patient). The hospital documents in the	requested by the patient). The critical access hospital
		medical record that this list was presented to the patient or	documents in the medical record that this list was presented
		the patient's representative.	to the patient or the patient's representative.
		Note 1: Home health agencies must request to be listed by	Note 1: Home health agencies must request to be listed by
		the hospital.	the critical access hospital.
		Note 2: This list is only presented to patients for whom home	Note 2: This list is only presented to patients for whom home
		health care, post-hospital extended care services, skilled	health care, posthospital extended care services, skilled
		nursing, inpatient rehabilitation, or long-term care hospital	nursing, inpatient rehabilitation, or long-term care hospital
		services are identified as needed.	services are identified as needed.
§482.43(c)(1)(ii)	(ii) For patients enrolled in	PC.04.01.01, EP 33	PC.14.01.01, EP 9
	managed care organizations,	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	the hospital must make the	access hospitals: For patients enrolled in managed care	access hospitals: For patients enrolled in managed care
	patient aware of the need to	organizations, the critical access hospital makes patients	organizations, the critical access hospital makes patients
	verify with their managed care	aware of the need to verify with their managed care	aware of the need to verify with their managed care
	organization which	organization which practitioners, providers, or certified	organization which practitioners, providers, or certified
	practitioners, providers or	suppliers are in the managed care organization's network. If	suppliers are in the managed care organization's network. If
	certified suppliers are in the	the critical access hospital has information on which	the critical access hospital has information on which
	managed care organization's	practitioners, providers, or certified suppliers are in the	practitioners, providers, or certified suppliers are in the
	network. If the hospital has	network of the patient's managed care organization, it shares	network of the patient's managed care organization, it shares
	information on which	this information with the patient or the patient's	this information with the patient or the patient's
	practitioners, providers or	representative.	representative.
	certified supplies are in the		
	network of the patient's		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	managed care organization, it must share this with the patient or the patient's representative.		
§482.43(c)(1)(iii)	(iii) The hospital must document in the patient's medical record that the list was presented to the patient or to the patient's representative.	PC.04.01.01, EP 25 For rehabilitation and psychiatric distinct part units in critical access hospitals: The discharge plan identifies any home health agency or skilled nursing facility in which the critical access hospital has a disclosable financial interest, and any home health agency or skilled nursing facility that has a disclosable financial interest in a critical access hospital.  Note: Disclosure of financial interest is determined in accordance with the provisions in 42 CFR 420, subpart C and section 1861 of the Social Security Act.	PC.14.01.01, EP 8  For rehabilitation and psychiatric distinct part units in critical access hospitals: The patient's discharge plan includes a list of home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, or long-term care hospitals that are available to the patient, participating in the Medicare program, and serving the geographic area in which the patient resides (as defined by the home health agency or, in the case of a skilled nursing facility, inpatient rehabilitation facility, or long-term care hospital, in the geographic area requested by the patient). The critical access hospital documents in the medical record that this list was presented to the patient or the patient's representative.  Note 1: Home health agencies must request to be listed by the critical access hospital.  Note 2: This list is only presented to patients for whom home health care, posthospital extended care services, skilled nursing, inpatient rehabilitation, or long-term care hospital services are identified as needed.
§482.43(c)(2)	(2) The hospital, as part of the discharge planning process, must inform the patient or the patient's representative of their freedom to choose among participating Medicare providers and suppliers of post-discharge services and must, when possible, respect the patient's or the patient's representative's goals of care	PC.04.01.01, EP 22  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital informs the patient or the patient's representative of the patient's freedom to choose among participating Medicare providers and suppliers of post-discharge services and, when possible, respects the patient's or patient representative's goals of care and treatment preferences, as well as other preferences when they are expressed. The critical access hospital does not limit the qualified providers who are available to the patient.	PC.14.01.01, EP 10  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital informs the patient or the patient's representative of their freedom to choose among participating Medicare providers and suppliers of postdischarge services and, when possible, respects the patient's or their representative's goals of care and treatment preferences, as well as other preferences when they are expressed. The critical access hospital does not limit the qualified providers or suppliers that are available to the patient.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	and treatment preferences, as		
	well as other preferences they		
	express. The hospital must not		
	specify or otherwise limit the		
	qualified providers or suppliers		
	that are available to the patient.		
§482.43(c)(3)	(3) The discharge plan must	PC.04.01.01, EP 25	PC.14.01.01, EP 11
	identify any HHA or SNF to	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	which the patient is referred in	access hospitals: The discharge plan identifies any home	access hospitals: The discharge plan identifies any home
	which the hospital has a	health agency or skilled nursing facility in which the critical	health agency or skilled nursing facility in which the critical
	disclosable financial interest,	access hospital has a disclosable financial interest, and any	access hospital has a disclosable financial interest and any
	as specified by the Secretary,	home health agency or skilled nursing facility that has a	home health agency or skilled nursing facility that has a
	and any HHA or SNF that has a	disclosable financial interest in a critical access hospital.	disclosable financial interest in a critical access hospital.
	disclosable financial interest in	Note: Disclosure of financial interest is determined in	Note: Disclosure of financial interest is determined in
	a hospital under Medicare.	accordance with the provisions in 42 CFR 420, subpart C and	accordance with the provisions in 42 CFR 420, subpart C,
	Financial interests that are	section 1861 of the Social Security Act.	and section 1861 of the Social Security Act (42 U.S.C. 1395x).
	disclosable under Medicare are		
	determined in accordance with		
	the provisions of part 420,		
	subpart C, of this chapter.		
§482.45	§482.45 Condition of		
	Participation: Organ, Tissue and		
	Eye Procurement		
§482.45(a)	§482.45(a) Standard: Organ		
	Procurement Responsibilities		
	The hospital must have and		
	implement written protocols		
	that:		
§482.45(a)(1)	(1) Incorporate an agreement	TS.01.01.01, EP 1	TS.11.01.01, EP 1
	with an OPO designated under	The critical access hospital has a written agreement with an	The critical access hospital develops and implements
	part 486 of this chapter, under	organ procurement organization (OPO) and follows its rules	written policies and procedures for organ procurement
	which it must notify, in a timely	and regulations.	responsibilities that include the following:
	manner, the OPO or a third		- A written agreement with an organ procurement

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	party designated by the OPO of	TS.01.01.01, EP 9	organization (OPO) that requires the critical access hospital
	individuals whose death is	The critical access hospital notifies the organ procurement	to notify, in a timely manner, the OPO or a third party
	imminent or who have died in	organization (OPO) of patients who have died and of	designated by the OPO of individuals whose death is
	the hospital. The OPO	mechanically ventilated patients whose death is imminent,	imminent or who have died in the critical access hospital,
	determines medical suitability	according to the following:	and that includes the OPO's responsibility to determine
	for organ donation and, in the	- Clinical triggers defined jointly with its medical staff and the	medical suitability for organ donation
	absence of alternative	designated OPO	- A written agreement with at least one tissue bank and at
	arrangements by the hospital,	- Within the time frames (ideally, within one hour of death for	least one eye bank to cooperate in retrieving, processing,
	the OPO determines medical	patients who have expired) jointly agreed on by the critical	preserving, storing, and distributing tissues and eyes to make
	suitability for tissue and eye	access hospital and the designated OPO	certain that all usable tissues and eyes are obtained from
	donation, using the definition of	- For mechanically ventilated patients, prior to the	potential donors, to the extent that the agreement does not
	potential tissue and eye donor	withdrawal of life-sustaining therapies including medical or	interfere with organ procurement
	and the notification protocol	pharmacological support	- Designation of an individual, who is an organ procurement
	developed in consultation with	Note: For additional information about criteria for the	representative, an organizational representative of a tissue or
	the tissue and eye banks	determination of brain death, please see the American	eye bank, or a designated requestor, to notify the family
	identified by the hospital for	Academy of Neurology guidelines available at	regarding the option to donate or decline to donate organs,
	this purpose;	https://n.neurology.org/content/early/2023/09/13/WNL.0000	tissues, or eyes
		000000207740 and the American Academy of Pediatrics	- Procedures for informing the family of each potential donor
		guidelines available at	about the option to donate or decline to donate organs,
		https://www.aan.com/Guidelines/Home/GuidelineDetail/10	tissues, or eyes, in collaboration with the designated OPO
		85 and the interactive tool that can be used alongside the	- Education and training of staff in the use of discretion and
		new guidance to help walk clinicians through the BD/DNC	sensitivity to the circumstances, views, and beliefs of the
		evaluation process at	family when discussing potential organ, tissue, or eye donations
		https://www.aan.com/Guidelines/BDDNC.	Note 1: The critical access hospital has an agreement with
		TS.01.01.01, EP 11	an OPO designated under 42 CFR part 486.
		The organ procurement organization determines medical	Note 2: The requirements for a written agreement with at
		suitability of organs for organ donation and, in the absence of	least one tissue bank and at least one eye bank may be
		alternative arrangements by the critical access hospital, it	satisfied through a single agreement with an OPO that
		determines the medical suitability of tissue and eyes for	provides services for organ, tissue, and eye, or by a separate
		donation.	agreement with another tissue and/or eye bank outside the
		donadon	OPO, chosen by the critical access hospital.
			Note 3: A designated requestor is an individual who has
			1 11010 0171 accipitated requestor to air marriadat wito flab

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			completed a course offered or approved by the OPO. This course is designed in conjunction with the tissue and eye bank community to provide a methodology for approaching potential donor families and requesting organ and tissue donation.  Note 4: The term "organ" means a human kidney, liver, heart, lung, pancreas, or intestines (or multivisceral organs).  Note 5: For additional information about criteria for the determination of brain death, see the American Academy of Neurology guidelines available at https://n.neurology.org/content/early/2023/09/13/WNL.0000 000000207740, the American Academy of Pediatrics guidelines available at https://www.aan.com/Guidelines/Home/GuidelineDetail/10 85, and the interactive tool that can be used alongside the new guidance to help walk clinicians through the BD/DNC evaluation process at
§482.45(a)(2)	(2) Incorporate an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage and distribution of tissues and eyes, as may be appropriate to assure that all usable tissues and eyes are obtained from potential donors, insofar as such an agreement does not interfere with organ procurement;	TS.01.01.01, EP 3  The critical access hospital has a written agreement with at least one tissue bank and at least one eye bank to cooperate in retrieving, processing, preserving, storing, and distributing tissues and eyes.  Note 1: This process should not interfere with organ procurement.  Note 2: It is not necessary for a critical access hospital to have a separate agreement with a tissue bank if it has an agreement with its organ procurement organization (OPO) to provide tissue procurement services, nor is it necessary for a critical access hospital to have a separate agreement with an eye bank if its OPO provides eye procurement services. The critical access hospital is not required to use the OPO for	https://www.aan.com/Guidelines/BDDNC.  TS.11.01.01, EP 1  The critical access hospital develops and implements written policies and procedures for organ procurement responsibilities that include the following:  - A written agreement with an organ procurement organization (OPO) that requires the critical access hospital to notify, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the critical access hospital, and that includes the OPO's responsibility to determine medical suitability for organ donation  - A written agreement with at least one tissue bank and at least one eye bank to cooperate in retrieving, processing, preserving, storing, and distributing tissues and eyes to make certain that all usable tissues and eyes are obtained from

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		tissue or eye procurement, and is free to have an agreement	potential donors, to the extent that the agreement does not
		with the tissue bank or eye bank of its choice.	interfere with organ procurement
			- Designation of an individual, who is an organ procurement
			representative, an organizational representative of a tissue or
			eye bank, or a designated requestor, to notify the family
			regarding the option to donate or decline to donate organs,
			tissues, or eyes
			- Procedures for informing the family of each potential donor
			about the option to donate or decline to donate organs,
			tissues, or eyes, in collaboration with the designated OPO
			- Education and training of staff in the use of discretion and
			sensitivity to the circumstances, views, and beliefs of the
			family when discussing potential organ, tissue, or eye
			donations
			Note 1: The critical access hospital has an agreement with
			an OPO designated under 42 CFR part 486.
			Note 2: The requirements for a written agreement with at
			least one tissue bank and at least one eye bank may be
			satisfied through a single agreement with an OPO that
			provides services for organ, tissue, and eye, or by a separate
			agreement with another tissue and/or eye bank outside the
			OPO, chosen by the critical access hospital.
			Note 3: A designated requestor is an individual who has completed a course offered or approved by the OPO. This
			course is designed in conjunction with the tissue and eye
			bank community to provide a methodology for approaching
			potential donor families and requesting organ and tissue
			donation.
			Note 4: The term "organ" means a human kidney, liver, heart,
			lung, pancreas, or intestines (or multivisceral organs).
			Note 5: For additional information about criteria for the
			determination of brain death, see the American Academy of
			Neurology guidelines available at
			riodrotogy guidetines avaitable at

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			https://n.neurology.org/content/early/2023/09/13/WNL.0000
			000000207740, the American Academy of Pediatrics
			guidelines available at
			https://www.aan.com/Guidelines/Home/GuidelineDetail/10
			85, and the interactive tool that can be used alongside the
			new guidance to help walk clinicians through the BD/DNC
			evaluation process at
			https://www.aan.com/Guidelines/BDDNC.
§482.45(a)(3)	(3) Ensure, in collaboration with	TS.01.01.01, EP 6	TS.11.01.01, EP 1
	the designated OPO, that the	The critical access hospital develops, in collaboration with	The critical access hospital develops and implements
	family of each potential donor	the designated organ procurement organization, written	written policies and procedures for organ procurement
	is informed of its options to	procedures for notifying the family of each potential donor	responsibilities that include the following:
	donate organs, tissues, or eyes,	about the option to donate or decline to donate organs,	- A written agreement with an organ procurement
	or to decline to donate. The	tissues, or eyes.	organization (OPO) that requires the critical access hospital
	individual designated by the		to notify, in a timely manner, the OPO or a third party
	hospital to initiate the request		designated by the OPO of individuals whose death is
	to the family must be an organ		imminent or who have died in the critical access hospital,
	procurement representative or		and that includes the OPO's responsibility to determine
	a designated requestor. A		medical suitability for organ donation
	designated requestor is an		- A written agreement with at least one tissue bank and at
	individual who has completed a		least one eye bank to cooperate in retrieving, processing,
	course offered or approved by		preserving, storing, and distributing tissues and eyes to make
	the OPO and designed in		certain that all usable tissues and eyes are obtained from
	conjunction with the tissue and		potential donors, to the extent that the agreement does not
	eye bank community in the		interfere with organ procurement
	methodology for approaching		- Designation of an individual, who is an organ procurement
	potential donor families and		representative, an organizational representative of a tissue or
	requesting organ or tissue		eye bank, or a designated requestor, to notify the family
	donation;		regarding the option to donate or decline to donate organs,
			tissues, or eyes
			- Procedures for informing the family of each potential donor
			about the option to donate or decline to donate organs,
			tissues, or eyes, in collaboration with the designated OPO

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			- Education and training of staff in the use of discretion and
			sensitivity to the circumstances, views, and beliefs of the
			family when discussing potential organ, tissue, or eye
			donations
			Note 1: The critical access hospital has an agreement with
			an OPO designated under 42 CFR part 486.
			Note 2: The requirements for a written agreement with at
			least one tissue bank and at least one eye bank may be
			satisfied through a single agreement with an OPO that
			provides services for organ, tissue, and eye, or by a separate
			agreement with another tissue and/or eye bank outside the
			OPO, chosen by the critical access hospital.
			Note 3: A designated requestor is an individual who has
			completed a course offered or approved by the OPO. This
			course is designed in conjunction with the tissue and eye
			bank community to provide a methodology for approaching
			potential donor families and requesting organ and tissue
			donation.
			Note 4: The term "organ" means a human kidney, liver, heart,
			lung, pancreas, or intestines (or multivisceral organs).
			Note 5: For additional information about criteria for the
			determination of brain death, see the American Academy of
			Neurology guidelines available at
			https://n.neurology.org/content/early/2023/09/13/WNL.0000
			000000207740, the American Academy of Pediatrics
			guidelines available at
			https://www.aan.com/Guidelines/Home/GuidelineDetail/10
			85, and the interactive tool that can be used alongside the
			new guidance to help walk clinicians through the BD/DNC
			evaluation process at
8400 45(c)(0)	Floment Deleted	TS.01.01.01, EP 7	https://www.aan.com/Guidelines/BDDNC.
§482.45(a)(3)	Element Deleted	,	
continued		The individual designated by the critical access hospital to	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		notify the family regarding the option to donate or decline to	
		donate organs, tissues, or eyes is an organ procurement	
		representative, an organizational representative of a tissue or	
		eye bank, or a designated requestor.	
		Note: A designated requestor is an individual who has	
		completed a course offered or approved by the organ	
		procurement organization. This course is designed in	
		conjunction with the tissue and eye bank community to	
		provide a methodology for approaching potential donor	
0.400.45(.)(4)	(0.5	families and requesting organ and tissue donation.	
§482.45(a)(4)	(4) Encourage discretion and	TS.01.01.01, EP 5	TS.11.01.01, EP 1
	sensitivity with respect to the	Staff education includes training in the use of discretion and	The critical access hospital develops and implements
	circumstances, views, and	sensitivity to the circumstances, beliefs, and desires of the	written policies and procedures for organ procurement
	beliefs of the families of	families of potential organ, tissue, or eye donors.	responsibilities that include the following:
	potential donors;		- A written agreement with an organ procurement
			organization (OPO) that requires the critical access hospital to notify, in a timely manner, the OPO or a third party
			designated by the OPO of individuals whose death is
			imminent or who have died in the critical access hospital,
			and that includes the OPO's responsibility to determine
			medical suitability for organ donation
			- A written agreement with at least one tissue bank and at
			least one eye bank to cooperate in retrieving, processing,
			preserving, storing, and distributing tissues and eyes to make
			certain that all usable tissues and eyes are obtained from
			potential donors, to the extent that the agreement does not
			interfere with organ procurement
			- Designation of an individual, who is an organ procurement
			representative, an organizational representative of a tissue or
			eye bank, or a designated requestor, to notify the family
			regarding the option to donate or decline to donate organs,
			tissues, or eyes
			- Procedures for informing the family of each potential donor

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			about the option to donate or decline to donate organs,
			tissues, or eyes, in collaboration with the designated OPO
			- Education and training of staff in the use of discretion and
			sensitivity to the circumstances, views, and beliefs of the
			family when discussing potential organ, tissue, or eye
			donations
			Note 1: The critical access hospital has an agreement with
			an OPO designated under 42 CFR part 486.
			Note 2: The requirements for a written agreement with at
			least one tissue bank and at least one eye bank may be
			satisfied through a single agreement with an OPO that
			provides services for organ, tissue, and eye, or by a separate
			agreement with another tissue and/or eye bank outside the
			OPO, chosen by the critical access hospital.
			Note 3: A designated requestor is an individual who has
			completed a course offered or approved by the OPO. This
			course is designed in conjunction with the tissue and eye
			bank community to provide a methodology for approaching
			potential donor families and requesting organ and tissue
			donation.
			Note 4: The term "organ" means a human kidney, liver, heart,
			lung, pancreas, or intestines (or multivisceral organs).  Note 5: For additional information about criteria for the
			determination of brain death, see the American Academy of Neurology guidelines available at
			https://n.neurology.org/content/early/2023/09/13/WNL.0000
			000000207740, the American Academy of Pediatrics
			guidelines available at
			https://www.aan.com/Guidelines/Home/GuidelineDetail/10
			85, and the interactive tool that can be used alongside the
			new guidance to help walk clinicians through the BD/DNC
			evaluation process at
			https://www.aan.com/Guidelines/BDDNC.
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CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.45(a)(5)	(5) Ensure that the hospital works cooperatively with the designated OPO, tissue bank and eye bank in educating staff on donation issues, reviewing death records to improve identification of potential donors, and maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes take place.	TS.01.01.01, EP 4  The critical access hospital works with the organ procurement organization (OPO) and tissue and eye banks to do the following:  Review death records in order to improve identification of potential donors.  Maintain potential donors while the necessary testing and placement of potential donated organs, tissues, and eyes takes place in order to maximize the viability of donor organs for transplant.  Educate staff about issues surrounding donation.  Develop a written donation policy that addresses opportunities for asystolic recovery that is mutually agreed upon by the critical access hospital, its medical staff, and the designated OPO. When the critical access hospital and its medical staff agree not to provide for asystolic recovery and cannot achieve agreement with the designated OPO, the critical access hospital documents its efforts to reach an agreement with its OPO, and the donation policy addresses the critical access hospital's justification for not providing for asystolic recovery.  TS.01.01.01, EP 5  Staff education includes training in the use of discretion and	TS.11.01.01, EP 2  The critical access hospital develops and implements policies and procedures for working with the organ procurement organization (OPO) and tissue and eye banks to do the following:  Review death records in order to improve identification of potential donors  Maintain potential donors while the necessary testing and placement of potential donated organs, tissues, and eyes takes place in order to maximize the viability of donor organs for transplant  Educate staff about issues surrounding donation
		sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors.	
§482.45(a)(5) continued	Element Deleted	TS.01.01, EP 4  The critical access hospital works with the organ procurement organization (OPO) and tissue and eye banks to do the following:  - Review death records in order to improve identification of potential donors.  - Maintain potential donors while the necessary testing and	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		placement of potential donated organs, tissues, and eyes	
		takes place in order to maximize the viability of donor organs	
		for transplant.	
		- Educate staff about issues surrounding donation.	
		- Develop a written donation policy that addresses	
		opportunities for asystolic recovery that is mutually agreed	
		upon by the critical access hospital, its medical staff, and	
		the designated OPO. When the critical access hospital and	
		its medical staff agree not to provide for asystolic recovery	
		and cannot achieve agreement with the designated OPO, the	
		critical access hospital documents its efforts to reach an	
		agreement with its OPO, and the donation policy addresses	
		the critical access hospital's justification for not providing for	
		asystolic recovery.	
§482.45(b)	§482.45(b) Standard: Organ		
	Transplantation		
	Responsibilities		
§482.45(b)(1)	(1) A hospital in which organ	TS.02.01.01, EP 1	TS.12.01.01, EP 1
	transplants are performed must	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	be a member of the Organ	access hospitals: The critical access hospital performing	access hospitals: The critical access hospital performing
	Procurement and	organ transplants belongs to and abides by the rules of the	organ transplants belongs to and abides by the rules of the
	Transplantation Network	Organ Procurement and Transplantation Network (OPTN) *	Organ Procurement and Transplantation Network (OPTN)
	(OPTN) established and	established under section 372 of the Public Health Service	established under section 372 of the Public Health Service
	operated in accordance with	(PHS) Act.	(PHS) Act.
	section 372 of the Public Health	Footnote *: The term "rules of the OPTN" means those rules	Note: The term "rules of the OPTN" means those rules
	Service (PHS) Act (42 U.S.C.	provided for in regulations issued by the Secretary in	provided for in regulations issued by the Secretary of the US
	274) and abide by its rules. The	accordance with section 372 of the PHS Act which are	Department of Health &
	term "rules of the OPTN"	enforceable under 42 CFR 121.10. No hospital is considered	with section 372 of the PHS Act which are enforceable under
	means those rules provided for	to be out of compliance with section 1138(a)(1)(B) of the Act,	42 CFR 121.10. No hospital is considered to be out of
	in regulations issued by the	or with the requirements of this paragraph, unless the	compliance with section 1138(a)(1)(B) of the Act, or with the
	Secretary in accordance with	Secretary has given the OPTN formal notice that the	requirements of this element of performance, unless the
	section 372 of the PHS Act	Secretary approves the decision to exclude the hospital from	Secretary has given the OPTN formal notice that the
	which are enforceable under 42	the OPTN and has notified the hospital in writing.	Secretary approves the decision to exclude the critical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	CFR 121.10. No hospital is		access hospital from the OPTN and has notified the critical
	considered to be out of		access hospital in writing.
	compliance with section		
	1138(a)(1)(B) of the Act, or with		
	the requirements of this		
	paragraph, unless the Secretary		
	has given the OPTN formal		
	notice that he or she approves		
	the decision to exclude the		
	hospital from the OPTN and has		
	notified the hospital in writing.		
§482.45(b)(2)	(2) For purposes of these		TS.11.01.01, EP 1
	standards, the term "organ"		The critical access hospital develops and implements
	means a human kidney, liver,		written policies and procedures for organ procurement
	heart, lung, or pancreas.		responsibilities that include the following:
			- A written agreement with an organ procurement
			organization (OPO) that requires the critical access hospital
			to notify, in a timely manner, the OPO or a third party
			designated by the OPO of individuals whose death is
			imminent or who have died in the critical access hospital,
			and that includes the OPO's responsibility to determine
			medical suitability for organ donation
			- A written agreement with at least one tissue bank and at
			least one eye bank to cooperate in retrieving, processing,
			preserving, storing, and distributing tissues and eyes to make certain that all usable tissues and eyes are obtained from
			_
			potential donors, to the extent that the agreement does not interfere with organ procurement
			- Designation of an individual, who is an organ procurement
			representative, an organizational representative of a tissue or
			eye bank, or a designated requestor, to notify the family
			regarding the option to donate or decline to donate organs,
			tissues, or eyes
			11001100, 01 6460

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			- Procedures for informing the family of each potential donor
			about the option to donate or decline to donate organs,
			tissues, or eyes, in collaboration with the designated OPO
			- Education and training of staff in the use of discretion and
			sensitivity to the circumstances, views, and beliefs of the
			family when discussing potential organ, tissue, or eye
			donations
			Note 1: The critical access hospital has an agreement with
			an OPO designated under 42 CFR part 486.
			Note 2: The requirements for a written agreement with at
			least one tissue bank and at least one eye bank may be
			satisfied through a single agreement with an OPO that
			provides services for organ, tissue, and eye, or by a separate
			agreement with another tissue and/or eye bank outside the
			OPO, chosen by the critical access hospital.
			Note 3: A designated requestor is an individual who has
			completed a course offered or approved by the OPO. This
			course is designed in conjunction with the tissue and eye
			bank community to provide a methodology for approaching
			potential donor families and requesting organ and tissue
			donation.
			Note 4: The term "organ" means a human kidney, liver, heart,
			lung, pancreas, or intestines (or multivisceral organs).
			Note 5: For additional information about criteria for the
			determination of brain death, see the American Academy of
			Neurology guidelines available at
			https://n.neurology.org/content/early/2023/09/13/WNL.0000
			000000207740, the American Academy of Pediatrics
			guidelines available at
			https://www.aan.com/Guidelines/Home/GuidelineDetail/10
			85, and the interactive tool that can be used alongside the
			new guidance to help walk clinicians through the BD/DNC

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			evaluation process at
			https://www.aan.com/Guidelines/BDDNC.
§482.45(b)(3)	(3) If a hospital performs any	TS.02.01.01, EP 2	TS.12.01.01, EP 2
	type of transplants, it must	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	provide organ transplant	access hospitals: If requested, the critical access hospital	access hospitals: If requested, the critical access hospital
	related data, as requested by	provides all data related to organ transplant to the Organ	provides all data related to organ transplant to the Organ
	the OPTN, the Scientific	Procurement and Transplantation Network (OPTN), the	Procurement and Transplantation Network (OPTN), the
	Registry, and the OPOs. The	Scientific Registry, or the critical access hospital's	Scientific Registry of Transplant Recipients, the critical
	hospital must also provide such	designated organ procurement organization (OPO), and	access hospital's designated organ procurement
	data directly to the Department	when requested by the Office of the Secretary, directly to the	organization (OPO), and, when requested by the Office of the
	when requested by the	US Department of Health & Department of Healt	Secretary, directly to the US Department of Health & Department & Depar
	Secretary.		Human Services.
§482.51	§482.51 Condition of	HR.01.05.03, EP 1	LD.13.03.01, EP 1
	Participation: Surgical Services	Staff participate in ongoing education and training to	The critical access hospital provides services directly or
	If the hospital provides surgical	maintain or increase their competency and, as needed,	through referral, consultation, contractual arrangements, or
	services, the services must be	when staff responsibilities change. Staff participation is	other agreements that meet the needs of the population(s)
	well organized and provided in	documented.	served, are organized appropriate to the scope and
	accordance with acceptable		complexity of services offered, and are in accordance with
	standards of practice. If	HR.01.06.01, EP 1	accepted standards of practice. Services may include but
	outpatient surgical services are	The critical access hospital defines the competencies it	are not limited to the following:
	offered the services must be	requires of its staff who provide patient care, treatment, or	- Outpatient
	consistent in quality with	services.	- Emergency
	inpatient care in accordance		- Medical records
	with the complexity of services	HR.01.06.01, EP 3	- Diagnostic and therapeutic radiology
	offered.	An individual with the educational background, experience,	- Nuclear medicine
		or knowledge related to the skills being reviewed assesses	- Surgical
		competence.	- Anesthesia
		Note: When a suitable individual cannot be found to assess	- Laboratory
		staff competence, the critical access hospital can utilize an	- Respiratory
		outside individual for this task. If a suitable individual inside	- Dietetic
		or outside the critical access hospital cannot be found, the	
		critical access hospital may consult the competency	LD.13.03.01, EP 10
		guidelines from an appropriate professional organization to	If the critical access hospital provides outpatient surgical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		make its assessment.	services, the services are consistent with the quality of
			inpatient surgical care.
		HR.01.06.01, EP 5	
		Staff competence is initially assessed and documented as	
		part of orientation.	
		HR.01.06.01, EP 6	
		Staff competence is assessed and documented once every	
		three years, or more frequently as required by critical access	
		hospital policy or in accordance with law and regulation.	
		IC.05.01.01, EP 1	
		The critical access hospital's governing body, or responsible	
		individual, is responsible for the implementation,	
		performance, and sustainability of the infection prevention	
		and control program and provides resources to support and	
		track the implementation, success, and sustainability of the	
		program's activities.	
		Note: To make certain that systems are in place and	
		operational to support the program, the governing body, or	
		responsible individual, provides access to information	
		technology; laboratory services; equipment and supplies;	
		local, state, and federal public health authorities' advisories	
		and alerts, such as the CDC's Health Alert Network (HAN);	
		FDA alerts; manufacturers' instructions for use; and	
		guidelines used to inform policies.	
		IC.06.01.01, EP 3	
		The critical access hospital implements activities for the	
		surveillance, prevention, and control of health care-	
		associated infections and other infectious diseases,	
		including maintaining a clean and sanitary environment to	
		avoid sources and transmission of infection, and addresses	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		any infection control issues identified by public health	
		authorities that could impact the critical access hospital.	
		LD.03.10.01, EP 1	
		For critical access hospitals that elect The Joint Commission	
		Primary Care Medical Home option or rehabilitation and	
		psychiatric distinct part units in critical access hospitals: The critical access hospital considers using clinical practice	
		guidelines when designing or improving processes.	
		guidelines when designing or improving processes.	
		LD.04.03.01, EP 3	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital provides at	
		least one of the following acute care clinical services:	
		- Child, adolescent, or adult psychiatry	
		- Medicine	
		- Obstetrics and gynecology	
		- Pediatrics	
		- Treatment for addictions	
		- Surgery	
		Note: When the critical access hospital provides surgical or obstetric services, anesthesia services are also available.	
		obstetric services, ariestriesia services are atso avaitable.	
		LD.04.03.07, EP 1	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Variances in staff, setting, or payment	
		source do not affect outcomes of care, treatment, and	
		services in a negative way.	
§482.51(a)	§482.51(a) Standard:	LD.01.03.01, EP 3	LD.13.03.01, EP 1
	Organization and Staffing The	The governing body approves the critical access hospital's	The critical access hospital provides services directly or
	organization of the surgical	written scope of services.	through referral, consultation, contractual arrangements, or
	services must be appropriate to	LD 00 40 04 ED 4	other agreements that meet the needs of the population(s)
		LD.03.10.01, EP 1	served, are organized appropriate to the scope and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	the scope of the services	For critical access hospitals that elect The Joint Commission	complexity of services offered, and are in accordance with
	offered.	Primary Care Medical Home option or rehabilitation and	accepted standards of practice. Services may include but
		psychiatric distinct part units in critical access hospitals: The	are not limited to the following:
		critical access hospital considers using clinical practice	- Outpatient
		guidelines when designing or improving processes.	- Emergency
			- Medical records
		LD.04.03.01, EP 3	- Diagnostic and therapeutic radiology
		For rehabilitation and psychiatric distinct part units in critical	- Nuclear medicine
		access hospitals: The critical access hospital provides at	- Surgical
		least one of the following acute care clinical services:	- Anesthesia
		- Child, adolescent, or adult psychiatry	- Laboratory
		- Medicine	- Respiratory
		- Obstetrics and gynecology	- Dietetic
		- Pediatrics	
		- Treatment for addictions	LD.13.03.01, EP 11
		- Surgery	For rehabilitation and psychiatric distinct part units in critical
		Note: When the critical access hospital provides surgical or	access hospitals: The surgical services are consistent with
		obstetric services, anesthesia services are also available.	the resources available.
§482.51(a)(1)	(1) The operating rooms must	HR.01.01.01, EP 1	NPG.12.01.01, EP 13
	be supervised by an	The critical access hospital defines staff qualifications	For rehabilitation and psychiatric distinct part units in critical
	experienced registered nurse or	specific to their job responsibilities.	access hospitals: The surgical services include but are not
	a doctor of medicine or	Note 1: Qualifications for infection control may be met	limited to the following staff:
	osteopathy.	through ongoing education, training, experience, and/or	- An experienced registered nurse or doctor of medicine or
		certification (such as that offered by the Certification Board	osteopathy who supervises the operating rooms
		for Infection Control).	- Licensed practical nurses (LPNs) and surgical technologists
		Note 2: For rehabilitation and psychiatric distinct part units in	(operating room technicians) who serve as scrub nurses, if
		critical access hospitals: Qualified physical therapists,	under the supervision of a registered nurse
		physical therapist assistants, occupational therapists,	- Qualified registered nurses who perform circulating duties
		occupational therapy assistants, speech-language	in the operating room
		pathologists, or audiologists (as defined in 42 CFR 484.4)	Note: In accordance with applicable state laws and
		provide physical therapy, occupational therapy, speech-	approved medical staff policies and procedures, LPNs and
		language pathology, or audiology services, if these services	surgical technologists may assist in circulatory duties under
		are provided by the critical access hospital. The provision of	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix B for 409.17 requirements.	the supervision of a qualified registered nurse who is immediately available to respond to emergencies.
		HR.01.01.01, EP 3 The critical access hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.	
		LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.	
		LD.03.06.01, EP 3 Those who work in the critical access hospital are competent to complete their assigned responsibilities.	
		LD.04.01.05, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed practitioner with clinical privileges.	
		PC.03.01.01, EP 5 A registered nurse supervises perioperative nursing care. Note: Qualified registered nurses may perform circulating duties in the operating room. In accordance with state law and regulation and critical access hospital policy, licensed	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		practical nurses and surgical technologists may assist the circulating registered nurse in performing circulatory duties as long as the registered nurse supervises these staff and is immediately available to respond to emergencies.	
§482.51(a)(2)	(2) Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) may serve as "scrub nurses" under the supervision of a registered nurse.	HR.01.01.01, EP 1  The critical access hospital defines staff qualifications specific to their job responsibilities.  Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).  Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix B for 409.17 requirements.	NPG.12.01.01, EP 13  For rehabilitation and psychiatric distinct part units in critical access hospitals: The surgical services include but are not limited to the following staff:  - An experienced registered nurse or doctor of medicine or osteopathy who supervises the operating rooms  - Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) who serve as scrub nurses, if under the supervision of a registered nurse  - Qualified registered nurses who perform circulating duties in the operating room  Note: In accordance with applicable state laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies.
		HR.01.02.07, EP 2 Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation.  PC.03.01.01, EP 5 A registered nurse supervises perioperative nursing care. Note: Qualified registered nurses may perform circulating duties in the operating room. In accordance with state law	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.51(a)(3)	(3) Qualified registered nurses	and regulation and critical access hospital policy, licensed practical nurses and surgical technologists may assist the circulating registered nurse in performing circulatory duties as long as the registered nurse supervises these staff and is immediately available to respond to emergencies.  HR.01.01.01, EP 1	NPG.12.01.01, EP 13
	may perform circulating duties in the operating room. In accordance with applicable State laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies.	The critical access hospital defines staff qualifications specific to their job responsibilities.  Note 1: Qualifications for infection control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).  Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: Qualified physical therapists, physical therapist assistants, occupational therapists, occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix B for 409.17 requirements.	For rehabilitation and psychiatric distinct part units in critical access hospitals: The surgical services include but are not limited to the following staff:  - An experienced registered nurse or doctor of medicine or osteopathy who supervises the operating rooms  - Licensed practical nurses (LPNs) and surgical technologists (operating room technicians) who serve as scrub nurses, if under the supervision of a registered nurse  - Qualified registered nurses who perform circulating duties in the operating room  Note: In accordance with applicable state laws and approved medical staff policies and procedures, LPNs and surgical technologists may assist in circulatory duties under the supervision of a qualified registered nurse who is immediately available to respond to emergencies.
		HR.01.02.07, EP 2 Staff who provide patient care, treatment, and services practice within the scope of their license, certification, or registration and as required by law and regulation.	
		LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		services.	
		Note: The number and mix of individuals is appropriate to the	
		scope and complexity of the services offered.	
		LD.03.06.01, EP 3	
		Those who work in the critical access hospital are competent	
		to complete their assigned responsibilities.	
		LD.04.01.07, EP 1	
		Leaders review, approve, and manage the implementation of	
		policies and procedures that guide and support patient care,	
		treatment, and services.	
		PC.03.01.01, EP 5	
		A registered nurse supervises perioperative nursing care.	
		Note: Qualified registered nurses may perform circulating	
		duties in the operating room. In accordance with state law	
		and regulation and critical access hospital policy, licensed	
		practical nurses and surgical technologists may assist the	
		circulating registered nurse in performing circulatory duties	
		as long as the registered nurse supervises these staff and is	
		immediately available to respond to emergencies.	
§482.51(a)(4)	(4) Surgical privileges must be	MS.03.01.01, EP 2	MS.17.02.01, EP 6
	delineated for all practitioners	Physicians and other licensed practitioners practice only	The critical access hospital designates the practitioners who
	performing surgery in	within the scope of their privileges as determined through	are allowed to perform surgery, in accordance with
	accordance with the	mechanisms defined by the organized medical staff.	appropriate policies and procedures, and with scope of
	competencies of each		practice laws and regulations. Surgery is performed only by
	practitioner. The surgical	MS.06.01.03, EP 4	the following:
	service must maintain a roster	The credentialing process is outlined in the medical staff	- A doctor of medicine or osteopathy, including an
	of practitioners specifying the	bylaws.	osteopathic practitioner recognized under section 1101(a)(7)
	surgical privileges of each	MS 00 04 05 5D 45	of the Social Security Act
	practitioner.	MS.06.01.05, EP 15	- A doctor of dental surgery or dental medicine
		The following are available in the surgical suite and	- A doctor of podiatric medicine

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		area/location where the scheduling of surgical procedures is done: - A current roster listing each practitioner's specific surgical privileges - A current list of surgeons suspended from surgical privileges or whose surgical privileges have been restricted	MS.17.02.01, EP 7 For rehabilitation and psychiatric distinct part units in critical access hospitals: The surgical service maintains a current roster listing each practitioner's surgical privileges. Note: The roster may be in paper or electronic format.
		MS.06.01.07, EP 1 The information review and analysis process is clearly defined.  MS.06.01.07, EP 2 The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, develops criteria that will be considered in the decision to grant, limit, or deny a requested privilege.  Note: Medical staff membership and professional privileges are not dependent solely upon certification, fellowship, or membership in a specialty body or society.	MS.17.02.03, EP 1 Decisions on membership and granting of privileges include criteria that are directly related to the quality of health care, treatment, and services.
		MS.06.01.07, EP 5 The critical access hospital's privilege granting/denial criteria are consistently applied for each requesting physician or other licensed practitioner.  MS.06.01.09, EP 3 The decision to grant, deny, revise, or revoke privilege(s) is	
0.100 5.1%		disseminated and made available to all appropriate internal and external persons or entities, as defined by the critical access hospital and applicable law.	
§482.51(b)	§482.51(b) Standard: Delivery of Service Surgical services must be consistent with needs	EC.02.03.01, EP 11 Periodic evaluations, as determined by the critical access hospital, are made of potential fire hazards that could be	LD.13.01.09, EP 6 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital develops and

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	and resources. Policies	encountered during surgical procedures. Written fire	implements surgical care policies and procedures that
	governing surgical care must be	prevention and response procedures, including safety	maintain high standards for medical practice and patient
	designed to assure the	precautions related to the use of flammable germicides or	care.
	achievement and maintenance	antiseptics, are established.	
	of high standards of medical		LD.13.03.01, EP 1
	practice and patient care.	EC.02.03.01, EP 12	The critical access hospital provides services directly or
		When flammable germicides or antiseptics are used during	through referral, consultation, contractual arrangements, or
		surgeries utilizing electrosurgery, cautery, or lasers, the	other agreements that meet the needs of the population(s)
		following are required:	served, are organized appropriate to the scope and
		- Nonflammable packaging	complexity of services offered, and are in accordance with
		- Unit-dose applicators	accepted standards of practice. Services may include but
		- Preoperative "time-out" prior to the initiation of any surgical	are not limited to the following:
		procedure to verify the following:	- Outpatient
		- Application site is dry prior to draping and use of surgical	- Emergency
		equipment	- Medical records
		- Pooling of solution has not occurred or has been corrected	- Diagnostic and therapeutic radiology
		- Solution-soaked materials have been removed from the	- Nuclear medicine
		operating room prior to draping and use of surgical devices	- Surgical
		(For full text, refer to NFPA 99-2012: 15.13)	- Anesthesia
			- Laboratory
		IC.04.01.01, EP 3	- Respiratory
		The critical access hospital's infection prevention and	- Dietetic
		control program has written policies and procedures to guide	
		its activities and methods for preventing and controlling the	LD.13.03.01, EP 11
		transmission of infections within the critical access hospital	For rehabilitation and psychiatric distinct part units in critical
		and between the critical access hospital and other	access hospitals: The surgical services are consistent with
		institutions and settings. The policies and procedures are in	the resources available.
		accordance with the following hierarchy of references:	
		a. Applicable law and regulation.	
		b. Manufacturers' instructions for use.	
		c. Nationally recognized evidence-based guidelines and	
		standards of practice, including the Centers for Disease	
		Control and Prevention's (CDC) Core Infection Prevention	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		and Control Practices for Safe Healthcare Delivery in All	
		Settings or, in the absence of such guidelines, expert	
		consensus or best practices. The guidelines are documented	
		within the policies and procedures.	
		Note 1: Relevant federal, state, and local law and regulations	
		include but are not limited to the Centers for Medicare	
		& Medicaid Services' Conditions of Participation, Food	
		and Drug Administration's regulations for reprocessing	
		single-use medical devices; Occupational Safety and Health	
		Administration's Bloodborne Pathogens Standard 29 CFR	
		1910.1030, Personal Protective Equipment Standard 29 CFR	
		1910.132, and Respiratory Protection Standard 29 CFR	
		1910.134; health care worker vaccination laws; state and	
		local public health authorities' requirements for reporting of	
		communicable diseases and outbreaks; and state and local	
		regulatory requirements for biohazardous or regulated	
		medical waste generators.	
		Note 2: For full details on the CDC's Core Infection	
		Prevention and Control Practices for Safe Healthcare	
		Delivery in All Settings, refer to	
		https://www.cdc.gov/infection-control/hcp/disinfection-	
		sterilization/introduction-methods-definition-of-terms.html.	
		Note 3: The critical access hospital determines which	
		evidence-based guidelines, expert recommendations, best	
		practices, or a combination thereof it adopts in its policies	
		and procedures.	
		IC.04.01.01, EP 4	
		The critical access hospital's policies and procedures for	
		cleaning, disinfection, and sterilization of reusable medical	
		and surgical devices and equipment address the following:	
		- Cleaning, disinfection, and sterilization of reusable medical	
		and surgical devices in accordance with the Spaulding	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		classification system and manufacturers' instructions	
		- Use of disinfectants registered by the Environmental	
		Protection Agency for noncritical devices and equipment	
		according to the directions on the product labeling, including	
		but not limited to indication, specified use dilution, contact	
		time, and method of application	
		- Use of FDA-approved liquid chemical sterilants for the	
		processing of critical devices and high-level disinfectants for	
		the processing of semicritical devices in accordance with	
		FDA-cleared label and device manufacturers' instructions	
		- Required documentation for device reprocessing cycles,	
		including but not limited to sterilizer cycle logs, the	
		frequency of chemical and biological testing, and the results	
		of testing for appropriate concentration for chemicals used	
		in high-level disinfection	
		- Resolution of conflicts or discrepancies between a medical	
		device manufacturer's instructions and manufacturers'	
		instructions for automated high-level disinfection or	
		sterilization equipment	
		- Criteria and process for the use of immediate-use steam	
		sterilization	
		- Actions to take in the event of a reprocessing error or failure	
		identified either prior to the release of the reprocessed	
		item(s) or after the reprocessed item(s) was used or stored	
		for later use	
		Note 1: The Spaulding classification system classifies	
		medical and surgical devices as critical, semicritical, or	
		noncritical based on risk to the patient from contamination	
		on a device and establishes the levels of germicidal activity	
		(sterilization, high-level disinfection, intermediate-level	
		disinfection, and low-level disinfection) to be used for the	
		three classes of devices.	
		Note 2: Depending on the nature of the incident, examples of	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		actions may include quarantine of the sterilizer, recall of item(s), stakeholder notification, patient notification, surveillance, and follow-up.	
		LD.04.01.07, EP 1 Leaders review, approve, and manage the implementation of policies and procedures that guide and support patient care, treatment, and services.	
		LD.04.01.11, EP 2 The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.	
		LD.04.01.11, EP 5 The leaders provide for equipment, information systems, supplies, and other resources.	
		LD.04.03.01, EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.	
§482.51(b)(1)	(1) Prior to surgery or a procedure requiring anesthesia services and except in the case of emergencies:		
§482.51(b)(1)(i)	(i) A medical history and physical examination must be completed and documented no more than 30 days before or 24 hours after admission or registration, and except as	PC.01.02.03, EP 4 The patient receives a medical history and physical examination no more than 30 days prior to, or within 24 hours after, registration or inpatient admission, but prior to surgery or a procedure requiring anesthesia services.  Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Medical histories and physical	PC.11.02.01, EP 2 A medical history and physical examination is completed and documented no more than 30 days prior to, or within 24 hours after, registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services.  Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Medical histories and physical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	provided under paragraph	examinations are performed as required in this element of	examinations are performed as required in this element of
	(b)(1)(iii) of this section.	performance, except any specific outpatient surgical or	performance, except prior to any specific outpatient surgical
		procedural services for which an assessment is performed	or procedural services for which an assessment is performed
		instead.	instead as provided under 42 CFR 482.24(c)(4)(i)(C).
		Note 2: For law and regulation guidance pertaining to the	Note 2: For law and regulation guidance pertaining to the
		medical history and physical examination, refer to 42 CFR	medical history and physical examination at 42 CFR
		482.22(c)(5)(iii) and 482.51(b)(1)(iii). Refer to "Appendix A:	482.22(c)(5)(iii) and 482.51(b)(1)(iii), refer to
		Medicare Requirements for Hospitals" (AXA) for full text.	https://www.ecfr.gov/.
		RC.01.03.01, EP 3	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital records the	
		patient's medical history and physical examination, including	
		updates, in the medical record within 24 hours after	
		registration or inpatient admission but prior to surgery or a	
		procedure requiring anesthesia services.	
§482.51(b)(1)(ii)	(ii) An updated examination of	PC.01.02.03, EP 5	PC.11.02.01, EP 3
	the patient, including any	For a medical history and physical examination that was	For a medical history and physical examination that was
	changes in the patient's	completed within 30 days prior to registration or inpatient	completed within 30 days prior to registration or inpatient
	condition, must be completed	admission, an update documenting any changes in the	admission, an update documenting any changes in the
	and documented within 24	patient's condition is completed within 24 hours after	patient's condition is completed within 24 hours after
	hours after admission or	registration or inpatient admission, but prior to surgery or a	registration or inpatient admission, but prior to surgery or a
	registration when the medical	procedure requiring anesthesia services.	procedure requiring anesthesia services.
	history and physical	Note 1: For rehabilitation and psychiatric distinct part units in	Note 1: For rehabilitation and psychiatric distinct part units in
	examination are completed within 30 days before	critical access hospitals: Medical histories and physical	critical access hospitals: Medical histories and physical
	admission or registration, and	examinations are performed as required in this element of performance, except any specific outpatient surgical or	examinations are performed as required in this element of performance, except prior to any specific outpatient surgical
	except as provided under	procedural services for which an assessment is performed	or procedural services for which an assessment is performed
	paragraph (b)(1)(iii) of this	instead.	instead as provided under 42 CFR 482.24(c)(4)(i)(C).
	section.	Note 2: For law and regulation guidance pertaining to the	Note 2: For law and regulation guidance pertaining to the
		medical history and physical examination, refer to 42 CFR	medical history and physical examination at 42 CFR
		482.22(c)(5)(iii). Refer to "Appendix A: Medicare	482.22(c)(5)(iii), refer to https://www.ecfr.gov/.
		Requirements for Hospitals" (AXA) for full text.	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.51(b)(1)(iii)	(iii) An assessment of the patient must be completed and documented after registration (in lieu of the requirements of paragraphs (b)(1)(i) and (ii) of this section) when the patient is receiving specific outpatient surgical or procedural services and when the medical staff has chosen to develop and maintain a policy that identifies, in accordance with the requirements at § 482.22(c)(5)(v), specific patients as not requiring a comprehensive medical history and physical examination, or any update to it, prior to specific outpatient surgical or procedural services.	RC.01.03.01, EP 3  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital records the patient's medical history and physical examination, including updates, in the medical record within 24 hours after registration or inpatient admission but prior to surgery or a procedure requiring anesthesia services.	PC.11.02.01, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: When the medical staff allows an assessment (in lieu of a comprehensive medical history and physical examination) for patients receiving specific outpatient surgical or procedural services, the patient assessment is completed and documented after registration but prior to the surgery or procedure requiring anesthesia services.  Note: For further regulatory guidance at 42 CFR 482.24(c)(4)(i)(A) and (B), 482.51(b)(1)(i) and (ii), and 482.22(c)(5)(v), refer to https://www.ecfr.gov/.
§482.51(b)(2)	(2) A properly executed informed consent form for the operation must be in the	RC.02.01.01, EP 4 As needed to provide care, treatment, and services, the medical record contains the following additional	RC.12.01.01, EP 3 The medical record contains any informed consent, when required by critical access hospital policy or federal or state
	patient's chart before surgery, except in emergencies.	information: - Any advance directives	law or regulation. Note: The properly executed informed consent is placed in

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Any informed consent, when required by critical access	the patient's medical record prior to surgery, except in
		hospital policy	emergencies. A properly executed informed consent
		Note: The properly executed informed consent is placed in	contains documentation of a patient's mutual understanding
		the patient's medical record prior to surgery, except in	of and agreement for care, treatment, and services through
		emergencies. For rehabilitation and psychiatric distinct part	written signature; electronic signature; or, when a patient is
		units in critical access hospitals: A properly executed	unable to provide a signature, documentation of the verbal
		informed consent contains documentation of a patient's	agreement by the patient or surrogate decision-maker.
		mutual understanding of and agreement for care, treatment,	
		and services through written signature, electronic signature,	
		or when a patient is unable to provide a signature,	
		documentation of the verbal agreement by the patient or	
		surrogate decision-maker.	
		- Any records of communication with the patient, such as	
		telephone calls or e-mail	
		- Any patient-generated information	
		RI.01.03.01, EP 1	
		The critical access hospital follows a written policy on	
		informed consent that describes the following:	
		- The specific care, treatment, and services that require	
		informed consent	
		- Circumstances that would allow for exceptions to obtaining	
		informed consent	
		- The process used to obtain informed consent	
		- The physician or other licensed practitioner permitted to	
		conduct the informed consent discussion in accordance	
		with law and regulation	
		- How informed consent is documented in the patient record	
		Note: Documentation may be recorded in a form, in progress	
		notes, or elsewhere in the record.	
		- When a surrogate decision-maker may give informed	
		consent	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.51(b)(3)	(3) The following equipment	PC.02.01.11, EP 5	PC.12.01.05, EP 1
	must be available to the	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	operating room suites: call-in	access hospitals: At a minimum, operating room suites have	access hospitals: At a minimum, operating room suites have
	system, cardiac monitor,	the following equipment available:	the following equipment available:
	resuscitator, defibrillator,	- Call-in system (process to communicate with or summon	- Call-in system (process to communicate with or summon
	aspirator, and tracheotomy set.	staff outside of the operating room when needed)	staff outside of the operating room when needed)
		- Cardiac monitor	- Cardiac monitor
		- Resuscitator (hand-held or mechanical device that provides	- Resuscitator (hand-held or mechanical device that provides
		positive airway pressure)	positive airway pressure)
		- Defibrillator	- Defibrillator
		- Aspirator (hand-held or mechanical device used to suction	- Aspirator (hand-held or mechanical device used to suction
		out fluids or secretions)	out fluids or secretions)
0.400 54(1.)(4)	(4) T	- Tracheotomy set	- Tracheotomy set
§482.51(b)(4)	(4) There must be adequate	LD.04.01.11, EP 2	PC.13.01.03, EP 5
	provisions for immediate post- operative care.	The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has adequate
	operative care.	emblent, and enective care, treatment, and services.	provisions for immediate postoperative care.
		LD.04.01.11, EP 5	provisions for infinediate postoperative care.
		The leaders provide for equipment, information systems,	
		supplies, and other resources.	
		Supplies, and other resources.	
		PC.03.01.07, EP 1	
		The critical access hospital assesses the patient's	
		physiological status immediately after the operative or other	
		high-risk procedure and/or as the patient recovers from	
		moderate or deep sedation or anesthesia.	
		·	
		PC.03.01.07, EP 2	
		The critical access hospital monitors the patient's	
		physiological status, mental status, and pain level at a	
		frequency and intensity consistent with the potential effect	
		of the operative or other high-risk procedure and/or the	
		sedation or anesthesia administered.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
\$482.51(b)(5)	(5) The operating room register must be complete and up-to-date.	RC.02.01.03, EP 15  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a complete and up-to-date operating room register that includes the following:  - Patient's name  - Patient's critical access hospital identification number  - Date of operation  - Inclusive or total time of operation  - Name of surgeon and any assistants  - Name of nursing personnel  - Type of anesthesia used and name of person administering it  - Operation performed  - Pre- and postoperative diagnosis  - Age of patient  Note: A postoperative summary may be considered equivalent if all items listed in this element of performance are included.	RC.12.01.03, EP 1  For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital has a complete and up-to-date operating room register or equivalent record that includes the following:  - Patient's name  - Patient's critical access hospital identification number  - Date of operation  - Inclusive or total time of operation  - Name of surgeon and any assistants  - Name of nursing staff  - Type of anesthesia used and name of person administering it  - Operation performed  - Pre- and postoperative diagnosis  - Age of patient
§482.51(b)(6)	(6) An operative report describing techniques, findings, and tissues removed or altered must be written or dictated immediately following surgery and signed by the surgeon.	RC.01.02.01, EP 4 Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author.  Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.  Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or critical access hospital policy. For electronic records, electronic signatures will be date-stamped.  Note 3: For rehabilitation and psychiatric distinct part units in	RC.12.01.03, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: An operative report is written or dictated immediately following surgery and signed by the surgeon. The report includes the following: - Name and hospital identification number of the patient - Date and times of the surgery - Name(s) of the surgeon(s) and assistants or other practitioners who performed surgical tasks (even when performing those tasks under supervision) and a description of the specific significant surgical tasks that were conducted by practitioners other than the primary surgeon/practitioner (significant surgical procedures include opening and closing, harvesting grafts, dissecting tissue, removing tissue,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		critical access hospitals: All orders, including verbal orders,	implanting devices, altering tissues)
		are dated and authenticated by the ordering physician or	- Preoperative and postoperative diagnosis
		other licensed practitioner who is responsible for the care of	- Name of the specific surgical procedure(s) performed
		the patient, and who, in accordance with critical access	- Type of anesthesia administered
		hospital policy; law and regulation; and medical staff bylaws,	- Complications, if any
		rules, and regulations, is authorized to write orders.	- Description of techniques, findings, and tissues removed or
			altered
		RC.02.01.03, EP 2	- Prosthetic devices, grafts, tissues, transplants, or devices
		A physician or other licensed practitioner involved in the	implanted, if any
		patient's care documents the provisional diagnosis in the	- Any estimated blood loss
		medical record before an operative or other high-risk	Note 1: The exception to this requirement occurs when an
		procedure is performed.	operative or other high-risk procedure progress note is
		DO 00 04 00 ED 5	written immediately after the procedure, in which case the
		RC.02.01.03, EP 5	full report can be written or dictated within a time frame
		An operative or other high-risk procedure report is written or	defined by the critical access hospital.
		dictated upon completion of the operative or other high-risk	Note 2: If the physician or other licensed practitioner
		procedure and before the patient is transferred to the next level of care.	performing the operation or high-risk procedure accompanies the patient from the operating room to the next
		Note 1: The exception to this requirement occurs when an	unit or area of care, the report can be written or dictated in
		operative or other high-risk procedure progress note is	the new unit or area of care.
		written immediately after the procedure, in which case the	the new anit of area of eare.
		full report can be written or dictated within a time frame	
		defined by the critical access hospital.	
		Note 2: If the physician or other licensed practitioner	
		performing the operation or high-risk procedure	
		accompanies the patient from the operating room to the next	
		unit or area of care, the report can be written or dictated in	
		the new unit or area of care.	
		RC.02.01.03, EP 6	
		The operative or other high-risk procedure report includes	
		the following information:	
		- The name(s) of the physician or other licensed	

CoP Requirement CoP Text	Current EP Mapping	Future State EP Mapping
	practitioner(s) who performed the procedure and the	eir
	assistant(s)	
	- The name of the procedure performed	
	- A description of the procedure	
	- Findings of the procedure	
	- Any estimated blood loss	
	- Any specimen(s) removed	
	- The postoperative diagnosis	
	RC.02.01.03, EP 7	
	When a full operative or other high-risk procedure re	port
	cannot be entered immediately into the patient's me	edical
	record after the operation or procedure, a progress n	ote is
	entered in the medical record before the patient is	
	transferred to the next level of care. This progress no	te
	includes the name(s) of the primary surgeon(s) and t	
	assistant(s), procedure performed and a description	
	procedure finding, estimated blood loss, specimens	
	removed, and postoperative diagnosis.	
	RC.02.01.03, EP 8	
	The medical record contains the following postopera	ative
	information:	
	- The patient's vital signs and level of consciousness	
	- Any medications, including intravenous fluids and a	
	administered blood, blood products, and blood com	
	- Any unanticipated events or complications (includi	-
	transfusion reactions) and the management of those	events
	RC.02.01.03, EP 11	
	The postoperative documentation contains the name	e of the
	physician or other licensed practitioner responsible	
	discharge.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.52	§482.52 Condition of	LD.01.03.01, EP 3	LD.13.01.07, EP 3
	Participation: Anesthesia	The governing body approves the critical access hospital's	For rehabilitation and psychiatric distinct part units in critical
	Services If the hospital	written scope of services.	access hospitals: A qualified doctor of medicine or
	furnishes anesthesia services,		osteopathy directs the following services, when provided:
	they must be provided in a well-	LD.04.01.05, EP 1	- Anesthesia
	organized manner under the	Leaders of the program, service, site, or department oversee	- Nuclear medicine
	direction of a qualified doctor	operations.	- Respiratory care
	of medicine or osteopathy. The		Note 1: The anesthesia service is responsible for all
	service is responsible for all	LD.04.01.05, EP 7	anesthesia administered in the critical access hospital.
	anesthesia administered in the	For rehabilitation and psychiatric distinct part units in critical	Note 2: For respiratory care services, the director may serve
	hospital.	access hospitals: A qualified doctor of medicine or	on either a full-time or part-time basis.
		osteopathy directs the following services:	
		- Anesthesia	LD.13.03.01, EP 1
		- Nuclear medicine	The critical access hospital provides services directly or
		- Respiratory care	through referral, consultation, contractual arrangements, or
			other agreements that meet the needs of the population(s)
		LD.04.01.05, EP 9	served, are organized appropriate to the scope and
		For rehabilitation and psychiatric distinct part units in critical	complexity of services offered, and are in accordance with
		access hospitals: The anesthesia service is responsible for	accepted standards of practice. Services may include but
		all anesthesia administered in the critical access hospital.	are not limited to the following:
			- Outpatient
			- Emergency
			- Medical records
			- Diagnostic and therapeutic radiology
			- Nuclear medicine
			- Surgical
			- Anesthesia
			- Laboratory
			- Respiratory
			- Dietetic
§482.52(a)	§482.52(a) Standard:	LD.01.03.01, EP 3	LD.13.03.01, EP 1
	Organization and Staffing The	The governing body approves the critical access hospital's	The critical access hospital provides services directly or
	organization of anesthesia	written scope of services.	through referral, consultation, contractual arrangements, or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	services must be appropriate to		other agreements that meet the needs of the population(s)
	the scope of the services	LD.03.06.01, EP 2	served, are organized appropriate to the scope and
	offered. Anesthesia must be	Leaders provide for a sufficient number and mix of	complexity of services offered, and are in accordance with
	administered only by	individuals to support safe, quality care, treatment, and	accepted standards of practice. Services may include but
		services.	are not limited to the following:
		Note: The number and mix of individuals is appropriate to the	- Outpatient
		scope and complexity of the services offered.	- Emergency
			- Medical records
		LD.04.01.11, EP 5	- Diagnostic and therapeutic radiology
		The leaders provide for equipment, information systems,	- Nuclear medicine
		supplies, and other resources.	- Surgical
			- Anesthesia
			- Laboratory
			- Respiratory
			- Dietetic
§482.52(a)(1)	(1) A qualified anesthesiologist;	MS.03.01.01, EP 2	PC.13.01.01, EP 1
		Physicians and other licensed practitioners practice only	Anesthesia is administered only by the following individuals:
		within the scope of their privileges as determined through	- A qualified anesthesiologist
		mechanisms defined by the organized medical staff.	- A doctor of medicine or osteopathy other than an
			anesthesiologist, including an osteopathic practitioner
		PC.03.01.01, EP 10	recognized under section 1101(a)(7) of the Social Security
		For rehabilitation and psychiatric distinct part units in critical	Act
		access hospitals: In accordance with the critical access	- A doctor of dental surgery or dental medicine, who is
		hospital's policy and state scope-of-practice laws,	qualified to administer anesthesia under state law
		anesthesia is administered only by the following individuals:	- A doctor of podiatric medicine, who is qualified to
		- An anesthesiologist	administer anesthesia under state law
		- A doctor of medicine or osteopathy other than an	- A certified registered nurse anesthetist (CRNA), as defined
		anesthesiologist	in 42 CFR 410.69(b) of this chapter, supervised by the
		- A doctor of dental surgery or dental medicine	operating practitioner, except as provided in 42 CFR
		- A doctor of podiatric medicine	485.639(e) regarding the state exemption for this supervision
		- A certified registered nurse anesthetist (CRNA) supervised	- An anesthesiologist's assistant, as defined in 42 CFR
		by the operating practitioner except as provided in 42 CFR	410.69(b), supervised by an anesthesiologist
		482.52(c) regarding the state exemption for this supervision *	- A supervised trainee in an approved educational program

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- An anesthesiologist's assistant supervised by an	Note 1: In accordance with 42 CFR 413.85(e), an approved
		anesthesiologist who is immediately available if needed	nursing and allied health education program is a planned
		- A supervised trainee in an approved educational program	program of study that is licensed by state law, or if licensing
		Note 1: In accordance with 42 CFR 413.85(e), an approved	is not required, is accredited by a recognized national
		nursing and allied health education program is a planned	professional organization. Such national accrediting bodies
		program of study that is licensed by state law or, if licensing	include, but are not limited to, the Commission on
		is not required, is accredited by a recognized national	Accreditation of Allied Health Education Programs and the
		professional organization. Such national accrediting bodies	National League of Nursing Accrediting Commission.
		include, but are not limited to, the Commission on	Note 2: See Glossary for the definition of certified registered
		Accreditation of Allied Health Education Programs and the	nurse anesthetist (CRNA) and anesthesiologist assistant.
		National League of Nursing Accrediting Commission.	Note 3: The CoP at 42 CFR 485.639(e) for state exemption
		Note 2: "Anesthesiologist assistant" is defined in 42 CFR	states: A critical access hospital may be exempted from the
		410.69(b).	requirement for doctor of medicine or osteopathy
		Footnote *: The CoP at 42 CFR 482.52(c) for state exemption	supervision of CRNAs if the state in which the critical access
		states: A critical access hospital may be exempt from the	hospital is located submits a letter to the Centers for
		requirement for doctors of medicine or osteopathy to	Medicare & Dedicaid Services (CMS) signed by the
		supervise CRNAs if the state in which the critical access	governor, following consultation with the state's boards of
		hospital is located submits a letter to the Centers for	medicine and nursing, requesting exemption from doctor of
		Medicare & Defication Services (CMS) signed by the	medicine or osteopathy supervision for CRNAs. The letter
		governor, following consultation with the state's Boards of	from the governor must attest that they have consulted with
		Medicine and Nursing, requesting exemption from doctor of	the state boards of medicine and nursing about issues
		medicine or osteopathy supervision for CRNAs. The letter	related to access to and the quality of anesthesia services in
		from the governor attests that they have consulted with the	the state and has concluded that it is in the best interests of
		state Boards of Medicine and Nursing about issues related to	the state's citizens to opt out of the current doctor of
		access to and the quality of anesthesia services in the state	medicine or osteopathy supervision requirement and that
		and has concluded that it is in the best interests of the	the opt-out is consistent with state law. The request for
		state's citizens to opt out of the current doctor of medicine or	exemption and recognition of state laws and the withdrawal
		osteopathy supervision requirement, and that the opt-out is	of the request may be submitted at any time and are effective
		consistent with state law. The request for exemption and	upon submission.
		recognition of state laws and the withdrawal of the request	Note 4: Only the above individuals can administer deep
		may be submitted at any time and are effective upon	sedation/analgesia.
		submission.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.52(a)(2)	(2) A doctor of medicine or	MS.03.01.01, EP 2	PC.13.01.01, EP 1
	osteopathy (other than an	Physicians and other licensed practitioners practice only	Anesthesia is administered only by the following individuals:
	anesthesiologist);	within the scope of their privileges as determined through	- A qualified anesthesiologist
		mechanisms defined by the organized medical staff.	- A doctor of medicine or osteopathy other than an
			anesthesiologist, including an osteopathic practitioner
		PC.03.01.01, EP 10	recognized under section 1101(a)(7) of the Social Security
		For rehabilitation and psychiatric distinct part units in critical	Act
		access hospitals: In accordance with the critical access	- A doctor of dental surgery or dental medicine, who is
		hospital's policy and state scope-of-practice laws,	qualified to administer anesthesia under state law
		anesthesia is administered only by the following individuals:	- A doctor of podiatric medicine, who is qualified to
		- An anesthesiologist	administer anesthesia under state law
		- A doctor of medicine or osteopathy other than an	- A certified registered nurse anesthetist (CRNA), as defined
		anesthesiologist	in 42 CFR 410.69(b) of this chapter, supervised by the
		- A doctor of dental surgery or dental medicine	operating practitioner, except as provided in 42 CFR
		- A doctor of podiatric medicine	485.639(e) regarding the state exemption for this supervision
		- A certified registered nurse anesthetist (CRNA) supervised	- An anesthesiologist's assistant, as defined in 42 CFR
		by the operating practitioner except as provided in 42 CFR	410.69(b), supervised by an anesthesiologist
		482.52(c) regarding the state exemption for this supervision *	- A supervised trainee in an approved educational program
		- An anesthesiologist's assistant supervised by an	Note 1: In accordance with 42 CFR 413.85(e), an approved
		anesthesiologist who is immediately available if needed	nursing and allied health education program is a planned
		- A supervised trainee in an approved educational program	program of study that is licensed by state law, or if licensing
		Note 1: In accordance with 42 CFR 413.85(e), an approved	is not required, is accredited by a recognized national
		nursing and allied health education program is a planned	professional organization. Such national accrediting bodies
		program of study that is licensed by state law or, if licensing	include, but are not limited to, the Commission on
		is not required, is accredited by a recognized national	Accreditation of Allied Health Education Programs and the
		professional organization. Such national accrediting bodies	National League of Nursing Accrediting Commission.
		include, but are not limited to, the Commission on	Note 2: See Glossary for the definition of certified registered
		Accreditation of Allied Health Education Programs and the	nurse anesthetist (CRNA) and anesthesiologist assistant.
		National League of Nursing Accrediting Commission.	Note 3: The CoP at 42 CFR 485.639(e) for state exemption
		Note 2: "Anesthesiologist assistant" is defined in 42 CFR	states: A critical access hospital may be exempted from the
		410.69(b).	requirement for doctor of medicine or osteopathy
		Footnote *: The CoP at 42 CFR 482.52(c) for state exemption	supervision of CRNAs if the state in which the critical access
		states: A critical access hospital may be exempt from the	hospital is located submits a letter to the Centers for

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		requirement for doctors of medicine or osteopathy to	Medicare & Defication Services (CMS) signed by the
		supervise CRNAs if the state in which the critical access	governor, following consultation with the state's boards of
		hospital is located submits a letter to the Centers for	medicine and nursing, requesting exemption from doctor of
		Medicare & Defication of the Medicare & Deficient Services (CMS) signed by the	medicine or osteopathy supervision for CRNAs. The letter
		governor, following consultation with the state's Boards of	from the governor must attest that they have consulted with
		Medicine and Nursing, requesting exemption from doctor of	the state boards of medicine and nursing about issues
		medicine or osteopathy supervision for CRNAs. The letter	related to access to and the quality of anesthesia services in
		from the governor attests that they have consulted with the	the state and has concluded that it is in the best interests of
		state Boards of Medicine and Nursing about issues related to	the state's citizens to opt out of the current doctor of
		access to and the quality of anesthesia services in the state	medicine or osteopathy supervision requirement and that
		and has concluded that it is in the best interests of the	the opt-out is consistent with state law. The request for
		state's citizens to opt out of the current doctor of medicine or	exemption and recognition of state laws and the withdrawal
		osteopathy supervision requirement, and that the opt-out is	of the request may be submitted at any time and are effective
		consistent with state law. The request for exemption and	upon submission.
		recognition of state laws and the withdrawal of the request	Note 4: Only the above individuals can administer deep
		may be submitted at any time and are effective upon	sedation/analgesia.
		submission.	
§482.52(a)(3)	(3) A dentist, oral surgeon, or	MS.03.01.01, EP 2	PC.13.01.01, EP 1
	podiatrist who is qualified to	Physicians and other licensed practitioners practice only	Anesthesia is administered only by the following individuals:
	administer anesthesia under	within the scope of their privileges as determined through	- A qualified anesthesiologist
	State law;	mechanisms defined by the organized medical staff.	- A doctor of medicine or osteopathy other than an
			anesthesiologist, including an osteopathic practitioner
		PC.03.01.01, EP 10	recognized under section 1101(a)(7) of the Social Security
		For rehabilitation and psychiatric distinct part units in critical	Act
		access hospitals: In accordance with the critical access	- A doctor of dental surgery or dental medicine, who is
		hospital's policy and state scope-of-practice laws,	qualified to administer anesthesia under state law
		anesthesia is administered only by the following individuals:	- A doctor of podiatric medicine, who is qualified to
		- An anesthesiologist	administer anesthesia under state law
		- A doctor of medicine or osteopathy other than an	- A certified registered nurse anesthetist (CRNA), as defined
		anesthesiologist	in 42 CFR 410.69(b) of this chapter, supervised by the
		- A doctor of dental surgery or dental medicine	operating practitioner, except as provided in 42 CFR
		- A doctor of podiatric medicine	485.639(e) regarding the state exemption for this supervision
		- A certified registered nurse anesthetist (CRNA) supervised	- An anesthesiologist's assistant, as defined in 42 CFR

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		by the operating practitioner except as provided in 42 CFR	410.69(b), supervised by an anesthesiologist
		482.52(c) regarding the state exemption for this supervision *	- A supervised trainee in an approved educational program
		- An anesthesiologist's assistant supervised by an	Note 1: In accordance with 42 CFR 413.85(e), an approved
		anesthesiologist who is immediately available if needed	nursing and allied health education program is a planned
		- A supervised trainee in an approved educational program	program of study that is licensed by state law, or if licensing
		Note 1: In accordance with 42 CFR 413.85(e), an approved	is not required, is accredited by a recognized national
		nursing and allied health education program is a planned	professional organization. Such national accrediting bodies
		program of study that is licensed by state law or, if licensing	include, but are not limited to, the Commission on
		is not required, is accredited by a recognized national	Accreditation of Allied Health Education Programs and the
		professional organization. Such national accrediting bodies	National League of Nursing Accrediting Commission.
		include, but are not limited to, the Commission on	Note 2: See Glossary for the definition of certified registered
		Accreditation of Allied Health Education Programs and the	nurse anesthetist (CRNA) and anesthesiologist assistant.
		National League of Nursing Accrediting Commission.	Note 3: The CoP at 42 CFR 485.639(e) for state exemption
		Note 2: "Anesthesiologist assistant" is defined in 42 CFR	states: A critical access hospital may be exempted from the
		410.69(b).	requirement for doctor of medicine or osteopathy
		Footnote *: The CoP at 42 CFR 482.52(c) for state exemption	supervision of CRNAs if the state in which the critical access
		states: A critical access hospital may be exempt from the	hospital is located submits a letter to the Centers for
		requirement for doctors of medicine or osteopathy to	Medicare & mp; Medicaid Services (CMS) signed by the
		supervise CRNAs if the state in which the critical access	governor, following consultation with the state's boards of
		hospital is located submits a letter to the Centers for	medicine and nursing, requesting exemption from doctor of
		Medicare & Defication Services (CMS) signed by the	medicine or osteopathy supervision for CRNAs. The letter
		governor, following consultation with the state's Boards of	from the governor must attest that they have consulted with
		Medicine and Nursing, requesting exemption from doctor of	the state boards of medicine and nursing about issues
		medicine or osteopathy supervision for CRNAs. The letter	related to access to and the quality of anesthesia services in
		from the governor attests that they have consulted with the	the state and has concluded that it is in the best interests of
		state Boards of Medicine and Nursing about issues related to	the state's citizens to opt out of the current doctor of
		access to and the quality of anesthesia services in the state	medicine or osteopathy supervision requirement and that
		and has concluded that it is in the best interests of the	the opt-out is consistent with state law. The request for
		state's citizens to opt out of the current doctor of medicine or	exemption and recognition of state laws and the withdrawal
		osteopathy supervision requirement, and that the opt-out is	of the request may be submitted at any time and are effective
		consistent with state law. The request for exemption and	upon submission.
		recognition of state laws and the withdrawal of the request	Note 4: Only the above individuals can administer deep
			sedation/analgesia.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		may be submitted at any time and are effective upon	
		submission.	
§482.52(a)(4)	(4) A certified registered nurse	MS.03.01.01, EP 2	PC.13.01.01, EP 1
	anesthetist (CRNA), as defined	Physicians and other licensed practitioners practice only	Anesthesia is administered only by the following individuals:
	in §410.69(b) of this chapter,	within the scope of their privileges as determined through	- A qualified anesthesiologist
	who, unless exempted in	mechanisms defined by the organized medical staff.	- A doctor of medicine or osteopathy other than an
	accordance with paragraph (c)		anesthesiologist, including an osteopathic practitioner
	of this section, is under the	PC.03.01.01, EP 10	recognized under section 1101(a)(7) of the Social Security
	supervision of the operating	For rehabilitation and psychiatric distinct part units in critical	Act
	practitioner or of an	access hospitals: In accordance with the critical access	- A doctor of dental surgery or dental medicine, who is
	anesthesiologist who is	hospital's policy and state scope-of-practice laws,	qualified to administer anesthesia under state law
	immediately available if	anesthesia is administered only by the following individuals:	- A doctor of podiatric medicine, who is qualified to
	needed; or	- An anesthesiologist	administer anesthesia under state law
		- A doctor of medicine or osteopathy other than an	- A certified registered nurse anesthetist (CRNA), as defined
		anesthesiologist	in 42 CFR 410.69(b) of this chapter, supervised by the
		- A doctor of dental surgery or dental medicine	operating practitioner, except as provided in 42 CFR
		- A doctor of podiatric medicine	485.639(e) regarding the state exemption for this supervision
		- A certified registered nurse anesthetist (CRNA) supervised	- An anesthesiologist's assistant, as defined in 42 CFR
		by the operating practitioner except as provided in 42 CFR	410.69(b), supervised by an anesthesiologist
		482.52(c) regarding the state exemption for this supervision *	- A supervised trainee in an approved educational program
		- An anesthesiologist's assistant supervised by an	Note 1: In accordance with 42 CFR 413.85(e), an approved
		anesthesiologist who is immediately available if needed	nursing and allied health education program is a planned
		- A supervised trainee in an approved educational program	program of study that is licensed by state law, or if licensing
		Note 1: In accordance with 42 CFR 413.85(e), an approved	is not required, is accredited by a recognized national
		nursing and allied health education program is a planned	professional organization. Such national accrediting bodies
		program of study that is licensed by state law or, if licensing	include, but are not limited to, the Commission on
		is not required, is accredited by a recognized national	Accreditation of Allied Health Education Programs and the
		professional organization. Such national accrediting bodies	National League of Nursing Accrediting Commission.
		include, but are not limited to, the Commission on	Note 2: See Glossary for the definition of certified registered
		Accreditation of Allied Health Education Programs and the	nurse anesthetist (CRNA) and anesthesiologist assistant.
		National League of Nursing Accrediting Commission.	Note 3: The CoP at 42 CFR 485.639(e) for state exemption
		Note 2: "Anesthesiologist assistant" is defined in 42 CFR	states: A critical access hospital may be exempted from the
		410.69(b).	requirement for doctor of medicine or osteopathy

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Footnote *: The CoP at 42 CFR 482.52(c) for state exemption	supervision of CRNAs if the state in which the critical access
		states: A critical access hospital may be exempt from the	hospital is located submits a letter to the Centers for
		requirement for doctors of medicine or osteopathy to	Medicare & mp; Medicaid Services (CMS) signed by the
		supervise CRNAs if the state in which the critical access	governor, following consultation with the state's boards of
		hospital is located submits a letter to the Centers for	medicine and nursing, requesting exemption from doctor of
		Medicare & Dedicaid Services (CMS) signed by the	medicine or osteopathy supervision for CRNAs. The letter
		governor, following consultation with the state's Boards of	from the governor must attest that they have consulted with
		Medicine and Nursing, requesting exemption from doctor of	the state boards of medicine and nursing about issues
		medicine or osteopathy supervision for CRNAs. The letter	related to access to and the quality of anesthesia services in
		from the governor attests that they have consulted with the	the state and has concluded that it is in the best interests of
		state Boards of Medicine and Nursing about issues related to	the state's citizens to opt out of the current doctor of
		access to and the quality of anesthesia services in the state	medicine or osteopathy supervision requirement and that
		and has concluded that it is in the best interests of the	the opt-out is consistent with state law. The request for
		state's citizens to opt out of the current doctor of medicine or	exemption and recognition of state laws and the withdrawal
		osteopathy supervision requirement, and that the opt-out is	of the request may be submitted at any time and are effective
		consistent with state law. The request for exemption and	upon submission.
		recognition of state laws and the withdrawal of the request	Note 4: Only the above individuals can administer deep
		may be submitted at any time and are effective upon	sedation/analgesia.
		submission.	
§482.52(a)(5)	(5) An anesthesiologist's	HR.01.02.07, EP 2	PC.13.01.01, EP 1
	assistant, as defined in Sec.	Staff who provide patient care, treatment, and services	Anesthesia is administered only by the following individuals:
	410.69(b) of this chapter, who is	practice within the scope of their license, certification, or	- A qualified anesthesiologist
	under the supervision of an	registration and as required by law and regulation.	- A doctor of medicine or osteopathy other than an
	anesthesiologist who is		anesthesiologist, including an osteopathic practitioner
	immediately available if	MS.03.01.01, EP 2	recognized under section 1101(a)(7) of the Social Security
	needed.	Physicians and other licensed practitioners practice only	Act
		within the scope of their privileges as determined through	- A doctor of dental surgery or dental medicine, who is
		mechanisms defined by the organized medical staff.	qualified to administer anesthesia under state law
		DO 00 04 04 ED 40	- A doctor of podiatric medicine, who is qualified to
		PC.03.01.01, EP 10	administer anesthesia under state law
		For rehabilitation and psychiatric distinct part units in critical	- A certified registered nurse anesthetist (CRNA), as defined
		access hospitals: In accordance with the critical access	in 42 CFR 410.69(b) of this chapter, supervised by the
		hospital's policy and state scope-of-practice laws,	operating practitioner, except as provided in 42 CFR

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		anesthesia is administered only by the following individuals:	485.639(e) regarding the state exemption for this supervision
		- An anesthesiologist	- An anesthesiologist's assistant, as defined in 42 CFR
		- A doctor of medicine or osteopathy other than an	410.69(b), supervised by an anesthesiologist
		anesthesiologist	- A supervised trainee in an approved educational program
		- A doctor of dental surgery or dental medicine	Note 1: In accordance with 42 CFR 413.85(e), an approved
		- A doctor of podiatric medicine	nursing and allied health education program is a planned
		- A certified registered nurse anesthetist (CRNA) supervised	program of study that is licensed by state law, or if licensing
		by the operating practitioner except as provided in 42 CFR	is not required, is accredited by a recognized national
		482.52(c) regarding the state exemption for this supervision *	professional organization. Such national accrediting bodies
		- An anesthesiologist's assistant supervised by an	include, but are not limited to, the Commission on
		anesthesiologist who is immediately available if needed	Accreditation of Allied Health Education Programs and the
		- A supervised trainee in an approved educational program	National League of Nursing Accrediting Commission.
		Note 1: In accordance with 42 CFR 413.85(e), an approved	Note 2: See Glossary for the definition of certified registered
		nursing and allied health education program is a planned	nurse anesthetist (CRNA) and anesthesiologist assistant.
		program of study that is licensed by state law or, if licensing	Note 3: The CoP at 42 CFR 485.639(e) for state exemption
		is not required, is accredited by a recognized national	states: A critical access hospital may be exempted from the
		professional organization. Such national accrediting bodies	requirement for doctor of medicine or osteopathy
		include, but are not limited to, the Commission on	supervision of CRNAs if the state in which the critical access
		Accreditation of Allied Health Education Programs and the	hospital is located submits a letter to the Centers for
		National League of Nursing Accrediting Commission.	Medicare & Dedicaid Services (CMS) signed by the
		Note 2: "Anesthesiologist assistant" is defined in 42 CFR	governor, following consultation with the state's boards of
		410.69(b).	medicine and nursing, requesting exemption from doctor of
		Footnote *: The CoP at 42 CFR 482.52(c) for state exemption	medicine or osteopathy supervision for CRNAs. The letter
		states: A critical access hospital may be exempt from the	from the governor must attest that they have consulted with
		requirement for doctors of medicine or osteopathy to	the state boards of medicine and nursing about issues
		supervise CRNAs if the state in which the critical access	related to access to and the quality of anesthesia services in
		hospital is located submits a letter to the Centers for	the state and has concluded that it is in the best interests of
		Medicare & Defication Services (CMS) signed by the	the state's citizens to opt out of the current doctor of
		governor, following consultation with the state's Boards of	medicine or osteopathy supervision requirement and that
		Medicine and Nursing, requesting exemption from doctor of	the opt-out is consistent with state law. The request for
		medicine or osteopathy supervision for CRNAs. The letter	exemption and recognition of state laws and the withdrawal
		from the governor attests that they have consulted with the	of the request may be submitted at any time and are effective
		state Boards of Medicine and Nursing about issues related to	upon submission.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		access to and the quality of anesthesia services in the state	Note 4: Only the above individuals can administer deep
		and has concluded that it is in the best interests of the	sedation/analgesia.
		state's citizens to opt out of the current doctor of medicine or	
		osteopathy supervision requirement, and that the opt-out is	
		consistent with state law. The request for exemption and	
		recognition of state laws and the withdrawal of the request	
		may be submitted at any time and are effective upon	
		submission.	
§482.52(b)	§482.52(b) Standard: Delivery	EC.02.04.03, EP 26	LD.13.03.01, EP 1
	of Services Anesthesia	The critical access hospital performs equipment	The critical access hospital provides services directly or
	services must be consistent	maintenance on anesthesia apparatus. The apparatus are	through referral, consultation, contractual arrangements, or
	with needs and resources.	tested at the final path to patient after any adjustment,	other agreements that meet the needs of the population(s)
	Policies on anesthesia	modification, or repair. Before the apparatus is returned to	served, are organized appropriate to the scope and
	procedures must include the	service, each connection is checked to verify proper gas flow	complexity of services offered, and are in accordance with
	delineation of preanesthesia	and an oxygen analyzer is used to verify oxygen	accepted standards of practice. Services may include but
	and postanesthesia	concentration. Areas designated for servicing of oxygen	are not limited to the following:
	responsibilities. The policies	equipment are clean and free of oil, grease, or other	- Outpatient
	must ensure that the following	flammables. (For full text, refer to NFPA 99-2012: 11.4.1.3;	- Emergency
	are provided for each patient:	11.5.1.3; 11.6.2.5; 11.6.2.6)	- Medical records
			- Diagnostic and therapeutic radiology
		LD.01.03.01, EP 3	- Nuclear medicine
		The governing body approves the critical access hospital's	- Surgical
		written scope of services.	- Anesthesia
			- Laboratory
		LD.01.03.01, EP 5	- Respiratory
		The governing body provides for the resources needed to maintain safe, quality care, treatment, and services.	- Dietetic
			PC.13.01.03, EP 2
		LD.04.01.07, EP 1	For rehabilitation and psychiatric distinct part units in critical
		Leaders review, approve, and manage the implementation of	access hospitals: The critical access hospital develops and
		policies and procedures that guide and support patient care,	implements policies and procedures for anesthesia that
		treatment, and services.	include the delineation of preanesthesia and postanesthesia
			responsibilities. The policies require the following for each

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PC.03.01.01, EP 6	patient:
		For operative or other high-risk procedures, including those	- A preanesthesia evaluation completed and documented by
		that require the administration of moderate or deep sedation	an individual qualified to administer anesthesia, as specified
		or anesthesia, the following is available:	in 42 CFR 482.52(a), within 48 hours prior to surgery or a
		- Equipment to monitor the patient's physiological status	procedure requiring anesthesia services.
		- Equipment to administer intravenous fluids and	- An intraoperative anesthesia record.
		medications and, if needed, blood and blood components	- A postanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as
		PC.03.01.03, EP 1	specified in 42 CFR 482.52(a), no later than 48 hours after
		Before operative or other high-risk procedures are initiated,	surgery or a procedure requiring anesthesia services. The
		or before moderate or deep sedation or anesthesia is	postanesthesia evaluation for anesthesia recovery is
		administered: The critical access hospital conducts a	completed in accordance with state law and critical access
		presedation or preanesthesia patient assessment.	hospital policies and procedures that have been approved by
			the medical staff and reflect current standards of anesthesia
		PC.03.01.03, EP 8	care.
		A qualified physician or other licensed practitioner	
		reevaluates the patient immediately before administering	
		moderate or deep sedation or anesthesia.	
		Note: The reevaluation is performed by a qualified physician	
		or other licensed practitioner in accordance with 42 CFR	
		485.639(a).	
		PC.03.01.07, EP 1	
		The critical access hospital assesses the patient's	
		physiological status immediately after the operative or other	
		high-risk procedure and/or as the patient recovers from	
		moderate or deep sedation or anesthesia.	
		PC.03.01.07, EP 2	
		The critical access hospital monitors the patient's	
		physiological status, mental status, and pain level at a	
		frequency and intensity consistent with the potential effect	
		of the operative or other high-risk procedure and/or the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
\$482.52(b)(1)	(1) A pre-anesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in paragraph (a) of this section, performed within 48 hours prior to surgery or a procedure requiring anesthesia services.	sedation or anesthesia administered.  PC.03.01.07, EP 4  A qualified physician or other licensed practitioner discharges the patient from the recovery area or from the critical access hospital. In the absence of a qualified individual, patients are discharged according to criteria approved by clinical leaders.  PC.03.01.03, EP 18  For rehabilitation and psychiatric distinct part units in critical access hospitals: A preanesthesia evaluation is completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or a procedure requiring anesthesia services.	PC.13.01.03, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital develops and implements policies and procedures for anesthesia that include the delineation of preanesthesia and postanesthesia responsibilities. The policies require the following for each patient:  - A preanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in 42 CFR 482.52(a), within 48 hours prior to surgery or a procedure requiring anesthesia services.  - An intraoperative anesthesia record.  - A postanesthesia evaluation completed and documented by an individual qualified to administer anesthesia, as specified in 42 CFR 482.52(a), no later than 48 hours after surgery or a procedure requiring anesthesia services. The postanesthesia evaluation for anesthesia recovery is completed in accordance with state law and critical access hospital policies and procedures that have been approved by the medical staff and reflect current standards of anesthesia
§482.52(b)(2)	(2) An intraoperative anesthesia record.	PC.03.01.05, EP 1  During operative or other high-risk procedures, including those that require the administration of moderate or deep sedation or anesthesia, the patient's oxygenation,	PC.13.01.03, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital develops and implements policies and procedures for anesthesia that

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		ventilation, and circulation are monitored continuously.	include the delineation of preanesthesia and postanesthesia
			responsibilities. The policies require the following for each
		RC.02.01.03, EP 1	patient:
		The critical access hospital documents in the patient's	- A preanesthesia evaluation completed and documented by
		medical record any operative or other high-risk procedure	an individual qualified to administer anesthesia, as specified
		and/or the administration of moderate or deep sedation or	in 42 CFR 482.52(a), within 48 hours prior to surgery or a
		anesthesia.	procedure requiring anesthesia services.
			- An intraoperative anesthesia record.
			- A postanesthesia evaluation completed and documented
			by an individual qualified to administer anesthesia, as
			specified in 42 CFR 482.52(a), no later than 48 hours after
			surgery or a procedure requiring anesthesia services. The
			postanesthesia evaluation for anesthesia recovery is
			completed in accordance with state law and critical access
			hospital policies and procedures that have been approved by
			the medical staff and reflect current standards of anesthesia
0.400 50(1.)(0)			care.
§482.52(b)(3)	(3) A postanesthesia evaluation	PC.03.01.07, EP 7	PC.13.01.03, EP 2
	completed and documented by	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	an individual qualified to	access hospitals: A postanesthesia evaluation is completed	access hospitals: The critical access hospital develops and
	administer anesthesia, as	and documented by an individual qualified to administer	implements policies and procedures for anesthesia that
	specified in paragraph (a) of	anesthesia no later than 48 hours after surgery or a	include the delineation of preanesthesia and postanesthesia
	this section, no later than 48 hours after surgery or a	procedure requiring anesthesia services.	responsibilities. The policies require the following for each patient:
	procedure requiring anesthesia	PC.03.01.07, EP 8	- A preanesthesia evaluation completed and documented by
	services. The postanesthesia	For rehabilitation and psychiatric distinct part units in critical	an individual qualified to administer anesthesia, as specified
	evaluation for anesthesia	access hospitals: The postanesthesia evaluation for	in 42 CFR 482.52(a), within 48 hours prior to surgery or a
	recovery must be completed in	anesthesia recovery is completed in accordance with law	procedure requiring anesthesia services.
	accordance with State law and	and regulation and policies and procedures that have been	- An intraoperative anesthesia record.
	with hospital policies and	approved by the medical staff.	- A postanesthesia evaluation completed and documented
	procedures that have been		by an individual qualified to administer anesthesia, as
	approved by the medical staff		specified in 42 CFR 482.52(a), no later than 48 hours after
			surgery or a procedure requiring anesthesia services. The

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	and that reflect current		postanesthesia evaluation for anesthesia recovery is
	standards of anesthesia care.		completed in accordance with state law and critical access
			hospital policies and procedures that have been approved by
			the medical staff and reflect current standards of anesthesia
			care.
§482.52(c)	§482.52(c) Standard: State		
	Exemption		
§482.52(c)(1)	(1) A hospital may be exempted	MS.03.01.01, EP 2	PC.13.01.01, EP 1
	from the requirement for	Physicians and other licensed practitioners practice only	Anesthesia is administered only by the following individuals:
	physician supervision of CRNAs	within the scope of their privileges as determined through	- A qualified anesthesiologist
	as described in paragraph (a)(4)	mechanisms defined by the organized medical staff.	- A doctor of medicine or osteopathy other than an
	of this section, if the State in		anesthesiologist, including an osteopathic practitioner
	which the hospital is located	PC.03.01.01, EP 10	recognized under section 1101(a)(7) of the Social Security
	submits a letter to CMS signed	For rehabilitation and psychiatric distinct part units in critical	Act
	by the Governor, following	access hospitals: In accordance with the critical access	- A doctor of dental surgery or dental medicine, who is
	consultation with the State's	hospital's policy and state scope-of-practice laws,	qualified to administer anesthesia under state law
	Boards of Medicine and	anesthesia is administered only by the following individuals:	- A doctor of podiatric medicine, who is qualified to
	Nursing, requesting exemption	- An anesthesiologist	administer anesthesia under state law
	from physician supervision of	- A doctor of medicine or osteopathy other than an	- A certified registered nurse anesthetist (CRNA), as defined
	CRNAs. The letter from the	anesthesiologist	in 42 CFR 410.69(b) of this chapter, supervised by the
	Governor must attest that he or	- A doctor of dental surgery or dental medicine	operating practitioner, except as provided in 42 CFR
	she has consulted with State	- A doctor of podiatric medicine	485.639(e) regarding the state exemption for this supervision
	Boards of Medicine and Nursing	- A certified registered nurse anesthetist (CRNA) supervised	- An anesthesiologist's assistant, as defined in 42 CFR
	about issues related to access	by the operating practitioner except as provided in 42 CFR	410.69(b), supervised by an anesthesiologist
	to and the quality of anesthesia	482.52(c) regarding the state exemption for this supervision *	- A supervised trainee in an approved educational program
	services in the State and has	- An anesthesiologist's assistant supervised by an	Note 1: In accordance with 42 CFR 413.85(e), an approved
	concluded that it is in the best	anesthesiologist who is immediately available if needed	nursing and allied health education program is a planned
	interests of the State's citizens	- A supervised trainee in an approved educational program	program of study that is licensed by state law, or if licensing
	to opt-out of the current	Note 1: In accordance with 42 CFR 413.85(e), an approved	is not required, is accredited by a recognized national
	physician supervision	nursing and allied health education program is a planned	professional organization. Such national accrediting bodies
	requirement, and that the opt-	program of study that is licensed by state law or, if licensing	include, but are not limited to, the Commission on
	out is consistent with State law.	is not required, is accredited by a recognized national	Accreditation of Allied Health Education Programs and the
		professional organization. Such national accrediting bodies	National League of Nursing Accrediting Commission.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		include, but are not limited to, the Commission on	Note 2: See Glossary for the definition of certified registered
		Accreditation of Allied Health Education Programs and the	nurse anesthetist (CRNA) and anesthesiologist assistant.
		National League of Nursing Accrediting Commission.	Note 3: The CoP at 42 CFR 485.639(e) for state exemption
		Note 2: "Anesthesiologist assistant" is defined in 42 CFR	states: A critical access hospital may be exempted from the
		410.69(b).	requirement for doctor of medicine or osteopathy
		Footnote *: The CoP at 42 CFR 482.52(c) for state exemption	supervision of CRNAs if the state in which the critical access
		states: A critical access hospital may be exempt from the	hospital is located submits a letter to the Centers for
		requirement for doctors of medicine or osteopathy to	Medicare & Defication of the Medicare & Defic
		supervise CRNAs if the state in which the critical access	governor, following consultation with the state's boards of
		hospital is located submits a letter to the Centers for	medicine and nursing, requesting exemption from doctor of
		Medicare & mp; Medicaid Services (CMS) signed by the	medicine or osteopathy supervision for CRNAs. The letter
		governor, following consultation with the state's Boards of	from the governor must attest that they have consulted with
		Medicine and Nursing, requesting exemption from doctor of	the state boards of medicine and nursing about issues
		medicine or osteopathy supervision for CRNAs. The letter	related to access to and the quality of anesthesia services in
		from the governor attests that they have consulted with the	the state and has concluded that it is in the best interests of
		state Boards of Medicine and Nursing about issues related to	the state's citizens to opt out of the current doctor of
		access to and the quality of anesthesia services in the state	medicine or osteopathy supervision requirement and that
		and has concluded that it is in the best interests of the	the opt-out is consistent with state law. The request for
		state's citizens to opt out of the current doctor of medicine or	exemption and recognition of state laws and the withdrawal
		osteopathy supervision requirement, and that the opt-out is	of the request may be submitted at any time and are effective
		consistent with state law. The request for exemption and	upon submission.
		recognition of state laws and the withdrawal of the request	Note 4: Only the above individuals can administer deep
		may be submitted at any time and are effective upon	sedation/analgesia.
		submission.	
§482.52(c)(2)	(2) The request for exemption	PC.03.01.01, EP 10	PC.13.01.01, EP 1
	and recognition of State laws,	For rehabilitation and psychiatric distinct part units in critical	Anesthesia is administered only by the following individuals:
	and the withdrawal of the	access hospitals: In accordance with the critical access	- A qualified anesthesiologist
	request may be submitted at	hospital's policy and state scope-of-practice laws,	- A doctor of medicine or osteopathy other than an
	any time, and are effective	anesthesia is administered only by the following individuals:	anesthesiologist, including an osteopathic practitioner
	upon submission.	- An anesthesiologist	recognized under section 1101(a)(7) of the Social Security
		- A doctor of medicine or osteopathy other than an	Act
		anesthesiologist	- A doctor of dental surgery or dental medicine, who is
		- A doctor of dental surgery or dental medicine	qualified to administer anesthesia under state law

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- A doctor of podiatric medicine	- A doctor of podiatric medicine, who is qualified to
		- A certified registered nurse anesthetist (CRNA) supervised	administer anesthesia under state law
		by the operating practitioner except as provided in 42 CFR	- A certified registered nurse anesthetist (CRNA), as defined
		482.52(c) regarding the state exemption for this supervision *	in 42 CFR 410.69(b) of this chapter, supervised by the
		- An anesthesiologist's assistant supervised by an	operating practitioner, except as provided in 42 CFR
		anesthesiologist who is immediately available if needed	485.639(e) regarding the state exemption for this supervision
		- A supervised trainee in an approved educational program	- An anesthesiologist's assistant, as defined in 42 CFR
		Note 1: In accordance with 42 CFR 413.85(e), an approved	410.69(b), supervised by an anesthesiologist
		nursing and allied health education program is a planned	- A supervised trainee in an approved educational program
		program of study that is licensed by state law or, if licensing	Note 1: In accordance with 42 CFR 413.85(e), an approved
		is not required, is accredited by a recognized national	nursing and allied health education program is a planned
		professional organization. Such national accrediting bodies	program of study that is licensed by state law, or if licensing
		include, but are not limited to, the Commission on	is not required, is accredited by a recognized national
		Accreditation of Allied Health Education Programs and the	professional organization. Such national accrediting bodies
		National League of Nursing Accrediting Commission.	include, but are not limited to, the Commission on
		Note 2: "Anesthesiologist assistant" is defined in 42 CFR	Accreditation of Allied Health Education Programs and the
		410.69(b).	National League of Nursing Accrediting Commission.
		Footnote *: The CoP at 42 CFR 482.52(c) for state exemption	Note 2: See Glossary for the definition of certified registered
		states: A critical access hospital may be exempt from the	nurse anesthetist (CRNA) and anesthesiologist assistant.
		requirement for doctors of medicine or osteopathy to	Note 3: The CoP at 42 CFR 485.639(e) for state exemption
		supervise CRNAs if the state in which the critical access	states: A critical access hospital may be exempted from the
		hospital is located submits a letter to the Centers for	requirement for doctor of medicine or osteopathy
		Medicare & mp; Medicaid Services (CMS) signed by the	supervision of CRNAs if the state in which the critical access
		governor, following consultation with the state's Boards of	hospital is located submits a letter to the Centers for
		Medicine and Nursing, requesting exemption from doctor of	Medicare & mp; Medicaid Services (CMS) signed by the
		medicine or osteopathy supervision for CRNAs. The letter	governor, following consultation with the state's boards of
		from the governor attests that they have consulted with the	medicine and nursing, requesting exemption from doctor of
		state Boards of Medicine and Nursing about issues related to	medicine or osteopathy supervision for CRNAs. The letter
		access to and the quality of anesthesia services in the state	from the governor must attest that they have consulted with
		and has concluded that it is in the best interests of the	the state boards of medicine and nursing about issues
		state's citizens to opt out of the current doctor of medicine or	related to access to and the quality of anesthesia services in
		osteopathy supervision requirement, and that the opt-out is	the state and has concluded that it is in the best interests of
		consistent with state law. The request for exemption and	the state's citizens to opt out of the current doctor of

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		recognition of state laws and the withdrawal of the request	medicine or osteopathy supervision requirement and that
		may be submitted at any time and are effective upon	the opt-out is consistent with state law. The request for
		submission.	exemption and recognition of state laws and the withdrawal
			of the request may be submitted at any time and are effective
			upon submission.
			Note 4: Only the above individuals can administer deep
			sedation/analgesia.
§482.53	§482.53 Condition of	LD.01.03.01, EP 3	LD.13.03.01, EP 1
	Participation: Nuclear Medicine	The governing body approves the critical access hospital's	The critical access hospital provides services directly or
	Services If the hospital	written scope of services.	through referral, consultation, contractual arrangements, or
	provides nuclear medicine		other agreements that meet the needs of the population(s)
	services, those services must	LD.01.03.01, EP 5	served, are organized appropriate to the scope and
	meet the needs of the patients	The governing body provides for the resources needed to	complexity of services offered, and are in accordance with
	in accordance with acceptable	maintain safe, quality care, treatment, and services.	accepted standards of practice. Services may include but
	standards of practice.	ID as as as ED a	are not limited to the following:
		LD.03.10.01, EP 1	- Outpatient
		For critical access hospitals that elect The Joint Commission	- Emergency
		Primary Care Medical Home option or rehabilitation and	- Medical records
		psychiatric distinct part units in critical access hospitals: The	- Diagnostic and therapeutic radiology
		critical access hospital considers using clinical practice	- Nuclear medicine
		guidelines when designing or improving processes.	- Surgical
		LD 04 02 04 FD 0	- Anesthesia
		LD.04.03.01, EP 2  For rehabilitation and psychiatric distinct part units in critical	- Laboratory
		access hospitals: The critical access hospital provides	- Respiratory - Dietetic
		essential services, including the following:	- Dietetic
		- Diagnostic radiology	
		- Diagnostic radiology - Dietary	
		- Emergency	
		- Medical records	
		- Nuclear medicine	
		- Nursing care	
		- Pathology and clinical laboratory	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
§482.53	Element Deleted	LD.01.03.01, EP 3	
		The governing body approves the critical access hospital's	
		written scope of services.	
		LD 04 00 04 FD 5	
		LD.01.03.01, EP 5	
		The governing body provides for the resources needed to	
		maintain safe, quality care, treatment, and services.	
		LD.03.10.01, EP 1	
		For critical access hospitals that elect The Joint Commission	
		Primary Care Medical Home option or rehabilitation and	
		psychiatric distinct part units in critical access hospitals: The	
		critical access hospital considers using clinical practice	
		guidelines when designing or improving processes.	
		5 5 F - 5F	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
CoP Requirement	CoPText	LD.04.03.01, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital provides essential services, including the following:  - Diagnostic radiology - Dietary - Emergency - Medical records - Nuclear medicine - Nursing care - Pathology and clinical laboratory - Pharmaceutical - Physical rehabilitation - Respiratory care - Social work Note 1: Critical access hospitals that provide only psychiatric and addiction treatment services are not required to provide nuclear medicine, physical rehabilitation, and respiratory care services. Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: For the provision of emergency services, the critical access hospital complies with the requirements of 42 CFR 482.55. For more information on 42 CFR 482.55, refer to "Appendix B: Medicare Requirements for Critical Access Hospitals with Rehabilitation and/or Psychiatric Distinct Part Units" (AXB). Note 3: The diagnostic radiology services provided by the	Future State EP Mapping
		critical access hospital, as well as staff qualifications, meet professionally approved standards.	
§482.53(a)	§482.53(a) Standard: Organization and Staffing The organization of the nuclear medicine service must be	LD.01.03.01, EP 3 The governing body approves the critical access hospital's written scope of services.	LD.13.03.01, EP 1 The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s)

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	appropriate to the scope and	LD.01.03.01, EP 5	served, are organized appropriate to the scope and
	complexity of the services	The governing body provides for the resources needed to	complexity of services offered, and are in accordance with
	offered.	maintain safe, quality care, treatment, and services.	accepted standards of practice. Services may include but
			are not limited to the following:
		LD.04.01.11, EP 2	- Outpatient
		The arrangement and allocation of space supports safe,	- Emergency
		efficient, and effective care, treatment, and services.	- Medical records
			- Diagnostic and therapeutic radiology
		LD.04.01.11, EP 5	- Nuclear medicine
		The leaders provide for equipment, information systems,	- Surgical
		supplies, and other resources.	- Anesthesia
			- Laboratory
			- Respiratory
			- Dietetic
§482.53(a)(1)	(1) There must be a director	LD.04.01.05, EP 7	LD.13.01.07, EP 3
	who is a doctor of medicine or	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	osteopathy qualified in nuclear	access hospitals: A qualified doctor of medicine or	access hospitals: A qualified doctor of medicine or
	medicine.	osteopathy directs the following services:	osteopathy directs the following services, when provided:
		- Anesthesia	- Anesthesia
		- Nuclear medicine	- Nuclear medicine
		- Respiratory care	- Respiratory care
			Note 1: The anesthesia service is responsible for all
			anesthesia administered in the critical access hospital.
			Note 2: For respiratory care services, the director may serve
			on either a full-time or part-time basis.
§482.53(a)(2)	(2) The qualifications, training,	HR.01.01.01, EP 1	MS.16.01.01, EP 12
	functions and responsibilities	The critical access hospital defines staff qualifications	For rehabilitation and psychiatric distinct part units in critical
	of the nuclear medicine	specific to their job responsibilities.	access hospitals: The medical staff approves the nuclear
	personnel must be specified by	Note 1: Qualifications for infection control may be met	services director's specifications for the qualifications,
	the service director and	through ongoing education, training, experience, and/or	training, functions, and responsibilities of the nuclear
	approved by the medical staff.	certification (such as that offered by the Certification Board for Infection Control).	medicine staff.
		Note 2: For rehabilitation and psychiatric distinct part units in	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		critical access hospitals: Qualified physical therapists,	
		physical therapist assistants, occupational therapists,	
		occupational therapy assistants, speech-language	
		pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-	
		language pathology, or audiology services, if these services	
		are provided by the critical access hospital. The provision of	
		care and staff qualifications are in accordance with national	
		acceptable standards of practice and also meet the	
		requirements of 409.17. See Appendix B for 409.17	
		requirements.	
		HR.01.06.01, EP 1	
		The critical access hospital defines the competencies it	
		requires of its staff who provide patient care, treatment, or	
		services.	
		LD.03.06.01, EP 2	
		Leaders provide for a sufficient number and mix of	
		individuals to support safe, quality care, treatment, and	
		services.	
		Note: The number and mix of individuals is appropriate to the	
		scope and complexity of the services offered.	
		LD.03.06.01, EP 3	
		Those who work in the critical access hospital are competent	
		to complete their assigned responsibilities.	
		LD.04.01.05, EP 1	
		Leaders of the program, service, site, or department oversee operations.	
		aporationo.	
		MS.03.01.01, EP 17	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The medical staff approves the nuclear	
		services director's specifications for the qualifications,	
		training, functions, and responsibilities of the nuclear	
		medicine staff.	
§482.53(b)	§482.53(b) Standard: Delivery	EC.02.01.01, EP 8	PE.02.01.01, EP 4
	of Service Radioactive	The critical access hospital controls access to and from	The critical access hospital develops and implements
	materials must be prepared,	areas it identifies as security sensitive.	policies and procedures to protect patients and staff from
	labeled, used, transported,		exposure to hazardous materials. The policies and
	stored, and disposed of in	EC.02.02.01, EP 3	procedures address the following:
	accordance with acceptable	The critical access hospital has written procedures,	- Minimizing risk when selecting, handling, storing,
	standards of practice.	including the use of precautions and personal protective	transporting, using, and disposing of radioactive materials,
		equipment, to follow in response to hazardous material and	hazardous chemicals, and hazardous gases and vapors - Disposal of hazardous medications
		waste spills or exposures.	- Minimizing risk when selecting and using hazardous energy
		EC.02.02.01, EP 4	sources, including the use of proper shielding
		The critical access hospital implements its procedures in	- Periodic inspection of radiology equipment and prompt
		response to hazardous material and waste spills or	correction of hazards found during inspection
		exposures.	- Precautions to follow and personal protective equipment to
		oxpositio.	wear in response to hazardous material and waste spills or
		EC.02.02.01, EP 6	exposure
		The critical access hospital minimizes risks associated with	Note 1: Hazardous energy is produced by both ionizing
		selecting, handling, storing, transporting, using, and	equipment (for example, radiation and x-ray equipment) and
		disposing of radioactive materials.	nonionizing equipment (for example, lasers and MRIs).
			Note 2: Hazardous gases and vapors include but are not
			limited to ethylene oxide and nitrous oxide gases; vapors
		EC.02.02.01, EP 7	generated by glutaraldehyde; cauterizing equipment, such as
		The critical access hospital minimizes risks associated with	lasers; waste anesthetic gas disposal (WAGD); and
		selecting and using hazardous energy sources.	laboratory rooftop exhaust. (For full text, refer to NFPA 99-
		Note 1: Hazardous energy is produced by both ionizing	2012: 9.3.8; 9.3.9)
		equipment (for example, radiation and x-ray equipment) and	
		nonionizing equipment (for example, lasers and MRIs).	
		Note 2: This includes the use of proper shielding during	

CoP Requirement Co	oP Text	Current EP Mapping	Future State EP Mapping
		fluoroscopic procedures.	
		EC.02.02.01, EP 8	
		The critical access hospital minimizes risks associated with	
		disposing of hazardous medications.	
		EC.02.02.01, EP 11	
		For managing hazardous materials and waste, the critical	
		access hospital has the permits, licenses, manifests, and	
		safety data sheets required by law and regulation.	
		EC.02.02.01, EP 12	
		The critical access hospital labels hazardous materials and	
		waste. Labels identify the contents and hazard warnings. *	
		Footnote *: The Occupational Safety and Health	
		Administration's (OSHA) Bloodborne Pathogens and Hazard	
		Communications Standards and the National Fire Protection	
		Association (NFPA) provide details on labeling requirements.	
		MM.01.01.03, EP 1	
		The critical access hospital identifies, in writing, its high-alert	
		and hazardous medications. *	
		Note: This element of performance is also applicable to	
		sample medications.	
		Footnote *: For a list of high-alert medications, see	
		https://www.ismp.org/recommendations. For a list of	
		hazardous drugs, see	
		https://www.cdc.gov/niosh/docs/2016-161/pdfs/2016-	
		161.pdf.	
		MM.01.01.03, EP 2	
		The critical access hospital follows a process for managing	
		high-alert and hazardous medications.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Note: This element of performance is also applicable to	
		sample medications.	
§482.53(b)(1)	(1) In-house preparation of		MM.15.01.01, EP 7
	radiopharmaceuticals is by, or		For rehabilitation and psychiatric distinct part units in critical
	under the supervision of, an		access hospitals: An appropriately trained registered
	appropriately trained registered		pharmacist or doctor of medicine or osteopathy performs or
	pharmacist or a doctor of medicine or osteopathy.		supervises in-house preparation of radiopharmaceuticals.
§482.53(b)(2)	(2) There is proper storage and	EC.02.02.01, EP 6	PE.02.01.01, EP 4
3402.33(b)(2)	disposal of radioactive	The critical access hospital minimizes risks associated with	The critical access hospital develops and implements
	material.	selecting, handling, storing, transporting, using, and	policies and procedures to protect patients and staff from
	1	disposing of radioactive materials.	exposure to hazardous materials. The policies and
			procedures address the following:
			- Minimizing risk when selecting, handling, storing,
		EC.02.02.01, EP 8	transporting, using, and disposing of radioactive materials,
		The critical access hospital minimizes risks associated with	hazardous chemicals, and hazardous gases and vapors
		disposing of hazardous medications.	- Disposal of hazardous medications
			- Minimizing risk when selecting and using hazardous energy
		EC.02.02.01, EP 11	sources, including the use of proper shielding
		For managing hazardous materials and waste, the critical	- Periodic inspection of radiology equipment and prompt
		access hospital has the permits, licenses, manifests, and safety data sheets required by law and regulation.	correction of hazards found during inspection - Precautions to follow and personal protective equipment to
		safety data sfieets required by taw and regulation.	wear in response to hazardous material and waste spills or
		EC.02.02.01, EP 12	exposure
		The critical access hospital labels hazardous materials and	Note 1: Hazardous energy is produced by both ionizing
		waste. Labels identify the contents and hazard warnings. *	equipment (for example, radiation and x-ray equipment) and
		Footnote *: The Occupational Safety and Health	nonionizing equipment (for example, lasers and MRIs).
		Administration's (OSHA) Bloodborne Pathogens and Hazard	Note 2: Hazardous gases and vapors include but are not
		Communications Standards and the National Fire Protection	limited to ethylene oxide and nitrous oxide gases; vapors
		Association (NFPA) provide details on labeling requirements.	generated by glutaraldehyde; cauterizing equipment, such as
			lasers; waste anesthetic gas disposal (WAGD); and
			laboratory rooftop exhaust. (For full text, refer to NFPA 99-
			2012: 9.3.8; 9.3.9)

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
CoP Requirement §482.53(b)(3)	CoP Text  (3) If laboratory tests are performed in the nuclear medicine service, the service must meet the applicable requirement for laboratory services specified in §482.27.	Current EP Mapping  LD.04.01.01, EP 1  The critical access hospital is licensed, is certified, or has a permit, in accordance with law and regulation, to provide the care, treatment, or services for which the critical access hospital is seeking accreditation from The Joint Commission.  Note 1: Each service location that performs laboratory testing (waived or nonwaived) must have a Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) certificate as specified by the federal CLIA regulations (42 CFR 493.55 and 493.3) and applicable state law.  Note 2: For more information on how to obtain a CLIA certificate, see http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certif	Future State EP Mapping  LD.13.03.01, EP 9  For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital provides nuclear medicine services, and nuclear medicine staff perform laboratory tests, the services meet the applicable requirements for laboratory services specified in 42 CRF 482.27.
\$482.53(c)	\$482.53(c) Standard: Facilities Equipment and supplies must be appropriate for the types of nuclear medicine services offered and must be maintained for safe and efficient performance. The equipment must be	icate_International_Laboratories.html.  LD.01.03.01, EP 5 The governing body provides for the resources needed to maintain safe, quality care, treatment, and services.  LD.04.01.11, EP 5 The leaders provide for equipment, information systems, supplies, and other resources.	PE.04.01.01, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital maintains equipment and supplies appropriate for the types of nuclear medicine services offered. The equipment is maintained for safe operation and efficient performance.
§482.53(c)(1)	(1) Maintained in safe operating condition; and	EC.02.04.01, EP 4  The critical access hospital identifies the activities and associated frequencies, in writing, for maintaining, inspecting, and testing all medical equipment on the inventory.  Note: Activities and associated frequencies for maintaining, inspecting, and testing of medical equipment must have a 100% completion rate.  EC.02.04.03, EP 1  Before initial use and after major repairs or upgrades of	PE.04.01.01, EP 4 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital maintains equipment and supplies appropriate for the types of nuclear medicine services offered. The equipment is maintained for safe operation and efficient performance.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		medical equipment on the medical equipment inventory, the	
		critical access hospital performs safety, operational, and	
		functional checks.	
		EC.02.04.03, EP 3	
		The critical access hospital inspects, tests, and maintains	
		non-high-risk equipment identified on the medical	
		equipment inventory. These activities are documented.	
§482.53(c)(2)	(2) Inspected, tested and	EC.02.04.03, EP 16	PE.05.01.01, EP 1
	calibrated at least annually by	For rehabilitation and psychiatric distinct part units in critical	At least annually, a diagnostic medical physicist or nuclear
	qualified personnel.	access hospitals: Qualified critical access hospital staff	medicine physicist inspects, tests, and calibrates all nuclear
		inspect, test, and calibrate nuclear medicine equipment	medicine (NM) imaging equipment. The results, along with
		annually. The results and completion dates are documented.	recommendations for correcting any problems identified, are
			documented. These activities are conducted for all of the
			image types produced clinically by each NM scanner (for
			example, planar and/or tomographic) and include the use of
			phantoms to assess the following imaging metrics:
			- Image uniformity/system uniformity
			- High-contrast resolution/system spatial resolution
			- Sensitivity
			- Energy resolution
			- Count-rate performance
			- Artifact evaluation
			Note 1: The following test is recommended but not required:
			Low-contrast resolution or detectability for non-planar
			acquisitions.
			Note 2: The medical physicist or nuclear medicine physicist
			is accountable for these activities. They may be assisted with
			the testing and evaluation of equipment performance by
			individuals who have the required training and skills, as
			determined by the medical physicist or nuclear medicine
			physicist. (For more information, refer to HR.11.01.03, EPs 1
			and 2; HR.11.02.01, EP 2)

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.53(d)	§482.53(d) Standard: Records	RC.01.01.01, EP 7	RC.11.01.01, EP 4
	The hospital must maintain	All entries in the medical record are dated.	The critical access hospital develops and implements
	signed and dated reports of		policies and procedures for accurate, legible, complete,
	nuclear medicine	RC.01.02.01, EP 3	signed, dated, and timed medical record entries that are
	interpretations, consultations,	The author of each medical record entry is identified in the	authenticated by the person responsible for providing or
	and procedures.	medical record.	evaluating the service provided. Medical records are
			promptly completed, systematically organized, and readily
		RC.01.02.01, EP 4	accessible.
		Entries in the medical record are authenticated by the	
		author. Information introduced into the medical record	RC.12.01.01, EP 2
		through transcription or dictation is authenticated by the	The medical record contains the following clinical
		author.	information:
		Note 1: Authentication can be verified through electronic	- Admitting diagnosis
		signatures, written signatures or initials, rubber-stamp	- Any emergency care, treatment, and services provided to
		signatures, or computer key.	the patient before their arrival
		Note 2: For paper-based records, signatures entered for	- Any allergies to food and medications
		purposes of authentication after transcription or for verbal	- Any findings of assessments and reassessments
		orders are dated when required by law or regulation or	- Results of all consultative evaluations of the patient and
		critical access hospital policy. For electronic records,	findings by clinical and other staff involved in the care of the
		electronic signatures will be date-stamped.	patient
		Note 3: For rehabilitation and psychiatric distinct part units in	- Treatment goals, plan of care, and revisions to the plan of
		critical access hospitals: All orders, including verbal orders,	care
		are dated and authenticated by the ordering physician or	- Documentation of complications, health care–acquired
		other licensed practitioner who is responsible for the care of	infections, and adverse reactions to drugs and anesthesia
		the patient, and who, in accordance with critical access	- All practitioners' orders
		hospital policy; law and regulation; and medical staff bylaws,	- Nursing notes, reports of treatment, laboratory reports, vital
		rules, and regulations, is authorized to write orders.	signs, and other information necessary to monitor the
			patient's condition
		RC.01.02.01, EP 5	- Medication records, including the strength, dose, route,
		The individual identified by the signature stamp or method of	date and time of administration, access site for medication,
		electronic authentication is the only individual who uses it.	administration devices used, and rate of administration
			Note: When rapid titration of a medication is necessary, the
		RC.02.01.01, EP 2	critical access hospital defines in policy the urgent/emergent

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The medical record contains the following clinical	situations in which block charting would be an acceptable
		information:	form of documentation. For the definition and a further
		- The reason(s) for admission for care, treatment, and	explanation of block charting, refer to the Glossary.
		services	- Administration of each self-administered medication, as
		- The patient's initial diagnosis, diagnostic impression(s), or	reported by the patient (or the patient's caregiver or support
		condition(s)	person where appropriate)
		- Any findings of assessments and reassessments	- Records of radiology and nuclear medicine services,
		- Any allergies to food	including signed interpretation reports
		- Any allergies to medications	- All care, treatment, and services provided to the patient
		- Any conclusions or impressions drawn from the patient's	- Patient's response to care, treatment, and services
		medical history and physical examination	- Medical history and physical examination, including any
		- Any diagnoses or conditions established during the	conclusions or impressions drawn from the information
		patient's course of care, treatment, and services (including	- Discharge plan and discharge planning evaluation
		complications and hospital-acquired infections). For	- Discharge summary with outcome of hospitalization,
		psychiatric distinct part units in critical access hospitals: The	disposition of case, and provisions for follow-up care,
		diagnosis includes intercurrent diseases (diseases that	including any medications dispensed or prescribed on
		occur during the course of another disease; for example, a	discharge
		patient with AIDS may develop an intercurrent bout of	- Any diagnoses or conditions established during the
		pneumonia) and the psychiatric diagnoses.	patient's course of care, treatment, and services
		- Any consultation reports	Note: Medical records are completed within 30 days
		- Any observations relevant to care, treatment, and services	following discharge, including final diagnosis.
		- The patient's response to care, treatment, and services	
		- Any emergency care, treatment, and services provided to	
		the patient before their arrival	
		- Any progress notes	
		- All orders	
		- Any medications ordered or prescribed	
		- Any medications administered, including the strength,	
		dose, route, date and time of administration	
		Note 1: When rapid titration of a medication is necessary, the	
		critical access hospital defines in policy the urgent/emergent	
		situations in which block charting would be an acceptable	
		form of documentation.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.53(d)(1)	(1) The hospital must maintain	Note 2: For the definition and a further explanation of block charting, refer to the Glossary.  - Any access site for medication, administration devices used, and rate of administration  - Any adverse drug reactions  - Treatment goals, plan of care, and revisions to the plan of care  - Results of diagnostic and therapeutic tests and procedures  - Any medications dispensed or prescribed on discharge  - Discharge diagnosis  - Discharge plan and discharge planning evaluation  RC.01.05.01, EP 1	RC.11.03.01, EP 1
	copies of nuclear medicine reports for at least 5 years.	For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.	For rehabilitation and psychiatric distinct part units in critical access hospitals: The retention time of the original or legally reproduced medical record is determined by its use and critical access hospital policy, in accordance with law and regulation.  Note: Medical records are retained in their original or legally reproduced form for at least five years. This includes nuclear medicine reports; radiological reports, printouts, films, and scans; and other applicable image records.
§482.53(d)(2)	(2) The practitioner approved by the medical staff to interpret diagnostic procedures must sign and date the interpretation of these tests.	MS.03.01.01, EP 2 Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.  RC.01.01.01, EP 7 All entries in the medical record are dated.  RC.01.02.01, EP 3 The author of each medical record entry is identified in the medical record.	RC.11.01.01, EP 4  The critical access hospital develops and implements policies and procedures for accurate, legible, complete, signed, dated, and timed medical record entries that are authenticated by the person responsible for providing or evaluating the service provided. Medical records are promptly completed, systematically organized, and readily accessible.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		RC.01.02.01, EP 4  Entries in the medical record are authenticated by the author. Information introduced into the medical record through transcription or dictation is authenticated by the author.  Note 1: Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.  Note 2: For paper-based records, signatures entered for purposes of authentication after transcription or for verbal orders are dated when required by law or regulation or critical access hospital policy. For electronic records, electronic signatures will be date-stamped.  Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: All orders, including verbal orders, are dated and authenticated by the ordering physician or other licensed practitioner who is responsible for the care of the patient, and who, in accordance with critical access hospital policy; law and regulation; and medical staff bylaws, rules, and regulations, is authorized to write orders.  RC.01.02.01, EP 5  The individual identified by the signature stamp or method of electronic authentication is the only individual who uses it.	
§482.53(d)(3)	(3) The hospital must maintain records of the receipt and distribution of radio pharmaceuticals.	MM.03.01.01, EP 4  The critical access hospital follows a written policy addressing the control of medication between receipt by a staff member and administration of the medication, including safe storage, handling, wasting, security, disposition, and return to storage.  Note: This element of performance is also applicable to sample medications.	MM.13.01.01, EP 6 For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital maintains records of the receipt and distribution of radiopharmaceuticals.

CoP Requirement CoP	P Text	Current EP Mapping	Future State EP Mapping
mus prac Fede who	Nuclear medicine services ust be ordered only by actitioners whose scope of deral or State licensure and lose defined staff privileges ow such referrals.	MM.03.01.01, EP 8  The critical access hospital removes all expired, damaged, and/or contaminated medications and stores them separately from medications available for administration. Note: This element of performance is also applicable to sample medications.  MM.03.01.01, EP 24  For rehabilitation and psychiatric distinct part units in critical access hospitals: The hospital maintains records of the receipt and disposition of radiopharmaceuticals.  MS.03.01.01, EP 2  Physicians and other licensed practitioners practice only within the scope of their privileges as determined through mechanisms defined by the organized medical staff.	PC.12.01.01, EP 1 Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations.  Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nuclear medicine services, and dietetic services, if provided.  Note 2: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. The requirement of 42 CFR 483.25(i) is met for inpatients receiving care at a skilled nursing facility subsequent to critical access hospital care.
	82.54 Condition of	LD.01.03.01, EP 3	LD.13.03.01, EP 1
	rticipation: Outpatient	The governing body approves the critical access hospital's	The critical access hospital provides services directly or
	rvices If the hospital	written scope of services.	through referral, consultation, contractual arrangements, or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	the services must meet the	LD.01.03.01, EP 5	served, are organized appropriate to the scope and
	needs of the patients in	The governing body provides for the resources needed to	complexity of services offered, and are in accordance with
	accordance with acceptable	maintain safe, quality care, treatment, and services.	accepted standards of practice. Services may include but
	standards of practice.		are not limited to the following:
		LD.03.10.01, EP 1	- Outpatient
		For critical access hospitals that elect The Joint Commission	- Emergency
		Primary Care Medical Home option or rehabilitation and	- Medical records
		psychiatric distinct part units in critical access hospitals: The	- Diagnostic and therapeutic radiology
		critical access hospital considers using clinical practice	- Nuclear medicine
		guidelines when designing or improving processes.	- Surgical
			- Anesthesia
		LD.04.01.11, EP 2	- Laboratory
		The arrangement and allocation of space supports safe,	- Respiratory
		efficient, and effective care, treatment, and services.	- Dietetic
		LD.04.01.11, EP 5	
		The leaders provide for equipment, information systems,	
		supplies, and other resources.	
		LD.04.03.01, EP 1	
		The needs of the population(s) served guide decisions about	
		which services will be provided directly or through referral,	
		consultation, contractual arrangements, or other	
		agreements.	
§482.54	Element Deleted	LD.01.03.01, EP 3	
		The governing body approves the critical access hospital's	
		written scope of services.	
		LD.01.03.01, EP 5	
		The governing body provides for the resources needed to	
		maintain safe, quality care, treatment, and services.	
		LD.03.10.01, EP 1	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		For critical access hospitals that elect The Joint Commission Primary Care Medical Home option or rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital considers using clinical practice guidelines when designing or improving processes.	
		LD.04.01.11, EP 2 The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.	
		LD.04.01.11, EP 5 The leaders provide for equipment, information systems, supplies, and other resources.	
		LD.04.03.01, EP 1 The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.	
§482.54(a)	§482.54(a) Standard: Organization Outpatient services must be appropriately organized and integrated with inpatient services.	LD.04.01.05, EP 5 For rehabilitation and psychiatric distinct part units in critical access hospitals: Leaders provide for the coordination of care, treatment, and services among the critical access hospital's different programs, services, sites, or departments.	<b>LD.13.03.01, EP 5</b> For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital provides outpatient services, the services are integrated with inpatient services.
		PC.02.02.01, EP 1 The critical access hospital follows a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, and services.	
		PC.02.02.01, EP 3	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The critical access hospital coordinates the patient's care,	
		treatment, and services within a time frame that meets the	
		patient's needs.	
		Note: Coordination involves resolving scheduling conflicts	
		and duplication of care, treatment, and services.	
§482.54(b)	§482.54(b) Standard: Personnel		
	The hospital must -		
§482.54(b)(1)	(1) Assign one or more	LD.04.01.05, EP 8	LD.13.01.07, EP 2
	individuals to be responsible	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	for outpatient services.	access hospitals: The critical access hospital assigns one or	access hospitals: The critical access hospital assigns one or
		more individuals who are responsible for outpatient services.	more individuals who are responsible for outpatient services.
§482.54(b)(2)	(2) Have appropriate	HR.01.01.01, EP 1	NPG.12.01.01, EP 1
	professional and	The critical access hospital defines staff qualifications	Leaders provide for an adequate number and mix of qualified
	nonprofessional personnel	specific to their job responsibilities.	individuals to support safe, quality care, treatment, and
	available at each location	Note 1: Qualifications for infection control may be met	services.
	where outpatient services are	through ongoing education, training, experience, and/or	Note 1: The number and mix of individuals is appropriate to
	offered, based on the scope	certification (such as that offered by the Certification Board	the scope and complexity of the services offered. Services
	and complexity of outpatient	for Infection Control).	may include but are not limited to the following:
	services.	Note 2: For rehabilitation and psychiatric distinct part units in	- Rehabilitation services
		critical access hospitals: Qualified physical therapists,	- Emergency services
		physical therapist assistants, occupational therapists,	- Outpatient services
		occupational therapy assistants, speech-language	- Respiratory services
		pathologists, or audiologists (as defined in 42 CFR 484.4)	- Pharmaceutical services, including emergency
		provide physical therapy, occupational therapy, speech-	pharmaceutical services
		language pathology, or audiology services, if these services	- Diagnostic and therapeutic radiology services
		are provided by the critical access hospital. The provision of	Note 2: Emergency services staff are qualified in emergency
		care and staff qualifications are in accordance with national	care.
		acceptable standards of practice and also meet the	Note 3: For rehabilitation and psychiatric distinct part units in
		requirements of 409.17. See Appendix B for 409.17	critical access hospitals: As of the first day of the first cost
		requirements.	reporting period for which all other exclusion requirements
			are met, the unit is fully equipped and staffed and is capable
		HR.01.01.01, EP 3	of providing hospital inpatient psychiatric or rehabilitation
		The critical access hospital verifies and documents that the	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		applicant has the education and experience required by the job responsibilities.	care regardless of whether there are any inpatients in the unit on that date.
		HR.01.06.01, EP 1 The critical access hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.	
		LD.03.06.01, EP 2 Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.	
§482.54(c)	(c) Standard: Orders for outpatient services. Outpatient services must be ordered by a practitioner who meets the following conditions:		
§482.54(c)(1)	(1) Is responsible for the care of the patient.	PC.02.01.03, EP 1 Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations.  Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following:  - Responsible for the care of the patient - Licensed to practice in the state where the practitioner	PC.12.01.01, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: Any physician or other licensed practitioner who orders outpatient services meets the following conditions:  - Responsible for the care of the patient - Licensed in the state where they provide care to the patient - Acting within their scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note: This applies to physicians or other licensed practitioners who are appointed to the critical access hospital's medical staff or have been granted privileges, as

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		provides care to the patient or in accordance with Veterans	well as practitioners not appointed to the medical staff who
		Administration and Department of Defense licensure	satisfy the above criteria.
		requirements	
		- Acting within the practitioner's scope of practice under	
		state law	
		- Authorized in accordance with state law and policies	
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
0.400 = 4( )(0)	(2) 1 1: 11 2: 1	nursing facility subsequent to critical access hospital care.	
§482.54(c)(2)	(2) Is licensed in the State	PC.02.01.03, EP 1	PC.12.01.01, EP 2
	where he or she provides care	Prior to providing care, treatment, and services, the critical	For rehabilitation and psychiatric distinct part units in critical
	to the patient.	access hospital obtains or renews orders (verbal or written)	access hospitals: Any physician or other licensed
		from a physician or other licensed practitioner in accordance	practitioner who orders outpatient services meets the
		with professional standards of practice; law and regulation;	following conditions:
		critical access hospital policies; and medical staff bylaws,	- Responsible for the care of the patient
		rules, and regulations.	- Licensed in the state where they provide care to the patient
		Note 1: For rehabilitation and psychiatric distinct part units in	- Acting within their scope of practice under state law
		critical access hospitals: Outpatient services may be	- Authorized in accordance with state law and policies
		ordered by a physician or other licensed practitioner not	adopted by the medical staff and approved by the governing
		appointed to the medical staff as long as the practitioner	body to order the applicable outpatient services
		meets the following:	Note: This applies to physicians or other licensed
		- Responsible for the care of the patient	practitioners who are appointed to the critical access
		- Licensed to practice in the state where the practitioner	hospital's medical staff or have been granted privileges, as
		provides care to the patient or in accordance with Veterans	well as practitioners not appointed to the medical staff who
		Administration and Department of Defense licensure	satisfy the above criteria.
		requirements	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
CoP Requirement	CoP Text	<ul> <li>Acting within the practitioner's scope of practice under state law</li> <li>Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services</li> <li>Note 2: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified</li> </ul>	Future State EP Mapping
		nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. The requirement of 42 CFR 483.25(i) is met for inpatients receiving care at a skilled nursing facility subsequent to critical access hospital care.	
§482.54(c)(3)	(3) Is acting within his or her scope of practice under State law.	PC.02.01.03, EP 1 Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations.  Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following:  - Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within the practitioner's scope of practice under state law - Authorized in accordance with state law and policies	For rehabilitation and psychiatric distinct part units in critical access hospitals: Any physician or other licensed practitioner who orders outpatient services meets the following conditions:  - Responsible for the care of the patient - Licensed in the state where they provide care to the patient - Acting within their scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note: This applies to physicians or other licensed practitioners who are appointed to the critical access hospital's medical staff or have been granted privileges, as well as practitioners not appointed to the medical staff who satisfy the above criteria.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		adopted by the medical staff and approved by the governing body to order the applicable outpatient services  Note 2: Patient diets, including therapeutic diets, are ordered by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. The requirement of 42 CFR 483.25(i) is met for inpatients receiving care at a skilled nursing facility subsequent to critical access hospital care.	
§482.54(c)(4)	(4) Is authorized in accordance with State law and policies adopted by the medical staff, and approved by the governing body, to order the applicable outpatient services. This applies to the following:	PC.02.01.03, EP 1  Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations.  Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Outpatient services may be ordered by a physician or other licensed practitioner not appointed to the medical staff as long as the practitioner meets the following:  - Responsible for the care of the patient - Licensed to practice in the state where the practitioner provides care to the patient or in accordance with Veterans Administration and Department of Defense licensure requirements - Acting within the practitioner's scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note 2: Patient diets, including therapeutic diets, are ordered	For rehabilitation and psychiatric distinct part units in critical access hospitals: Any physician or other licensed practitioner who orders outpatient services meets the following conditions:  Responsible for the care of the patient  Licensed in the state where they provide care to the patient  Acting within their scope of practice under state law  Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services  Note: This applies to physicians or other licensed practitioners who are appointed to the critical access hospital's medical staff or have been granted privileges, as well as practitioners not appointed to the medical staff who satisfy the above criteria.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		by the physician or other licensed practitioner responsible for the patient's care, or by a qualified dietitian or qualified nutrition professional who is authorized by the medical staff and acting in accordance with state law governing dietitians and nutrition professionals. The requirement of 42 CFR 483.25(i) is met for inpatients receiving care at a skilled nursing facility subsequent to critical access hospital care.	
§482.54(c)(4)(i)	(i) All practitioners who are appointed to the hospital's medical staff and who have been granted privileges to order the applicable outpatient services.	MS.06.01.05, EP 2  The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a physician's or other licensed practitioner's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested. Evaluation of all of the following are included in the criteria:  - Current licensure and/or certification, as appropriate, verified with the primary source  - The applicant's specific relevant training, verified with the primary source  - Evidence of physical ability to perform the requested privilege  - Data from professional practice review by an organization(s) that currently privileges the applicant (if available)  - Peer and/or faculty recommendation  - When renewing privileges, review of the physician's or other licensed practitioner's performance within the critical access hospital  MS.06.01.05, EP 3  All of the criteria used are consistently evaluated for all physicians and other licensed practitioners holding that privilege.	PC.12.01.01, EP 2 For rehabilitation and psychiatric distinct part units in critical access hospitals: Any physician or other licensed practitioner who orders outpatient services meets the following conditions:  - Responsible for the care of the patient - Licensed in the state where they provide care to the patient - Acting within their scope of practice under state law - Authorized in accordance with state law and policies adopted by the medical staff and approved by the governing body to order the applicable outpatient services Note: This applies to physicians or other licensed practitioners who are appointed to the critical access hospital's medical staff or have been granted privileges, as well as practitioners not appointed to the medical staff who satisfy the above criteria.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PC.02.01.03, EP 1	
		Prior to providing care, treatment, and services, the critical	
		access hospital obtains or renews orders (verbal or written)	
		from a physician or other licensed practitioner in accordance	
		with professional standards of practice; law and regulation;	
		critical access hospital policies; and medical staff bylaws,	
		rules, and regulations.	
		Note 1: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: Outpatient services may be	
		ordered by a physician or other licensed practitioner not	
		appointed to the medical staff as long as the practitioner	
		meets the following:	
		- Responsible for the care of the patient	
		- Licensed to practice in the state where the practitioner	
		provides care to the patient or in accordance with Veterans	
		Administration and Department of Defense licensure	
		requirements	
		- Acting within the practitioner's scope of practice under	
		state law	
		- Authorized in accordance with state law and policies	
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
		nursing facility subsequent to critical access hospital care.	
§482.54(c)(4)(ii)	(ii) All practitioners not	PC.02.01.03, EP 1	PC.12.01.01, EP 2
	appointed to the medical staff,	Prior to providing care, treatment, and services, the critical	For rehabilitation and psychiatric distinct part units in critical
	but who satisfy the above	access hospital obtains or renews orders (verbal or written)	access hospitals: Any physician or other licensed

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	criteria for authorization by the	from a physician or other licensed practitioner in accordance	practitioner who orders outpatient services meets the
	medical staff and the hospital	with professional standards of practice; law and regulation;	following conditions:
	for ordering the applicable	critical access hospital policies; and medical staff bylaws,	- Responsible for the care of the patient
	outpatient services for their	rules, and regulations.	- Licensed in the state where they provide care to the patient
	patients.	Note 1: For rehabilitation and psychiatric distinct part units in	- Acting within their scope of practice under state law
		critical access hospitals: Outpatient services may be	- Authorized in accordance with state law and policies
		ordered by a physician or other licensed practitioner not	adopted by the medical staff and approved by the governing
		appointed to the medical staff as long as the practitioner	body to order the applicable outpatient services
		meets the following:	Note: This applies to physicians or other licensed
		- Responsible for the care of the patient	practitioners who are appointed to the critical access
		- Licensed to practice in the state where the practitioner	hospital's medical staff or have been granted privileges, as
		provides care to the patient or in accordance with Veterans	well as practitioners not appointed to the medical staff who
		Administration and Department of Defense licensure	satisfy the above criteria.
		requirements	
		- Acting within the practitioner's scope of practice under	
		state law	
		- Authorized in accordance with state law and policies	
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
		nursing facility subsequent to critical access hospital care.	
§482.55	§482.55 Condition of	LD.01.03.01, EP 3	LD.13.03.01, EP 1
	Participation: Emergency	The governing body approves the critical access hospital's	The critical access hospital provides services directly or
	Services The hospital must	written scope of services.	through referral, consultation, contractual arrangements, or
	meet the emergency needs of		other agreements that meet the needs of the population(s)
	patients in accordance with	LD.01.03.01, EP 5	served, are organized appropriate to the scope and
		The governing body provides for the resources needed to	complexity of services offered, and are in accordance with

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	acceptable standards of	maintain safe, quality care, treatment, and services.	accepted standards of practice. Services may include but
	practice.		are not limited to the following:
		LD.04.03.01, EP 2	- Outpatient
		For rehabilitation and psychiatric distinct part units in critical	- Emergency
		access hospitals: The critical access hospital provides	- Medical records
		essential services, including the following:	- Diagnostic and therapeutic radiology
		- Diagnostic radiology	- Nuclear medicine
		- Dietary	- Surgical
		- Emergency	- Anesthesia
		- Medical records	- Laboratory
		- Nuclear medicine	- Respiratory
		- Nursing care	- Dietetic
		- Pathology and clinical laboratory	
		- Pharmaceutical	LD.13.03.01, EP 7
		- Physical rehabilitation	For rehabilitation and psychiatric distinct part units in critical
		- Respiratory care	access hospitals: If the critical access hospital provides
		- Social work	emergency services, the services are under the direction of a
		Note 1: Critical access hospitals that provide only	qualified member of the medical staff and are integrated with
		psychiatric and addiction treatment services are not required	other departments of the critical access hospital.
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
§482.55(a)	§482.55(a) Standard:		
	Organization and Direction. If		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	emergency services are		
	provided at the hospital		
§482.55(a)(1)	(1) The services must be	LD.04.01.05, EP 6	LD.13.03.01, EP 1
	organized under the direction of	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital provides services directly or
	a qualified member of the	access hospitals: The critical access hospital's emergency	through referral, consultation, contractual arrangements, or
	medical staff;	services are directed and supervised by a qualified member	other agreements that meet the needs of the population(s)
		of the medical staff.	served, are organized appropriate to the scope and
			complexity of services offered, and are in accordance with
			accepted standards of practice. Services may include but
			are not limited to the following:
			- Outpatient
			- Emergency
			- Medical records
			- Diagnostic and therapeutic radiology
			- Nuclear medicine
			- Surgical
			- Anesthesia
			- Laboratory - Respiratory
			- Nespiratory
			- Dietetic
			LD.13.03.01, EP 7
			For rehabilitation and psychiatric distinct part units in critical
			access hospitals: If the critical access hospital provides
			emergency services, the services are under the direction of a
			qualified member of the medical staff and are integrated with
			other departments of the critical access hospital.
§482.55(a)(2)	(2) The services must be	LD.04.01.05, EP 5	LD.13.03.01, EP 1
	integrated with other	For rehabilitation and psychiatric distinct part units in critical	The critical access hospital provides services directly or
	departments of the hospital;	access hospitals: Leaders provide for the coordination of	through referral, consultation, contractual arrangements, or
		care, treatment, and services among the critical access	other agreements that meet the needs of the population(s)
		hospital's different programs, services, sites, or	served, are organized appropriate to the scope and
		departments.	complexity of services offered, and are in accordance with

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
			accepted standards of practice. Services may include but
		LD.04.03.11, EP 1	are not limited to the following:
		For rehabilitation and psychiatric distinct part units in critical	- Outpatient
		access hospitals: The critical access hospital has processes	- Emergency
		that support the flow of patients throughout the critical	- Medical records
		access hospital.	- Diagnostic and therapeutic radiology
			- Nuclear medicine
		MS.03.01.03, EP 6	- Surgical
		There is coordination of the care, treatment, and services	- Anesthesia
		among the staff involved in a patient's care, treatment, and	- Laboratory
		services.	- Respiratory
			- Dietetic
		PC.02.01.05, EP 1	
		Care, treatment, and services are provided to the patient in	LD.13.03.01, EP 7
		an interdisciplinary, collaborative manner.	For rehabilitation and psychiatric distinct part units in critical access hospitals: If the critical access hospital provides
		PC.02.02.01, EP 3	emergency services, the services are under the direction of a
		The critical access hospital coordinates the patient's care,	qualified member of the medical staff and are integrated with
		treatment, and services within a time frame that meets the patient's needs.	other departments of the critical access hospital.
		Note: Coordination involves resolving scheduling conflicts	
		and duplication of care, treatment, and services.	
§482.55(a)(3)	(3) The policies and procedures	LD.04.01.07, EP 1	MS.16.01.01, EP 9
	governing medical care	Leaders review, approve, and manage the implementation of	For rehabilitation and psychiatric distinct part units in critical
	provided in the emergency	policies and procedures that guide and support patient care,	access hospitals: If the critical access hospital provides
	service or department are	treatment, and services.	emergency services, the policies and procedures governing
	established by and are a		emergency medical care are established by and are a
	continuing responsibility of the	MS.01.01.01, EP 36	continuing responsibility of the medical staff.
	medical staff.	For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The medical staff bylaws include the	
		following requirements: If departments of the medical staff	
		exist, the qualifications and roles and responsibilities of the	
		department chair, which are defined by the organized	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		medical staff, include the following:	
		Qualifications:	
		- Certification by an appropriate specialty board or	
		comparable competence affirmatively established through	
		the credentialing process	
		Roles and responsibilities:	
		- Clinically related activities of the department	
		- Administratively related activities of the department, unless	
		otherwise provided by the hospital	
		- Continuing surveillance of the professional performance of	
		all individuals in the department who have delineated	
		clinical privileges	
		- Recommending to the medical staff the criteria for clinical	
		privileges that are relevant to the care provided in the	
		department	
		- Recommending clinical privileges for each member of the	
		department	
		- Assessing and recommending to the relevant hospital	
		authority off-site sources for needed patient care, treatment,	
		and services not provided by the department or the	
		organization	
		- Integration of the department or service into the primary	
		functions of the organization	
		- Coordination and integration of interdepartmental and	
		intradepartmental services	
		- Development and implementation of policies and	
		procedures that guide and support the provision of care,	
		treatment, and services	
		- Recommendations for a sufficient number of qualified and	
		competent persons to provide care, treatment, and services	
		- Determination of the qualifications and competence of	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		department or service staff who provide patient care,	
		treatment, and services but are not licensed to practice	
		independently	
		- Continuous assessment and improvement of the quality of	
		care, treatment, and services	
		- Maintenance of quality control programs, as appropriate	
		- Orientation and continuing education of all persons in the	
		department or service	
		- Recommending space and other resources needed by the	
		department or service	
		Note: When departments of the medical staff do not exist,	
		the medical staff is responsible for the development of	
		policies and procedures that minimize medication errors.	
		The medical staff may delegate this responsibility to the	
		organized pharmaceutical service.	
§482.55(b)	§482.55(b) Standard: Personnel		
§482.55(b)(1)	(1) The emergency services	LD.04.01.05, EP 6	LD.13.01.07, EP 1
	must be supervised by a	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	qualified member of the	access hospitals: The critical access hospital's emergency	access hospitals: The critical access hospital's emergency
	medical staff.	services are directed and supervised by a qualified member	services are supervised by a qualified member of the
		of the medical staff.	medical staff.
§482.55(b)(2)	(2) There must be adequate	HR.01.01.01, EP 1	NPG.12.01.01, EP 1
	medical and nursing personnel	The critical access hospital defines staff qualifications	Leaders provide for an adequate number and mix of qualified
	qualified in emergency care to	specific to their job responsibilities.	individuals to support safe, quality care, treatment, and
	meet the written emergency	Note 1: Qualifications for infection control may be met	services.
	procedures and needs	through ongoing education, training, experience, and/or	Note 1: The number and mix of individuals is appropriate to
	anticipated by the facility.	certification (such as that offered by the Certification Board	the scope and complexity of the services offered. Services
		for Infection Control).	may include but are not limited to the following:
		Note 2: For rehabilitation and psychiatric distinct part units in	- Rehabilitation services
		critical access hospitals: Qualified physical therapists,	- Emergency services
		physical therapist assistants, occupational therapists,	- Outpatient services
		occupational therapy assistants, speech-language	- Respiratory services
		pathologists, or audiologists (as defined in 42 CFR 484.4)	- Pharmaceutical services, including emergency

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		provide physical therapy, occupational therapy, speech-	pharmaceutical services
		language pathology, or audiology services, if these services	- Diagnostic and therapeutic radiology services
		are provided by the critical access hospital. The provision of	Note 2: Emergency services staff are qualified in emergency
		care and staff qualifications are in accordance with national	care.
		acceptable standards of practice and also meet the	Note 3: For rehabilitation and psychiatric distinct part units in
		requirements of 409.17. See Appendix B for 409.17	critical access hospitals: As of the first day of the first cost
		requirements.	reporting period for which all other exclusion requirements
			are met, the unit is fully equipped and staffed and is capable
		HR.01.01.01, EP 3	of providing hospital inpatient psychiatric or rehabilitation
		The critical access hospital verifies and documents that the	care regardless of whether there are any inpatients in the unit
		applicant has the education and experience required by the	on that date.
		job responsibilities.	
		HR.01.06.01, EP 1	
		The critical access hospital defines the competencies it	
		requires of its staff who provide patient care, treatment, or	
		services.	
		LD.03.06.01, EP 2	
		Leaders provide for a sufficient number and mix of	
		individuals to support safe, quality care, treatment, and	
		services.	
		Note: The number and mix of individuals is appropriate to the	
		scope and complexity of the services offered.	
		LD 02 05 04 FD 2	
		LD.03.06.01, EP 3	
		Those who work in the critical access hospital are competent	
§482.56	§482.56 Condition of	to complete their assigned responsibilities. <b>LD.01.03.01, EP 3</b>	PC.12.01.01, EP 4
3402.00	Participation: Rehabilitation	The governing body approves the critical access hospital's	If the critical access hospital provides rehabilitation,
	Services If the hospital	written scope of services.	physical therapy, occupational therapy, speech-language
	provides rehabilitation,	Witten 330po of 301v1000.	pathology, or audiology services, the services are organized
	physical therapy, occupational	LD.03.06.01, EP 2	and provided in accordance with national accepted
	priyordat triorapy, oddapationat	ED-100-1011   E1	and provided in decordance with hattenat decepted

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	therapy, audiology, or speech	Leaders provide for a sufficient number and mix of	standards of practice.
	pathology services, the	individuals to support safe, quality care, treatment, and	Note: For rehabilitation distinct part units in critical access
	services must be organized and	services.	hospitals: The critical access hospital provides rehabilitation
	staffed to ensure the health and	Note: The number and mix of individuals is appropriate to the	nursing, physical therapy, and occupational therapy, and, as
	safety of patients.	scope and complexity of the services offered.	needed, speech-language pathology, social services,
			psychological services (including neuropsychological
		LD.04.01.11, EP 5	services), and orthotic and prosthetic services by qualified
		The leaders provide for equipment, information systems,	staff in accordance with national accepted standards of
		supplies, and other resources.	practice.
		LD.04.03.01, EP 1	
		The needs of the population(s) served guide decisions about	
		which services will be provided directly or through referral,	
		consultation, contractual arrangements, or other	
		agreements.	
		LD.04.03.01, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital provides	
		essential services, including the following:	
		- Diagnostic radiology	
		- Dietary	
		- Emergency	
		- Medical records	
		- Nuclear medicine	
		- Nursing care	
		- Pathology and clinical laboratory	
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
§482.56(a)	§482.56(a) Standard:	LD.01.03.01, EP 3	PC.12.01.01, EP 4
	Organization and Staffing The	The governing body approves the critical access hospital's	If the critical access hospital provides rehabilitation,
	organization of the service must	written scope of services.	physical therapy, occupational therapy, speech-language
	be appropriate to the scope of		pathology, or audiology services, the services are organized
	the services offered.	LD.01.03.01, EP 5	and provided in accordance with national accepted
		The governing body provides for the resources needed to	standards of practice.
		maintain safe, quality care, treatment, and services.	Note: For rehabilitation distinct part units in critical access
			hospitals: The critical access hospital provides rehabilitation
		LD.04.01.11, EP 2	nursing, physical therapy, and occupational therapy, and, as
		The arrangement and allocation of space supports safe,	needed, speech-language pathology, social services,
		efficient, and effective care, treatment, and services.	psychological services (including neuropsychological
		ID 04 04 44 ED 5	services), and orthotic and prosthetic services by qualified
		LD.04.01.11, EP 5	staff in accordance with national accepted standards of
		The leaders provide for equipment, information systems,	practice.
8492 56(0)(1)	(1) The director of the services	supplies, and other resources.  HR.01.01.01, EP 3	HR.11.02.01, EP 3
§482.56(a)(1)	must have the necessary	The critical access hospital verifies and documents that the	For rehabilitation and psychiatric distinct part units in critical
	knowledge, experience, and	applicant has the education and experience required by the	access hospitals: The director of rehabilitation services has
	capabilities to properly	job responsibilities.	the knowledge, experience, and capabilities to supervise and
	supervise and administer the	ງວນ ເວລຸນວເເລເນເເເເເຣລ.	administer the services.
	services.	HR.01.06.01, EP 1	duminister the services.
	001 V1000.	1111101100101, El 1	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		The critical access hospital defines the competencies it	
		requires of its staff who provide patient care, treatment, or	
		services.	
		LD.04.01.05, EP 1	
		Leaders of the program, service, site, or department oversee	
		operations.	
		operations.	
		LD.04.01.05, EP 2	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: Programs, services, sites, or departments	
		providing patient care are directed by one or more qualified	
		professionals or by a qualified licensed practitioner with	
		clinical privileges.	
		LD.04.01.05, EP 3	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital defines, in	
		writing, the responsibility of those with administrative and	
		clinical direction of its programs, services, sites, or	
		departments.	
		Note: This includes the full-time employee who directs and	
		manages dietary services.	
§482.56(a)(2)	(2) Physical therapy,	HR.01.01.01, EP 1	HR.11.02.01, EP 1
	occupational therapy, or	The critical access hospital defines staff qualifications	The critical access hospital defines staff qualifications
	speech-language pathology or	specific to their job responsibilities.	specific to their job responsibilities.
	audiology services, if provided,	Note 1: Qualifications for infection control may be met	Note 1: Qualifications for infection control may be met
	must be provided by qualified	through ongoing education, training, experience, and/or	through ongoing education, training, experience, and/or
	physical therapists, physical	certification (such as that offered by the Certification Board	certification (such as that offered by the Certification Board
	therapist assistants,	for Infection Control).	for Infection Control).
	occupational therapists,	Note 2: For rehabilitation and psychiatric distinct part units in	Note 2: For rehabilitation and psychiatric distinct part units in
	occupational therapy	critical access hospitals: Qualified physical therapists,	critical access hospitals: Qualified physical therapists,
	assistants, speech-language	physical therapist assistants, occupational therapists,	physical therapist assistants, occupational therapists,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	pathologists, or audiologists as defined in part 484 of this chapter.	occupational therapy assistants, speech-language pathologists, or audiologists (as defined in 42 CFR 484.4) provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. The provision of care and staff qualifications are in accordance with national acceptable standards of practice and also meet the requirements of 409.17. See Appendix B for 409.17 requirements.  HR.01.01.01, EP 3  The critical access hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.  HR.01.06.01, EP 1  The critical access hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.  LD.03.06.01, EP 3  Those who work in the critical access hospital are competent to complete their assigned responsibilities.	occupational therapy assistants, speech-language pathologists, or audiologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, speech-language pathology, or audiology services, if these services are provided by the critical access hospital. See Glossary for definitions of physical therapist, physical therapist assistant, occupational therapist, occupational therapy assistant, speech-language pathologist, and audiologist.  Note 3: For rehabilitation and psychiatric distinct part units in critical access hospitals: If respiratory care services are provided, staff qualified to perform specific respiratory care procedures and the amount of supervision required to carry out the specific procedures is designated in writing.
§482.56(b)	§482.56(b) Standard: Delivery of Services Services must only be provided under the orders of a qualified and licensed practitioner who is responsible for the care of the patient, acting within his or her scope of practice under State law, and	PC.02.01.03, EP 1 Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. Note 1: For rehabilitation and psychiatric distinct part units in	PC.12.01.01, EP 1 Prior to providing care, treatment, and services, the critical access hospital obtains or renews orders (verbal or written) from a physician or other licensed practitioner in accordance with professional standards of practice; law and regulation; critical access hospital policies; and medical staff bylaws, rules, and regulations. Note 1: This includes but is not limited to respiratory
	who is authorized by the hospital's medical staff to order	critical access hospitals: Outpatient services may be ordered by a physician or other licensed practitioner not	services, radiology services, rehabilitation services, nuclear medicine services, and dietetic services, if provided.

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	the services in accordance with	appointed to the medical staff as long as the practitioner	Note 2: Patient diets, including therapeutic diets, are ordered
	hospital policies and	meets the following:	by the physician or other licensed practitioner responsible
	procedures and State laws.	- Responsible for the care of the patient	for the patient's care or by a qualified dietitian or qualified
		- Licensed to practice in the state where the practitioner	nutrition professional who is authorized by the medical staff
		provides care to the patient or in accordance with Veterans	and acting in accordance with state law governing dietitians
		Administration and Department of Defense licensure	and nutrition professionals. The requirement of 42 CFR
		requirements	483.25(i) is met for inpatients receiving care at a skilled
		- Acting within the practitioner's scope of practice under	nursing facility subsequent to critical access hospital care.
		state law	
		- Authorized in accordance with state law and policies	
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
		nursing facility subsequent to critical access hospital care.	
		PC.02.01.03, EP 7	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital provides care,	
		treatment, and services using the most recent patient	
		order(s).	
§482.56(b)(1)	(1) All rehabilitation services	RC.02.01.01, EP 2	RC.12.01.01, EP 2
	orders must be documented in	The medical record contains the following clinical	The medical record contains the following clinical
	the patient's medical record in	information:	information:
	accordance with the	- The reason(s) for admission for care, treatment, and	- Admitting diagnosis
	requirements at §482.24.	services	- Any emergency care, treatment, and services provided to
		- The patient's initial diagnosis, diagnostic impression(s), or	the patient before their arrival
		condition(s)	- Any allergies to food and medications

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Any findings of assessments and reassessments	- Any findings of assessments and reassessments
		- Any allergies to food	- Results of all consultative evaluations of the patient and
		- Any allergies to medications	findings by clinical and other staff involved in the care of the
		- Any conclusions or impressions drawn from the patient's	patient
		medical history and physical examination	- Treatment goals, plan of care, and revisions to the plan of
		- Any diagnoses or conditions established during the	care
		patient's course of care, treatment, and services (including	- Documentation of complications, health care–acquired
		complications and hospital-acquired infections). For	infections, and adverse reactions to drugs and anesthesia
		psychiatric distinct part units in critical access hospitals: The	- All practitioners' orders
		diagnosis includes intercurrent diseases (diseases that	- Nursing notes, reports of treatment, laboratory reports, vital
		occur during the course of another disease; for example, a	signs, and other information necessary to monitor the
		patient with AIDS may develop an intercurrent bout of	patient's condition
		pneumonia) and the psychiatric diagnoses.	- Medication records, including the strength, dose, route,
		- Any consultation reports	date and time of administration, access site for medication,
		- Any observations relevant to care, treatment, and services	administration devices used, and rate of administration
		- The patient's response to care, treatment, and services	Note: When rapid titration of a medication is necessary, the
		- Any emergency care, treatment, and services provided to	critical access hospital defines in policy the urgent/emergent
		the patient before their arrival	situations in which block charting would be an acceptable
		- Any progress notes	form of documentation. For the definition and a further
		- All orders	explanation of block charting, refer to the Glossary.
		- Any medications ordered or prescribed	- Administration of each self-administered medication, as
		- Any medications administered, including the strength,	reported by the patient (or the patient's caregiver or support
		dose, route, date and time of administration	person where appropriate)
		Note 1: When rapid titration of a medication is necessary, the	- Records of radiology and nuclear medicine services,
		critical access hospital defines in policy the urgent/emergent	including signed interpretation reports
		situations in which block charting would be an acceptable	- All care, treatment, and services provided to the patient
		form of documentation.	- Patient's response to care, treatment, and services
		Note 2: For the definition and a further explanation of block	- Medical history and physical examination, including any
		charting, refer to the Glossary.	conclusions or impressions drawn from the information
		- Any access site for medication, administration devices	- Discharge plan and discharge planning evaluation
		used, and rate of administration	- Discharge summary with outcome of hospitalization,
		- Any adverse drug reactions	disposition of case, and provisions for follow-up care,
		- Treatment goals, plan of care, and revisions to the plan of	including any medications dispensed or prescribed on

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		care	discharge
		- Results of diagnostic and therapeutic tests and procedures	- Any diagnoses or conditions established during the
		- Any medications dispensed or prescribed on discharge	patient's course of care, treatment, and services
		- Discharge diagnosis	Note: Medical records are completed within 30 days
		- Discharge plan and discharge planning evaluation	following discharge, including final diagnosis.
§482.56(b)(2)	(2)The provision of care and the	HR.01.01.01, EP 1	PC.12.01.01, EP 4
	personnel qualifications must	The critical access hospital defines staff qualifications	If the critical access hospital provides rehabilitation,
	be in accordance with national	specific to their job responsibilities.	physical therapy, occupational therapy, speech-language
	acceptable standards of	Note 1: Qualifications for infection control may be met	pathology, or audiology services, the services are organized
	practice and must also meet	through ongoing education, training, experience, and/or	and provided in accordance with national accepted
	the requirements of §409.17 of	certification (such as that offered by the Certification Board	standards of practice.
	this chapter.	for Infection Control).	Note: For rehabilitation distinct part units in critical access
		Note 2: For rehabilitation and psychiatric distinct part units in	hospitals: The critical access hospital provides rehabilitation
		critical access hospitals: Qualified physical therapists,	nursing, physical therapy, and occupational therapy, and, as
		physical therapist assistants, occupational therapists,	needed, speech-language pathology, social services,
		occupational therapy assistants, speech-language	psychological services (including neuropsychological
		pathologists, or audiologists (as defined in 42 CFR 484.4)	services), and orthotic and prosthetic services by qualified
		provide physical therapy, occupational therapy, speech-	staff in accordance with national accepted standards of
		language pathology, or audiology services, if these services	practice.
		are provided by the critical access hospital. The provision of	
		care and staff qualifications are in accordance with national	
		acceptable standards of practice and also meet the	
		requirements of 409.17. See Appendix B for 409.17	
		requirements.	
		HR.01.01.01, EP 3	
		The critical access hospital verifies and documents that the	
		applicant has the education and experience required by the	
		job responsibilities.	
		HR.01.02.07, EP 2	
		Staff who provide patient care, treatment, and services	
		practice within the scope of their license, certification, or	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		registration and as required by law and regulation.	
		HR.01.06.01, EP 1 The critical access hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.	
		LD.03.06.01, EP 3 Those who work in the critical access hospital are competent to complete their assigned responsibilities.	
		LD.03.10.01, EP 1 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option or rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital considers using clinical practice guidelines when designing or improving processes.	
		LD.04.01.01, EP 2 The critical access hospital provides care, treatment, and services in accordance with licensure requirements, laws (including state law), and rules and regulations.	
§482.57	§482.57 Condition of Participation: Respiratory Care Services The hospital must meet the needs of the patients in accordance with acceptable standards of practice. The following requirements apply if the hospital provides respiratory care services.	LD.03.10.01, EP 1 For critical access hospitals that elect The Joint Commission Primary Care Medical Home option or rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital considers using clinical practice guidelines when designing or improving processes.  LD.04.03.01, EP 1 The needs of the population(s) served guide decisions about	LD.13.03.01, EP 1 The critical access hospital provides services directly or through referral, consultation, contractual arrangements, or other agreements that meet the needs of the population(s) served, are organized appropriate to the scope and complexity of services offered, and are in accordance with accepted standards of practice. Services may include but are not limited to the following:  - Outpatient
		which services will be provided directly or through referral, consultation, contractual arrangements, or other	- Emergency - Medical records

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		agreements.	- Diagnostic and therapeutic radiology
			- Nuclear medicine
		LD.04.03.01, EP 2	- Surgical
		For rehabilitation and psychiatric distinct part units in critical	- Anesthesia
		access hospitals: The critical access hospital provides	- Laboratory
		essential services, including the following:	- Respiratory
		- Diagnostic radiology	- Dietetic
		- Dietary	
		- Emergency	
		- Medical records	
		- Nuclear medicine	
		- Nursing care	
		- Pathology and clinical laboratory	
		- Pharmaceutical	
		- Physical rehabilitation	
		- Respiratory care	
		- Social work	
		Note 1: Critical access hospitals that provide only	
		psychiatric and addiction treatment services are not required	
		to provide nuclear medicine, physical rehabilitation, and	
		respiratory care services.	
		Note 2: For rehabilitation and psychiatric distinct part units in	
		critical access hospitals: For the provision of emergency	
		services, the critical access hospital complies with the	
		requirements of 42 CFR 482.55. For more information on 42	
		CFR 482.55, refer to "Appendix B: Medicare Requirements for	
		Critical Access Hospitals with Rehabilitation and/or	
		Psychiatric Distinct Part Units" (AXB).	
		Note 3: The diagnostic radiology services provided by the	
		critical access hospital, as well as staff qualifications, meet	
		professionally approved standards.	
§482.57(a)	§482.57(a) Standard:	LD.01.03.01, EP 3	LD.13.03.01, EP 1
	Organization and Staffing The	The governing body approves the critical access hospital's	The critical access hospital provides services directly or

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	organization of the respiratory	written scope of services.	through referral, consultation, contractual arrangements, or
	care services must be		other agreements that meet the needs of the population(s)
	appropriate to the scope and	LD.01.03.01, EP 5	served, are organized appropriate to the scope and
	complexity of the services	The governing body provides for the resources needed to	complexity of services offered, and are in accordance with
	offered.	maintain safe, quality care, treatment, and services.	accepted standards of practice. Services may include but
			are not limited to the following:
		LD.03.06.01, EP 3	- Outpatient
		Those who work in the critical access hospital are competent	- Emergency
		to complete their assigned responsibilities.	- Medical records
			- Diagnostic and therapeutic radiology
		LD.04.01.11, EP 2	- Nuclear medicine
		The arrangement and allocation of space supports safe,	- Surgical
		efficient, and effective care, treatment, and services.	- Anesthesia
			- Laboratory
		LD.04.01.11, EP 5	- Respiratory
		The leaders provide for equipment, information systems,	- Dietetic
		supplies, and other resources.	
§482.57(a)(1)	(1) There must be a director of	LD.04.01.05, EP 7	LD.13.01.07, EP 3
	respiratory care services who is	For rehabilitation and psychiatric distinct part units in critical	For rehabilitation and psychiatric distinct part units in critical
	a doctor of medicine or	access hospitals: A qualified doctor of medicine or	access hospitals: A qualified doctor of medicine or
	osteopathy with the knowledge,	osteopathy directs the following services:	osteopathy directs the following services, when provided:
	experience and capabilities to	- Anesthesia	- Anesthesia
	supervise and administer the	- Nuclear medicine	- Nuclear medicine
	service properly. The director	- Respiratory care	- Respiratory care
	may serve on either a full-time		Note 1: The anesthesia service is responsible for all
	or part-time basis.		anesthesia administered in the critical access hospital.
			Note 2: For respiratory care services, the director may serve
			on either a full-time or part-time basis.
§482.57(a)(2)	(2) There must be adequate	HR.01.01.01, EP 1	NPG.12.01.01, EP 1
	numbers of respiratory	The critical access hospital defines staff qualifications	Leaders provide for an adequate number and mix of qualified
	therapists, respiratory therapy	specific to their job responsibilities.	individuals to support safe, quality care, treatment, and
	technicians, and other	Note 1: Qualifications for infection control may be met	services.
	personnel who meet the	through ongoing education, training, experience, and/or	Note 1: The number and mix of individuals is appropriate to

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	qualifications specified by the	certification (such as that offered by the Certification Board	the scope and complexity of the services offered. Services
	medical staff, consistent with	for Infection Control).	may include but are not limited to the following:
	State law.	Note 2: For rehabilitation and psychiatric distinct part units in	- Rehabilitation services
		critical access hospitals: Qualified physical therapists,	- Emergency services
		physical therapist assistants, occupational therapists,	- Outpatient services
		occupational therapy assistants, speech-language	- Respiratory services
		pathologists, or audiologists (as defined in 42 CFR 484.4)	- Pharmaceutical services, including emergency
		provide physical therapy, occupational therapy, speech-	pharmaceutical services
		language pathology, or audiology services, if these services	- Diagnostic and therapeutic radiology services
		are provided by the critical access hospital. The provision of	Note 2: Emergency services staff are qualified in emergency
		care and staff qualifications are in accordance with national	care.
		acceptable standards of practice and also meet the	Note 3: For rehabilitation and psychiatric distinct part units in
		requirements of 409.17. See Appendix B for 409.17	critical access hospitals: As of the first day of the first cost
		requirements.	reporting period for which all other exclusion requirements
		UD 04 04 04 ED 0	are met, the unit is fully equipped and staffed and is capable
		HR.01.01.01, EP 3	of providing hospital inpatient psychiatric or rehabilitation
		The critical access hospital verifies and documents that the	care regardless of whether there are any inpatients in the unit
		applicant has the education and experience required by the	on that date.
		job responsibilities.	
		HR.01.06.01, EP 1	
		The critical access hospital defines the competencies it	
		requires of its staff who provide patient care, treatment, or	
		services.	
		LD.03.06.01, EP 2	
		Leaders provide for a sufficient number and mix of	
		individuals to support safe, quality care, treatment, and	
		services.	
		Note: The number and mix of individuals is appropriate to the	
		scope and complexity of the services offered.	
§482.57(b)	§482.57(b) Standard: Delivery	LD.04.01.07, EP 1	LD.13.01.09, EP 7
	of Services Services must be	Leaders review, approve, and manage the implementation of	For rehabilitation and psychiatric distinct part units in critical

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	delivered in accordance with	policies and procedures that guide and support patient care,	access hospitals: If respiratory care services are provided,
	medical staff directives.	treatment, and services.	services are delivered in accordance with policies and
			procedures approved by the medical staff.
		MS.01.01, EP 36	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The medical staff bylaws include the	
		following requirements: If departments of the medical staff	
		exist, the qualifications and roles and responsibilities of the	
		department chair, which are defined by the organized	
		medical staff, include the following:	
		Qualifications:	
		- Certification by an appropriate specialty board or	
		comparable competence affirmatively established through	
		the credentialing process	
		Roles and responsibilities:	
		- Clinically related activities of the department	
		- Administratively related activities of the department, unless	
		otherwise provided by the hospital	
		- Continuing surveillance of the professional performance of	
		all individuals in the department who have delineated	
		clinical privileges	
		- Recommending to the medical staff the criteria for clinical	
		privileges that are relevant to the care provided in the	
		department	
		- Recommending clinical privileges for each member of the	
		department	
		- Assessing and recommending to the relevant hospital	
		authority off-site sources for needed patient care, treatment,	
		and services not provided by the department or the	
		organization	
		- Integration of the department or service into the primary	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		functions of the organization	
		- Coordination and integration of interdepartmental and	
		intradepartmental services	
		- Development and implementation of policies and	
		procedures that guide and support the provision of care,	
		treatment, and services	
		- Recommendations for a sufficient number of qualified and	
		competent persons to provide care, treatment, and services	
		- Determination of the qualifications and competence of	
		department or service staff who provide patient care,	
		treatment, and services but are not licensed to practice	
		independently	
		- Continuous assessment and improvement of the quality of	
		care, treatment, and services	
		- Maintenance of quality control programs, as appropriate	
		- Orientation and continuing education of all persons in the	
		department or service	
		- Recommending space and other resources needed by the	
		department or service	
		Note: When departments of the medical staff do not exist,	
		the medical staff is responsible for the development of	
		policies and procedures that minimize medication errors.	
		The medical staff may delegate this responsibility to the	
		organized pharmaceutical service.	
§482.57(b)(1)	(1) Personnel qualified to	HR.01.01.01, EP 1	HR.11.02.01, EP 1
	perform specific procedures	The critical access hospital defines staff qualifications	The critical access hospital defines staff qualifications
	and the amount of supervision	specific to their job responsibilities.	specific to their job responsibilities.
	required for personnel to carry	Note 1: Qualifications for infection control may be met	Note 1: Qualifications for infection control may be met
	out specific procedures must	through ongoing education, training, experience, and/or	through ongoing education, training, experience, and/or
	be designated in writing.	certification (such as that offered by the Certification Board	certification (such as that offered by the Certification Board
		for Infection Control).	for Infection Control).
		Note 2: For rehabilitation and psychiatric distinct part units in	Note 2: For rehabilitation and psychiatric distinct part units in
		critical access hospitals: Qualified physical therapists,	critical access hospitals: Qualified physical therapists,

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		physical therapist assistants, occupational therapists,	physical therapist assistants, occupational therapists,
		occupational therapy assistants, speech-language	occupational therapy assistants, speech-language
		pathologists, or audiologists (as defined in 42 CFR 484.4)	pathologists, or audiologists, as defined in 42 CFR 484,
		provide physical therapy, occupational therapy, speech-	provide physical therapy, occupational therapy, speech-
		language pathology, or audiology services, if these services	language pathology, or audiology services, if these services
		are provided by the critical access hospital. The provision of	are provided by the critical access hospital. See Glossary for
		care and staff qualifications are in accordance with national	definitions of physical therapist, physical therapist assistant,
		acceptable standards of practice and also meet the	occupational therapist, occupational therapy assistant,
		requirements of 409.17. See Appendix B for 409.17	speech-language pathologist, and audiologist.
		requirements.	Note 3: For rehabilitation and psychiatric distinct part units in
			critical access hospitals: If respiratory care services are
		HR.01.06.01, EP 1	provided, staff qualified to perform specific respiratory care
		The critical access hospital defines the competencies it	procedures and the amount of supervision required to carry
		requires of its staff who provide patient care, treatment, or	out the specific procedures is designated in writing.
		services.	
		LD.04.01.07, EP 1	
		Leaders review, approve, and manage the implementation of	
		policies and procedures that guide and support patient care,	
		treatment, and services.	
§482.57(b)(2)	(2) If blood gases or other	LD.04.01.01, EP 1	LD.13.03.01, EP 15
	clinical laboratory tests are	The critical access hospital is licensed, is certified, or has a	For rehabilitation and psychiatric distinct part units in critical
	performed in the respiratory	permit, in accordance with law and regulation, to provide the	access hospitals: If the critical access hospital provides
	care unit, the unit must meet	care, treatment, or services for which the critical access	respiratory care services, and respiratory care staff perform
	the applicable requirements for	hospital is seeking accreditation from The Joint Commission.	blood gasses or other clinical laboratory tests, the applicable
	laboratory services specified in	Note 1: Each service location that performs laboratory	requirements for laboratory services specified in 42 CFR
	§482.27.	testing (waived or nonwaived) must have a Clinical	482.27 are met.
		Laboratory Improvement Amendments of 1988 (CLIA '88)	
		certificate as specified by the federal CLIA regulations (42	
		CFR 493.55 and 493.3) and applicable state law.	
		Note 2: For more information on how to obtain a CLIA	
		certificate, see http://www.cms.gov/Regulations-and-	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certif	
		icate_International_Laboratories.html.	
§482.57(b)(3)	(3) Services must only be	PC.02.01.03, EP 1	PC.12.01.01, EP 1
	provided under the orders of a	Prior to providing care, treatment, and services, the critical	Prior to providing care, treatment, and services, the critical
	qualified and licensed	access hospital obtains or renews orders (verbal or written)	access hospital obtains or renews orders (verbal or written)
	practitioner who is responsible	from a physician or other licensed practitioner in accordance	from a physician or other licensed practitioner in accordance
	for the care of the patient,	with professional standards of practice; law and regulation;	with professional standards of practice; law and regulation;
	acting within his or her scope of	critical access hospital policies; and medical staff bylaws,	critical access hospital policies; and medical staff bylaws,
	practice under State law, and	rules, and regulations.	rules, and regulations.
	who is authorized by the hospital's medical staff to order	Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: Outpatient services may be	Note 1: This includes but is not limited to respiratory services, radiology services, rehabilitation services, nuclear
	the services in accordance with	ordered by a physician or other licensed practitioner not	medicine services, and dietetic services, if provided.
	hospital policies and	appointed to the medical staff as long as the practitioner	Note 2: Patient diets, including therapeutic diets, are ordered
	procedures and State laws.	meets the following:	by the physician or other licensed practitioner responsible
	procedures and state taws.	- Responsible for the care of the patient	for the patient's care or by a qualified dietitian or qualified
		- Licensed to practice in the state where the practitioner	nutrition professional who is authorized by the medical staff
		provides care to the patient or in accordance with Veterans	and acting in accordance with state law governing dietitians
		Administration and Department of Defense licensure	and nutrition professionals. The requirement of 42 CFR
		requirements	483.25(i) is met for inpatients receiving care at a skilled
		- Acting within the practitioner's scope of practice under	nursing facility subsequent to critical access hospital care.
		state law	
		- Authorized in accordance with state law and policies	
		adopted by the medical staff and approved by the governing	
		body to order the applicable outpatient services	
		Note 2: Patient diets, including therapeutic diets, are ordered	
		by the physician or other licensed practitioner responsible	
		for the patient's care, or by a qualified dietitian or qualified	
		nutrition professional who is authorized by the medical staff	
		and acting in accordance with state law governing dietitians	
		and nutrition professionals. The requirement of 42 CFR	
		483.25(i) is met for inpatients receiving care at a skilled	
		nursing facility subsequent to critical access hospital care.	

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		PC.02.01.03, EP 7	
		For rehabilitation and psychiatric distinct part units in critical	
		access hospitals: The critical access hospital provides care,	
		treatment, and services using the most recent patient	
		order(s).	
§482.57(b)(4)	(4) All respiratory care services	RC.02.01.01, EP 2	RC.12.01.01, EP 2
	orders must be documented in	The medical record contains the following clinical	The medical record contains the following clinical
	the patient's medical record in	information:	information:
	accordance with the	- The reason(s) for admission for care, treatment, and	- Admitting diagnosis
	requirements at §482.24.	services	- Any emergency care, treatment, and services provided to
		- The patient's initial diagnosis, diagnostic impression(s), or	the patient before their arrival
		condition(s)	- Any allergies to food and medications
		- Any findings of assessments and reassessments	- Any findings of assessments and reassessments
		- Any allergies to food	- Results of all consultative evaluations of the patient and
		- Any allergies to medications	findings by clinical and other staff involved in the care of the
		- Any conclusions or impressions drawn from the patient's	patient
		medical history and physical examination	- Treatment goals, plan of care, and revisions to the plan of
		- Any diagnoses or conditions established during the	care
		patient's course of care, treatment, and services (including	- Documentation of complications, health care–acquired
		complications and hospital-acquired infections). For	infections, and adverse reactions to drugs and anesthesia
		psychiatric distinct part units in critical access hospitals: The	- All practitioners' orders
		diagnosis includes intercurrent diseases (diseases that	- Nursing notes, reports of treatment, laboratory reports, vital
		occur during the course of another disease; for example, a	signs, and other information necessary to monitor the
		patient with AIDS may develop an intercurrent bout of	patient's condition
		pneumonia) and the psychiatric diagnoses.	- Medication records, including the strength, dose, route,
		- Any consultation reports	date and time of administration, access site for medication,
		- Any observations relevant to care, treatment, and services	administration devices used, and rate of administration
		- The patient's response to care, treatment, and services	Note: When rapid titration of a medication is necessary, the
		- Any emergency care, treatment, and services provided to	critical access hospital defines in policy the urgent/emergent
		the patient before their arrival	situations in which block charting would be an acceptable
		- Any progress notes	form of documentation. For the definition and a further
		- All orders	explanation of block charting, refer to the Glossary.
		- Any medications ordered or prescribed	- Administration of each self-administered medication, as

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
		- Any medications administered, including the strength,	reported by the patient (or the patient's caregiver or support
		dose, route, date and time of administration	person where appropriate)
		Note 1: When rapid titration of a medication is necessary, the	- Records of radiology and nuclear medicine services,
		critical access hospital defines in policy the urgent/emergent	including signed interpretation reports
		situations in which block charting would be an acceptable	- All care, treatment, and services provided to the patient
		form of documentation.	- Patient's response to care, treatment, and services
		Note 2: For the definition and a further explanation of block	- Medical history and physical examination, including any
		charting, refer to the Glossary.	conclusions or impressions drawn from the information
		- Any access site for medication, administration devices	- Discharge plan and discharge planning evaluation
		used, and rate of administration	- Discharge summary with outcome of hospitalization,
		- Any adverse drug reactions	disposition of case, and provisions for follow-up care,
		- Treatment goals, plan of care, and revisions to the plan of	including any medications dispensed or prescribed on
		care	discharge
		- Results of diagnostic and therapeutic tests and procedures	- Any diagnoses or conditions established during the
		- Any medications dispensed or prescribed on discharge	patient's course of care, treatment, and services
		- Discharge diagnosis	Note: Medical records are completed within 30 days
\$400.50	SACO FO Consider a suite manufacture	- Discharge plan and discharge planning evaluation	following discharge, including final diagnosis.
§482.58	§482.58 Special requirements		
	for hospital providers of long- term care services ("swing-		
	beds"). A hospital that has a		
	Medicare provider agreement		
	must meet the following		
	requirements in order to be		
	granted an approval from CMS		
	to provide post-hospital		
	extended care services, as		
	specified in §409.30 of this		
	chapter, and be reimbursed as		
	a swing-bed hospital, as		
	specified in §413.114 of this		
	chapter: This CoP is not		
	applicable to psychiatric		

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	hospitals since they are not		
	permitted to have swing beds.		
§482.58(a)	(a) Eligibility. A hospital must		
	meet the following eligibility		
	requirements:		
§482.58(a)(1)	(1) The facility has fewer than		
	100 hospital beds, excluding		
	beds for newborns and beds in		
	intensive care type inpatient		
	units (for eligibility of hospitals		
	with distinct parts electing the		
	optional reimbursement		
	method, see §413.24(d)(5) of		
	this chapter).		
§482.58(a)(2)	(2) The hospital is located in a		
	rural area. This includes all		
	areas not delineated as		
	"urbanized" areas by the		
	Census Bureau, based on the		
	most recent census.		
§482.58(a)(3)	(3) The hospital does not have		
	in effect a 24-hour nursing		
	waiver granted under		
	§488.54(c) of this chapter.		
§482.58(a)(4)	(4) The hospital has not had a		
	swing-bed approval terminated		
	within the two years previous to		
	application.		
§482.58(b)	(b) Skilled nursing facility		
	services. The facility is		
	substantially in compliance		
	with the following skilled		
	nursing facility requirements		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	contained in subpart B of part		
	483 of this chapter.		
§482.58(b)(1)	(1) Resident rights		
	(§483.10(b)(7), (c)(1), (c)(2)(iii),		
	(c)(6), (d), (e)(2) and (4), (f)(4)(ii)		
	and (iii), (h), (g)(8) and (17), and		
	(g)(18) introductory text of this		
	chapter.		
§482.58(b)(2)	(2) Admission, transfer, and		
	discharge rights (§483.5		
	definition of transfer and		
	discharge, §483.15(c)(1),		
	(c)(2)(i), (c)(2)(ii), (c)(3), (c)(4),		
0.400 =0(1.)(0)	(c)(5), and (c)(7)).		
§482.58(b)(3)	(3) Freedom from abuse,		
	neglect, and exploitation		
	(§483.12(a)(1), (a)(2), (a)(3)(i),		
	(a)(3)(ii), (a)(4), (b)(1), (b)(2),		
8400 E0/b)/4)	(c)).		
§482.58(b)(4)	(4) Social services (§483.40(d) of this chapter).		
§482.58(b)(5)	(5) Discharge summary		
8462.36(b)(3)	(\$483.20(l)). [Note: The		
	regulations at \$483.20(l) setting		
	forth the requirements for a		
	nursing home resident		
	discharge summary was		
	revised and re-designated as		
	§483.21(c)(2) in 2016 (81 FR		
	68858, Oct. 4, 2016)]		
§482.58(b)(6)	(6) Specialized rehabilitative		
	services (§483.65).		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§482.58(b)(7)	(7) Dental services		
	(§483.55(a)(2), (3), (4), and (5)		
	and (b) of this chapter).		
§483.5	§483.5 Definitions. Transfer		
	and discharge includes		
	movement of a resident to a		
	bed outside of the certified		
	facility whether that bed is in		
	the same physical plant or not.		
	Transfer and discharge does not		
	refer to movement of a resident		
	to a bed within the same		
	certified facility.		
§483.10	§483.10 Resident rights.		
§483.10(b)(7)	(7) In the case of a resident		
	adjudged incompetent under		
	the laws of a State by a court of		
	competent jurisdiction, the		
	rights of the resident devolve to		
	and are exercised by the		
	resident representative		
	appointed under State law to		
	act on the resident's behalf. The		
	court-appointed resident		
	representative exercises the		
	resident's rights to the extent		
	judged necessary by a court of		
	competent jurisdiction, in		
	accordance with State law		
§483.10(b)(7)(i)	(i) In the case of a resident		
	representative whose decision-		
	making authority is limited by		
	State law or court appointment,		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	the resident retains the right to		
	make those decision outside		
	the representative's authority.		
§483.10(b)(7)(ii)	(ii) The resident's wishes and		
	preferences must be		
	considered in the exercise of		
	rights by the representative.		
§483.10(b)(7)(iii)	(iii) To the extent practicable,		
	the resident must be provided		
	with opportunities to		
	participate in the care planning		
	process.		
§483.10(c)	(c) Planning and implementing		
	care. The resident has the right		
	to be informed of, and		
	participate in, his or her		
	treatment, including:		
§483.10(c)(1)	(1) The right to be fully informed		
	in language that he or she can		
	understand of his or her total		
	health status, including but not		
	limited to, his or her medical		
	condition.		
§483.10(c)(2)	(2) The right to participate in the		
	development and		
	implementation of his or her		
	person-centered plan of care,		
	including but not limited to:		
§483.10(c)(2)(iii)	(iii) The right to be informed, in		
	advance, of changes to the plan		
	of care.		
§483.10(c)(6)	(6) The right to request, refuse,		
	and/ or discontinue treatment,		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	to participate in or refuse to		
	participate in experimental		
	research, and to formulate an		
	advance directive.		
§483.10(d)	(d) Choice of attending		
	physician. The resident has the		
	right to choose his or her		
	attending physician.		
§483.10(d)(1)	(1) The physician must be		
	licensed to practice, and		
§483.10(d)(2)	(2) If the physician chosen by		
	the resident refuses to or does		
	not meet requirements		
	specified in this part, the facility		
	may seek alternate physician		
	participation as specified in		
	paragraphs (d)(4) and (5) of this		
	section to assure provision of		
	appropriate and adequate care		
	and treatment.		
§483.10(d)(3)	(3) The facility must ensure that		
	each resident remains		
	informed of the name,		
	specialty, and way of		
	contacting the physician and		
	other primary care		
	professionals responsible for		
	his or her care.		
§483.10(d)(4)	(4) The facility must inform the		
	resident if the facility		
	determines that the physician		
	chosen by the resident is		
	unable or unwilling to meet		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	requirements specified in this		
	part and the facility seeks		
	alternate physician		
	participation to assure		
	provision of appropriate and		
	adequate care and treatment.		
	The facility must discuss the		
	alternative physician		
	participation with the resident		
	and honor the resident's		
	preferences, if any, among		
	options.		
§483.10(d)(5)	(5) If the resident subsequently		
	selects another attending		
	physician who meets the		
	requirements specified in this		
	part, the facility must honor		
	that choice.		
§483.10(e)	(e) Respect and dignity. The		
	resident has a right to be		
	treated with respect and		
	dignity, including:		
§483.10(e)(2)	(2) The right to retain and use		
	personal possession, including		
	furnishings, and clothing, as		
	space permits, unless to do so		
	would infringe upon the rights		
	or health and safety of other		
	residents.		
§483.10(e)(4)	(4) The right to share a room		
	with his or her spouse when		
	married residents live in the		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	same facility and both spouses		
	consent to the arrangement.		
§483.10(f)(4)(ii)	(ii) The facility must provide		
	immediate access to a resident		
	by immediate family and other		
	relatives of the resident,		
	subject to the resident's right to		
	deny or withdraw consent at		
	any time;		
§483.10(f)(4)(iii)	(iii) The facility must provide		
	immediate access to a resident		
	by others who are visiting with		
	the consent of the resident,		
	subject to reasonable clinical		
	and safety restrictions and the		
	resident's right to deny or		
	withdraw consent at any time;		
§483.10(g)(8)	(8) The resident has the right to		
	send and receive mail, and to		
	receive letters, packages and		
	other materials delivered to the		
	facility for the resident through		
	a means other than a postal		
	service, including the right to:		
§483.10(g)(8)(i)	(i) Privacy of such		
	communications consistent		
	with this section; and		
§483.10(g)(8)(ii)	(ii) Access to stationery,		
	postage, and writing		
	implements at the resident's		
	own expense.		
§483.10(g)(17)	(17) The facility must—		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§483.10(g)(17)(i)	(i) Inform each Medicaid-		
	eligible resident, in writing, at		
	the time of admission to the		
	nursing facility and when the		
	resident becomes eligible for		
	Medicaid of—		
§483.10(g)(17)(i)(A)	(A) The items and services that		
	are included in nursing facility		
	services under the State plan		
	and for which the resident may		
	not be charged;		
§483.10(g)(17)(i)(B)	(B) Those other items and		
	services that the facility offers		
	and for which the resident may		
	be charged, and the amount of		
	charges for those services; and		
§483.10(g)(17)(ii)	(ii) Inform each Medicaid-		
	eligible resident when changes		
	are made to the items and		
	services specified in §		
	483.10(g)(17)(i)(A) and (B) of		
	this section.		
§483.10(g)(18)	(18) The facility must inform		
	each resident before, or at the		
	time of admission, and		
	periodically during the		
	resident's stay, of services		
	available in the facility and of		
	charges for those services,		
	including any charges for		
	services not covered under		
	Medicare/ Medicaid or by the		
	facility's per diem rate.		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§483.10(h)	(h) Privacy and confidentiality.		
	The resident has a right to		
	personal privacy and		
	confidentiality of his or her		
	personal and medical records.		
§483.10(h)(1)	(1) Personal privacy includes		
	accommodations, medical		
	treatment, written and		
	telephone communications,		
	personal care, visits, and		
	meetings of family and resident		
	groups, but this does not		
	require the facility to provide a		
	private room for each resident.		
§483.10(h)(2)	(2) The facility must respect the		
	residents right to personal		
	privacy, including the right to		
	privacy in his or her oral (that is,		
	spoken), written, and electronic		
	communications, including the		
	right to send and promptly		
	receive unopened mail and		
	other letters, packages and		
	other materials delivered to the		
	facility for the resident,		
	including those delivered		
	through a means other than a		
	postal service.		
§483.10(h)(3)	(3) The resident has a right to		
	secure and confidential		
	personal and medical records.		
§483.10(h)(3)(i)	(i) The resident has the right to		
	refuse the release of personal		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	and medical records except as		
	provided at § 483.70(i)(2) or		
	other applicable federal or		
	state laws.		
§483.10(h)(3)(ii)	(ii) The facility must allow		
	representatives of the Office of		
	the State Long-Term Care		
	Ombudsman to examine a		
	resident's medical, social, and		
	administrative records in		
	accordance with State law.		
§483.12	§483.12 Freedom from abuse,		
	neglect, and exploitation. The		
	resident has the right to be free		
	from abuse, neglect,		
	misappropriation of resident		
	property, and exploitation as		
	defined in this subpart. This		
	includes but is not limited to		
	freedom from corporal		
	punishment, involuntary		
	seclusion and any physical or		
	chemical restraint not required		
	to treat the resident's medical		
	symptoms.		
§483.12(a)	(a) The facility must—		
§483.12(a)(1)	(1) Not use verbal, mental,		
	sexual, or physical abuse,		
	corporal punishment, or		
	involuntary seclusion;		
§483.12(a)(2)	(2) Ensure that the resident is		
	free from physical or chemical		
	restraints imposed for purposes		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	of discipline or convenience		
	and that are not required to		
	treat the resident's medical		
	symptoms. When the use of		
	restraints is indicated, the		
	facility must use the least		
	restrictive alternative for the		
	least amount of time and		
	document ongoing re-		
	evaluation of the need for		
	restraints.		
§483.12(a)(3)	(3) Not employ or otherwise		
	engage individuals who—		
§483.12(a)(3)(i)	(i) Have been found guilty of		
	abuse, neglect, exploitation,		
	misappropriation of property, or		
	mistreatment by a court of law;		
§483.12(a)(3)(ii)	(ii) Have had a finding entered		
	into the State nurse aide		
	registry concerning abuse,		
	neglect, exploitation,		
	mistreatment of residents or		
	misappropriation of their		
	property; or		
§483.12(a)(4)	(4) Report to the State nurse		
	aide registry or licensing		
	authorities any knowledge it		
	has of actions by a court of law		
	against an employee, which		
	would indicate unfitness for		
	service as a nurse aide or other		
	facility staff.		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§483.12(b)	(b) The facility must develop		
	and implement written policies		
	and procedures that:		
§483.12(b)(1)	(1) Prohibit and prevent abuse,		
	neglect, and exploitation of		
	residents and misappropriation		
	of resident property,		
§483.12(b)(2)	(2) Establish policies and		
	procedures to investigate any		
	such allegations, and		
§483.12(c)	(c) In response to allegations of		
	abuse, neglect, exploitation, or		
	mistreatment, the facility must:		
§483.12(c)(1)	(1) Ensure that all alleged		
	violations involving abuse,		
	neglect, exploitation or		
	mistreatment, including injuries		
	of unknown source and		
	misappropriation of resident		
	property, are reported		
	immediately, but not later than		
	2 hours after the allegation is		
	made, if the events that cause		
	the allegation involve abuse or		
	result in serious bodily injury, or		
	not later than 24 hours if the		
	events that cause the allegation		
	do not involve abuse and do not		
	result in serious bodily injury, to		
	the administrator of the facility		
	and to other officials (including		
	to the State Survey Agency and		
	adult protective services where		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	state law provides for		
	jurisdiction in long-term care		
	facilities) in accordance with		
	State law through established		
	procedures.		
§483.12(c)(2)	(2) Have evidence that all		
	alleged violations are		
	thoroughly investigated.		
§483.12(c)(3)	(3) Prevent further potential		
	abuse, neglect, exploitation, or		
	mistreatment while the		
	investigation is in progress.		
§483.12(c)(4)	(4) Report the results of all		
	investigations to the		
	administrator or his or her		
	designated representative and		
	to other officials in accordance		
	with State law, including to the		
	State Survey Agency, within 5		
	working days of the incident,		
	and if the alleged violation is		
	verified appropriate corrective		
	action must be taken.		
§483.15	§483.15 Admission, transfer,		
	and discharge rights.		
§483.15(c)	(c) Transfer and discharge—		
§483.15(c)(1)	(1) Facility requirements—		
§483.15(c)(1)(i)	(i) The facility must permit each		
	resident to remain in the		
	facility, and not transfer or		
	discharge the resident from the		
	facility unless—		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§483.15(c)(1)(i)(A)	(A) The transfer or discharge is		
	necessary for the resident's		
	welfare and the resident's		
	needs cannot be met in the		
	facility;		
§483.15(c)(1)(i)(B)	(B) The transfer or discharge is		
	appropriate because the		
	resident's health has improved		
	sufficiently so the resident no		
	longer needs the services		
	provided by the facility;		
§483.15(c)(1)(i)(C)	(C) The safety of individuals in		
	the facility is endangered due to		
	the clinical or behavioral status		
	of the resident;		
§483.15(c)(1)(i)(D)	(D) The health of individuals in		
	the facility would otherwise be		
	endangered;		
§483.15(c)(1)(i)(E)	(E) The resident has failed, after		
	reasonable and appropriate		
	notice, to pay for (or to have		
	paid under Medicare or		
	Medicaid) a stay at the facility.		
	Nonpayment applies if the		
	resident does not submit the		
	necessary paperwork for third		
	party payment or after the third		
	party, including Medicare or		
	Medicaid, denies the claim and		
	the resident refuses to pay for		
	his or her stay. For a resident		
	who becomes eligible for		
	Medicaid after admission to a		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	facility, the facility may charge a		
	resident only allowable charges		
	under Medicaid; or		
§483.15(c)(1)(i)(F)	(F) The facility ceases to		
	operate.		
§483.15(c)(1)(ii)	(ii) The facility may not transfer		
	or discharge the resident while		
	the appeal is pending, pursuant		
	to § 431.230 of this chapter,		
	when a resident exercises his or		
	her right to appeal a transfer or		
	discharge notice from the		
	facility pursuant to §		
	431.220(a)(3) of this chapter,		
	unless the failure to discharge		
	or transfer would endanger the		
	health or safety of the resident		
	or other individuals in the		
	facility. The facility must		
	document the danger that		
	failure to transfer or discharge		
	would pose.		
§483.15(c)(2)	(2) Documentation. When the		
	facility transfers or discharges a		
	resident under any of the		
	circumstances specified in		
	paragraphs (c)(1)(i)(A) through		
	(F) of this section, the facility		
	must ensure that the transfer or		
	discharge is documented in the		
	resident's medical record and		
	appropriate information is		
	communicated to the receiving		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	health care institution or		
	provider.		
§483.15(c)(2)(i)	(i) Documentation in the		
	resident's medical record must		
	include:		
§483.15(c)(2)(i)(A)	(A) The basis for the transfer per		
	paragraph (c)(1)(i) of this		
	section.		
§483.15(c)(2)(i)(B)	(B) In the case of paragraph		
	(c)(1)(i)(A) of this section, the		
	specific resident need(s) that		
	cannot be met, facility attempts		
	to meet the resident needs, and		
	the service available at the		
	receiving facility to meet the		
	need(s).		
§483.15(c)(2)(ii)	(ii) The documentation required		
	by paragraph (c)(2)(i) of this		
	section must be made by—		
§483.15(c)(2)(ii)(A)	(A) The resident's physician		
	when transfer or discharge is		
	necessary under paragraph		
	(c)(1)(A) or (B) of this section;		
	and		
§483.15(c)(2)(ii)(B)	(B) A physician when transfer or		
	discharge is necessary under		
	paragraph (c)(1)(i)(C) or (D) of		
	this section.		
§483.15(c)(3)	(3) Notice before transfer.		
	Before a facility transfers or		
	discharges a resident, the		
	facility must—		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
§483.15(c)(3)(i)	(i) Notify the resident and the		
	resident's representative(s) of		
	the transfer or discharge and		
	the reasons for the move in		
	writing and in a language and		
	manner they understand. The		
	facility must send a copy of the		
	notice to a representative of the		
	Office of the State Long-Term		
	Care Ombudsman.		
§483.15(c)(3)(ii)	(ii) Record the reasons for the		
	transfer or discharge in the		
	resident's medical record in		
	accordance with paragraph		
	(c)(2) of this section; and		
§483.15(c)(3)(iii)	(iii) Include in the notice the		
	items described in paragraph		
	(c)(5) of this section.		
§483.15(c)(4)	(4) Timing of the notice.		
§483.15(c)(4)(i)	(i) Except as specified in		
	paragraphs (c)(4)(ii) and (8) of		
	this section, the notice of		
	transfer or discharge required		
	under this section must be		
	made by the facility at least 30		
	days before the resident is		
	transferred or discharged.		
§483.15(c)(4)(ii)	(ii) Notice must be made as		
	soon as practicable before		
	transfer or discharge when—		
§483.15(c)(4)(ii)(A)	(A) The safety of individuals in		
	the facility would be		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	endangered under paragraph		
	(c)(1)(i)(C) of this section;		
§483.15(c)(4)(ii)(B)	(B) The health of individuals in		
	the facility would be		
	endangered, under paragraph		
	(c)(1)(i)(D) of this section;		
§483.15(c)(4)(ii)(C)	(C) The resident's health		
	improves sufficiently to allow a		
	more immediate transfer or		
	discharge, under paragraph		
	(c)(1)(i)(B) of this section;		
§483.15(c)(4)(ii)(D)	(D) An immediate transfer or		
	discharge is required by the		
	resident's urgent medical		
	needs, under paragraph		
	(c)(1)(i)(A) of this section; or		
§483.15(c)(4)(ii)(E)	(E) A resident has not resided in		
	the facility for 30 days.		
§483.15(c)(5)	(5) Contents of the notice. The		
	written notice specified in		
	paragraph (c)(3) of this section		
	must include the following:		
§483.15(c)(5)(i)	(i) The reason for transfer or		
	discharge;		
§483.15(c)(5)(ii)	(ii) The effective date of transfer		
	or discharge;		
§483.15(c)(5)(iii)	(iii) The location to which the		
	resident is transferred or		
	discharged;		
§483.15(c)(5)(iv)	(iv) A statement of the		
	resident's appeal rights,		
	including the name, address		
	(mailing and email), and		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	telephone number of the entity		
	which receives such requests;		
	and information on how to		
	obtain an appeal form and		
	assistance in completing the		
	form and submitting the appeal		
	hearing request;		
§483.15(c)(5)(v)	(v) The name, address (mailing		
	and email) and telephone		
	number of the Office of the		
	State Long-Term Care		
	Ombudsman;		
§483.15(c)(5)(vi)	(vi) For nursing facility residents		
	with intellectual and		
	developmental disabilities or		
	related disabilities, the mailing		
	and email address and		
	telephone number of the		
	agency responsible for the		
	protection and advocacy of		
	individuals with developmental		
	disabilities established under		
	Part C of the Developmental		
	Disabilities Assistance and Bill		
	of Rights Act of 2000 (Pub. L.		
	106–402, codified at 42 U.S.C.		
	15001 et seq.); and		
§483.15(c)(5)(vii)	(vii) For nursing facility		
	residents with a mental		
	disorder or related disabilities,		
	the mailing and email address		
	and telephone number of the		
	agency responsible for the		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	protection and advocacy of		
	individuals with a mental		
	disorder established under the		
	Protection and Advocacy for		
	Mentally Ill Individuals Act.		
§483.15(c)(7)	(7) Orientation for transfer or		
	discharge. A facility must		
	provide and document		
	sufficient preparation and		
	orientation to residents to		
	ensure safe and orderly transfer		
	or discharge from the facility.		
	This orientation must be		
	provided in a form and manner		
	that the resident can		
	understand.		
§483.21	§483.21 Comprehensive		
	person-centered care planning.		
§483.21(c)	(c) Discharge planning—		
§483.21(c)(2)	(2) Discharge summary. When		
	the facility anticipates		
	discharge a resident must have		
	a discharge summary that		
	includes, but is not limited to,		
	the following:		
§483.21(c)(2)(i)	(i) A recapitulation of the		
	resident's stay that includes,		
	but is not limited to, diagnoses,		
	course of illness/treatment or		
	therapy, and pertinent lab,		
	radiology, and consultation		
	results.		

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§483.21(c)(2)(ii)	(ii) A final summary of the		
	resident's status to include		
	items in paragraph (b)(1) of		
	§483.20, at the time of the		
	discharge that is available for		
	release to authorized persons		
	and agencies, with the consent		
	of the resident or resident's		
	representative.		
§483.21(c)(2)(iii)	(iii) Reconciliation of all pre-		
	discharge medications with the		
	resident's post-discharge		
	medications (both prescribed		
	and over-the-counter).		
§483.21(c)(2)(iv)	(iv) A post-discharge plan of		
	care that is developed with the		
	participation of the resident		
	and, with the resident's		
	consent, the resident		
	representative(s), which will		
	assist the resident to adjust to		
	his or her new living		
	environment. The post-		
	discharge plan of care must		
	indicate where the individual		
	plans to reside, any		
	arrangements that have been		
	made for the resident's follow		
	up care and any post-discharge		
	medical and non-medical		
	services.		
§483.40	§483.40 Behavioral Health		
	Services Each resident must		

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	receive and the facility must		
	provide the necessary		
	behavioral health care and		
	services to attain or maintain		
	the highest practicable		
	physical, mental, and		
	psychosocial well-being, in		
	accordance with the		
	comprehensive assessment		
	and plan of care. Behavioral		
	health encompasses a		
	resident's whole emotional and		
	mental well-being, which		
	includes, but is not limited to,		
	the prevention and treatment of		
	mental and substance use		
	disorders.		
§483.40(d)	(d) The facility must provide		
	medically-related social		
	services to attain or maintain		
	the highest practicable		
	physical, mental and		
	psychosocial well-being of		
	each resident.		
§483.55	§483.55 Dental services. The		
	facility must assist residents in		
	obtaining routine and 24-hour		
	emergency dental care.		
§483.55(a)	(a) Skilled nursing facilities. A		
	facility		
§483.55(a)(2)	(2) May charge a Medicare		
	resident an additional amount		

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	for routine and emergency		
	dental services;		
§483.55(a)(3)	(3) Must have a policy		
	identifying those		
	circumstances when the loss or		
	damage of dentures is the		
	facility's responsibility and may		
	not charge a resident for the		
	loss or damage of dentures		
	determined in accordance with		
	facility policy to be the facility's		
	responsibility;		
§483.55(a)(4)	(4) Must if necessary or if		
	requested, assist the resident—		
§483.55(a)(4)(i)	(i) In making appointments; and		
§483.55(a)(4)(ii)	(ii) By arranging for		
	transportation to and from the		
	dental services location; and		
§483.55(a)(5)	(5) Must promptly, within 3		
	days, refer residents with lost or		
	damaged dentures for dental		
	services. If a referral does not		
	occur within 3 days, the facility		
	must provide documentation of		
	what they did to ensure the		
	resident could still eat and		
	drink adequately while awaiting		
	dental services and the		
	extenuating circumstances that		
	led to the delay.		
§483.55(b)	(b) Nursing facilities. The facility		
§483.55(b)(1)	(1) Must provide or obtain from		
	an outside resource, in		

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	accordance with § 483.70(g) of		
	this part, the following dental		
	services to meet the needs of		
	each resident:		
§483.55(b)(1)(i)	(i) Routine dental services (to		
	the extent covered under the		
	State plan); and (ii) Emergency		
	dental services;		
§483.55(b)(2)	(2) Must, if necessary or if		
	requested, assist the resident—		
§483.55(b)(2)(i)	(i) In making appointments; and		
§483.55(b)(2)(ii)	(ii) By arranging for		
	transportation to and from the		
	dental services locations;		
§483.55(b)(3)	(3) Must promptly, within 3		
	days, refer residents with lost or		
	damaged dentures for dental		
	services. If a referral does not		
	occur within 3 days, the facility		
	must provide documentation of		
	what they did to ensure the		
	resident could still eat and		
	drink adequately while awaiting		
	dental services and the		
	extenuating circumstances that		
	led to the delay;		
§483.55(b)(4)	(4) Must have a policy		
	identifying those		
	circumstances when the loss or		
	damage of dentures is the		
	facility's responsibility and may		
	not charge a resident for the		
	loss or damage of dentures		

CoP Requirement	CoP Text	Current EP Mapping	Future State EP Mapping
	determined in accordance with		
	facility policy to be the facility's		
	responsibility; and		
§483.55(b)(5)	(5) Must assist residents who		
	are eligible and wish to		
	participate to apply for		
	reimbursement of dental		
	services as an incurred medical		
	expense under the State plan.		
§483.65	§483.65 Specialized		
	rehabilitative services.		
§483.65(a)	(a) Provision of services. If		
	specialized rehabilitative		
	services such as but not limited		
	to physical therapy, speech-		
	language pathology,		
	occupational therapy,		
	respiratory therapy, and		
	rehabilitative services for a		
	mental disorder and		
	intellectual disability or		
	services of a lesser intensity as		
	set forth at § 483.120(c), are		
	required in the resident's		
	comprehensive plan of care,		
	the facility must—		
§483.65(a)(1)	(1) Provide the required		
	services; or		
§483.65(a)(2)	(2) In accordance with §		
	483.70(g), obtain the required		
	services from an outside		
	resource that is a provider of		
	specialized rehabilitative		

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	services and is not excluded		
	from participating in any federal		
	or state health care programs		
	pursuant to section 1128 and		
	1156 of the Act.		
§483.65(b)	(b) Qualifications. Specialized		
	rehabilitative services must be		
	provided under the written		
	order of a physician by qualified		
	personnel.		