

Critical Access Hospital Crosswalk

Medicare Critical Access Hospital Requirements to 2025 Joint Commission Critical Access Hospital Standards & EPs

CFR Number §412.25	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.25 §412.25 Excluded hospital units: Common Requirements			
§412.25(a)		See Appendix B of the CAMCAH.	
(a) Basis for exclusion. In order to be excluded from the prospective payment systems as specified in §412.1(a)(1) and be paid under the inpatient psychiatric facility prospective payment system as specified in §412.1(a)(2) or the inpatient rehabilitation facility prospective payment system as specified in §412.1(a)(3), a psychiatric or rehabilitation unit must meet the following requirements.			
§412.25(a)(1)			
(1) Be part of an institution that—			
§412.25(a)(1)(i)		See Appendix B of the CAMCAH.	
(i) Has in effect an agreement under part 4 hospital;	489 of this chapter to participate as a		
§412.25(a)(1)(ii)		See Appendix B of the CAMCAH.	
(ii) Is not excluded in its entirety from the p	prospective payment systems; and		
§412.25(a)(1)(iii)		See Appendix B of the CAMCAH.	
(iii) Unless it is a unit in a critical access he is a unit must have at least 10 staffed and excluded from the inpatient prospective parand maintained hospital bed for every 10 obeds, whichever number is greater. Other IRF hospital, rather than an IRF unit. In the unit, the hospital must have enough beds prospective payment system to permit the required by §413.24(c) of this chapter.	maintained hospital beds that are not ayment system, or at least 1 staffed certified inpatient rehabilitation facility wise, the IRF will be classified as an e case of an inpatient psychiatric facility		
	-0504, C-0704		ss hospital accepts the patient for care, treatment, and services based on its
(2) Have written admission criteria that are non-Medicare patients.	e applied uniformly to both Medicare and	EP 1 The critical access hospital de admission criteria and procedu	evelops and implements a written process for accepting a patient that addresses ures for accepting referrals. blied uniformly to all patients (both Medicare and non-Medicare patients).

CFR Number §412.25(a)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
	\$412.25(a)(3) TAG: C-0505, C-0705 (3) Have admission and discharge records that are separately identified from those		RC.11.01.01 The critical access hospital maintains complete and accurate medical individual patient.	
of the hospital in which it is located and are readily available.		EP 8		
§412.25(a)(4) TAG	C-0506, C-0706	PC.14.02.		ess hospital coordinates the patient's care, treatment, and services based on
	sary clinical information is transferred to the		the patient's ne	
unit when a patient of the hospital is tra	insterred to the unit.	EP 1	patient is referred to internal Note: For rehabilitation distin	evelops and implements a process to receive or share patient information when the providers of care, treatment, and services. ct part units in critical access hospitals: The process includes how it will transmit ormation to the distinct part unit when a critical access hospital patient is transferred to
§412.25(a)(5) TAG:	C-0507, C-0707	LD.13.01.	The critical acc	ess hospital complies with law and regulation.
(5) Meet applicable State licensure laws.		EP 2	services for which the critical Note: For rehabilitation or ps	licensed in accordance with law and regulation to provide the care, treatment, or access hospital is seeking accreditation from Joint Commission. /chiatric distinct part units in critical access hospitals: The critical access hospital is ting the standards for licensing established by the state or responsible locality.
§412.25(a)(6) TAG	C-0508, C-0708	LD.13.01.	The critical acc	ess hospital reviews services for medical necessity.
(6) Have utilization review standards ap unit.	oplicable for the type of care offered in the	EP 11		atric distinct part units in critical access hospitals: The critical access hospital has ppropriate to the services offered in the unit(s).
§412.25(a)(7) TAG	C-0509, C-0709	LD.13.01.	The critical acc	ess hospital complies with law and regulation.
(7) Have beds physically separate from other beds.	(that is, not commingled with) the hospital's	EP 4	no more than 10 beds in a di other beds. Note 1: Beds in the rehabilita limits specified in 42 CFR 48 Note 2: The average annual to the 10 beds in the distinct in the distinct part units are n	atric distinct part units in critical access hospitals: The critical access hospital provides stinct part unit. The beds are physically separate from the critical access hospital's tion and psychiatric distinct part units are excluded from the 25 inpatient-bed count 5.620(a). 96-hour length of stay requirement specified under 42 CFR 485.620(b) does not apply part units specified in 42 CFR 485.647(b)(1). Admissions and days of inpatient care ot taken into account in determining the critical access hospital's compliance with the and length of stay in 42 CFR 485.620.
§412.25(a)(8) TAG	: C-0510, C-0710	See Apper	dix B of the CAMCAH.	
(8) Be serviced by the same fiscal inter	mediary as the hospital.			
§412.25(a)(9) TAG	: C-0511, C-0711	See Apper	dix B of the CAMCAH.	
(9) Be treated as a separate cost center purposes.	r for cost finding and apportionment			
§412.25(a)(10) TAG:	: C-0512, C-0712	See Apper	dix B of the CAMCAH.	
(10) Use an accounting system that pro	perly allocates costs.			
§412.25(a)(11) TAG	: C-0513, C-0713	See Apper	dix B of the CAMCAH.	
(11) Maintain adequate statistical data	to support the basis of allocation.			

CFR Number §412.25(a)(12)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.25(a)(12) TAG: 0	25(a)(12) TAG: C-0514, C-0714		
	12) Report its costs in the hospital's cost report covering the same fiscal period and using the same method of apportionment as the hospital.		
	rehabilitation care regardless of whether	required to meet the organization EP 1 Leaders provide for an adequand services. Note 1: The number and mix of Services may include but are experience and experience are experience. Rehabilitation services experience experience experience experience experience experience. Respiratory services experience	ate number and mix of qualified individuals to support safe, quality care, treatment, of individuals is appropriate to the scope and complexity of the services offered. not limited to the following: s, including emergency pharmaceutical services utic radiology services staff are qualified in emergency care. psychiatric distinct part units in critical access hospitals: As of the first day of the which all other exclusion requirements are met, the unit is fully equipped and staffed espital inpatient psychiatric or rehabilitation care regardless of whether there are any
§412.25(b) TAG: 0	C-0516, C-0716	See Appendix B of the CAMCAH.	
to be part of an excluded unit under this safe reporting period if the hospital notifies its writing of the planned change at least 30 hospital must maintain the information neattributable to the excluded unit. A change may occur at any time during a cost reporting period. Chabe made at any time if these changes are permit construction or renovation necess State, or local law affecting the physical function of such as fires, floods, earthquakes, or torresponding period of the physical function of the physical functi	mber of beds or square footage considered section are allowed one time during a cost Medicare contractor and the CMS RO in days before the date of the change. The seded to accurately determine costs that are je in bed size or a change in square footage orting period and must remain in effect for anges in bed size or square footage may be made necessary by relocation of a unit to ary for compliance with changes in Federal, facility or because of catastrophic events		
§412.25(c)		See Appendix B of the CAMCAH.	
(c) Changes in the status of hospital units prospective payment systems under this (excluded or not excluded) is determined of this section.			
§412.25(c)(1) TAG: 0	C-0519, C-0719	See Appendix B of the CAMCAH.	
	od. If a unit is added to a hospital after the be excluded from the prospective payment		

CFR Number §412.25(c)(2)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.25(c)(2) TAG: C-	-0520, C-0720	See Appendix B of the CAMCAH.	
(2) The status of a hospital unit may be ch at any time during a cost reporting period, intermediary and the CMS Regional Office before the date of the change, and mainta determine costs that are or are not attribut status of a unit from excluded to not excluperiod must remain in effect for the rest of	but only if the hospital notifies the fiscal in writing of the change at least 30 days ins the information needed to accurately table to the excluded unit. A change in the ded that is made during a cost reporting		
§412.25(d) TAG: C-	-0521, C-0721	See Appendix B of the CAMCAH.	
(d) Number of excluded units. Each hospit (psychiatric or rehabilitation) excluded from			
§412.25(e)		Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(e) Satellite facilities.			
§412.25(e)(1) TAG: C-	-0522, C-0722	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(1) For purposes of paragraphs (e)(2) thro is a part of a hospital unit that provides inpanother hospital, or in one or more entire buildings used by another hospital.			
	-0523, C-0723	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(2) Except as provided in paragraphs (e)(3 cost reporting periods beginning on or afte a satellite facility must meet the following acute care hospital inpatient prospective p	er October 1, 1999, a hospital that has criteria in order to be excluded from the		
§412.25(e)(2)(i) TAG: C-	-0523, C-0723	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
recent cost reporting period beginning before State-licensed and Medicare-certified bedoes not exceed the unit's number of State	s, including those at the satellite facility,		
	-0524, C-0724	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(ii) The satellite facility independently com	plies with—		
§412.25(e)(2)(ii)(A) TAG: C-	-0524, C-0724	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(A) For a rehabilitation unit, the requireme	nts under §412.29; or		
§412.25(e)(2)(ii)(B) TAG: C-	-0524, C-0724	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(B) For a psychiatric unit, the requirements	s under §412.27(a).		
§412.25(e)(2)(iii) TAG: C-	-0525, C-0725	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(iii) The satellite facility meets all of the following	lowing requirements:		

CFR Numbe §412.25(e)(2)(iii	Wighter Remillements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.25(e)(2)(iii)(A) TAG: C-0525, C-0725		Critical access hospitals are not permitte	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
not under the control of the gin which it is located, and it f	g periods beginning on or after October 1, 2002, it is poverning body or chief executive officer of the hospita urnishes inpatient care through the use of medical the control of the medical staff or chief medical office ocated.		
§412.25(e)(2)(iii)(B)	TAG: C-0526, C-0726	Critical access hospitals are not permitte	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
	nd discharge records that are separately identified from it is located and are readily available.	n	
§412.25(e)(2)(iii)(C)	TAG: C-0527, C-0727	Critical access hospitals are not permitte	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(C) It has beds that are phys beds of the hospital in which	ically separate from (that is, not commingled with) the it is located.		
§412.25(e)(2)(iii)(D)	TAG: C-0528, C-0728	Critical access hospitals are not permitte	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(D) It is serviced by the sam part.	e fiscal intermediary as the hospital unit of which it is a		
§412.25(e)(2)(iii)(E)	TAG: C-0529, C-0729	Critical access hospitals are not permitte	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(E) It is treated as a separat	e cost center of the hospital unit of which it is a part.		
§412.25(e)(2)(iii)(F)	TAG: C-0530, C-0730	Critical access hospitals are not permitte	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
	portionment purposes, it uses an accounting system and maintains adequate statistical data to support the		
§412.25(e)(2)(iii)(G)	TAG: C-0531, C-0731	Critical access hospitals are not permitte	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
	cost report of the hospital of which it is a part, covering the same method of apportionment as the hospit		
§412.25(e)(2)(iv)	TAG: C-0731		
requirements of paragraph (facility of a unit that is part o systems specified in §412.1 also used by another hospits systems specified in §412.1	g periods beginning on or after October 1, 2019, the e)(2)(iii)(A) of this section do not apply to a satellite a hospital excluded from the prospective payment a)(1) that does not furnish services in a building all that is not excluded from the prospective payment a)(1), or in one or more entire buildings located on the sed by another hospital that is not excluded from the s specified in §412.1(a)(1).		

CFR Num §412.25(e		Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.25(e)(3) TAG: C-0532, C-0732		-0532, C-0732	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
of paragraph (e)(2) of this facility on September 30, on that date, to the exten	s section do not a 1999, and exclu at the unit continu number of beds a	4) and (e)(5) of this section, the provisions apply to any unit structured as a satellite ded from the prospective payment systems es operating under the same terms and and square footage considered to be part inber 30, 1999.		
§412.25(e)(4)	TAG: C	-0533, C-0733	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
as a satellite facility on S footage of the satellite fa	eptember 30, 19 cility or may decroart of the satellit	n (e)(3) of this section, any unit structured 99, may increase or decrease the square ease the number of beds in the satellite e facility at any time, if these changes are		
§412.25(e)(4)(i)	TAG: C	-0533, C-0733	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(i) To permit construction Federal, State, or local la		cessary for compliance with changes in hysical facility; or		
§412.25(e)(4)(ii)	TAG: C	-0533, C-0733	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(ii) Because of catastrophic events such as fires, floods, earthquakes, or tornadoes.				
§412.25(e)(5)	TAG: C	-0534, C-0734	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(5) For cost reporting per provisions of paragraph (n or after October 1, 2006, in applying the on—		
§412.25(e)(5)(i)	TAG: C	-0534, C-0734	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
the square footage of the decrease the square foot	e unit only at the later of the	on September 30, 1999, may increase beginning of a cost reporting period or f beds considered to be part of the satellite aph (b)(2) of this section, without affecting section; and		
§412.25(e)(5)(ii)	TAG: C	-0534, C-0734	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
number of beds consider subject to the provisions increase the number of b the resulting total numbe	ed to be part of to of paragraph (b) leds at the begin or of beds conside	ty decreases its number of beds below the ne satellite facility on September 30, 1999, 2) of this section, it may subsequently ning or a cost reporting period as long as tred to be part of the satellite facility does belite facility on September 30, 1999.		
§412.25(e)(6)		-0534, C-0734	Critical access hospitals are not permitted	to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
rehabilitation facility that	is subject to the i ubpart P of this p	f this section do not apply to any inpatient npatient rehabilitation facility prospective art, effective for cost reporting periods		

CFR Number §412.25(f)	Medicare Requirements		oint Commission puivalent Number	Joint Commission Standards and Elements of Performance
§412.25(f) TA	G: C-0535, C-0735	See Append	dix B of the CAMCAH.	
prospective payment system under the	tal units. For purposes of exclusions from the his section, the classification of a hospital unit is orting period. Any change in the classification of art of a cost reporting period.			
§412.25(g) TA	G: C-0535	See Append	lix B of the CAMCAH.	
unit of a CAH does not meet the requ reporting period, no payment may be that unit for that period. Payment to t	e requirements. If a psychiatric or rehabilitation uirements of §485.647 with respect to a cost e made to the CAH for services furnished in the CAH for services in the unit may resume porting period beginning after the unit has neets the requirements of §485.647.			
§412.27		ĺ		
	spective payment system as specified in spective payment system as specified in			
§412.27(a) TA	G: C-0547	PC.11.01.0		ss hospital accepts the patient for care, treatment, and services based on its
of an intensity that can be provided a of a psychiatric principal diagnosis th of the American Psychiatric Associat	sion to the unit is required for active treatment, appropriately only in an inpatient hospital setting, not is listed in the Fourth Edition, Text Revision ion's Diagnostic and Statistical Manual, or in the International Classification of Diseases,		For psychiatric distinct part un in the American Psychiatric As Revision (DSM-IV-TR) or in Cl	its in critical access hospitals: Patients with a psychiatric principal diagnosis (listed issociation Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text prapage 5 of the International Classification of Diseases, 9th Revision (ICD-9-CM)) are ity of the active treatment can be provided only in an inpatient hospital setting.
§412.27(b) TA	G: C-0548	LD.13.03.0 ⁴	The critical acce	ss hospital provides services that meet patient needs.
(b) Furnish, through the use of qualifi work services, psychiatric nursing, ar	ied personnel, psychological services, social nd therapeutic activities.		services, social work services, needs of its patients. Note 1: The therapeutic activit toward restoring and maintaini	its in critical access hospitals: The critical access hospital provides psychological psychiatric nursing, and therapeutic activities provided by qualified staff to meet the ies program is appropriate to the needs and interests of patients and is directed ing optimal levels of physical and psychosocial functioning. vices are provided in accordance with accepted standards of practice, service licies and procedures.

CFR Number §412.27(c)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance			
3 (4)		RC.11.01.01	RC.11.01.01 The critical access hospital maintains complete and accurate medical records for each individual patient.				
(c) Maintain medical records that permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the unit, and that meet the following requirements:		of tre	atment and contains the History of findings and to Identification data, include Provisional or admitting intercurrent diseases as Reasons for admission, Social service records, in assessment of home plath When indicated, record physical examination Documentation of treatm Discharge summary of the hospitalization in the uniterior of the History of th	nits in critical access hospitals: The medical record reflects the degree and intensity following information: reatment provided for the psychiatric condition for which the patient is hospitalized ding the patient's legal status diagnosis for the patient at the time of admission that includes the diagnoses of well as the psychiatric diagnoses as stated by the patient and/or others significantly involved nocluding reports of interviews with patients, family members, and others; an ans, family attitudes, and community resource contacts; and a social history of a complete neurological examination, recorded at the time of the admission ment received, including all active therapeutic efforts he patient's hospitalization that includes a recapitulation of the patient's it, recommendations from appropriate services concerning follow-up or aftercare, and patient's condition on discharge			
σ (-/, /	AG: C-0549 gnostic data. Medical records must stress the	RC.11.01.01	The critical acce	ess hospital maintains complete and accurate medical records for each			
psychiatric components of the record	d, including history of findings and treatment in for which the inpatient is treated in the unit.	of tre	atment and contains the History of findings and to Identification data, include Provisional or admitting intercurrent diseases as Reasons for admission, Social service records, it assessment of home plath When indicated, recording physical examination Documentation of treatm Discharge summary of the hospitalization in the uniterior of treatments.	nits in critical access hospitals: The medical record reflects the degree and intensity following information: reatment provided for the psychiatric condition for which the patient is hospitalized ding the patient's legal status diagnosis for the patient at the time of admission that includes the diagnoses of well as the psychiatric diagnoses as stated by the patient and/or others significantly involved including reports of interviews with patients, family members, and others; an ans, family attitudes, and community resource contacts; and a social history of a complete neurological examination, recorded at the time of the admission ment received, including all active therapeutic efforts he patient's hospitalization that includes a recapitulation of the patient's it, recommendations from appropriate services concerning follow-up or aftercare, and patient's condition on discharge			

CFR Number §412.27(c)(1)(i)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§412.27(c)(1)(i)	TAG: C-0550	RC.11.01.01	The critical acce	ess hospital maintains complete and accurate medical records for each
(i) The identification data must include the inpatient's legal status.		of to	reatment and contains the History of findings and to Identification data, include Provisional or admitting intercurrent diseases as Reasons for admission, Social service records, is assessment of home plath When indicated, record physical examination Documentation of treatments of the properties of the position of the properties of the properties of the properties of the province of the properties of the province of the provin	itis in critical access hospitals: The medical record reflects the degree and intensity following information: reatment provided for the psychiatric condition for which the patient is hospitalized ding the patient's legal status diagnosis for the patient at the time of admission that includes the diagnoses of well as the psychiatric diagnoses as stated by the patient and/or others significantly involved including reports of interviews with patients, family members, and others; an ans, family attitudes, and community resource contacts; and a social history of a complete neurological examination, recorded at the time of the admission then treceived, including all active therapeutic efforts he patient's hospitalization that includes a recapitulation of the patient's it, recommendations from appropriate services concerning follow-up or aftercare, and patient's condition on discharge
§412.27(c)(1)(ii) (ii) A provisional or admitting dia	TAG: C-0551 agnosis must be made on every inpatient at the time	RC.11.01.01	The critical acce	ess hospital maintains complete and accurate medical records for each
	the diagnoses of intercurrent diseases as well as the	EP 6 For of to	reatment and contains the History of findings and to Identification data, include Provisional or admitting intercurrent diseases as Reasons for admission, Social service records, in assessment of home play When indicated, record physical examination Documentation of treatm Discharge summary of the	nits in critical access hospitals: The medical record reflects the degree and intensity following information: reatment provided for the psychiatric condition for which the patient is hospitalized ding the patient's legal status diagnosis for the patient at the time of admission that includes the diagnoses of well as the psychiatric diagnoses as stated by the patient and/or others significantly involved including reports of interviews with patients, family members, and others; an ans, family attitudes, and community resource contacts; and a social history of a complete neurological examination, recorded at the time of the admission ment received, including all active therapeutic efforts the patient's hospitalization that includes a recapitulation of the patient's it, recommendations from appropriate services concerning follow-up or aftercare, and patient's condition on discharge

CFR Number §412.27(c)(1)	-	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§412.27(c)(1)(iii)	TAG: C-0	**=	RC.11.01.0	1 The critical acce individual patier	ess hospital maintains complete and accurate medical records for each
(iii) The reasons for admission must be clearly documented as stated by the inpatient or others significantly involved, or both.		EP 6	of treatment and contains the History of findings and treatment and contains the Identification data, include Provisional or admitting intercurrent diseases as Reasons for admission, Social service records, in assessment of home plate When indicated, recorded physical examination Documentation of treatments of the pospitalization in the uniterated the provision of the pospitalization in the uniterated the provision of the pr	nits in critical access hospitals: The medical record reflects the degree and intensity following information: reatment provided for the psychiatric condition for which the patient is hospitalized ding the patient's legal status diagnosis for the patient at the time of admission that includes the diagnoses of well as the psychiatric diagnoses as stated by the patient and/or others significantly involved including reports of interviews with patients, family members, and others; an ans, family attitudes, and community resource contacts; and a social history of a complete neurological examination, recorded at the time of the admission ment received, including all active therapeutic efforts he patient's hospitalization that includes a recapitulation of the patient's it, recommendations from appropriate services concerning follow-up or aftercare, and patient's condition on discharge	
§412.27(c)(1)(iv)	TAG: C-0	***	RC.11.01.0	1 The critical acce individual patier	ess hospital maintains complete and accurate medical records for each
	rs must provide a	orts of interviews with inpatients, in assessment of home plans and family as well as a social history.	· · · · · · · · · · · · · · · · · · ·		nits in critical access hospitals: The medical record reflects the degree and intensity following information: reatment provided for the psychiatric condition for which the patient is hospitalized ding the patient's legal status diagnosis for the patient at the time of admission that includes the diagnoses of well as the psychiatric diagnoses as stated by the patient and/or others significantly involved including reports of interviews with patients, family members, and others; an ans, family attitudes, and community resource contacts; and a social history of a complete neurological examination, recorded at the time of the admission ment received, including all active therapeutic efforts he patient's hospitalization that includes a recapitulation of the patient's it, recommendations from appropriate services concerning follow-up or aftercare, and
§412.27(c)(1)(v)	TAG: C-0	** .	PC.11.02.0		distinct part units in critical access hospitals: The critical access hospital leds of patients who receive treatment for emotional and behavioral disorders.
(v) When indicated, a comp time of the admission phys		l examination must be recorded at the	EP 1	For psychiatric distinct part un and behavioral disorders rece	nits in critical access hospitals: Patients who receive treatment for emotional elive an assessment that includes a history of mental, emotional, behavioral, and r co-occurrence, and their treatment.

CFR Number §412.27(c)(1)(v)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance
		RC.11.01.01	The critical acce individual patier	ess hospital maintains complete and accurate medical records for each nt.
			treatment and contains the History of findings and tr Identification data, include Provisional or admitting intercurrent diseases as Reasons for admission, Social service records, in assessment of home plae When indicated, record of physical examination Documentation of treatm Discharge summary of the hospitalization in the uniterior of the service	nits in critical access hospitals: The medical record reflects the degree and intensity following information: reatment provided for the psychiatric condition for which the patient is hospitalized ding the patient's legal status diagnosis for the patient at the time of admission that includes the diagnoses of well as the psychiatric diagnoses as stated by the patient and/or others significantly involved including reports of interviews with patients, family members, and others; an ans, family attitudes, and community resource contacts; and a social history of a complete neurological examination, recorded at the time of the admission ment received, including all active therapeutic efforts he patient's hospitalization that includes a recapitulation of the patient's it, recommendations from appropriate services concerning follow-up or aftercare, and patient's condition on discharge
§412.27(c)(2) TAG: C-	0555			
(2) Psychiatric evaluation. Each inpatient r must—	nust receive a psychiatric evaluation that			
§412.27(c)(2)(i) TAG: C- (i) Be completed within 60 hours of admiss		PC.11.02.03		distinct part units in critical access hospitals: The critical access hospital eds of patients who receive treatment for emotional and behavioral disorders.
(i) be completed within 60 hours of admiss	ion,		 mpleted within 60 hours of a Medical history Record of mental status Description of the onset Description of attitudes a Estimation of intellectual 	of illness and the circumstances leading to admission
§412.27(c)(2)(ii) TAG: C-	0556	PC.11.02.03		distinct part units in critical access hospitals: The critical access hospital
(ii) Include a medical history;			or psychiatric distinct part un ompleted within 60 hours of a • Medical history • Record of mental status • Description of the onset • Description of attitudes a • Estimation of intellectual	of illness and the circumstances leading to admission

CFR Number §412.27(c)(2)(iii)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance
§412.27(c)(2)(iii) TAG (iii) Contain a record of mental status;	: C-0557	PC.11.02.03		distinct part units in critical access hospitals: The critical access hospital eds of patients who receive treatment for emotional and behavioral disorders.
(*)			 ompleted within 60 hours of Medical history Record of mental status Description of the onset Description of attitudes Estimation of intellectua 	of illness and the circumstances leading to admission
§412.27(c)(2)(iv) TAG (iv) Note the onset of illness and the ci	: C-0558	PC.11.02.03		distinct part units in critical access hospitals: The critical access hospital eds of patients who receive treatment for emotional and behavioral disorders.
	cambanose reading to daminestin,		 ompleted within 60 hours of Medical history Record of mental status Description of the onset Description of attitudes Estimation of intellectua 	of illness and the circumstances leading to admission
§412.27(c)(2)(v) TAG (v) Describe attitudes and behavior;	: C-0559	PC.11.02.03		distinct part units in critical access hospitals: The critical access hospital eds of patients who receive treatment for emotional and behavioral disorders.
(v) Describe autitudes and behavior,			 ompleted within 60 hours of Medical history Record of mental status Description of the onset Description of attitudes Estimation of intellectua 	of illness and the circumstances leading to admission
3 : (-)(-)(-)	: C-0560 emory functioning, and orientation; and	PC.11.02.03		distinct part units in critical access hospitals: The critical access hospital eds of patients who receive treatment for emotional and behavioral disorders.
(C) Estimate interested functioning, in	smory randoming, and onlinearing and		 ompleted within 60 hours of Medical history Record of mental status Description of the onset Description of attitudes Estimation of intellectua 	of illness and the circumstances leading to admission

CFR Number §412.27(c)(2)(vii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§412.27(c)(2)(vii) TAG: C-0561 (vii) Include an inventory of the inpatient's assets in descriptive, not interpretative fashion.		PC.11.02.03	- 1 - 7	distinct part units in critical access hospitals: The critical access hospital eds of patients who receive treatment for emotional and behavioral disorders.
		For psychiatric distinct part units in critical access hospitals: Each patient receives a psychiatric evaluation completed within 60 hours of admission. The psychiatric evaluation includes the following: • Medical history • Record of mental status • Description of the onset of illness and the circumstances leading to admission • Description of attitudes and behavior • Estimation of intellectual functioning, memory functioning, and orientation • Inventory of the patient's assets in descriptive, not interpretative, fashion		
§412.27(c)(3) TAG	: C-0562			
(3) Treatment plan.				
§412.27(c)(3)(i) TAG	C-0562, C-0563, C-0564, C-0565, C-0566	PC.11.03.01	The critical acce	ess hospital plans the patient's care.
plan must include a substantiated diagr			the following: Substantiated diagnosis Short-term and long-term Specific treatment moda Responsibilities of each	m goals
σ (-/\-/\ / / ·	: C-0567 ient must be documented in such a way as to	RC.11.01.01	The critical acce	ess hospital maintains complete and accurate medical records for each nt.
assure that all active therapeutic efforts		For psychiatric distinct part units in critical access hospitals: The medical record reflects the degree and in of treatment and contains the following information: History of findings and treatment provided for the psychiatric condition for which the patient is hospital identification data, including the patient's legal status Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses intercurrent diseases as well as the psychiatric diagnoses Reasons for admission, as stated by the patient and/or others significantly involved Social service records, including reports of interviews with patients, family members, and others; an assessment of home plans, family attitudes, and community resource contacts; and a social history When indicated, record of a complete neurological examination, recorded at the time of the admission physical examination Documentation of treatment received, including all active therapeutic efforts Discharge summary of the patient's hospitalization that includes a recapitulation of the patient's hospitalization in the unit, recommendations from appropriate services concerning follow-up or aftercapitic summary of the patient's condition on discharge		

CFR Number §412.27(c)(4)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
§412.27(c)(4) TAG: C	C-0568, C-0569, C-0571, C-0570, C-0572,	RC.12.01.01	The medical rec services.	ord contains information that reflects the patient's care, treatment, and
or osteopathy responsible for the care of when appropriate, others significantly inv frequency of progress notes is determine must be recorded at least weekly for the thereafter and must contain recommenda indicated as well as precise assessment with the original or revised treatment plan	d by the condition of the inpatient but first two months and at least once a month ations for revisions in the treatment plan as of the inpatient's progress in accordance	first two treatme F N S The pro- accord	o months of a patient's ent of the patient: Physician(s), psychologiurse Social worker Others involved in active ogress notes include reance with the original of	evisions to the treatment plan and assessments of the patient's progress in or revised treatment plan.
§412.27(c)(5) TAG: 0 (5) Discharge planning and discharge sur	C-0575, C-0574, C-0576	RC.11.01.01	The critical acce	ess hospital maintains complete and accurate medical records for each
has been discharged must have a discharged the inpatient's hospitalization in the un	image summary that includes a recapitulation it and recommendations from appropriate e as well as a brief summary of the patient's	of treat	ment and contains the listory of findings and to dentification data, includation of admitting trovisional or admitting tercurrent diseases as teasons for admission, locial service records, it ssessment of home play When indicated, record hysical examination to occumentation of treatmoners to spitalization in the unit ospitalization in the unit description of treatmoners to spitalization in the unit description of treatmoners description description of treatmoners description of treatm	hits in critical access hospitals: The medical record reflects the degree and intensity following information: reatment provided for the psychiatric condition for which the patient is hospitalized ding the patient's legal status diagnosis for the patient at the time of admission that includes the diagnoses of well as the psychiatric diagnoses as stated by the patient and/or others significantly involved including reports of interviews with patients, family members, and others; an ans, family attitudes, and community resource contacts; and a social history of a complete neurological examination, recorded at the time of the admission ment received, including all active therapeutic efforts the patient's hospitalization that includes a recapitulation of the patient's it, recommendations from appropriate services concerning follow-up or aftercare, and patient's condition on discharge
§412.27(d) TAG: 0		NPG.12.03.01		distinct part units in critical access hospitals: The critical access hospital aplements staffing plans according to law and regulation.
qualified professional and supportive staf	t the unit must have adequate numbers of f to evaluate inpatients, formulate written, plans, provide active treatment measures lows:	profess registe • E • F • E • F • R	ychiatric distinct part ur sional, technical, and co red nurses, licensed pr valuate patients ormulate written indivice provide active treatment engage in discharge pla	dualized, comprehensive treatment plans to measures anning encessary under each patient's active treatment program on each patient
§412.27(d)(1) TAG: 0	C-0578		2.22 2223 p3y011	
(1) Personnel. The unit must employ or u qualified professional, technical, and con	ndertake to provide adequate numbers of sultative personnel to—			

CFR Number §412.27(d)(1)(i)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
§412.27(d)(1)(i) TAG: (i) Evaluate inpatients;	C-0578	NPG.12.03.01		distinct part units in critical access hospitals: The critical access hospital aplements staffing plans according to law and regulation.
()		profes registe • E • F • E • F	sional, technical, and or ered nurses, licensed pr Evaluate patients Formulate written indivio Provide active treatmen Engage in discharge pla	anning e necessary under each patient's active treatment program s on each patient
§412.27(d)(1)(ii) TAG: (NPG.12.03.01		distinct part units in critical access hospitals: The critical access hospital nplements staffing plans according to law and regulation.
(ii) Formulate written, individualized, com	prenensive treatment plans;	profes registe • E • F • E • F	ychiatric distinct part ur sional, technical, and co ered nurses, licensed pr Evaluate patients Formulate written individe Provide active treatmen Engage in discharge pla	dualized, comprehensive treatment plans t measures anning e necessary under each patient's active treatment program e on each patient
§412.27(d)(1)(iii) TAG: (NPG.12.03.01		distinct part units in critical access hospitals: The critical access hospital nplements staffing plans according to law and regulation.
(iii) Provide active treatment measures; a	and	profes registe • E • F • E • F	ychiatric distinct part ur sional, technical, and co ered nurses, licensed pr Evaluate patients Formulate written indivice Provide active treatmen Engage in discharge pla	hits in critical access hospitals: There is an adequate number of qualified consultative staff (including but not limited to doctors of medicine and/or osteopathy, actical nurses, and mental health workers) to do the following: dualized, comprehensive treatment plans to measures anning an encessary under each patient's active treatment program to on each patient
§412.27(d)(1)(iv) TAG: (C-0578	NPG.12.03.01	• •	distinct part units in critical access hospitals: The critical access hospital nplements staffing plans according to law and regulation.
(iv) Engage in discharge planning.		profes registe • E • F • E • F	ychiatric distinct part ur sional, technical, and co ered nurses, licensed pr Evaluate patients Formulate written indivice Provide active treatmen Engage in discharge pla	hits in critical access hospitals: There is an adequate number of qualified consultative staff (including but not limited to doctors of medicine and/or osteopathy, ractical nurses, and mental health workers) to do the following: dualized, comprehensive treatment plans to measures anning an encessary under each patient's active treatment program to on each patient

CFR Number §412.27(d)(2			Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
(2) Director of inpatient psychiatric services: Medical staff. Inpatient psychiatric services must be under the supervision of a clinical director, service chief, or		MS.17.0	practitione	Il access hospital collects information regarding each physician's or other licensed er's current license status, training, experience, competence, and ability to perform sted privilege.	
		EP 6	For psychiatric distinct part units in critical access hospitals: Inpatient psychiatric services are under the and supervision of a clinical director, service chief, or equivalent who is qualified to provide the leadersl for an intensive treatment program and who meets the training and experience requirements for examinate the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and		
	TAG: C-0581 vice chief, or equivalent must meet the training and or examination by the American Board of Psychiatry and		practitione the reques	Il access hospital collects information regarding each physician's or other licensed er's current license status, training, experience, competence, and ability to perform sted privilege.	
Neurology or the American	leurology or the American Osteopathic Board of Neurology and Psychiatry.		For psychiatric distinct part units in critical access hospitals: Inpatient psychiatric services are under the d and supervision of a clinical director, service chief, or equivalent who is qualified to provide the leadership for an intensive treatment program and who meets the training and experience requirements for examinat the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry		
§412.27(d)(2)(ii)	TAG: C-0582	MS.16.0		ized medical staff oversees the quality of patient care, treatment, and services by physicians and other licensed practitioners privileged through the medical staff	
(ii) The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.		EP 8	process.		
				part units in critical access hospitals: The clinical director, service chief, or equivalent for vices monitors and evaluates the medical staff's treatment and services for quality and	
		MS.17.0	practitione	Il access hospital collects information regarding each physician's or other licensed er's current license status, training, experience, competence, and ability to perform sted privilege.	
		EP 9	the critical access hospi A hospital that is a A quality improver Another appropria Note: In the case of dist hospital's patients unde critical access hospital a	riateness of the diagnosis and treatment provided by doctors of medicine or osteopathy at ital are evaluated by one of the following: a member of the network, when applicable ment organization or equivalent entity ite and qualified entity identified in the state's rural health care plan cant-site physicians and practitioners providing telemedicine services to the critical access r an agreement between the critical access hospital and a distant hospital or between the and a distant-site telemedicine entity, the quality and appropriateness of the diagnosis and valuated by one of the entities listed in this element of performance.	
§412.27(d)(3)	TAG: C-0583, C-0584	NPG.12.		executive directs the implementation of a nurse staffing plan(s).	
services. In addition to the registered nurses, licensed	nit must have a qualified director of psychiatric nursing director of nursing, there must be adequate numbers of practical nurses, and mental health workers to provide der each inpatient's active treatment program and to each inpatient.	EP 6	nurse who has a master nursing accredited by th the mentally ill. The dire	part units in critical access hospitals: The director of psychiatric nursing is a registered r's degree in psychiatric or mental health nursing, or its equivalent, from a school of the National League for Nursing or is qualified by education and experience in the care of the cort of psychiatric nursing demonstrates competence to participate in interdisciplinary it treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and the provided.	

CFR Number §412.27(d)(3)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance	
		NPG.12.03.		distinct part units in critical access hospitals: The critical access hospital plements staffing plans according to law and regulation.	
			For psychiatric distinct part units in critical access hospitals: There is an adequate number of qualified professional, technical, and consultative staff (including but not limited to doctors of medicine and/or osteopat registered nurses, licensed practical nurses, and mental health workers) to do the following: • Evaluate patients • Formulate written individualized, comprehensive treatment plans • Provide active treatment measures • Engage in discharge planning • Provide the nursing care necessary under each patient's active treatment program • Maintain progress notes on each patient • Provide essential psychiatric services		
§412.27(d)(3)(i) TAG: C-	0585, C-0586	NPG.12.02.	01 The nurse execu	tive directs the implementation of a nurse staffing plan(s).	
(i) The director of psychiatric nursing service a master's degree in psychiatric or mental a school of nursing accredited by the Natio by education and experience in the care of demonstrate competence to participate in itreatment plans; to give skilled nursing care evaluate the nursing care furnished.	health nursing, or its equivalent, from onal League for Nursing, or be qualified f the mentally ill. The director must interdisciplinary formulation of individual		nurse who has a master's deg nursing accredited by the Nati the mentally ill. The director of	its in critical access hospitals: The director of psychiatric nursing is a registered gree in psychiatric or mental health nursing, or its equivalent, from a school of onal League for Nursing or is qualified by education and experience in the care of psychiatric nursing demonstrates competence to participate in interdisciplinary nent plans; to give skilled nursing care and therapy; and to direct, monitor, and vided.	
§412.27(d)(3)(ii) TAG: C-(ii) The staffing pattern must ensure the av	0587, C-0588 vailability of a registered purse 24 hours	NPG.12.03.	- In a y a series a	distinct part units in critical access hospitals: The critical access hospital plements staffing plans according to law and regulation.	
each day. There must be adequate numbe nurses, and mental health workers to provi	ers of registered nurses, licensed practical ide the nursing care necessary under	EP 2	For psychiatric distinct part un professional nurse is available	its in critical access hospitals: The critical access hospital makes certain a registered 24 hours a day.	
each inpatient's active treatment program.			professional, technical, and coregistered nurses, licensed professional patients Evaluate patients Formulate written individ Provide active treatment Engage in discharge pla	nning necessary under each patient's active treatment program on each patient	
§412.27(d)(4) TAG: C-	0589, C-0590	LD.13.03.01	The critical acce	ss hospital provides services that meet patient needs.	
(4) Psychological services. The unit must p services to meet the needs of the inpatient in accordance with acceptable standards o established policies and procedures.	ts. The services must be furnished		services, social work services, needs of its patients. Note 1: The therapeutic activit toward restoring and maintain	its in critical access hospitals: The critical access hospital provides psychological psychiatric nursing, and therapeutic activities provided by qualified staff to meet the lies program is appropriate to the needs and interests of patients and is directed ing optimal levels of physical and psychosocial functioning. vices are provided in accordance with accepted standards of practice, service blicies and procedures.	

CFR Number §412.27(d)(5)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
=	§412.27(d)(5) TAG: C-0591, C-0592, C-0593 (5) Social services. There must be a director of social services who monitors			distinct part units in critical access hospitals: The critical access hospital aplements staffing plans according to law and regulation.
and evaluates the quality and appropriaten services must be furnished in accordance vand established policies and procedures. Sinclude, but are not limited to, participating follow-up care, and developing mechanism with sources outside the hospital.	ess of social services furnished. The with accepted standards of practice Social service staff responsibilities must in discharge planning, arranging for us for exchange of appropriate information		services who monitors and ever staff responsibilities include be a Participating in discharge Arranging for follow-up of Developing mechanisms hospital Note: Social services are provenocedures.	care s for the exchange of appropriate information with sources outside the critical access vided in accordance with accepted standards of practice and established policies and
§412.27(d)(6) TAG: C-0	0594	LD.13.03.	01 The critical acce	ess hospital provides services that meet patient needs.
(6) Therapeutic activities. The unit must pro	ovide a therapeutic activities program.	EP 18	services, social work services needs of its patients. Note 1: The therapeutic activi toward restoring and maintain	hits in critical access hospitals: The critical access hospital provides psychological psychiatric nursing, and therapeutic activities provided by qualified staff to meet the ties program is appropriate to the needs and interests of patients and is directed ing optimal levels of physical and psychosocial functioning. Vices are provided in accordance with accepted standards of practice, service policies and procedures.
§412.27(d)(6)(i) TAG: C-0	0595	LD.13.03.0	01 The critical acce	ess hospital provides services that meet patient needs.
(i) The program must be appropriate to the and be directed toward restoring and maint psychosocial functioning.	needs and interests of inpatients taining optimal levels of physical and	EP 18	services, social work services needs of its patients. Note 1: The therapeutic activi toward restoring and maintain	hits in critical access hospitals: The critical access hospital provides psychological psychiatric nursing, and therapeutic activities provided by qualified staff to meet the ties program is appropriate to the needs and interests of patients and is directed ing optimal levels of physical and psychosocial functioning. Vices are provided in accordance with accepted standards of practice, service blicies and procedures.
§412.27(d)(6)(ii) TAG: C-0	0596	NPG.12.0	1.01 The critical acce	ess hospital's leadership team ensures that there is qualified ancillary staff
(ii) The number of qualified therapists, supplied adequate to provide comprehensive the				t the needs of the population served and determine how they function within
inpatient's active treatment program.		EP1	and services. Note 1: The number and mix Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services Diagnostic and theraped Note 2: Emergency services solute 3: For rehabilitation and first cost reporting period for very services.	s, including emergency pharmaceutical services utic radiology services staff are qualified in emergency care. psychiatric distinct part units in critical access hospitals: As of the first day of the which all other exclusion requirements are met, the unit is fully equipped and staffed pspital inpatient psychiatric or rehabilitation care regardless of whether there are any

CFR Number §412.27(d)(6)(ii)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
		NPG.12.03.01		distinct part units in critical access hospitals: The critical access hospital nplements staffing plans according to law and regulation.
		and		nits in critical access hospitals: The number of qualified therapists, support personnel, to provide therapeutic activities consistent with each patient's active treatment
§412.29 TAG:	C-0747	See Appendix B	of the CAMCAH.	
§412.29 Classification criteria for payme prospective payment system.	ent under the inpatient rehabilitation facility			
and to be paid under the prospective pa an inpatient rehabilitation hospital or an	inpatient rehabilitation unit of a hospital			
(otherwise referred to as an IRF) must r	neet the following requirements:			
§412.29(a) TAG:	C-0747	See Appendix B	of the CAMCAH.	
(a) Have (or be part of a hospital that hat this chapter to participate as a hospital.	as) a provider agreement under part 489 of			
§412.29(b) TAG:	C-0748	See Appendix B	of the CAMCAH.	
(c) of this section, an IRF must show the appropriate 12-month time period (as diserved an inpatient population that mee				
5 (// /	C-0748	See Appendix B	of the CAMCAH.	
1, 2005, the IRF served an inpatient pole for cost reporting periods beginning on inpatient population of whom at least 60 services for treatment of one or more of this section. A patient with a comorbi	on or after July 1, 2004, and before July bulation of whom at least 50 percent, and or after July 1, 2005, the IRF served an percent required intensive rehabilitation the conditions specified at paragraph (b)(2) dity, as defined at §412.602 of this part, may nat counts toward the required applicable			
§412.29(b)(1)(i) TAG:	C-0748	See Appendix B	of the CAMCAH.	
(i) The patient is admitted for inpatient r the conditions specified in paragraph (b	ehabilitation for a condition that is not one of)(2) of this section;			
§412.29(b)(1)(ii) TAG:	C-0748	See Appendix B	of the CAMCAH.	
(ii) The patient has a comorbidity that fa paragraph (b)(2) of this section; and	lls in one of the conditions specified in			
§412.29(b)(1)(iii) TAG:	C-0748	See Appendix B	of the CAMCAH.	
	ne admitting condition, the individual would ment that is unique to inpatient rehabilitation rt and that cannot be appropriately			

CFR Numbe §412.29(b)(2		Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.29(b)(2)	TAG: C-	0748	See Appendix B of the CAMCAH.	•
(2) List of conditions.				
§412.29(b)(2)(i)	TAG: C-	0748	See Appendix B of the CAMCAH.	
(i) Stroke.				
§412.29(b)(2)(ii)	TAG: C-	0748	See Appendix B of the CAMCAH.	
(ii) Spinal cord injury.				
§412.29(b)(2)(iii)	TAG: C-	0748	See Appendix B of the CAMCAH.	
(iii) Congenital deformity.				
§412.29(b)(2)(iv)	TAG: C-	0748	See Appendix B of the CAMCAH.	
(iv) Amputation.				
§412.29(b)(2)(v)	TAG: C-	0748	See Appendix B of the CAMCAH.	
(v) Major multiple trauma.				
§412.29(b)(2)(vi)	TAG: C-	0748	See Appendix B of the CAMCAH.	
(vi) Fracture of femur (hip f	fracture).			
§412.29(b)(2)(vii)	TAG: C-	0748	See Appendix B of the CAMCAH.	
(vii) Brain injury.				
§412.29(b)(2)(viii)	TAG: C-	0748	See Appendix B of the CAMCAH.	
(viii) Neurological disorders polyneuropathy, muscular of		iple sclerosis, motor neuron diseases, Parkinson's disease.		
§412.29(b)(2)(ix)	TAG: C-	0748	See Appendix B of the CAMCAH.	
(ix) Burns.				
§412.29(b)(2)(x)	TAG: C-	0748	See Appendix B of the CAMCAH.	
arthropathies resulting in si activities of daily living that sustained course of outpati rehabilitation settings imme	ignificant function have not improvient therapy servediately precediruic disease activ	s, psoriatic arthritis, and seronegative anal impairment of ambulation and other wed after an appropriate, aggressive, and vices or services in other less intensiveing the inpatient rehabilitation admission ration immediately before admission, but ensive rehabilitation.		

CFR Number §412.29(b)(2)(xi)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.29(b)(2)(xi) TAG:	C-0748	See Appendix B of the CAMCAH.	
impairment of ambulation and other acti after an appropriate, aggressive, and su services or services in other less intensi preceding the inpatient rehabilitation add	ive rehabilitation settings immediately		
§412.29(b)(2)(xii) TAG:	C-0748	See Appendix B of the CAMCAH.	
involving two or more major weight bear but not counting a joint with a prosthesis of range of motion, atrophy of muscles s impairment of ambulation and other acti after the patient has participated in an a course of outpatient therapy services or settings immediately preceding the inpa	services in other less intensive rehabilitation tient rehabilitation admission but have sive rehabilitation. (A joint replaced by a ave osteoarthritis, or other arthritis, even		
§412.29(b)(2)(xiii) TAG:	C-0748	See Appendix B of the CAMCAH.	
(xiii) Knee or hip joint replacement, or be immediately preceding the inpatient reha- the following specific criteria:	oth, during an acute hospitalization abilitation stay and also meet one or more of		
§412.29(b)(2)(xiii)(A) TAG:	C-0748	See Appendix B of the CAMCAH.	
	e or bilateral hip joint replacement surgery nediately preceding the IRF admission.		
§412.29(b)(2)(xiii)(B) TAG:	C-0748	See Appendix B of the CAMCAH.	
(B) The patient is extremely obese with of admission to the IRF.	a Body Mass Index of at least 50 at the time		
§412.29(b)(2)(xiii)(C) TAG:	C-0748	See Appendix B of the CAMCAH.	
(C) The patient is age 85 or older at the	time of admission to the IRF.		
§412.29(c) TAG:	C-0749	See Appendix B of the CAMCAH.	
IRF beds (as defined in paragraph (c)(2) a written certification that the inpatient p requirements of paragraph (b) of this se the end of the IRF's first full 12-month co	in paragraph (c)(1) of this section) or new)of this section), the IRF must provide population it intends to serve meets the action. This written certification will apply until ost reporting period or, in the case of new thing period during which the new beds are		

CFR Number	Medicare Requirements	Joint Commission	Joint Commission Standards and Elements of Performance
§412.29(c)(1)	mouroure requirements	Equivalent Number	
• (-)(-)	AG: C-0750	See Appendix B of the CAMCAH.	
under the IRF PPS in subpart P of	RF unit is considered new if it has not been paid this part for at least 5 calendar years. A new IRF int that it first participates in Medicare as an IRF n cost reporting period.		
§412.29(c)(2) T	AG: C-0750	See Appendix B of the CAMCAH.	
applicable State Certificate of Need be added one time at any point durnew for the rest of that cost reporting must elapse between the delicensithospital or IRF unit and the addition unit. Before an IRF can add new be appropriate CMS RO, so that the Creporting period has elapsed since	at are added to an existing IRF must meet all d and State licensure laws. New IRF beds may ing a cost reporting period and will be considered and period. A full 12-month cost reporting period and or decertification of IRF beds in an IRF and of new IRF beds to that IRF hospital or IRF eds, it must receive written approval from the EMS RO can verify that a full 12-month cost the IRF has had beds delicensed or decertified. Compliance review calculations under paragraph to they are added to the IRF.		
§412.29(c)(3) T	AG: C-0751	See Appendix B of the CAMCAH.	
change of ownership or leasing, as excluded status and will continue to specified in §412.1(a)(3) before and the new owner(s) of the IRF accept provider agreement and the IRF accept provider agreement and the IRF continued accept assignment of the previous is considered to be voluntarily term participate in the Medicare program requirements for payment under the loses its excluded status and is paid described in §412.1(a)(1).	a. An IRF hospital or IRF unit that undergoes a defined in §489.18 of this chapter, retains its be paid under the prospective payment system d after the change of ownership or leasing if t assignment of the previous owners' Medicare intinues to meet all of the requirements for e payment system. If the new owner(s) do not owners' Medicare provider agreement, the IRF inated and the new owner(s) may re-apply to h. If the IRF does not continue to meet all of the e IRF prospective payment system, then the IRF d according to the prospective payment systems		
G -(-)(-)	'AG: C-0751	See Appendix B of the CAMCAH.	
hospital and the owner(s) of the me hospital's provider agreement (or the IRF unit), then the IRF hospital or I continue to be paid under the prospital or I continue to be paid under the prospital of the merger, as to meet all of the requirements for paystem. If the owner(s) of the merging hospital's provider agreement (or the unit), then the IRF hospital or IRF to	a hospital with an IRF unit) merges with another erged hospital accept assignment of the IRF ne provider agreement of the hospital with the RF unit retains its excluded status and will pective payment system specified in §412.1(a) long as the IRF hospital or IRF unit continues payment under the IRF prospective payment and hospital do not accept assignment of the IRF ne provider agreement of the hospital with the IRF unit is considered voluntarily terminated and the agy reapply to the Medicare program to operate a		

CFR Number §412.29(d)	Medicare Requirements	1	int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§412.29(d) TAG: (d) Have in effect a preadmission screen	C-0752 ning procedure under which each	PC.11.01.01		ss hospital accepts the patient for care, treatment, and services based on its e patient's needs.
prospective patient's condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient hospital program. This procedure must ensure that the preadmission screening for each Medicare Part A Fee-for-Service patient is reviewed and approved by a rehabilitation physician prior to the patient's admission to the IRF.			For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical a preadmission screening procedure under which each prospective patient's condition and reviewed to determine whether the patient is likely to benefit significantly from an intensive program. Note: This procedure makes certain that the preadmission screening for each Medicare Papatient is reviewed and approved by a rehabilitation physician prior to the patient's admission rehabilitation facility.	
§412.29(e) TAG: (e) Have in effect a procedure to ensure	C-0753, C-0754 that patients receive close medical	PC.11.02.01		ss hospital assesses and reassesses the patient and the patient's condition ined time frames.
supervision, as evidenced by at least 3 the physician with specialized training and eassess the patient both medically and function of treatment as needed to maximize the rehabilitation process.	ace-to-face visits per week by a licensed experience in inpatient rehabilitation to unctionally, as well as to modify the course		implements a process to make three face-to-face visits per we rehabilitation, to assess the pa needed to maximize the patier Note: Beginning with the seco rehabilitation unit, a non-physi specialized training and exper	units in critical access hospitals: The critical access hospital develops and e certain that patients receive close medical supervision, as evidenced by at least eek by a licensed physician with specialized training and experience in inpatient atient both medically and functionally and to modify the course of treatment as nt's capacity to benefit from the rehabilitation process. Ind week, as defined in 42 CFR 412.622, after admission to the inpatient cian practitioner who is determined by the inpatient rehabilitation unit to have lence in inpatient rehabilitation may conduct one of the three required face-to-face ed that such duties are within the nonphysician practitioner's scope of practice under
3	C-0755 Dersonnel, rehabilitation nursing, physical	PC.12.01.01		ss hospital provides care, treatment, and services as ordered or prescribed ce with law and regulation.
therapy, and occupational therapy, plus	as needed, speech-language pathology, including neuropsychological services), and	:	pathology, or audiology servic standards of practice. Note: For rehabilitation distinc rehabilitation nursing, physical social services, psychological	rovides rehabilitation, physical therapy, occupational therapy, speech-language es, the services are organized and provided in accordance with national accepted t part units in critical access hospitals: The critical access hospital provides therapy, and occupational therapy, and, as needed, speech-language pathology, services (including neuropsychological services), and orthotic and prosthetic ecordance with national accepted standards of practice.
0 · (5)	C-0756			
(g) Have a director of rehabilitation who-	_			
§412.29(g)(1) TAG:	C-0756	MS.17.01.03		ss hospital collects information regarding each physician's or other licensed
(1) Provides services to the IRF hospital the case of a rehabilitation unit, at least	and its inpatients on a full-time basis or, in 20 hours per week;		practitioner's cu the requested pr	rrent license status, training, experience, competence, and ability to perform ivilege.
			rehabilitation unit who fulfills a Provides services to the Is a doctor of medicine of Is licensed under state la Has had, after completin	units in critical access hospitals: The critical access hospital has a director of the ll of the following requirements: unit and to its inpatients for at least 20 hours per week r osteopathy aw to practice medicine or surgery g a one-year hospital internship, at least two years of training or experience in the inpatients requiring rehabilitation services

CFR Number §412.29(g)(2)	Medicare Requirements	1	int Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§412.29(g)(2) TAG: C-0756 (2) Is a doctor of medicine or osteopathy;		MS.17.01.03	MS.17.01.03 The critical access hospital collects information regarding each physician's or other practitioner's current license status, training, experience, competence, and ability to the requested privilege.		
			rehabilitation unit who fulfills a • Provides services to the • Is a doctor of medicine o • Is licensed under state I • Has had, after completing	units in critical access hospitals: The critical access hospital has a director of the all of the following requirements: unit and to its inpatients for at least 20 hours per week or osteopathy aw to practice medicine or surgery ng a one-year hospital internship, at least two years of training or experience in the finpatients requiring rehabilitation services	
§412.29(g)(3) TA	G: C-0756	MS.17.01.03		ess hospital collects information regarding each physician's or other licensed	
(3) Is licensed under State law to pra	ctice medicine or surgery; and		practitioner's cu the requested p	urrent license status, training, experience, competence, and ability to perform rivilege.	
			rehabilitation unit who fulfills a • Provides services to the • Is a doctor of medicine o • Is licensed under state I • Has had, after completing	units in critical access hospitals: The critical access hospital has a director of the all of the following requirements: unit and to its inpatients for at least 20 hours per week or osteopathy aw to practice medicine or surgery ag a one-year hospital internship, at least two years of training or experience in the finpatients requiring rehabilitation services	
3 10/1 /	G: C-0756	MS.17.01.03	MS.17.01.03 The critical access hospital collects information regarding each physicial		
	year hospital internship, at least 2 years cal-management of inpatients requiring		the requested p	urrent license status, training, experience, competence, and ability to perform rivilege.	
rehabilitation services.			rehabilitation unit who fulfills a Provides services to the Is a doctor of medicine o Is licensed under state I Has had, after completing	units in critical access hospitals: The critical access hospital has a director of the all of the following requirements: unit and to its inpatients for at least 20 hours per week or osteopathy aw to practice medicine or surgery ng a one-year hospital internship, at least two years of training or experience in the f inpatients requiring rehabilitation services	
§412.29(h) T	G: C-0757	PC.11.03.01	The critical acce	ess hospital plans the patient's care.	
revised as needed by a physician in who provide services to the patient.	n inpatient that is established, reviewed, and consultation with other professional personne		following: Needs identified by the The patient's goals and Note 1: Nursing staff develope interdisciplinary plan of care, Note 2: The hospital evaluate Note 3: For rehabilitation disti	patient's assessment, reassessment, and results of diagnostic testing the time frames, settings, and services required to meet those goals and keeps current a nursing plan of care, which may be a part of an for each inpatient. In the patient's progress and revises the plan of care based on the patient's progress. Incompatition of the patient of the patient.	
• (,	G: C-0758	PC.12.01.03	The critical accesservices.	ess hospital provides interdisciplinary, collaborative care, treatment, and	
inpatient, as documented by the per medical record to note the patient's	y team approach in the rehabilitation of each odic clinical entries made in the patient's status in relationship to goal attainment and erences are held at least once per week to atment.		The critical access hospital pr collaborative manner. Note: For rehabilitation distinct coordinated interdisciplinary to clinical entries made in the pa	rovides care, treatment, and services to the patient in an interdisciplinary, of part units in critical access hospitals: The critical access hospital uses a eam approach in the rehabilitation of each inpatient, as documented by the periodic trient's medical record to note the patient's status related to goal attainment and inferences that are held at least once per week to determine the appropriateness of	

CFR Number §412.29(j)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§412.29(j) TAG: C	-0758	See Append	dix B of the CAMCAH.			
IRF) are excluded from the prospective pa (1) and paid under the prospective payme cost reporting period under paragraph (c)	ant system specified in §412.1(a)(3) for a of this section, but the inpatient population of meet the requirements of paragraph (b)					
§485.601 TAG: C	-0800	Statutory ba	asis and scope for designating I	hospitals as critical access hospitals.		
§485.601 Basis and scope.						
§485.601(a) TAG: C	-0800	Statutory ba	asis and scope for designating I	hospitals as critical access hospitals.		
(a) Statutory basis. This subpart is based the conditions for designating certain hosp	on section 1820 of the Act which sets forth bitals as CAHs.					
§485.601(b) TAG: C	-0800	Statutory ba	asis and scope for designating I	hospitals as critical access hospitals.		
(b) Scope. This subpart sets forth the condesignated as a CAH.	ditions that a hospital must meet to be					
§485.603 TAG: C	-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.		
§485.603 Rural health network. A rural health network is an organization t	§485.603 Rural health network. A rural health network is an organization that meets the following specifications:		Centers for Medicare & Medic Note: See the Glossary for a c	s a member of a rural health network, the network meets the criteria required by the aid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossary includes this Medicare definition.				
§485.603(a) TAG: C	-0802	LD.13.01.0		ess hospital complies with law and regulation.		
(a) It includes—		EP 6	Centers for Medicare & Medic	s a member of a rural health network, the network meets the criteria required by the aid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossary includes this Medicare definition.				
§485.603(a)(1) TAG: C	-0802	LD.13.01.0		ess hospital complies with law and regulation.		
(1) At least one hospital that the State has CAH; and	s designated or plans to designate as a	EP 6	Centers for Medicare & Medic	s a member of a rural health network, the network meets the criteria required by the aid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossary includes this Medicare definition.				
§485.603(a)(2) TAG: C	-0802	LD.13.01.0		ess hospital complies with law and regulation.		
(2) At least one hospital that furnishes acc	ute care services.	EP 6	Centers for Medicare & Medic	s a member of a rural health network, the network meets the criteria required by the aid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossar	ry includes this Medicare definit	ion.		
§485.603(b) TAG: C		LD.13.01.0	1 The critical acce	ss hospital complies with law and regulation.		
(b) The members of the organization have	e entered into agreements regarding—	EP 6	Centers for Medicare & Medic Note: See the Glossary for a c	s a member of a rural health network, the network meets the criteria required by the aid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossar	y includes this Medicare definit	ion.		

CFR Number §485.603(b)(1)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§485.603(b)(1) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.		
(1) Patient referral and transfer;		 If the critical access hospital is a member of a rural health network, the network meets the criteria required by the Centers for Medicare & Medicaid Services' (CMS) regulations at 42 CFR 485.603. Note: See the Glossary for a definition of rural health network. 				
			ry includes this Medicare defini	tion.		
§485.603(b)(2) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.		
(2) The development and use of commutelemetry systems and systems for electric	nications systems, including, where feasible, ronic sharing of patient data; and	EP 6	Centers for Medicare & Medic	s a member of a rural health network, the network meets the criteria required by the caid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossa	ry includes this Medicare defini	tion.		
§485.603(b)(3) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.		
(3) The provision of emergency and none	emergency transportation among members.	EP 6	Centers for Medicare & Medic	s a member of a rural health network, the network meets the criteria required by the caid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossa	ry includes this Medicare defini	tion.		
§485.603(c) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.		
(c) Each CAH has an agreement with respect to credentialing and quality assurance with at least—		EP 6	Centers for Medicare & Medic	s a member of a rural health network, the network meets the criteria required by the caid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossary includes this Medicare definition.				
§485.603(c)(1) TAG: (C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.		
(1) One hospital that is a member of the	network when applicable;	EP 6	Centers for Medicare & Medic	s a member of a rural health network, the network meets the criteria required by the caid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossary includes this Medicare definition.				
§485.603(c)(2) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.		
(2) One QIO or equivalent entity; or		EP 6	Centers for Medicare & Medic	s a member of a rural health network, the network meets the criteria required by the caid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossary includes this Medicare definition.				
§485.603(c)(3) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.		
(3) One other appropriate and qualified entity identified in the State rural health care plan.		EP 6	Centers for Medicare & Medic	s a member of a rural health network, the network meets the criteria required by the caid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.		
		The glossa	ry includes this Medicare defini	tion.		
§485.604 TAG: 0 §485.604 Personnel qualifications.	C-0804	NPG.12.01		ess hospital's leadership team ensures that there is qualified ancillary staff of the population served and determine how they function within n.		
Staff that furnish services in a CAH must section.	t meet the applicable requirements of this	EP 2	Medicare & Medicaid Service	nent, and services meet the personnel qualifications required by the Centers for s' (CMS) regulations at 42 CFR 485.604. e defined in the Glossary: clinical nurse specialist, nurse practitioner, physician		

CFR Numbe §485.604(a)		Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance		
\$485.604(a) TAG: C-0804 (a) Clinical nurse specialist. A clinical nurse specialist must be a person who—		NPG.12.0		ccess hospital's leadership team ensures that there is qualified ancillary staff eet the needs of the population served and determine how they function within ion.			
			EP 2	Medicare & Medicaid Serv	atment, and services meet the personnel qualifications required by the Centers for ces' (CMS) regulations at 42 CFR 485.604. are defined in the Glossary: clinical nurse specialist, nurse practitioner, physician		
§485.604(a)(1)	TAG: C	-0804	NPG.12.0		ccess hospital's leadership team ensures that there is qualified ancillary staff		
		practice nursing in the State in which erformed in accordance with State nurse		required to m the organizat	eet the needs of the population served and determine how they function within ion.		
licensing laws and regulations; and		EP 2	EP 2 Staff that provide care, treatment, and services meet the personnel qualifications required by the Centers Medicare & Medicare (CMS) regulations at 42 CFR 485.604. Note: The following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, physic assistant.				
§485.604(a)(2)	TAG: C	-0804	NPG.12.0		ccess hospital's leadership team ensures that there is qualified ancillary staff		
(2) Holds a master's or doctoral level degree in a defined clinical area of nursing from an accredited educational institution.		required to meet the needs of the population served and determine h the organization.		eet the needs of the population served and determine how they function within on.			
		EP 2 Staff that provide care, treatment, and services meet the personnel qualifications required by the C Medicare & Medicaid Services' (CMS) regulations at 42 CFR 485.604. Note: The following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, p assistant.		ces' (CMS) regulations at 42 CFR 485.604.			
§485.604(b)	TAG: C	-0804	NPG.12.0		The critical access hospital's leadership team ensures that there is qualified ancillary staff		
		r must be a registered professional in the State, who meets the State's	required to meet the needs of the population served and determine how the organization.		eet the needs of the population served and determine how they function within ion.		
requirements governing the of the following conditions:	qualification of	of nurse practitioners, and who meets one	EP 2	Medicare & Medicaid Serv	atment, and services meet the personnel qualifications required by the Centers for ces' (CMS) regulations at 42 CFR 485.604.		
				assistant.	The following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, physician tant.		
§485.604(b)(1)	TAG: C	-0804	NPG.12.0		The critical access hospital's leadership team ensures that there is qualified ancillary staff		
		nurse practitioner by the American ard of Pediatric Nurse Practitioners		required to m the organizat	eet the needs of the population served and determine how they function within ion.		
and Associates.			EP 2	Medicare & Medicaid Serv	atment, and services meet the personnel qualifications required by the Centers for ces' (CMS) regulations at 42 CFR 485.604. are defined in the Glossary: clinical nurse specialist, nurse practitioner, physician		
§485.604(b)(2)	TAG: C	-0804	NPG.12.0		ccess hospital's leadership team ensures that there is qualified ancillary staff		
(2) Has successfully comple	eted a 1 acade	mic year program that—		required to m the organizat	eet the needs of the population served and determine how they function within ion.		
		EP 2	Medicare & Medicaid Serv	atment, and services meet the personnel qualifications required by the Centers for ces' (CMS) regulations at 42 CFR 485.604. are defined in the Glossary: clinical nurse specialist, nurse practitioner, physician			

CFR Number §485.604(b)(2)(i)	Medicare Requirements		Joint Commissi Equivalent Num		Joint Commission Standards and Elements of Performance
0 (-/(/(/	C-0804 n an expanded role in the delivery of primary	NPG.12.01			ss hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within
		EP 2	Medicare & Med	dicaid Services	ent, and services meet the personnel qualifications required by the Centers for '(CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician
§485.604(b)(2)(ii) TAG: (ii) Includes at least 4 months (in the agg component of supervised clinical practic		NPG.12.01	req		ss hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within
component of supervised clinical practice; and		EP 2			
§485.604(b)(2)(iii) TAG: C-0804 (iii) Awards a degree, diploma, or certificate to persons who successfully complete the program.		NPG.12.01			ss hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within
		EP 2	Medicare & Med	dicaid Services	ent, and services meet the personnel qualifications required by the Centers for '(CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician
§485.604(b)(3) TAG:	C-0804	required to meet the needs of the population served and determine how the the organization.		The critical access hospital's leadership team ensures that there is qualified ancillary staff	
	ed role in the delivery of primary care) that				
	graph (a)(2) of this section, and has been very of primary care for a total of 12 months preceding June 25, 1993.	EP 2	Medicare & Med	dicaid Services	ent, and services meet the personnel qualifications required by the Centers for '(CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician
§485.604(c) TAG:	C-0804	NPG.12.01			ss hospital's leadership team ensures that there is qualified ancillary staff
(c) Physician assistant. A physician assi applicable State requirements governing	stant must be a person who meets the g the qualifications for assistants to primary		required to meet the needs of the population served and determine he the organization.		the needs of the population served and determine how they function within
care physicians, and who meets at least	one of the following conditions:	Medicare 8		dicaid Services	ent, and services meet the personnel qualifications required by the Centers for '(CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician
0 (-/(/	C-0804	NPG.12.01			ss hospital's leadership team ensures that there is qualified ancillary staff
(1) Is currently certified by the National C Assistants to assist primary care physici	Commission on Certification of Physician ans.		the	organization	
		EP 2	Medicare & Med	dicaid Services	ent, and services meet the personnel qualifications required by the Centers for (CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician

CFR Number §485.604(c)(2)	Medicare Requirements	_	loint Commis quivalent Nu		Joint Commission Standards and Elements of Performance	
• (///	C-0804 am for preparing physician assistants that—	NPG.12.01.01 The critical access hospital's leadership team ensures that there is qualified ancillary required to meet the needs of the population served and determine how they function the organization.				
		EP 2	Medicare & M	edicaid Services	ent, and services meet the personnel qualifications required by the Centers for s' (CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	
§485.604(c)(2)(i) TAG:	C-0804	NPG.12.01	1.01 T	he critical acce	ss hospital's leadership team ensures that there is qualified ancillary staff	
(i) Was at least one academic year in ler	ngth;			equired to meet he organization	the needs of the population served and determine how they function within	
		EP 2	Medicare & M	edicaid Services	ent, and services meet the personnel qualifications required by the Centers for s' (CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	
(ii) Consisted of supervised clinical pract	C-0804 tice and at least 4 months (in the aggregate) preparing students to deliver health care;	NPG.12.01	re		ss hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within .	
and	preparing students to deliver nearth eare,	EP 2	Staff that prov Medicare & M	ride care, treatm ledicaid Services	ent, and services meet the personnel qualifications required by the Centers for s' (CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	
§485.604(c)(2)(iii) TAG: (iii) Was accredited by the American Med Health Education and Accreditation.	C-0804 dical Association's Committee on Allied	NPG.12.01	re		ss hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within .	
Treatiff Education and Accreditation.		EP 2	Staff that prov Medicare & M	ride care, treatm ledicaid Services	ent, and services meet the personnel qualifications required by the Centers for s' (CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	
§485.604(c)(3) TAG: (C-0804	NPG.12.01			ss hospital's leadership team ensures that there is qualified ancillary staff	
(3) Has satisfactorily completed a formal physician assistants) that does not meet			th	ne organization		
this section and has been assisting prima during the 18-month period immediately	ary care physicians for a total of 12 months preceding June 25, 1993.	EP 2	Medicare & M	edicaid Services	ent, and services meet the personnel qualifications required by the Centers for s' (CMS) regulations at 42 CFR 485.604. defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	
§485.606 TAG: 0	C-0808	This is the	responsibility of	the State and C	MS.	
§485.606 Designation and certification o	of CAHs.					
§485.606(a) TAG: 0	C-0808	This is the	responsibility of	the State and C	MS.	
(a) Criteria for State designation.						
§485.606(a)(1) TAG: (C-0808	This is the	responsibility of	the State and C	MS.	
(1) A State that has established a Medica described in section 1820(c) of the Act may design facility meets the CAH conditions of parti	ate one or more facilities as CAHs if each					

CFR Number §485.606(a)(2)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.606(a)(2) TA	AG: C-0808	This is the	responsibility of the State and (DMS.
as a CAH under this paragraph (a) s	spital that is otherwise eligible for designation solely because the hospital has entered into ital may provide post hospital SNF care as r.			
3	AG: C-0808	This is the	responsibility of the State and 0	CMS.
(b) Criteria for CMS certification. CMS certifies a facility as a CAH if—	-			
§485.606(b)(1) TA	AG: C-0808	This is the	responsibility of the State and 0	CMS.
has been surveyed by the State surv	AH by the State in which it is located and vey agency or by CMS and found to meet all t and all other applicable requirements for ter.			
§485.606(b)(2) TA	AG: C-0808	This is the	responsibility of the State and 0	CMS.
primary care hospital designated by	ce facility operating in Montana or a rural CMS before August 5, 1997, and is otherwise by the State under the rules in this subpart.			
§485.608 TA	AG: C-0810	LD.13.01.	01 The critical acco	ess hospital complies with law and regulation.
Laws and Regulations	Compliance With Federal, State, and Local unce with applicable Federal, State and local	EP 1	The critical access hospital pri federal, state, and local laws,	rovides care, treatment, and services in accordance with licensure requirements and rules, and regulations.
§485.608(a) TA	AG: C-0812	LD.13.01.	01 The critical acco	ess hospital complies with law and regulation.
§485.608(a) Standard: Compliance	With Federal Laws and Regulations cable Federal laws and regulations related to	EP 1		rovides care, treatment, and services in accordance with licensure requirements and
§485.608(b) TA	AG: C-0814	LD.13.01.	01 The critical acco	ess hospital complies with law and regulation.
	With State and Local Laws and Regulations ed in accordance with applicable State and local	EP 1	The critical access hospital p federal, state, and local laws,	rovides care, treatment, and services in accordance with licensure requirements and rules, and regulations.
§485.608(c) TA	AG: C-0816	LD.13.01.	01 The critical acco	ess hospital complies with law and regulation.
§485.608(c) Standard: Licensure of The CAH is licensed in accordance and regulations.	CAH with applicable Federal, State and local laws	EP 2	services for which the critical Note: For rehabilitation or psy	licensed in accordance with law and regulation to provide the care, treatment, or access hospital is seeking accreditation from Joint Commission.

CFR Number §485.608(d)	Medicare Requirements	Joint Commission Equivalent Number			Joint Commission Standards and Elements of Performance
3	: C-0818	HR.11.01	.03	The critical acce	ess hospital determines how staff function within the organization.
§485.608(d) Standard: Licensure, Certi		EP 1			are, treatment, and services are qualified and possess a current license, certification, with law and regulation.
Staff of the CAH are licensed, certified, Federal, State, and local laws and regu	or registered in accordance with applicable lations.	MS.17.01	1.03		ess hospital collects information regarding each physician's or other licensed urrent license status, training, experience, competence, and ability to perform rivilege.
		EP 3	whenever	feasible, or from a	uires that the critical access hospital verifies in writing and from the primary source credentials verification organization (CVO), the following information for the applicant: time of initial granting, renewal, and revision of privileges and at the time of license
		MS.17.02	2.01		grant or deny a privilege(s) and/or to renew an existing privilege(s) is an nce-based process.
		EP 9			sed practitioners that provide care, treatment, and services possess a current ration, as required by law and regulation.
§485.610 TAG:	: C-0822	This CoP	is determine	d by CMS at the tim	e the hospital applies for CAH designation.
§485.610 Condition of Participation: Sta	atus and Location				
§485.610(a) TAG:	: C-0824	This CoP	is determine	d by CMS at the time	e the hospital applies for CAH designation.
§485.610(a) Standard: Status		Ī			
The facility is					
§485.610(a)(1) TAG:	: C-0824	This CoP	is determine	d by CMS at the time	e the hospital applies for CAH designation.
(1) A currently participating hospital tha in this subpart;	at meets all conditions of participation set forth				
§485.610(a)(2) TAG:	: C-0824	This CoP	is determine	d by CMS at the time	e the hospital applies for CAH designation.
(2) A recently closed facility, provided the	hat the facility		, , , , , , , , , , , , , , , , , , ,		
§485.610(a)(2)(i) TAG:	: C-0824	This CoP	is determine	d by CMS at the time	e the hospital applies for CAH designation.
(i) Was a hospital that ceased operation November 29, 1999; and	ns on or after the date that is 10 years before				
§485.610(a)(2)(ii) TAG:	: C-0824	This CoP	is determine	d by CMS at the time	e the hospital applies for CAH designation.
(ii) Meets the criteria for designation un designation; or	der this subpart as of the effective date of its		'		
§485.610(a)(3) TAG:	: C-0824	This CoP	is determine	d by CMS at the time	e the hospital applies for CAH designation.
(3) A health clinic or a health center (as	s defined by the State) that		,	'	
§485.610(a)(3)(i) TAG:	: C-0824	This CoP	is determine	d by CMS at the time	e the hospital applies for CAH designation.
(i) Is licensed by the State as a health of	clinic or a health center;		'	1	

CFR Number §485.610(a)(3)(ii) Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.610(a)(3)(ii)	TAG: C-0824	This CoP is determined by CMS at the time	e the hospital applies for CAH designation.
(ii) Was a hospital that was do	wnsized to a health clinic or a health center; and		
§485.610(a)(3)(iii)	TAG: C-0824	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
(iii) As of the effective date of forth in this subpart.	ts designation, meets the criteria for designation set		
§485.610(b)	TAG: C-0826	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
meets the requirements of eith	on in a rural area or treatment as rural. The CAH ner paragraph (b)(1) or (b)(2) of this section or the (3), (b)(4), or (b)(5) of this section.		
§485.610(b)(1)	TAG: C-0826	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
(1) The CAH meets the follow	ng requirements:		
§485.610(b)(1)(i)	TAG: C-0826	This CoP is determined by CMS at the time	e the hospital applies for CAH designation.
defined by the Office of Manag	any area that is a Metropolitan Statistical Area, as gement and Budget, or that has been recognized as ding paragraph (b)(3) of this chapter;		
§485.610(b)(1)(ii)	TAG: C-0826	This CoP is determined by CMS at the time	e the hospital applies for CAH designation.
standardized payment amoun Review Board under §412.230	ssified as an urban hospital for purposes of the by CMS or the Medicare Geographic Classification b(e) of this chapter, and is not among a group of signated to an adjacent urban area under §412.232 of		
§485.610(b)(2)	TAG: C-0826	This CoP is determined by CMS at the time	e the hospital applies for CAH designation.
	a Metropolitan Statistical Area, as defined by the dget, but is being treated as being located in a rural 103 of this chapter.		
§485.610(b)(3)	TAG: C-0826	This CoP is determined by CMS at the time	e the hospital applies for CAH designation.
meet the location requirement and is located in a county that Area as defined by the Office included as part of such a Mer census data and implementati	O4 through September 30, 2006, the CAH does not as in either paragraph (b)(1) or (b)(2) of this section, in FY 2004, was not part of a Metropolitan Statistical of Management and Budget, but as of FY 2005 was ropolitan Statistical Area as a result of the most recent on of the new Metropolitan Statistical Area definitions anagement and Budget on June 3, 2003	t	

CFR Number §485.610(b)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance				
§485.610(b)(4) TAG	§485.610(b)(4) TAG: C-0826		This CoP is determined by CMS at the time the hospital applies for CAH designation.				
meet the location requirements in eithe and is located in a county that, in FY 2 Area as defined by the Office of Manag included as part of such a Metropolitan census data and implementation of the	gh September 30, 2011, the CAH does not er paragraph (b)(1) or (b)(2) of this section 009, was not part of a Metropolitan Statistical gement and Budget, but, as of FY 2010, was a Statistical Area as a result of the most recent enew Metropolitan Statistical Area definitions ent and Budget on November 20, 2008.						
§485.610(b)(5) TAG	: C-0826	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.				
the effective date of the most recent O standards for delineating statistical are meets the location requirements in eith and is located in a county that, prior to delineating statistical areas adopted by data, was located in a rural area as de	r CMS and the most recent Census Bureau fined by OMB, but under the most recent all areas adopted by CMS and the most						
§485.610(c) TAG	: C-0830						
§485.610(c) Standard: Location Relative Certification	ve to Other Facilities or Necessary Provider						
§485.610(c)(1) TAG	: C-0830	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.				
terrain or in areas with only secondary hospital or another CAH, or before Jan as being a necessary provider of healtl	r-mile drive (or, in the case of mountainous roads available, a 15-mile drive) from a uary 1, 2006, the CAH is certified by the State h care services to residents in the area. A provider on or before December 31, 2005, signation after January 1, 2006.						
§485.610(c)(2) TAG	: C-0830						
(2) Primary roads of travel for determin proximity to other providers is defined	ing the driving distance of a CAH and its as:						
§485.610(c)(2)(i) TAG	: C-0830	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.				
(i) A numbered Federal highway, include	ding interstates, intra-states, expressways, or						
any other numbered federal highway w	rith 2 or more lanes each way; or						
any other numbered federal highway w	ith 2 or more lanes each way; or : C-0830	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.				

CFR Number §485.610(d)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.610(d)	§485.610(d) TAG: C-0832		e the hospital applies for CAH designation.
A CAH that has a necessary provious prior to January 1, 2006, and reloc to meet the location requirement o	of CAHs With a Necessary Provider Designation der designation from the State that was in effect cates its facility after January 1, 2006, can continue of paragraph (c) of this section based on the ally if the relocated facility meets the requirements this section.		
§485.610(d)(1)	TAG: C-0832	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
a new location, the CAH can contin	elocates its facility and begins providing services in nue to meet the location requirement of paragraph cessary provider designation only if the CAH in its		
§485.610(d)(1)(i)	TAG: C-0832	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
(i) Serves at least 75 percent of the relocation;	e same service area that it served prior to its		
§485.610(d)(1)(ii)	TAG: C-0832	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
(ii) Provides at least 75 percent of relocation; and	the same services that it provided prior to the		
§485.610(d)(1)(iii)	TAG: C-0832	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
(iii) Is staffed by 75 percent of the staff, and employees) that were on	same staff (including medical staff, contracted a staff at the original location.		
§485.610(d)(2)	TAG: C-0832	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
providing services at another locat	ated as a necessary provider by the State begins tion after January 1, 2006, and does not meet (1) of this section, the action will be considered a d in §489.52(b)(3).		
§485.610(e)	TAG: C-0834	See Appendix A of the CAMCAH.	
. , , , , , , , , , , , , , , , , , , ,	s and co-location requirements for CAHs ocation requirements of paragraph (c) of this following:		
§485.610(e)(1)	TAG: C-0834	See Appendix A of the CAMCAH.	
a campus, as defined in §413.65(a CAH), the necessary provider CAH of paragraph (c) of this section only before January 1, 2008, and the ty located with the necessary provide	vider designation is co-located (that is, it shares a)(2) of this chapter, with another hospital or H can continue to meet the location requirement by if the co-location arrangement was in effect type and scope of services offered by the facility coer CAH do not change. A change of ownership of ion arrangement that was in effect before January be a new co-location arrangement.		

CFR Number §485.610(e)(2)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§485.610(e)(2)	TAG: C-0836	See Appendix A of the CAMCAH.					
location, excluding an RHC as a department or remote location off-campus distinct part psychiat that was created or acquired by continue to meet the location reoff-campus provider-based location a 35-mile drive (or, in the off-campus provider).	vider CAH operates an off-campus provider-based defined in §405.2401(b) of this chapter, but including n, as defined in §413.65(a)(2) of this chapter, or an atric or rehabilitation unit, as defined in §485.647, or the CAH on or after January 1, 2008, the CAH can equirement of paragraph (c) of this section only if the ation or off-campus distinct part unit is located more case of mountainous terrain or in areas with only 5-mile drive) from a hospital or another CAH.						
§485.610(e)(3)	TAG: C-0836, C-0834	See Appen	dix A of the CAMCAH.				
the State does not meet the rec co-locating with another hospits or acquires an off-campus prov on or after January 1, 2008, tha (2) of this section, the CAH's pr accordance with the provisions	at has been designated as a necessary provider by quirements in paragraph (e)(1) of this section, by all or CAH on or after January 1, 2008, or creates ider-based location or off-campus distinct part unit at does not meet the requirements in paragraph (e) ovider agreement will be subject to termination in of §489.53(a)(3) of this subchapter, unless the CAH angement or the co-location arrangement, or both.						
§485.612	TAG: C-0840	This CoP is	determined by CMS at the ti	me the hospital applies for CAH designation.			
Time of Application Except for recently closed facilion health centers as described	tion: Compliance With CAH Requirements at the ties as described in §485.610(a)(2), or health clinics in §485.610(a)(3), the facility is a hospital that has a te in the Medicare program as a hospital at the time tion as a CAH.						
§485.614		RI.11.01.01	The critical ac	cess hospital respects, protects, and promotes patient rights.			
§ 485.614 Condition of participals A CAH must protect and promo	•	EP 1	The critical access hospital	develops and implements written policies to protect and promote patient rights.			
§485.614(a)							
(a) Standard: Notice of rights.]					
§485.614(a)(1)		RI.11.01.01	1 The critical ac	cess hospital respects, protects, and promotes patient rights.			
	patient, or when appropriate, the patient's er State law), of the patient's rights, in advance of ent care whenever possible.	EP 2		informs each patient, or when appropriate, the patient's representative (as allowed nt's rights in advance of providing or discontinuing care, treatment, or services			

CFR Number §485.614(a)(2)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.614(a)(2)	for prompt recolution of nations ariouspeed	LD.11.01.0	1 The governing bearing to services.	oody is ultimately accountable for the safety and quality of care, treatment, and
(2) The hospital must establish a process and must inform each patient whom to cor governing body must approve and be resp grievance process and must review and re responsibility in writing to a grievance com The grievance process must include a mer concerns regarding quality of care or prem Utilization and Quality Control Quality Important Process of the process	consible for the effective operation of the esolve grievances, unless it delegates the imittee. chanism for timely referral of patient eature discharge to the appropriate	EP 2 RI.14.01.01 EP 1	The governing body does the	sible for the effective operation of the grievance process rievances, unless it delegates responsibility in writing to a grievance committee tric distinct part units in critical access hospitals: The governing body also does the nee with state law, which categories of practitioners are eligible candidates for ical staff e medical staff after considering the recommendations of the existing members of
		EP 2	The critical access hospital de grievances. The policies clear	evelops and implements policies and procedures for the prompt resolution of patient ly explain the procedure for patients to submit written or verbal grievances and iew of and response to the grievance.
§485.614(a)(2)(i) (i) The hospital must establish a clearly ex	plained procedure for the submission of a	RI.11.02.01	The critical accepatient understa	ess hospital respects the patient's right to receive information in a manner the ands.
patient's written or verbal grievance to the		EP 1	manner tailored to the patient Note: The critical access hosp	ovides information, including but not limited to the patient's total health status, in a 's age, language, and ability to understand. Dital communicates with the patient during the provision of care, treatment, and ets the patient's oral and written communication needs.
		RI.14.01.01	The patient and hospital.	their family have the right to have grievances reviewed by the critical access
		EP 2	grievances. The policies clear	evelops and implements policies and procedures for the prompt resolution of patient rely explain the procedure for patients to submit written or verbal grievances and iew of and response to the grievance.
§485.614(a)(2)(ii) (ii) The grievance process must specify tin	ne frames for review of the grievance and	RI.14.01.01	The patient and hospital.	their family have the right to have grievances reviewed by the critical access
the provision of a response.	and the second of the grief and did	EP 2	grievances. The policies clear	evelops and implements policies and procedures for the prompt resolution of patient ly explain the procedure for patients to submit written or verbal grievances and iew of and response to the grievance.

CFR Number §485.614(a)(2)(iii)	Medicare Requirements	1	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§485.614(a)(2)(iii) (iii) In its resolution of the grievance, the hospital must 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.			hospital. In its resolution of grievances, which contains the following: Name of the critical access.	f the individual to investigate the grievances
§485.614(b)		ļ		
(b) Standard: Exercise of rights				
§485.614(b)(1)		PC.11.03.0	1 The critical acce	ess hospital plans the patient's care.
(1) The patient has the right to participate i their plan of care.	in the development and implementation of			volves the patient in the development and implementation of their plan of care. all access hospitals: The resident has the right to be informed, in advance, of changes
§485.614(b)(2) (2) The patient or their representative (as allowed under 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 right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.		RI.12.01.01	their care, treatn to demand the p inappropriate.	ess hospital respects the patient's right to participate in decisions about nent, and services. Note: This right is not to be construed as a mechanism rovision of treatment or services deemed medically unnecessary or
		EP 1	decisions regarding their care care planning and treatment, a	ative (as allowed, in accordance with state law) has the right to make informed The patient's rights include being informed of their health status, being involved in and being able to request or refuse treatment. This does not mean the patient has ion of treatment or services deemed medically unnecessary or inappropriate.
§485.614(b)(3) (3) The patient has the right to formulate a staff and practitioners who provide care in in accordance with §§ 489.100 of this part	the hospital comply with these directives,	RI.12.01.01	their care, treatn	ess hospital respects the patient's right to participate in decisions about nent, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or
(Requirements for providers), and 489.104	solution, 469.102 of this part (Definition), 469.102 of this part uirements for providers), and 489.104 of this part (Effective dates).		the patient's right to formulate regulation.	s who provide care, treatment, or services in the critical access hospital honor advance directives and comply with these directives, in accordance with law and udes, at a minimum, 42 CFR 489.100, 489.102, and 489.104.
§485.614(b)(4) (4) The patient has the right to have a famichoice and their own physician notified pro		RI.12.01.01	their care, treatn	ess hospital respects the patient's right to participate in decisions about nent, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or
\$485 \$44(c)		EP 2	other licensed practitioner not promptly notifies the identified Note: The patient is informed, established primary care pract as all applicable post—acute ca documenting a patient's refusa inpatient unit, or discharge or	ified of their admission to the critical access hospital. The critical access hospital individual(s). prior to the notification occurring, of any process to automatically notify the patient's titioner, primary care practice group/entity, or other practitioner group/entity, as well are service providers and suppliers. The critical access hospital has a process for all to permit notification of registration to the emergency department, admission to an transfer from the emergency department or inpatient unit. Notifications with primary are in accordance with all applicable federal and state laws and regulations.
\$485.614(c) (c) Standard: Privacy and safety.				

CFR Number §485.614(c)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§485.614(c)(1)		RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.	
(1) The patient has the right to personal privacy.		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 E 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 accommo written and telephone communications, personal care, visits, and meetings of family and does not require the facility to provide a private room for each resident.		
§485.614(c)(2)		PE.01.01.0 ⁴	The critical acce	ss hospital has a safe and adequate physical environment.	
(2) The patient has the right to receive care in a safe setting.		EP 1	EP 1 The critical access hospital's building is constructed, arranged, and maintained to allow safe access and to prote 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 Guideline 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.		
§485.614(c)(3) (3) The patient has the right to be free from	m all forms of abuse or harassment.	RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.	
(3) The patient has the light to be free from all forms of abuse of harassment.		EP 1	involuntary seclusion, and ver care, treatment, and services.	otects the patient from harassment, neglect, exploitation, corporal punishment, bal, mental, sexual, or physical abuse that could occur while the patient is receiving ess hospitals: The critical access hospital also protects the resident from	
§485.614(d)					
(d) Standard: Confidentiality of patient rec	ords.				
§485.614(d)(1)		IM.12.01.01	The critical acce	ess hospital protects the privacy and confidentiality of health information.	
(1) The patient has the right to the confide	ntiality of their clinical records.	EP 1	confidentiality of health inform	evelops and implements policies and procedures addressing the privacy and lation. all access hospitals: Policies and procedures also address the resident's personal	
§485.614(d)(2)		RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.	
(2) The patient has the right to access the medical records, upon an oral or written re by the individual, if it is readily producible electronic form or format when such medicor, if not, in a readable hard copy form or by the facility and the individual, and within must not frustrate the legitimate efforts of medical records and must actively seek to record keeping system permits.	equest, in the form and format requested in such form and format (including in an cal records are maintained electronically); such other form and format as agreed to n a reasonable time frame. The hospital individuals to gain access to their own	EP 6	including past and current rec available). If electronic is unal by the critical access hospital individuals to gain access to the	ovides the patient, upon an oral or written request, with access to medical records, ords, in the form and format requested (including in electronic form or format when vailable, the medical record is provided in hard copy or another form agreed to and patient. The critical access hospital does not impede the legitimate efforts of heir own medical records and fulfills these electronic or hard-copy requests within a s, as quickly as its recordkeeping system permits).	

CFR Number §485.614(e)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
	e) Standard: Restraint or seclusion. All patients have the right to be free from hysical or mental abuse, and corporal punishment. All patients have the right to		or when warrant	ess hospital uses restraint or seclusion only when it can be clinically justified the ded by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.
be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be mposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.		EP 1		
		RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
		EP 1	involuntary seclusion, and ver care, treatment, and services.	otects the patient from harassment, neglect, exploitation, corporal punishment, bal, mental, sexual, or physical abuse that could occur while the patient is receiving ess hospitals: The critical access hospital also protects the resident from
§485.614(e)(1)				
(1) Definitions.]		
§485.614(e)(1)(i)				
(i) A restraint is—				
§485.614(e)(1)(i)(A) (A) Any manual method, physical or mechimmobilizes or reduces the ability of a pati		PC.13.02.0	or when warrant	ess hospital uses restraint or seclusion only when it can be clinically justified the by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.
head freely; or	,g.,	EP 4	device, material, or equipmen body, or head freely; or when restrict the patient's freedom of Note: A restraint does not incl bandages, protective helmets conducting routine physical ex	straint policies are followed when any manual method, physical or mechanical that immobilizes or reduces the ability of a patient to move his or her arms, legs, a drug or medication is used as a restriction to manage the patient's behavior or of movement and is not a standard treatment or dosage for the patient's condition. ude devices, such as orthopedically prescribed devices, surgical dressings or , or other methods that involve the physical holding of a patient for the purpose of caminations or tests, or to protect the patient from falling out of bed, or to permit the es without the risk of physical harm (this does not include a physical escort).
§485.614(e)(1)(i)(B) (B) A drug or medication when it is used a behavior or restrict the patient's freedom of		PC.13.02.0	or when warrant	ess hospital uses restraint or seclusion only when it can be clinically justified the deduction of the patient, staff, see Glossary for the definitions of restraint and seclusion.
treatment or dosage for the patient's condition.		EP 4	device, material, or equipmen body, or head freely; or when restrict the patient's freedom of Note: A restraint does not incl bandages, protective helmets conducting routine physical ex	straint policies are followed when any manual method, physical or mechanical t that immobilizes or reduces the ability of a patient to move his or her arms, legs, a drug or medication is used as a restriction to manage the patient's behavior or of movement and is not a standard treatment or dosage for the patient's condition. ude devices, such as orthopedically prescribed devices, surgical dressings or , or other methods that involve the physical holding of a patient for the purpose of caminations or tests, or to protect the patient from falling out of bed, or to permit the es without the risk of physical harm (this does not include a physical escort).

CFR Number §485.614(e)(1)(i)(C)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§485.614(e)(1)(i)(C) (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).		PC.13.02.0	or when warranger or others. Note: The critical access hospital redevice, material, or equipment body, or head freely; or when restrict the patient's freedom or others.	ess hospital uses restraint or seclusion only when it can be clinically justified ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion. Instraint policies are followed when any manual method, physical or mechanical at that immobilizes or reduces the ability of a patient to move his or her arms, legs, a drug or medication is used as a restriction to manage the patient's behavior or of movement and is not a standard treatment or dosage for the patient's condition.
			bandages, protective helmets conducting routine physical ex- patient to participate in activiti	lude devices, such as orthopedically prescribed devices, surgical dressings or a context, or other methods that involve the physical holding of a patient for the purpose of examinations or tests, or to protect the patient from falling out of bed, or to permit the lies without the risk of physical harm (this does not include a physical escort).
§485.614(e)(1)(ii) (ii) Seclusion is the involuntary confinement which the patient is physically prevented from the patient patient is physically prevented from the patient		PC.13.02.0	or when warran	ess hospital uses restraint or seclusion only when it can be clinically justified ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.
for the management of violent or self-destructive behavior.		EP 5	or area from which the patien	eclusion policies are followed when a patient is involuntarily confined alone in a room t is physically prevented from leaving. for the management of violent or self-destructive behavior.
§485.614(e)(2) (2) Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm.		PC.13.02.0	or when warran	ess hospital uses restraint or seclusion only when it can be clinically justified ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.
		EP 1	convenience, or staff retaliation patient, staff, or others when	bes not use restraint or seclusion of any form as a means of coercion, discipline, on. Restraint or seclusion is only used to protect the immediate physical safety of the less restrictive interventions have been ineffective and is discontinued at the earliest ne length of time specified in the order.
§485.614(e)(3) (3) The type or technique of restraint or se intervention that will be effective to protect		PC.13.02.0	or when warran	ess hospital uses restraint or seclusion only when it can be clinically justified ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.
from harm.		EP 2	The critical access hospital us the patient, a staff member, o	ses the least restrictive form of restraint or seclusion that will be effective to protect r others from harm.
§485.614(e)(4) (4) The CAH must have written policies an		PC.13.02.09	or seclusion.	ess hospital has written policies and procedures that guide the use of restraint
restraint and seclusion that are consistent	with current standards of practice.	EP 1	with current standards of practice for rehabilitation and psychia the following: Definitions for restraint and experiments of the following: Physician and other lice of the staff training requirements. Who has authority to one of the whole can initiate the use of the staff training requirements. Who can initiate the use of the staff training requirements. Who can assess and metallicians with the staff training requirements.	tric distinct part units in critical access hospitals: The policies and procedures include and seclusion that are consistent with state and federal law and regulation insed practitioner training requirements ints der restraint or seclusion scontinue the use of restraint or seclusion

CFR Number §485.614(f)	Medicare Requirements	1	Joint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§485.614(f)		PC.13.02.0	03 The critical acce	ss hospital uses restraint or seclusion safely.		
	(f) Standard: Restraint or seclusion: Staff training requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.		 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 a procedures in accordance with law and regulation 			
§485.614(f)(1)		PC.13.02.	17 The critical acce	ss hospital trains staff to safely implement the use of restraint or seclusion.		
(1) The CAH must provide patient-centere training and education of CAH personnel as applicable, personnel providing contracrestraint and seclusion.	and staff, including medical staff, and,	EP 2		a-informed, competency-based training and education on the use of restraint and ting medical staff and, as applicable, staff providing contract services		
§485.614(f)(2)		PC.13.02.	17 The critical acce	ss hospital trains staff to safely implement the use of restraint or seclusion.		
(2) The training must include alternatives t	o the use of restraint/seclusion.	EP 2		a-informed, competency-based training and education on the use of restraint and ding medical staff and, as applicable, staff providing contract services		
§485.614(g)		PC.13.02.	19 The critical acce	ss hospital reports deaths associated with the use of restraint or seclusion.		
(g) Standard: Death reporting requirements. Hospitals must report deaths associated with the use of seclusion or restraint.		 The critical access hospital reports the following information to the Centers for Medicare & Medicaid Services regarding deaths related to restraint or seclusion: Each death that occurs while a patient is in restraint or seclusion Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion Each death known to the critical access hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death Note 1: This reporting requirement includes all restraints except soft wrist restraints. For more information on deaths related to the use of soft wrist restraints, refer to EP 3 in this standard. Note 2: In this element of performance "reasonable to assume" includes but is not limited to deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation. 				
§485.614(g)(1)		PC.13.02.	19 The critical acce	ss hospital reports deaths associated with the use of restraint or seclusion.		
(1) With the exception of deaths described the hospital must report the following infor or electronically, as determined by CMS, r next business day following knowledge of	mation to CMS by telephone, facsimile, to later than the close of business on the	EP 2	telephone, by facsimile, or ele	3.02.19, EP 1, are reported to the Centers for Medicare & Medicaid Services by ctronically no later than the close of the next business day following knowledge of and time that the patient's death was reported is documented in the patient's medical		
§485.614(g)(1)(i)		PC.13.02.	19 The critical acce	ss hospital reports deaths associated with the use of restraint or seclusion.		
(i) Each death that occurs while a patient i	s in restraint or seclusion.	EP 1	regarding deaths related to re	while a patient is in restraint or seclusion within 24 hours after the patient has been removed from restraint or seclusion e critical access hospital that occurs within one week after restraint or seclusion conable to assume that the use of the restraint or seclusion contributed directly or		

CFR Number §485.614(g)(1)(ii)	Medicare Requirements	I	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
§485.614(g)(1)(ii)		PC.13.02.	.19 The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.	
(ii) Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.		EP 1	 The critical access hospital reports the following information to the Centers for Medicare & Medicaid Service regarding deaths related to restraint or seclusion: Each death that occurs while a patient is in restraint or seclusion Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion Each death known to the critical access hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed direct indirectly to the patient's death Note 1: This reporting requirement includes all restraints except soft wrist restraints. For more information deaths related to the use of soft wrist restraints, refer to EP 3 in this standard. Note 2: In this element of performance "reasonable to assume" includes but is not limited to deaths related restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation. 		
§485.614(g)(1)(iii)		PC.13.02	.19 The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.	
(iii) Each death known to the hospital that seclusion where it is reasonable to assums seclusion contributed directly or indirectly type(s) of restraint used on the patient dur this context includes, but is not limited to, of or prolonged periods of time, or death relableathing, or asphyxiation.	e that use of restraint or placement in to a patient's death, regardless of the ing this time. "Reasonable to assume" in deaths related to restrictions of movement	EP 1	regarding deaths related to re	while a patient is in restraint or seclusion within 24 hours after the patient has been removed from restraint or seclusion e critical access hospital that occurs within one week after restraint or seclusion conable to assume that the use of the restraint or seclusion contributed directly or	
§485.614(g)(2)		ĺ			
(2) When no seclusion has been used and the patient are those applied exclusively to composed solely of soft, non-rigid, cloth-lik in an internal log or other system, the follo	the patient's wrist(s), and which are the materials, the hospital staff must record				
§485.614(g)(2)(i)		PC.13.02	.19 The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.	
(i) Any death that occurs while a patient is	in such restraints.	EP 3	 solely of soft, nonrigid, cloth-li Records in a log or otherecorded within seven d Records in a log or otherefrom such restraints. The Documents in the patier Documents in the log or physician or other licens primary diagnosis(es). Makes the information in 	used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: r system any death that occurs while a patient is in restraint. The information is ays of the date of death of the patient. r system any death that occurs within 24 hours after a patient has been removed e information is recorded within seven days of the date of death of the patient. It record the date and time that the death was recorded in the log or other system. Other system the patient's name, date of birth, date of death, name of attending led practitioner responsible for the patient's care, medical record number, and in the log or other system available to the Centers for Medicare & Medicaid Services, a writing, immediately upon request.	

CFR Number §485.614(g)(2)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.614(g)(2)(ii)		PC.13.02.19	The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.
(ii) Any death that occurs within 24 hours after a patient has been removed from such restraints.		 When no seclusion has been used and when the only restraints used on the patient are wrist restraints or solely of soft, nonrigid, cloth-like material, the critical access hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been rem from such restraints. The information is recorded within seven days of the date of death of the patien. Documents in the patient record the date and time that the death was recorded in the log or other system the patient's name, date of birth, date of death, name of attemphysician or other licensed practitioner responsible for the patient's care, medical record number, a primary diagnosis(es). Makes the information in the log or other system available to the Centers for Medicare & Medicaid Seither electronically or in writing, immediately upon request. 		
§485.614(g)(3)				
(3) The staff must document in the patient death was:	's medical record the date and time the			
§485.614(g)(3)(i)		PC.13.02.19	The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.
(i) Reported to CMS for deaths described	in paragraph (g)(1) of this section; or		telephone, by facsimile, or ele	13.02.19, EP 1, are reported to the Centers for Medicare & Medicaid Services by ectronically no later than the close of the next business day following knowledge of and time that the patient's death was reported is documented in the patient's medical
§485.614(g)(3)(ii)		PC.13.02.19	The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.
(ii) Recorded in the internal log or other sy (g)(2) of this section.	rstems for deaths described in paragraph		 Records in a log or otherecorded within seven d Records in a log or otherecorded within seven d Records in a log or otherecords in a log or otherecords in the patier Documents in the patier Documents in the log or physician or other licens primary diagnosis(es). Makes the information in 	used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: or system any death that occurs while a patient is in restraint. The information is any of the date of death of the patient. Or system any death that occurs within 24 hours after a patient has been removed be information is recorded within seven days of the date of death of the patient. On the record the date and time that the death was recorded in the log or other system. Other system the patient's name, date of birth, date of death, name of attending and practitioner responsible for the patient's care, medical record number, and the log or other system available to the Centers for Medicare & Medicaid Services, a writing, immediately upon request.
§485.614(g)(4)		 	The state of the s	· O Sameral above advances
(4) For deaths described in paragraph (g)(log or other system must be documented				

CFR Number §485.614(g)(4)(i)	Medicare Requirements	1	int Commission uivalent Number	Joint Commission Standards and Elements of Performance		
§485.614(g)(4)(i)		PC.13.02.19	The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.		
(i) Each entry must be made not later than seven days after the date of death of the patient.			 When no seclusion has been used and when the only restraints used on the patient are wrist restraints compositely of soft, nonrigid, cloth-like material, the critical access hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information is recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been remove from such restraints. The information is recorded within seven days of the date of death of the patient. Documents in the patient record the date and time that the death was recorded in the log or other system. Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner responsible for the patient's care, medical record number, and primary diagnosis(es). Makes the information in the log or other system available to the Centers for Medicare & Medicaid Serveither electronically or in writing, immediately upon request. 			
§485.614(g)(4)(ii)		PC.13.02.19	The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.		
(ii) Each entry must document the patient's name, date of birth, date of death, name of attending physician or other licensed practitioner who is responsible for the care of the patient, medical record number, and primary diagnosis(es).		 When no seclusion has been used and when the only restraints used on the patient are wrist restraints of solely of soft, nonrigid, cloth-like material, the critical access hospital does the following: Records in a log or other system any death that occurs while a patient is in restraint. The information recorded within seven days of the date of death of the patient. Records in a log or other system any death that occurs within 24 hours after a patient has been rem from such restraints. The information is recorded within seven days of the date of death of the patient. Documents in the patient record the date and time that the death was recorded in the log or other system the patient's name, date of birth, date of death, name of attenthy physician or other licensed practitioner responsible for the patient's care, medical record number, and primary diagnosis(es). Makes the information in the log or other system available to the Centers for Medicare & Medicaid Seither electronically or in writing, immediately upon request. 				
§485.614(g)(4)(iii)		PC.13.02.19	The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.		
(iii) The information must be made availab CMS immediately upon request.	le in either written or electronic form to		solely of soft, nonrigid, cloth-li Records in a log or othe recorded within seven d Records in a log or othe from such restraints. The Documents in the patier Documents in the log or physician or other licens primary diagnosis(es). Makes the information ir either electronically or in	used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: r system any death that occurs while a patient is in restraint. The information is ays of the date of death of the patient. r system any death that occurs within 24 hours after a patient has been removed e information is recorded within seven days of the date of death of the patient. It record the date and time that the death was recorded in the log or other system. Other system the patient's name, date of birth, date of death, name of attending led practitioner responsible for the patient's care, medical record number, and in the log or other system available to the Centers for Medicare & Medicaid Services, a writing, immediately upon request.		
§485.614(h)		RI.11.01.01		ess hospital respects, protects, and promotes patient rights.		
(h) Standard: Patient visitation rights. A CA procedures regarding the visitation rights of any clinically necessary or reasonable restrated to place on such rights and the reason A CAH must meet the following requireme	of patients, including those setting forth criction or limitation that the CAH may cons for the clinical restriction or limitation.		rights include the right to rece domestic partner (including a has the right to withdraw or de Note 1: The critical access ho clinically necessary or reason limitation. Note 2: The critical access ho	evelops and implements policies and procedures for patient visitation rights. Visitation rights ive visitors designated by the patient, including but not limited to a spouse, a same-sex domestic partner), another family member, or a friend. The patient also eny consent for visitors at any time. spital's written policies and procedures include any restrictions or limitations that are able that need to be placed on visitation rights and the reasons for the restriction or spital informs the patient (or support person, where appropriate) of the patient's clinical restriction or limitation on such rights.		

CFR Number §485.614(h)(1)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.614(h)(1)		RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.
(1) Inform each patient (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, in advance of furnishing patient care whenever possible.			rights include the right to rece domestic partner (including a has the right to withdraw or de Note 1: The critical access ho clinically necessary or reason limitation. Note 2: The critical access ho visitation rights, including any	evelops and implements policies and procedures for patient visitation rights. Visitation ive visitors designated by the patient, including but not limited to a spouse, a same-sex domestic partner), another family member, or a friend. The patient also eny consent for visitors at any time. spital's written policies and procedures include any restrictions or limitations that are able that need to be placed on visitation rights and the reasons for the restriction or spital informs the patient (or support person, where appropriate) of the patient's clinical restriction or limitation on such rights.
§485.614(h)(2)		RI.11.01.01		ess hospital respects, protects, and promotes patient rights.
(2) Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.		EP 7	rights include the right to rece domestic partner (including a has the right to withdraw or de Note 1: The critical access ho clinically necessary or reason- limitation. Note 2: The critical access ho	evelops and implements policies and procedures for patient visitation rights. Visitation ive visitors designated by the patient, including but not limited to a spouse, a same-sex domestic partner), another family member, or a friend. The patient also eny consent for visitors at any time. spital's written policies and procedures include any restrictions or limitations that are able that need to be placed on visitation rights and the reasons for the restriction or spital informs the patient (or support person, where appropriate) of the patient's clinical restriction or limitation on such rights.
§485.614(h)(3)		RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.
(3) Not restrict, limit , or otherwise deny vis color, national origin, religion, sex, gender		EP 4	physical or mental disability, s Note: This includes prohibiting	ohibits discrimination based on age, race, ethnicity, religion, culture, language, socioeconomic status, sex, sexual orientation, and gender identity or expression. If discrimination through restricting, limiting, or otherwise denying visitation privileges. If lows all visitors to have full and equal visitation privileges consistent with patient
§485.614(h)(4)		RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.
(4) Ensure that all visitors enjoy full and eq patient preferences.	qual visitation privileges consistent with	EP 4	physical or mental disability, s Note: This includes prohibiting	ohibits discrimination based on age, race, ethnicity, religion, culture, language, socioeconomic status, sex, sexual orientation, and gender identity or expression. Ig discrimination through restricting, limiting, or otherwise denying visitation privileges. Identity to have full and equal visitation privileges consistent with patient
§485.616 TAG: C-	0860		,	
§485.616 Condition of Participation: Agree	ements]		
§485.616(a) TAG: C-	0862	 		
§485.616(a) Standard: Agreements With N	Network Hospitals	1		
In the case of a CAH that is a member of a §485.603 of this chapter, the CAH has in e hospital that is a member of the network for	effect an agreement with at least one			

CFR Number §485.616(a)(1)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§485.616(a)(1) TAG:			LD.13.03.03 Care, treatment, and services provided through contractual agreement are provide effectively.		
			that is a member of the netwo Patient referral and trans Development and use of telemetry, and medical referred.		
• • • • • • • • • • • • • • • • • • • •	C-0866	LD.13.03.03		and services provided through contractual agreement are provided safely and	
(2) The development and use of communications systems of the network, including the network's system for the electronic sharing of patient data, and telemetry and medical records, if the network has in operation such a system; and			EP 8 If the critical access hospital is a member of a rural health network, it has an agreement with at that is a member of the network to address the following: Patient referral and transfer Development and use of network communications systems, including electronic sharing of telemetry, and medical records, if the network has in operation such a system Provision of emergency and nonemergency transportation between the facility and the hospital system.		
§485.616(a)(3) TAG:	C-0868	LD.13.03.03	Care, treatment, effectively.	and services provided through contractual agreement are provided safely and	
(3) The provision of emergency and non-emergency transportation between the facility and the hospital.			If the critical access hospital is that is a member of the netwo • Patient referral and trans • Development and use or telemetry, and medical referral and trans.	· · · · · · · · · · · · · · · · · · ·	
• ()	C-0870				
§485.616(b) Standard: Agreements for (Credentialing and Quality Assurance				
Each CAH that is a member of a rural horespect to credentialing and quality assu	ealth network shall have an agreement with urance with at least				
§485.616(b)(1) TAG:	C-0870	LD.13.03.03		and services provided through contractual agreement are provided safely and	
(1) One hospital that is a member of the	network;		 credentialing and quality assu Hospital that is a member Quality improvement org 	s a member of a rural health network, it has an agreement with respect to brance with at least one of the following organizations: er of the network ganization (QIO) or equivalent entity qualified entity in the state rural health care plan	
• ()()	C-0870	LD.13.03.03	•	and services provided through contractual agreement are provided safely and	
(2) One QIO or equivalent entity; or			credentialing and quality assuHospital that is a memberQuality improvement org	s a member of a rural health network, it has an agreement with respect to trance with at least one of the following organizations: er of the network ganization (QIO) or equivalent entity ualified entity in the state rural health care plan	

CFR Number §485.616(b)(3)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
·	G: C-0870	LD.13.03.03	Care, treatment, effectively.	, and services provided through contractual agreement are provided safely and
(3) One other appropriate and qualification	ed entity identified in the State rural health ca	EP 9	If the critical access hospital is credentialing and quality assurated Hospital that is a member Quality improvement organization.	s a member of a rural health network, it has an agreement with respect to urance with at least one of the following organizations: er of the network ganization (QIO) or equivalent entity qualified entity in the state rural health care plan
§485.616(c) TA	G: C-0872			
(c) Standard: Agreements for creder physicians and practitioners.	tialing and privileging of telemedicine	1		
• (// /	G: C-0872 nust ensure that, when telemedicine services	LD.13.03.03	Care, treatment, effectively.	, and services provided through contractual agreement are provided safely and
are furnished to the CAH's patients the hospital, the agreement is written an	hrough an agreement with a distant-site d specifies that it is the responsibility of the spital to meet the following requirements with		a distant-site hospital, the crit specifies that it is the respons to its physicians or other licen Determine, in accordance appointment to the med Appoint members of the medical staff Assure that the medical Approve medical staff by Make certain that the medical Make certain that the cricompetence, training, exitence.	e medical staff after considering the recommendations of the existing members of the
• (// // /	G: C-0872	LD.13.03.03		, and services provided through contractual agreement are provided safely and
(I) Determine, in accordance with State eligible candidates for appointment t	ate law, which categories of practitioners are to the medical staff.		When telemedicine services a a distant-site hospital, the crit specifies that it is the respons to its physicians or other licen Determine, in accordant appointment to the med Appoint members of the medical staff Assure that the medical Approve medical staff b Make certain that the medicals Make certain that the cricompetence, training, ex Make certain that under	e medical staff after considering the recommendations of the existing members of the

CFR Numbe §485.616(c)(1)	I	Medicare Requirements		pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.616(c)(1)(ii)	TAG: C-	0872 fter considering the recommendations of	LD.13.03.0	Care, treatment, effectively.	and services provided through contractual agreement are provided safely and
the existing members of the			EP 4	a distant-site hospital, the critispecifies that it is the responsito its physicians or other licen. • Determine, in accordance appointment to the med. • Appoint members of the medical staff. • Assure that the medical. • Approve medical staff by. • Make certain that the medical staff. • Make certain that the cricinompetence, training, expenses.	medical staff after considering the recommendations of the existing members of the
§485.616(c)(1)(iii)	TAG: C-		LD.13.03.0	Care, treatment, effectively.	and services provided through contractual agreement are provided safely and
(iii) Assure that the medical	starr nas bylaw	rs.	EP 4	When telemedicine services a a distant-site hospital, the crit specifies that it is the respons to its physicians or other licen • Determine, in accordance appointment to the med • Appoint members of the medical staff • Assure that the medical • Approve medical staff by • Make certain that the medicals • Make certain that the critical competence, training, exical staff by • Make certain that under	medical staff after considering the recommendations of the existing members of the

CFR Number §485.616(c)(1)(i		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§485.616(c)(1)(iv)	TAG: C-08		LD.13.03.03 Care, treatment, and services provided through contractual agreement are provided safely and effectively.				
(iv) Approve medical staff bylaws and other medical staff rules and regulations.		When telemedicine services are provided to the critical access hospital's patients through an agreement with a distant-site hospital, the critical access hospital's governing body makes certain that the written agreement specifies that it is the responsibility of the governing body of the distant-site hospital to do the following with regar to its physicians or other licensed practitioners providing telemedicine services: • Determine, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff • Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff • Assure that the medical staff has bylaws • Approve medical staff bylaws and other medical staff rules and regulations • Make certain that the medical staff is accountable to the governing body for the quality of care provided to patients • Make certain that the criteria for selection for appointment to the medical staff are individual character, competence, training, experience, and judgment • Make certain that under no circumstances is the accordance of staff membership or professional privileges the critical access hospital dependent solely upon certification, fellowship or membership in a specialty body or society					
§485.616(c)(1)(v)	TAG: C-08	ble to the governing body for the quality	LD.13.03.0	3 Care, treatment, effectively.	and services provided through contractual agreement are provided safely and		
of care provided to patients.		and the state of t	EP 4	a distant-site hospital, the critispecifies that it is the respons to its physicians or other licen Determine, in accordance appointment to the med Appoint members of the medical staff Assure that the medical Approve medical staff by Make certain that the medicals that the medical staff by Make certain that the cricing medicals that the criticals that	medical staff after considering the recommendations of the existing members of the		

CFR Number §485.616(c)(1)(vi)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
3.00.0.0(0)(0.0)	C-0872	LD.13.03.03	Care, treatment, effectively.	and services provided through contractual agreement are provided safely and	
(vi) Ensure the criteria for selection are individual character, competence, training,		When telemedicine services are provided to the critical access hospital's patients through an agreement with a distant-site hospital, the critical access hospital's governing body makes certain that the written agreement specifies that it is the responsibility of the governing body of the distant-site hospital to do the following with regard to its physicians or other licensed practitioners providing telemedicine services: • Determine, in accordance with state law, which categories of practitioners are eligible candidates for appointment to the medical staff • Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff • Assure that the medical staff has bylaws • Approve medical staff bylaws and other medical staff rules and regulations • Make certain that the medical staff is accountable to the governing body for the quality of care provided to patients • Make certain that the criteria for selection for appointment to the medical staff are individual character, competence, training, experience, and judgment • Make 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			
0	C-0872	LD.13.03.03	Care, treatment, effectively.	and services provided through contractual agreement are provided safely and	
I . ,	s is the accordance of staff membership or pendent solely upon certification, fellowship ciety.	EP 4	When telemedicine services a a distant-site hospital, the crit specifies that it is the respons to its physicians or other licen • Determine, in accordance appointment to the med • Appoint members of the medical staff • Assure that the medical • Approve medical staff by • Make certain that the medicals • Make certain that the critical competence, training, exical staff by • Make certain that under	medical staff after considering the recommendations of the existing members of the	

CFR Number §485.616(c)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
Madicara Radiliraments		Equivalen MS.20.01.01 EP 1 When te a distant choose tentity for access he site hosp The The core	Physicians or or services of the processes of the processes of the lemedicine services a site hospital or telemo rely upon the crede the individual distant ospital's governing boital or telemedicine ee distant site telemede distant-site telemede sistent with the critic	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. are furnished to the critical access hospital's patients through an agreement with nedicine entity, the governing body of the originating critical access hospital may entialing and privileging decisions made by the distant-site hospital or telemedicine t-site physicians and other licensed practitioners providing such services if the critical gody includes all of the following provisions in its written agreement with the distant-
		• The tele protect tele entry entry entry tele entry	e individual distant-si emedicine entity provides a current list of emedicine entity. e individual distant-si te in which the critical originating critical active er licensed practition periodic evaluation of the telemedicine si e physician or other li en the case of distant- cess hospital's en the case of distant- cess hospital's patie cine entity, the distant- or supplier.	Ite physician or other licensed practitioner is privileged at the distant-site hospital or riding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. In sor other licensed practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or ther and sends the distant-site hospital or telemedicine entity information for use in of the practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner to the spatients and complaints the critical access hospital has received about the distant-site physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site int-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2).

CFR Number §485.616(c)(2)(i)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.616(c)(2)(i) TAG: C-0872 (i) The distant-site hospital providing telemedicine services is a Medicare-participating hospital.		MS.20.01.01	services of the processes of th	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site.
		a dista choose entity f access site ho T T T T T T T T T T T T T T T T T T	nt-site hospital or telena to rely upon the crede or the individual distant hospital's governing be spital or telemedicine of the distant site telemediche distant-site telemediche distant-site telemediche distant-site hospital the individual distant-sitelemedicine entity provides a current list of elemedicine entity. The individual distant-site in which the critical or distant-site physiciane or distant-site physician or other licensed practition from the telemedicine sitic physician or other list physician or other list physician or other distant-site physician or other list physician	dicine entity provides services in accordance with contract service requirements. dicine entity's medical staff credentialing and privileging process and standards is cal access hospital's process and standards, at a minimum. I providing the telemedicine services is a Medicare-participating hospital. It is physician or other licensed practitioner is privileged at the distant-site hospital or riding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. In sor other licensed practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or other and sends the distant-site hospital or telemedicine entity information for use in of the practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner to the spatients and complaints the critical access hospital has received about the distant-site physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site int-site telemedicine entity is not required to be a Medicare participating. I psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2).

CFR Number §485.616(c)(2)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
I Medicare Redilirements		Equivalent Number MS.20.01.01 Physicians or of services of the processes	wher licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging the originating site. The patient of the critical access hospital's patients through an agreement with medicine entity, the governing body of the originating critical access hospital may tentialing and privileging decisions made by the distant-site hospital or telemedicine the traiting and privileging decisions made by the distant-site hospital or telemedicine the traiting and other licensed practitioners providing such services if the critical body includes all of the following provisions in its written agreement with the distant-tentity: Indicate the provides services in accordance with contract service requirements, dicine entity's medical staff credentialing and privileging process and standards is acal access hospital's process and standards, at a minimum. In providing the telemedicine services is a Medicare-participating hospital, it is physician or other licensed practitioner is privileged at the distant-site hospital or viding the telemedicine services, and the distant-site hospital or telemedicine entity
		telemedicine entity. The individual distant-s state in which the critical in which the critical entity. For distant-site physicial the originating critical a other licensed practition the periodic evaluation from the telemedicine s critical access hospital site physician or other I Note 1: In the case of distant critical access hospital's patient telemedicine entity, the distant provider or supplier. Note 2: For rehabilitation and telemedicine entity's medical	-site physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site int-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards 19th (a)(7) and 482.22(a)(1) through (a)(2).

CFR Number §485.616(c)(2)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
\$485.616(c)(2)(iii) TAG: C-0872 (iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the CAH is located; and		services of to	or other licensed practitioners who are responsible for the care, treatment, and he patient via telemedicine link are subject to the credentialing and privileging f the originating site. es are furnished to the critical access hospital's patients through an agreement with
		a distant-site hospital or to choose to rely upon the centity for the individual disaccess hospital's governing site hospital or telemedici. The distant site tele The distant-site tele consistent with the centity provides a current list telemedicine entity. The individual distant telemedicine entity. The individual distant telemedicine entity. The individual distant state in which the centity. The individual distant state in which the centity. The individual distant state in which the centity. The individual distant state in which the centity is the originating critical attention of the relemedicine critical access hospital's provider access hospital's provider or supplier. Note 2: For rehabilitation telemedicine entity's med	redentialing and privileging decisions made by the distant-site hospital or telemedicine stant-site physicians and other licensed practitioners providing such services if the critical ag body includes all of the following provisions in its written agreement with the distant-ne entity: medicine entity provides services in accordance with contract service requirements. medicine entity's medical staff credentialing and privileging process and standards is critical access hospital's process and standards, at a minimum. Dital providing the telemedicine services is a Medicare-participating hospital. Int-site physician or other licensed practitioner is privileged at the distant-site hospital or providing the telemedicine services, and the distant-site hospital or telemedicine entity st of the distant-site physician's or practitioner's privileges at the distant-site hospital or int-site physician or other licensed practitioner holds a license issued or recognized by the itical access hospital whose patients are receiving the telemedicine services is located. Sicians or other licensed practitioners privileged by the originating critical access hospital, all access hospital internally reviews services provided by the distant-site physician or or itioner and sends the distant-site hospital or telemedicine entity information for use in on of the practitioner. At a minimum, this information includes adverse events that result he services provided by the distant-site physician or other licensed practitioner. At a minimum, this information includes adverse events that result he services provided by the distant-site physician or other licensed practitioner. ant-site physicians and licensed practitioners providing telemedicine services to the natients under a written agreement between the critical access hospital and a distant-site stant-site telemedicine entity is not required to be a Medicare participating and privileging process and standards at least meet the standards trough (a)(7) and 482.22(a)(1) through (a)(2).

CFR Number §485.616(c)(2)(iv)	Medicare Requirements	1	oint Commission uivalent Number	Joint Commission Standards and Elements of Performance		
§485.616(c)(2)(iv) TAG: C-0872 (iv) With respect to a distant-site physician or practitioner, who holds current privileges at the CAH whose patients are receiving the telemedicine services,		MS.20.01.01 Physicians or other licensed practitioners who are responsible for the care, treatment, and services of the patient via telemedicine link are subject to the credentialing and privileging processes of the originating site.				
the CAH has evidence of an internal revier practitioner's performance of these privile such information for use in the periodic apphysician or practitioner. At a minimum, the events that result from the telemedicine sphysician or practitioner to the CAH's patireceived about the distant-site physician of the physician of the capture of	ew of the distant-site physician's or ges and sends the distant-site hospital opraisal of the individual distant-site his information must include all adverse ervices provided by the distant-site ients and all complaints the CAH has or practitioner.		a distant-site hospital or teler choose to rely upon the cred entity for the individual distar access hospital's governing is site hospital or telemedicine • The distant site teleme • The distant-site teleme consistent with the critic • The distant-site hospital • The individual distant-site telemedicine entity proprovides a current list of telemedicine entity. • The individual distant-site hospital • For distant-site physicial the originating critical and other licensed practition the periodic evaluation from the telemedicine scritical access hospital's site physician or other licensed of distant critical access hospital's patitelemedicine entity, the distant provider or supplier. Note 2: For rehabilitation and telemedicine entity's medical at 42 CFR 482.12(a)(1) throuses.	dicine entity provides services in accordance with contract service requirements. dicine entity's medical staff credentialing and privileging process and standards is cal access hospital's process and standards, at a minimum. It providing the telemedicine services is a Medicare-participating hospital. It is physician or other licensed practitioner is privileged at the distant-site hospital or viding the telemedicine services, and the distant-site hospital or telemedicine entity of the distant-site physician's or practitioner's privileges at the distant-site hospital or it physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located, and so or other licensed practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or one and sends the distant-site hospital or telemedicine entity information for use in of the practitioner. At a minimum, this information includes adverse events that result services provided by the distant-site physician or other licensed practitioner to the spatients and complaints the critical access hospital has received about the distant-site physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site int-site telemedicine entity is not required to be a Medicare participating. It psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards uph (a)(7) and 482.22(a)(1) through (a)(2).		
§485.616(c)(3) TAG: C		LD.11.01.03		ess hospital identifies the responsibilities of its leaders.		
(3) The governing body of the CAH must ensure that when telemedicine services are furnished to the CAH's patients through an agreement with a distant-site telemedicine entity, the agreement is written and specifies that the distant-site telemedicine entity is a contractor of services to the CAH and as such, in accordance with §485.635(c)(4)(ii), furnishes the contracted services in a manner that enables the CAH to comply with all applicable conditions of participation for the contracted services, including, but not limited to, the requirements in this section with regard to its physicians and practitioners providing telemedicine services.		EP 1	responsible for the following: Services provided in th agreements Ensuring that contractor services that enable the	ne operation of the critical access hospital under 42 CFR 485.627(b)(2) is also e critical access hospital whether or not they are furnished under arrangements or or services (including contractors for shared services and joint ventures) provide e critical access hospital to comply with all applicable Centers for Medicare & tions of Participation and standards for the contracted services		

CFR Number §485.616(c)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
	,		Care, treatment effectively.	, and services provided through contractual agreement are provided safely and
		written agree The dis The dis all appl 485.63 The ori creden CFR 48 Note: For the www.ecfr.go If the original provider, the The go creden through The go practitic provide The written a	ement with the distant site is a constant site furnished icable Medicare 5(c)(4)(ii). ginating site make tialing and privile a language of the volume to the following reverning body of the total site of the tot	Medicare Conditions of Participation pertaining to telemedicine, refer to https:// to use the credentialing and privileging decision of the distant-site telemedicine equirements apply: the distant site is responsible for having a process that is consistent with the eging requirements in the "Medical Staff" (MS) chapter (Standards MS.17.01.01) the originating site grants privileges to a distant-site physician or other licensed e originating site's medical staff recommendations, which rely on information

CFR Number §485.616(c)(4)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.616(c)(4) TAG: C-0874 (4) When telemedicine services are furnished to the CAH's patients through an agreement with a distant-site telemedicine entity, the CAH's governing body or responsible individual may choose to rely upon the credentialing and privileging decisions made by the governing body of the distant-site telemedicine entity regarding individual distant-site physicians or practitioners. The CAH's governing body or responsible individual must ensure, through its written agreement with the		services of t processes of t processes of t processes of t processes of the processes of th	or other licensed practitioners who are responsible for the care, treatment, and the patient via telemedicine link are subject to the credentialing and privileging of the originating site. The same furnished to the critical access hospital's patients through an agreement with elemedicine entity, the governing body of the originating critical access hospital may be dentialing and privileging decisions made by the distant-site hospital or telemedicine tant-site physicians and other licensed practitioners providing such services if the critical
body or responsible individual must edistant-site telemedicine entity, that the state of the sta		access hospital's governir site hospital or telemedici The distant site teler The distant-site teler consistent with the consistent entity provides a current little telemedicine entity. The individual distant state in which the consistent entity with the originating critical content licensed practities of the periodic evaluating from the telemedicine critical access hosping site physician or oth Note 1: In the case of dist	g body includes all of the following provisions in its written agreement with the distant-
		provider or supplier. Note 2: For rehabilitation telemedicine entity's med	stant-site telemedicine entity is not required to be a Medicare participating and psychiatric distinct part units in critical access hospitals: The distant-site cal staff credentialing and privileging process and standards at least meet the standards rough (a)(7) and 482.22(a)(1) through (a)(2). P 2)

CFR Number §485.616(c)(4)(i)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
§485.616(c)(4)(i) §485.616(c)(4)(i) (i) The distant-site telemedicine en	Medicare Requirements FAG: C-0874 tity's medical staff credentialing and privileging et the standards at paragraphs (c)(1)(i) through	Equivaled MS.20.01.01 EP 1 When to a distart choose entity for access site hose to Till the property of the control of the c	Physicians or or services of the processes of the processes of the elemedicine services and the individual distantion of the distantiste telemedicine entity and the distantiste telemedicine entity in the distantiste telemedicine entity provides a current list of elemedicine entity. The individual distantion distantiste telemedicine entity is the individual distantion or distantiste physician er or distantiste physician er or distantion elemedicine entity is attention entity entitical action of the telemedicine services and the elemedicine services access hospital's te physician or other li	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging e originating site. are furnished to the critical access hospital's patients through an agreement with nedicine entity, the governing body of the originating critical access hospital may entialing and privileging decisions made by the distant-site hospital or telemedicine t-site physicians and other licensed practitioners providing such services if the critical lody includes all of the following provisions in its written agreement with the distant-entity: dicine entity provides services in accordance with contract service requirements. dicine entity's medical staff credentialing and privileging process and standards is real access hospital's process and standards, at a minimum. It providing the telemedicine services is a Medicare-participating hospital. It is the physician or other licensed practitioner is privileged at the distant-site hospital or riding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. The physician or other licensed practitioners privileged by the originating critical access hospital, over the practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner to the spatients and complaints the critical access hospital has received about the distant-censed practitioner.
		Note 1: critical : telemed provide Note 2: telemed at 42 C	In the case of distant- access hospital's patie dicine entity, the distar or or supplier. For rehabilitation and dicine entity's medical	esite physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site int-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2).

CFR Number §485.616(c)(4)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
CFR Number §485.616(c)(4)(ii) Section 19485.616(c)(4)(iii) TAG: C-0874 (ii) The individual distant-site physician or practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services, which provides a current list to the CAH of the distant-site physician's or practitioner's privileges at the distant-site telemedicine entity.		Equivalent Number MS.20.01.01 Physicians or services of the processes of	other licensed practitioners who are responsible for the care, treatment, and a patient via telemedicine link are subject to the credentialing and privileging he originating site. The are furnished to the critical access hospital's patients through an agreement with emedicine entity, the governing body of the originating critical access hospital may dentialing and privileging decisions made by the distant-site hospital or telemedicine int-site physicians and other licensed practitioners providing such services if the critical body includes all of the following provisions in its written agreement with the distant-entity: edicine entity provides services in accordance with contract service requirements. Edicine entity's medical staff credentialing and privileging process and standards is ical access hospital's process and standards, at a minimum. All providing the telemedicine services is a Medicare-participating hospital. Site physician or other licensed practitioner is privileged at the distant-site hospital or oviding the telemedicine services, and the distant-site hospital or telemedicine entity of the distant-site physician's or practitioner's privileges at the distant-site hospital or site physician or other licensed practitioner holds a license issued or recognized by the
		For distant-site physic the originating critical other licensed practitic the periodic evaluation from the telemedicine critical access hospita site physician or other Note 1: In the case of distar critical access hospital's pat telemedicine entity, the distar provider or supplier. Note 2: For rehabilitation and telemedicine entity's medical.	at-site physicians and licensed practitioners providing telemedicine services to the ients under a written agreement between the critical access hospital and a distant-site ant-site telemedicine entity is not required to be a Medicare participating d psychiatric distinct part units in critical access hospitals: The distant-site all staff credentialing and privileging process and standards at least meet the standards ugh (a)(7) and 482.22(a)(1) through (a)(2).

CFR Number §485.616(c)(4)(iii)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
§485.616(c)(4)(iii) §485.616(c)(4)(iii) TA (iii) The individual distant-site physician	Medicare Requirements G: C-0874 an or practitioner holds a license issued the CAH whose patients are receiving the	Equivale MS.20.01.01 EP 1 When a distanchoose entity for access site hore. To the point of th	Physicians or of services of the processes of the processes of the elemedicine services and the individual distant hospital or telemedicine enter the distant site telemedicine enter distant site telemedicine enter distant site telemedicine enter distant site telemedicine entity provides a current list of elemedicine entity. The individual distant-site telemedicine entity elemedicine entity elemedicine entity elemedicine entity attein which the critical entity in which the critical entity entities or distant-site physician entity entities or distant-site physician entities entitle entities entitle en	ther licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging to originating site. The furnished to the critical access hospital's patients through an agreement with nedicine entity, the governing body of the originating critical access hospital may intialing and privileging decisions made by the distant-site hospital or telemedicine resite physicians and other licensed practitioners providing such services if the critical ody includes all of the following provisions in its written agreement with the distant-nitity: Icinic entity provides services in accordance with contract service requirements. Icinic entity's medical staff credentialing and privileging process and standards is all access hospital's process and standards, at a minimum. Providing the telemedicine services is a Medicare-participating hospital. The physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioners privileged by the elemedicine services is located. The physician or other licensed practitioners privileged by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or other licensed practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner to the patients and complaints the critical access hospital has received about the distant-site physician or other licensed practitioner to the patients and complaints the critical access hospital has received about the distant-site.
		s Note 1: critical teleme provide Note 2: teleme	censed practitioner. site physicians and licensed practitioners providing telemedicine services to the nts under a written agreement between the critical access hospital and a distant-site t-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the standards gh (a)(7) and 482.22(a)(1) through (a)(2).	

CFR Number §485.616(c)(4)(iv)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§485.616(c)(4)(iv) TAG: C- (iv) With respect to a distant-site physician privileges at the CAH whose patients are r	or practitioner, who holds current	MS.20.01.0	MS.20.01.01 Physicians or other licensed practitioners who are responsible for the care, treatme services of the patient via telemedicine link are subject to the credentialing and priv processes of the originating site.				
the CAH has evidence of an internal review or practitioner's performance of these privitelemedicine entity such information for us site physician or practitioner. At a minimum adverse events that result from the teleme site physician or practitioner to the CAH's preceived about the distant-site physician or practitioner to the compared to the compa	w of the distant-site physician's leges and sends the distant-site e in the periodic appraisal of the distant-n, this information must include all dicine services provided by the distant-patients and all complaints the CAH has	When telemedicine services are furnished to the critical access hospital's patients through a distant-site hospital or telemedicine entity, the governing body of the originating critical access to rely upon the credentialing and privileging decisions made by the distant-site hentity for the individual distant-site physicians and other licensed practitioners providing staccess hospital's governing body includes all of the following provisions in its written agres site hospital or telemedicine entity: • The distant site telemedicine entity provides services in accordance with contract sees. The distant-site telemedicine entity is medical staff credentialing and privileging proconsistent with the critical access hospital's process and standards, at a minimum. • The distant-site hospital providing the telemedicine services is a Medicare-participat the telemedicine entity providing the telemedicine services, and the distant-site hospital provides a current list of the distant-site physician's or practitioner's privileges at the telemedicine entity. • The individual distant-site physician or other licensed practitioner holds a license iss state in which the critical access hospital whose patients are receiving the telemedic provides a current list of the distant-site physician's or practitioner privileged by the originating the originating critical access hospital internally reviews services provided by the distorter licensed practitioner privileged by the originating the privileges and provided by the distorter licensed practitioner and sends the distant-site hospital or telemedicine entity the periodic evaluation of the practitioner. At a minimum, this information includes at from the telemedicine services provided by the distant-site physician or other license critical access hospital's patients and complaints the critical access hospital has recipied by the distant-site physician or other license site physician or other licensed practitioner. Note 1: In the case of distant-site physicians and licensed practit		redicine entity, the governing body of the originating critical access hospital may entialing and privileging decisions made by the distant-site hospital or telemedicine tesite physicians and other licensed practitioners providing such services if the critical ody includes all of the following provisions in its written agreement with the distant-entity: licine entity provides services in accordance with contract service requirements. Ilicine entity's medical staff credentialing and privileging process and standards is all access hospital's process and standards, at a minimum. providing the telemedicine services is a Medicare-participating hospital. It is physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the lacess hospital whose patients are receiving the telemedicine services is located. In sor other licensed practitioners privileged by the originating critical access hospital excess hospital internally reviews services provided by the distant-site physician or er and sends the distant-site hospital or telemedicine entity information for use in of the practitioner. At a minimum, this information includes adverse events that result ervices provided by the distant-site physician or other licensed practitioner to the expatients and complaints the critical access hospital has received about the distant-censed practitioner. Site physicians and licensed practitioners providing telemedicine services to the ints under a written agreement between the critical access hospital and a distant-site it-site telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical access hospitals: The distant-site staff credentialing and privileging process and standards at least meet the s			
§485.618 TAG: C-	0880	LD.13.03.0	1 The critical acce	ess hospital provides services that meet patient needs.			
§485.618 Condition of Participation: Emer	gency Services	EP 6		ovides emergency medical services that meet the needs of its inpatients and			
The CAH provides emergency care necess and outpatients.	sary to meet the needs of its inpatients			e to common life-threatening injuries and acute illnesses. e available 24-hours a day, 7 days a week.			
§485.618(a) TAG: C-	0882	LD.13.03.0	1 The critical acco	ess hospital provides services that meet patient needs.			
§485.618(a) Standard: Availability		EP 6		ovides emergency medical services that meet the needs of its inpatients and			
Emergency services are available on a 24-	-hours a day basis.			e to common life-threatening injuries and acute illnesses. e available 24-hours a day, 7 days a week.			

CFR Number §485.618(b)	Medicare Requirements	1	Joint Commission quivalent Number		Joint Commission Standards and Elements of Performance		
§485.618(b) Standard: Equipment, Sup	485.618(b) Standard: Equipment, Supplies, and Medication		PC.12.01.07 The critical access hospital recognizes and responds to changes in a patient's condition. Note: Critical access hospitals are not required to create rapid response teams or medical emergency teams in order to meet this standard. The existence of these types of teams doe not mean that all of the elements of performance are automatically achieved.				
Equipment, supplies, and medication used in treating emergency cases are kept at the CAH and are readily available for treating emergency cases. The items available must include the following:		EP 1 The critical access hospital maintains equipment, supplies, and drugs and biologicals commonly used in life-saving procedures. These items are kept at the critical access hospital and are available for treating emergency cases. Note 1: The drugs and biologicals commonly used in life-saving procedures include but are not limited to analgesics, local anesthetics, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, antiarrythmics, cardiac glycosides, antihypertensives, diuretics, and electrolytes and replacement solutions. Note 2: Equipment and supplies commonly used life-saving procedures include but are not limited to airways, endotracheal tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, splints, IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary catheters.					
(1) Drugs and biologicals commonly us analgesics, local anesthetics, antibiotic	e: C-0886 sed in life-saving procedures, including ss, anticonvulsants, antidotes and emetics, ardiac glycosides, antihypertensives, diuretics,	PC.12.01.	Note: Critic emergency	l acc	s hospital recognizes and responds to changes in a patient's condition. ess hospitals are not required to create rapid response teams or medical is in order to meet this standard. The existence of these types of teams does of the elements of performance are automatically achieved.		
and electrolytes and replacement solut		EP 1	saving procedures. Thes cases. Note 1: The drugs and bi to analgesics, local anest antiarrythmics, cardiac gl Note 2: Equipment and s endotracheal tubes, amb	e item plogica netics cosica pplie plie	intains equipment, supplies, and drugs and biologicals commonly used in lifes are kept at the critical access hospital and are available for treating emergency als commonly used in life-saving procedures include but are not limited antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, des, antihypertensives, diuretics, and electrolytes and replacement solutions. It is commonly used life-saving procedures include but are not limited to airways, valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, ction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary		
§485.618(b)(2) TAG	: C-0888	PC.12.01.			s hospital recognizes and responds to changes in a patient's condition.		
airways, endotracheal tubes, ambu ba	used in life-saving procedures, including g/valve/mask, oxygen, tourniquets, bes, splints, IV therapy supplies, suction		emergency	eams	ess hospitals are not required to create rapid response teams or medical s in order to meet this standard. The existence of these types of teams does of the elements of performance are automatically achieved.		
	chest tubes, and indwelling urinary catheters.	EP 1	saving procedures. Thes cases. Note 1: The drugs and bi to analgesics, local anest antiarrythmics, cardiac gl Note 2: Equipment and s endotracheal tubes, amb	e item plogica netics cosica pplie plie	intains equipment, supplies, and drugs and biologicals commonly used in lifes are kept at the critical access hospital and are available for treating emergency als commonly used in life-saving procedures include but are not limited antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, des, antihypertensives, diuretics, and electrolytes and replacement solutions. It is commonly used life-saving procedures include but are not limited to airways, valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, ction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary		
§485.618(c) TAG	: C-0890						
§485.618(c) Standard: Blood and Bloo	d Products	1					
The facility provides, either directly or u	under arrangements, the following						

CFR Number §485.618(c)(1)	Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§485.618(c)(1)	TAG: C-0890	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.
	safekeeping, and transfusion of blood, including leeded for emergencies on a 24-hours a day bas		sfusion of blood and provi	rovides services, directly or by arrangement, for the procurement, safekeeping, and ides services for making blood products available for emergencies on a 24-hour
§485.618(c)(2)	TAG: C-0892	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.
(2) Blood storage facilities that meet the requirements of 42 CFR part 493, subpart K, and are under the control and supervision of a pathologist or other qualified doctor of medicine or osteopathy. If blood banking services are provided under an arrangement, the arrangement is approved by the facility's medical staff and by the persons directly responsible for the operation of the facility.		requ qua Not acc	uirements of 42 CFR part of diffied doctor of medicine of e: If blood banking service	rovides blood storage facilities, either directly or by arrangement, that meet the 493, subpart K, and are under the control and supervision of a pathologist or other rosteopathy. The same provided under an arrangement, the arrangement is approved by the critical frand by the persons directly responsible for the operation of the critical access
§485.618(d)	TAG: C-0894			
§485.618(d) Standard: Personnel		7		
§485.618(d)(1)	TAG: C-0894	NPG.12.01.01		ess hospital's leadership team ensures that there is qualified ancillary staff
1, , , , , ,	ph (d)(3) of this section, there must be a doctor ician assistant, a nurse practitioner, or a clinical		required to mee the organization	t the needs of the population served and determine how they function within
	xperience in emergency care, on call and le or radio contact, and available on site within th	e trair they Not	ning or experience in emery are available on site with etc: If all of the following crite. The critical access hosp six residents per square or in an area that meets and approved by the Ce Security Act. The state has determine longer than 30 minutes is served by the critical act. The state maintains doc	sumentation showing that the response time of up to 60 minutes at a particular ss hospital is justified because other available alternatives would increase the time

CFR Number §485.618(d)(1)(i)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance		
(i) Within 30 minutes, on a 24-hour	TAG: C-0894 a day basis, if the CAH is located in an area ragraph (d)(1)(ii) of this section; or	NPG.12.01.01 The critical access hospital's leadership team ensures that there is qualified ancillary st required to meet the needs of the population served and determine how they function w the organization.				
	n an area described in paragraph (d)(1)(ii) of this section; or		EP 5 A doctor of medicine or osteopathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist with training or experience in emergency care is on call and immediately available by telephone or radio contact, and they are available on site within 30 minutes, 24 hours a day, 7 days a week. Note: If all of the following criteria are met, these practitioners are available on site within 60 minutes: • The critical access hospital is located in an area designated as a frontier (that is, an area with fewer than six residents per square mile based on the latest population data published by the US Census Bureau) or in an area that meets the criteria for a remote location adopted by the state in its rural health care plan and approved by the Centers for Medicare & Medicaid Services (CMS) under section 1820(b) of the Social Security Act. • The state has determined under criteria in its rural health plan that allowing an emergency response time longer than 30 minutes is the only feasible method for providing emergency care to residents of the area served by the critical access hospital. • The state maintains documentation showing that the response time of up to 60 minutes at a particular designated critical access hospital is justified because other available alternatives would increase the time needed to stabilize a patient in an emergency.			
0 11 1 1(1)()()	r a day basis, if all of the following requirements	!				
§485.618(d)(1)(ii)(A) T.	TAG: C-0894	NPG.12.0		cess hospital's leadership team ensures that there is qualified ancillary staff		
	designated as a frontier area (that is, an area quare mile based on the latest population data		eet the needs of the population served and determine how they function within on.			
published by the Bureau of the Cen	nsus) or in an area that meets criteria for a remote rural health care plan, and approved by CMS,	EP 5	training or experience in em they are available on site wi Note: If all of the following c The critical access hos six residents per squa or in an area that mee and approved by the C Security Act. The state has determi longer than 30 minute served by the critical access training access hos six residents per squa or in an area that mee and approved by the C Security Act. The state has determi	ropathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist with ergency care is on call and immediately available by telephone or radio contact, and thin 30 minutes, 24 hours a day, 7 days a week. riteria are met, these practitioners are available on site within 60 minutes: spital is located in an area designated as a frontier (that is, an area with fewer than are mile based on the latest population data published by the US Census Bureau) ts the criteria for a remote location adopted by the state in its rural health care plan centers for Medicare & Medicaid Services (CMS) under section 1820(b) of the Social and under criteria in its rural health plan that allowing an emergency response time is the only feasible method for providing emergency care to residents of the area access hospital.		

CFR Number §485.618(d)(1)(ii)(B)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance			
(B) The State has determined under criteria in its rural health care plan, that allowing an emergency response time longer than 30 minutes is the only feasible method of providing emergency care to residents of the area served by the CAH.		EP 5	training or experience in emergency care is on call and immediately available by telephone or radio contact they are available on site within 30 minutes, 24 hours a day, 7 days a week. Note: If all of the following criteria are met, these practitioners are available on site within 60 minutes: • The critical access hospital is located in an area designated as a frontier (that is, an area with fewer				
			or in an area that meets and approved by the Ce Security Act. The state has determine longer than 30 minutes i served by the critical acc. The state maintains doc	sumentation showing that the response time of up to 60 minutes at a particular ss hospital is justified because other available alternatives would increase the time			
§485.618(d)(1)(ii)(C) TAG: C-	0894	NPG.12.01.		ess hospital's leadership team ensures that there is qualified ancillary staff			
(C) The State maintains documentation sh 60 minutes at a particular CAH it designate alternatives would increase the time needs	es is justified because other available ed to stabilize a patient in an emergency.		the organization A doctor of medicine or osteo training or experience in emer they are available on site with Note: If all of the following crit The critical access hosp six residents per square or in an area that meets and approved by the Ce Security Act. The state has determine longer than 30 minutes i served by the critical acc The state maintains doc	pathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist with regency care is on call and immediately available by telephone or radio contact, and in 30 minutes, 24 hours a day, 7 days a week. eria are met, these practitioners are available on site within 60 minutes: eria is located in an area designated as a frontier (that is, an area with fewer than a mile based on the latest population data published by the US Census Bureau) the criteria for a remote location adopted by the state in its rural health care plan enters for Medicare & Medicaid Services (CMS) under section 1820(b) of the Social and under criteria in its rural health plan that allowing an emergency response time is the only feasible method for providing emergency care to residents of the area cess hospital. Eumentation showing that the response time of up to 60 minutes at a particular as hospital is justified because other available alternatives would increase the time			
§485.618(d)(2) TAG: C-							
(2) A registered nurse with training and ex utilized to conduct specific medical screen							
§485.618(d)(2)(i) TAG: C-		HR.11.01.01		ess hospital has the necessary staff to support the care, treatment, and			
(i) The registered nurse is on site and imm patient requests medical care; and	ediately available at the CAH when a	I	 screening examinations only i The registered nurse is a requests medical care. The patient's request for 	og and experience in emergency care is allowed to conduct specific medical footh of the following conditions are met: on site and immediately available at the critical access hospital when a patient remedical care is within the scope of practice of a registered nurse and consistent and the critical access hospital's bylaws and rules and regulations.			

CFR Numb §485.618(d)(2	-	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.618(d)(2)(ii)	TAG: C-		HR.11.01.01	The critical acc	cess hospital has the necessary staff to support the care, treatment, and
(ii) The nature of the patient's request for medical care is within the scope of practice of a registered nurse and consistent with applicable State laws and the CAH's bylaws or rules and regulations.		EP 2 A regi	stered nurse with train ning examinations only The registered nurse is equests medical care. The patient's request for	ing and experience in emergency care is allowed to conduct specific medical y if both of the following conditions are met: s on site and immediately available at the critical access hospital when a patient	
§485.618(d)(3)	TAG: C-	0894	ĺ		
(3) A registered nurse sati (1) of this section for a ten		nel requirement specified in paragraph (d)			
§485.618(d)(3)(i)	TAG: C-	0894	NPG.12.02.01	The nurse exec	cutive directs the implementation of a nurse staffing plan(s).
(i) The CAH has no greate	er than 10 beds;		if all o	the following condition the critical access hose for critical access hose described in 42 CFR 4. The state in which the Medicaid Services (CM purses on a temporary pursing and in accordant emergency care being the governor attests the leated to access to an describes the circumst list of personnel specificance the governor subagency demonstrating adequate coverage as The critical access hose	spital has no more than 10 beds. spital is located in an area designated as a frontier area or remote location as

CFR Number §485.618(d)(3)(ii)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
§485.618(d)(3)(ii)	TAG: C-0894	NPG.12.02.01	The nurse execu	utive directs the implementation of a nurse staffing plan(s).
(ii) The CAH is located in an are described in paragraph (d)(1)(ii)	a designated as a frontier area or remote location as (A) of this section;	if a	all of the following condition The critical access hosp the critical access hosp described in 42 CFR 48 The state in which the c Medicaid Services (CMS nurses on a temporary b nursing and in accordan in emergency care be in the governor attests tha related to access to and describes the circumsta list of personnel specifie Once the governor subr agency demonstrating the adequate coverage as so the: The critical access hosp	oital has no more than 10 beds. Oital is located in an area designated as a frontier area or remote location as
§485.618(d)(3)(iii)	TAG: C-0894	NPG.12.02.01	The nurse execu	utive directs the implementation of a nurse staffing plan(s).
Governor, following consultation as part of their State rural health Nursing, and in accordance with training and experience in emer specified in paragraph (d)(1) of attest that he or she has consultissues related to access to and letter from the Governor must at	is located submits a letter to CMS signed by the on the issue of using RNs on a temporary basis acare plan with the State Boards of Medicine and a State law, requesting that a registered nurse with gency care be included in the list of personnel this section. The letter from the Governor must need with State Boards of Medicine and Nursing about the quality of emergency services in the States. The so describe the circumstances and duration of the eregistered nurses on the list of personnel specified in;	if a	 all of the following condition The critical access hosp described in 42 CFR 48 The state in which the c Medicaid Services (CMS nurses on a temporary because in emergency care be in the governor attests that related to access to and describes the circumstalist of personnel specifie Once the governor subragency demonstrating that adequate coverage as sete: The critical access hosp 	oital has no more than 10 beds. Oital is located in an area designated as a frontier area or remote location as

CFR Number §485.618(d)(3)(iv)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance		
§485.618(d)(3)(iv) TAG: C	-0894	NPG.12.02.	01 The nurse execu	tive directs the implementation of a nurse staffing plan(s).		
(iv) Once a Governor submits a letter, as specified in paragraph (d)(3)(iii) of this section, a CAH must submit documentation to the State survey agency demonstrating that it has been unable, due to the shortage of such personnel in the area, to provide adequate coverage as specified in this paragraph (d).			FP 8 A registered nurse satisfies the personnel availability requirements in 42 CFR 485.618(d)(1) for a temporary per if all of the following conditions are met: • The critical access hospital has no more than 10 beds. • The critical access hospital is located in an area designated as a frontier area or remote location as described in 42 CFR 485.618(d)(1)(ii)(A). • The state in which the critical access hospital is located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the governor, following consultation on the issue of using registered nurses on a temporary basis as part of its state rural health care plan with the state boards of medicine an nursing and in accordance with state law, requesting that a registered nurse with training and experience in emergency care be included in the list of personnel specified in 42 CFR 485.618(d)(1). The letter from the governor attests that they have consulted with the state boards of medicine and nursing about issues related to access to and the quality of emergency services in the state. The letter from the governor also describes the circumstances and duration of the temporary request to include the registered nurses on the list of personnel specified in 42 CFR 485.618(d)(1). • Once the governor submits a letter, the critical access hospital submits documentation to the state survey agency demonstrating that it has been unable, due to the shortage of such personnel in the area, to provice adequate coverage as specified in 42 CFR 485.618(d). Note: The critical access hospital's request for using registered nurses on a temporary basis or its withdrawal of this request can be submitted to CMS at any time and is effective upon submission.			
§485.618(d)(4) TAG: C	-0894	NPG.12.02.	01 The nurse execu	tive directs the implementation of a nurse staffing plan(s).		
(4) The request, as specified in paragraph withdrawal of the request, may be submitt upon submission.		EP 8	if all of the following conditions The critical access hosp The critical access hosp described in 42 CFR 488 The state in which the critical access (CMS nurses on a temporary be nursing and in accordan in emergency care be in the governor attests that related to access to and describes the circumstal list of personnel specifie Once the governor submagency demonstrating the adequate coverage as s Note: The critical access hosp	ital has no more than 10 beds. ital is located in an area designated as a frontier area or remote location as		
§485.618(e)		LD.13.03.01	The critical acce	ss hospital provides services that meet patient needs.		
§485.618(e) Standard: Emergency service Effective July 1, 2025, in accordance with offered, there must be adequate provision (c) of this section) and protocols to meet t	the complexity and scope of services s (as required under paragraphs (b) and	EP 20	provisions (as required under patients.	exity and scope of services offered, the critical access hospital has adequate 42 CFR 485.618 (b) and (c)) and protocols to meet the emergency needs of refer to https://www.ecfr.gov/current/title-42/section-485.618.		

CFR Number §485.618(e)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.618(e)(1)			O1 The critical acce	ess hospital provides services that meet patient needs.
(1) Protocols. Protocols must be consistent with nationally recognized and evidence-based guidelines for the care of patients with emergency conditions, including but not limited to patients with obstetrical emergencies, complications, and immediate postdelivery care.		EP 21	consistent with nationally reco	exity and scope of services offered, the critical access hospital protocols are original exidence-based guidelines for the care of patients with emergency mited to patients with obstetrical emergencies, complications, and immediate
§485.618(e)(2)		HR.11.03.	01 The critical acce	ess hospital provides orientation, education, and training to their staff.
(2) Staff training. Applicable staff, as iden on the protocols and provisions implemer	ified by the CAH, must be trained annually ted pursuant to this section.	EP 2	implemented for emergency s Note 1: For 485.618(e), refer	by the critical access hospital, are trained annually on the protocols and provisions services readiness pursuant to 42 CFR 485.618(e). to https://www.ecfr.gov/current/title-42/part-485/section-485.618#p-485.618(e). spital must document in staff personnel records that the annual training was
§485.618(e)(2)(i)		HR.11.03.	01 The critical acce	ess hospital provides orientation, education, and training to their staff.
(i) The governing body must identify and or training.	locument which staff must complete such	EP 3	The governing body identifies readiness training.	and documents which staff must complete the annual emergency services
§485.618(e)(2)(ii)		HR.11.03.	01 The critical acce	ess hospital provides orientation, education, and training to their staff.
(ii) The CAH must document in the staff p successfully completed.	ersonnel records that the training was	EP 2	implemented for emergency s Note 1: For 485.618(e), refer	by the critical access hospital, are trained annually on the protocols and provisions services readiness pursuant to 42 CFR 485.618(e). to https://www.ecfr.gov/current/title-42/part-485/section-485.618#p-485.618(e). spital must document in staff personnel records that the annual training was
§485.618(e)(2)(iii)		HR.11.03.	01 The critical acce	ess hospital provides orientation, education, and training to their staff.
(iii) The CAH must be able to demonstrate	e staff knowledge on such training.	EP 4	The critical access hospital is provisions training.	able to demonstrate staff knowledge of emergency services readiness protocols and
§485.618(e)(2)(iv)		HR.11.03.	01 The critical acce	ess hospital provides orientation, education, and training to their staff.
. ,	API program, as required at § 485.641, to ns, revisions, or updates to training topics	EP 5	program, as required at 42 CF training topics on an ongoing	ses findings from its quality assessment and performance improvement (QAPI) FR 485.641, to inform staff training needs and any additions, revisions, or updates to basis. tps://www.ecfr.gov/current/title-42/section-485.641.
§485.618(f) TAG: C		LD.13.01.		ess hospital has policies and procedures that guide and support patient care,
available by telephone or radio contact or	gency response systems in the area, r of medicine or osteopathy is immediately a 24-hours a day basis to receive reatment of emergency patients, and referocations for treatment.	EP 8	which a doctor of medicine or 7 days a week, to receive em	reproces. In the critical access hospital establishes procedures under osteopathy is immediately available by telephone or radio contact 24 hours a day, ergency calls, provide information on treatment of emergency patients, and refer hospital or other appropriate locations for treatment.
§485.620 Condition of Participation: Num				

CFR Nun §485.62		Medicare Requirements	Joint Commission Equivalent Number LD.13.01.01 The critical acce		Joint Commission Standards and Elements of Performance
§485.620(a)	TAG: C	-0902			ess hospital complies with law and regulation.
	CAHs having disti 25 inpatient beds	nct part units under §485.647, the CAH Inpatient beds may be used for either	EP 3	access hospital maintains no services. Note: Any bed in a unit of the	Il access hospitals having distinct part units under 42 CFR 485.647, the critical more than 25 inpatient beds that can be used for either inpatient or swing bed facility that is licensed as a distinct part skilled nursing facility at the time the facility ation as a critical access hospital is not counted in this 25-bed count.
§485.620(b)	TAG: C	-0904	LD.13.01.	01 The critical acce	ess hospital complies with law and regulation.
§485.620(b) Standard: The CAH provides acute annual average basis, §	e inpatient care fo	a period that does not exceed, on an t.	EP 5	The critical access hospital pr basis, 96 hours per patient.	ovides acute inpatient care for a period that does not exceed, on an annual average
§485.623	TAG: C	-0910			
§485.623 Condition of F	Participation: Phys	cal Plant and Environment	1		
§485.623(a)	TAG: C	-0912	PE.01.01.	01 The critical acce	ess hospital has a safe and adequate physical environment.
	I, arranged, and m	aintained to ensure access to and safety for the provision of services.	EP 1	the safety and well-being of particles. Note 1: Diagnostic and theraphote 2: When planning for new regulations or the current Guid Institute. If the state rules and hospital, then it uses other rep	neutic facilities are located in areas appropriate for the services provided. w, altered, or renovated space, the critical access hospital uses state rules and delines for Design and Construction of Hospitals published by the Facility Guidelines regulations or the Guidelines do not address the design needs of the critical access outable standards and guidelines that provide equivalent design criteria.
			EP 2	the diagnosis and treatment o served.	as adequate space and facilities for the services it provides, including facilities for if patients and for any special services offered to meet the needs of the community city of facilities is determined by the services offered.
§485.623(b)	TAG: C	-0914			
§485.623(b) Standard:	Maintenance				
The CAH has housekee	eping and preventi	ve maintenance programs to ensure that-			
§485.623(b)(1)	TAG: C	-0914	PE.04.01.	01 The critical acce	ess hospital addresses building safety and facility management.
	(1) All essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition;		EP 2 PE.04.01.	operating condition.	aintains essential mechanical, electrical, and patient care equipment in safe
					e pathogens. Note: The water management program is in accordance with law
			EP 1		am has an individual or a team responsible for the oversight and implementation of thimited to development, management, and maintenance activities.

CFR Number §485.623(b)(1)	Medicare Requirements		nt Commission uivalent Number	Joint Commission Standards and Elements of Performance
		P (A basic diagram that may and end-use points Note: An example would be a so forth. A water risk management chemical conditions of example would be a so forth. A water risk management chemical conditions of example would be conditions may occur (the word of the Centers for WICRA) for Healthcare Setting A plan for addressing the period of time (for example and word of the path of the pat	isible for the water management program develops the following: aps all water supply sources, treatment systems, processing steps, control measures, aps all water supply sources, treatment systems, processing steps, control measures, and and the control water steps of the water flow diagram to identify any areas where potentially hazardous areas conditions are most likely to occur in areas with slow or stagnant water) bisease Control and Prevention's "Water Infection Control Risk Assessment ags" tool as an example for conducting a water-related risk assessment. The cuse of water in areas of buildings where water may have been stagnant for a aple, unoccupied or temporarily closed areas) and ient populations served to identify patients who are immunocompromised acceptable ranges for control measures as should consider incorporating basic practices for water monitoring within their water anclude monitoring of water temperature, residual disinfectant, and pH. In addition, addition, cifficity around the parameters measured, locations where measurements are made, attions taken when parameters are out of range.
		EP 3	The individual or team respon Documenting results of Corrective actions and p when a probable or cont Documenting corrective	asible for the water management program manages the following: all monitoring activities procedures to follow if a test result outside of acceptable limits is obtained, including firmed waterborne pathogen(s) indicates action is necessary actions taken when control limits are not maintained for the process of monitoring, reporting, and investigating utility system issues.
		EP 4	The individual or team respondent following occurs: Changes have been ma New equipment or an at source for Legionella. Till Note 1: Joint Commission and Legionella or other waterbornunless required by law or regulate 2: Refer to ASHRAE State Centers for Disease Contruegionella Growth and Spread	usible for the water management program reviews the program annually and when to the water system that would add additional risk. -trisk water system(s) has been added that could generate aerosols or be a potential his includes the commissioning of a new wing or building. If the Centers for Medicare & Medicaid Services (CMS) do not require culturing for e pathogens. Testing protocols are at the discretion of the critical access hospital
6	: C-0920	PE.02.01.01	The critical acce	ess hospital manages risks related to hazardous materials and waste.
(2) There is proper routine storage and	prompt disposal of trash;		The critical access hospital have regulated medical waste.	as procedures for the proper routine storage and prompt disposal of trash and
§485.623(b)(3) TAG	: C-0922	MM.13.01.01	The critical acce	ess hospital safely stores medications.
(3) Drugs and biologicals are appropria	tely stored;	6 N F N	The critical access hospital standards a secured area and locked whote 1: Scheduled medication Prevention and Control Act of Note 2: This element of performand control performance control pe	ores all medications and biologicals, including controlled (scheduled) medications, in nen necessary to prevent diversion in accordance with law and regulation. In include those listed in Schedules II–V of the Comprehensive Drug Abuse

CFR Numbe §485.623(b)(is I -	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.623(b)(4)	TAG: C-0924	PE.01.01.0	1 The critical acc	ess hospital has a safe and adequate physical environment.
(4) The premises are clean	and orderly; and	EP 3	Note: Clean and orderly mea	premises are clean and orderly. Ins an uncluttered physical environment where patients and staff can function. This storing equipment and supplies in their proper spaces, attending to spills, and keeping
§485.623(b)(5)	TAG: C-0926	PE.04.01.0	1 The critical acc	ess hospital addresses building safety and facility management.
	on, lighting, and temperature control in all e, and food preparation areas.	EP 3	The critical access hospital h care, and food preparation ar	as proper ventilation, lighting, and temperature control in all pharmaceutical, patient reas.
§485.623(c)	TAG: C-0930			
§485.623(c) Standard: Life	Safety From Fire			
§485.623(c)(1)	TAG: C-0930			
(1) Except as otherwise pro	vided in this section –			
§485.623(c)(1)(i)	TAG: C-0930 applicable provisions and must proceed in accord	PE.03.01.0	1 The critical acc Life Safety Cod	ess hospital designs and manages the physical environment to comply with the le.
with the Life Safety Code (No. 11	IFPA 101 and Tentative Interim Amendments TIA	A 12–1, EP 3	Tentative Interim Amendmen Note 1: Outpatient surgical de regardless of the number of p. Note 2: The provisions of the Services (CMS) finds that a fraccess hospitals. Note 3: In consideration of a discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, waiver does not adversely aff. Note 5: All inspecting activitie devices, equipment, or other	neets the applicable provisions of the Life Safety Code (NFPA 101-2012 and tots [TIA] 12-1, 12-2, 12-3, and 12-4). epartments meet the provisions applicable to ambulatory health care occupancies, patients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid irre and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the recommendation by the state survey agency or accrediting organization or at the recommendation by the Safety Code, which would result in unreasonable hardship al, but only if the waiver will not adversely affect the health and safety of the patients. If state survey agency findings, CMS may waive specific provisions of the Life Safety would result in unreasonable hardship on the critical access hospital, but only if the fect the health and safety of patients. The same documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed is referenced for the activity; and results of the activity.
§485.623(c)(1)(ii)	TAG: C-0930	PE.03.01.0		ess hospital designs and manages the physical environment to comply with the
rooms containing flammable	ph (c)(1)(i) of this section, corridor doors and doc e or combustible materials must be provided with the are prohibited on such doors.	positive EP 6		of the Life Safety Code, corridor doors and doors to rooms containing flammable or positive latching hardware. Roller latches are prohibited on these doors.

CFR Number §485.623(c)(2)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§485.623(c)(2) TAG: C-		PE.03.01.01	The critical acce Life Safety Code	ess hospital designs and manages the physical environment to comply with the	
(2) In consideration of a recommendation by the State survey agency or Accrediting Organization or at the discretion of the Secretary, may waive, for periods deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hardship upon a CAH, but only if the waiver will not adversely affect the health and safety of the patients.		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 occupancie 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 & Med 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 & 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 patie Note 4: After consideration of state survey agency findings, CMS may waive specific provisions of the Life Sa 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 perform the activity; NFPA standard(s) referenced for the activity; and results of the activity.			
§485.623(c)(3) TAG: C-		PE.03.01.01	The critical acce	ess hospital designs and manages the physical environment to comply with the	
(3) After consideration of State survey age specific provisions of the Life Safety Code unreasonable hardship on the CAH, but or the health and safety of patients.	that, if rigidly applied, would result in		Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p. Note 2: The provisions of the Services (CMS) finds that a fin access hospitals. Note 3: In consideration of a r discretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, w. waiver does not adversely aff Note 5: All inspecting activities devices, equipment, or other i	eets the applicable provisions of the Life Safety Code (NFPA 101-2012 and s [TIA] 12-1, 12-2, 12-3, and 12-4). partments meet the provisions applicable to ambulatory health care occupancies, atients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid re and safety code imposed by state law adequately protects patients in critical ecommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship I, but only if the waiver will not adversely affect the health and safety of the patients. state survey agency findings, CMS may waive specific provisions of the Life Safety ould result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. Is are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed tereferenced for the activity; and results of the activity.	
§485.623(c)(4) TAG: C-		PE.03.01.01		ess hospital designs and manages the physical environment to comply with the	
(4) The CAH maintains written evidence of or local fire control agencies.	regular inspection and approval by State	I	Life Safety Code The critical access hospital macontrol agencies.	aintains written evidence of regular inspection and approval by state or local fire	
§485.623(c)(5) TAG: C-		PE.03.01.01		ess hospital designs and manages the physical environment to comply with the	
(5) A CAH may install alcohol-based hand dispensers are installed in a manner that a access.		I .	When the critical access hosp that protects against inapprop	ital installs alcohol-based hand rub dispensers, it installs the dispensers in a manner	

CFR Numbe §485.623(c)(-	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.623(c)(6) (6) When a sprinkler system	TAG: C-0	938 r more than 10 hours, the CAH must:			
§485.623(c)(6)(i)			PE.03.01.0	1 The critical acce	ess hospital designs and manages the physical environment to comply with the
(i) Evacuate the building or portion of the building affected by the system outage until the system is back in service, or		EP 8	When a sprinkler system is sh building or portion of the build	nut down for more than 10 hours, the critical access hospital either evacuates the ing affected by the system outage until the system is back in service, or the critical fire watch until the system is back in service.	
§485.623(c)(6)(ii)	TAG: C-0		PE.03.01.0	1 The critical acce	ess hospital designs and manages the physical environment to comply with the
(ii) Establish a fire watch ur	ntil the system is	back in service.	EP 8	When a sprinkler system is sh building or portion of the build	but down for more than 10 hours, the critical access hospital either evacuates the ing affected by the system outage until the system is back in service, or the critical fire watch until the system is back in service.
§485.623(c)(7)	TAG: C-0		PE.03.01.0	1 The critical acce Life Safety Code	ess hospital designs and manages the physical environment to comply with the
and for any building constru	ucted after July 5 ndows in atrium v	or outside door in every sleeping room, , 2016 the sill height must not exceed 36 valls are considered outside windows for	Buildings have an outside window or outside door in every sleeping room. For any building construction 5, 2016, the sill height does not exceed 36 inches above the floor. Note 1: Windows in atrium walls are considered outside windows for the purposes of this requirem Note 2: The sill height requirement does not apply to newborn nurseries and rooms intended for onless than 24 hours.		dow or outside door in every sleeping room. For any building constructed after July ot exceed 36 inches above the floor. Ils are considered outside windows for the purposes of this requirement.
§485.623(c)(7)(i)	TAG: C-0		PE.03.01.0	1 The critical acce	ess hospital designs and manages the physical environment to comply with the
(i) The sill height requireme intended for occupancy for		y to newborn nurseries and rooms rs.	EP 9	5, 2016, the sill height does note 1: Windows in atrium wan Note 2: The sill height require less than 24 hours.	dow or outside door in every sleeping room. For any building constructed after July of exceed 36 inches above the floor. Ills are considered outside windows for the purposes of this requirement. ment does not apply to newborn nurseries and rooms intended for occupancy for ial nursing care areas of new occupancies does not exceed 60 inches.
§485.623(c)(7)(ii)	TAG: C-0		PE.03.01.0		ess hospital designs and manages the physical environment to comply with the
(ii) Special nursing care are	eas of new occup	ancies shall not exceed 60 inches.	EP 9	5, 2016, the sill height does note 1: Windows in atrium wan Note 2: The sill height require less than 24 hours.	dow or outside door in every sleeping room. For any building constructed after July of exceed 36 inches above the floor. Ills are considered outside windows for the purposes of this requirement. ment does not apply to newborn nurseries and rooms intended for occupancy for ial nursing care areas of new occupancies does not exceed 60 inches.
§485.623(d)	TAG: C-0	944	PE.04.01.0	1 The critical acce	ess hospital addresses building safety and facility management.
provisions and must procee	led in this section ed in accordance	, the CAH must meet the applicable with the Health Care Facilities Code ts TIA 12–2, TIA 12–3, TIA 12–4, TIA	EP 1	Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If the Health Care Facilities Code would result in unreasonable hardship for the critical or Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. If a sare documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.

CFR Number §485.623(d)(1)	Medicare Requirements	1	pint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.623(d)(1) TAG:	C-0944	PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
(1) Chapters 7, 8, 12, and 13 of the adopted Health Care Facilities Code do not apply to a CAH.		EP 1	Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other in the activity; NFPA standard(s)	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If all the Health Care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. If are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of the referenced for the activity; and results of the activity.
• ()()	C-0944	PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
of this section would result in unreasona	lities Code required under paragraph (d) ble hardship for the CAH, CMS may waive acilities Code, but only if the waiver does not patients.	EP 1	Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). d 13 of the Health Care Facilities Code do not apply. ealth Care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. s are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of the activity; and results of the activity.
§485.623(e)				
§485.623(e)		1		
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 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/federal_register/code_of_federal_regulations/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.				
§485.623(e)(1)		1		
(1) National Fire Protection Association, www.nfpa.org, 1.617.770.3000.	1 Batterymarch Park, Quincy, MA 02169,			
§485.623(e)(1)(i)		PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
(i) NFPA 99, Standards for Health Care Protection Association 99, 2012 edition,		EP 1	Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). d 13 of the Health Care Facilities Code do not apply. ealth Care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. It is a redocumented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed perferenced for the activity; and results of the activity.

CFR Number §485.623(e)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§485.623(e)(1)(ii)		PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.		
(ii) TIA 12–2 to NFPA 99, issued August 11, 2011.		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 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 performe the activity; NFPA standard(s) referenced for the activity; and results of the activity.			
§485.623(e)(1)(iii)		PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.		
(iii) TIA 12–3 to NFPA 99, issued August 9, 2012.			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 may waive specific provisions of the Health C 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 perform the activity; NFPA standard(s) referenced for the activity; and results of the activity.			
§485.623(e)(1)(iv)		PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.		
(iv) TIA 12-4 to NFPA 99, issued March 7	, 2013.		Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activitie devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If It is a contact in a contact information of person who performed in referenced for the activity; and results of the activity.		
§485.623(e)(1)(v)		PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.		
(v) TIA 12-5 to NFPA 99, issued August 1	, 2013.		Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activitie devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If It is a contact in a contact information of person who performed in referenced for the activity; and results of the activity.		

CFR Number §485.623(e)(1)(vi)	Medicare Requirements	I	nt Commission ivalent Number	Joint Commission Standards and Elements of Performance		
§485.623(e)(1)(vi)		PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.		
(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.		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 may waive specific provisions of the Health Car 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.				
§485.623(e)(1)(vii) (vii) NFPA 101, Life Safety Code, 2012	edition, issued August 11, 2011:	PE.03.01.01	The critical acce Life Safety Code	ess hospital designs and manages the physical environment to comply with the		
	T N re N S a N d d u N C W N	entative Interim Amendment lote 1: Outpatient surgical de egardless of the number of plote 2: The provisions of the iervices (CMS) finds that a fliccess hospitals. lote 3: In consideration of a riscretion of the Secretary for eemed appropriate, specific pon a critical access hospital lote 4: After consideration of code that, if rigidly applied, waiver does not adversely affolds 5: All inspecting activities evices, equipment, or other i	eets the applicable provisions of the Life Safety Code (NFPA 101-2012 and its [TIA] 12-1, 12-2, 12-3, and 12-4). Expartments meet the provisions applicable to ambulatory health care occupancies, atients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid re and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the or the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship II, but only if the waiver will not adversely affect the health and safety of the patients. State survey agency findings, CMS may waive specific provisions of the Life Safety ould result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. Is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.			
§485.623(e)(1)(viii)		PE.03.01.01		ess hospital designs and manages the physical environment to comply with the		
(viii) TIA 12–1 to NFPA 101, issued Aug	just 11, 2011.	T N re N S a N d d d u N C W N	entative Interim Amendment lote 1: Outpatient surgical de egardless of the number of plote 2: The provisions of the iervices (CMS) finds that a fil ccess hospitals. lote 3: In consideration of a riscretion of the Secretary for eemed appropriate, specific pon a critical access hospital lote 4: After consideration of code that, if rigidly applied, water does not adversely affold to 5: All inspecting activities evices, equipment, or other i	eets the applicable provisions of the Life Safety Code (NFPA 101-2012 and is [TIA] 12-1, 12-2, 12-3, and 12-4). epartments meet the provisions applicable to ambulatory health care occupancies,		

CFR Number §485.623(e)(1)(ix)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
§485.623(e)(1)(ix)	er 30, 2012	PE.03.01.0	The critical acce	ess hospital designs and manages the physical environment to comply with the e.			
(ix) TIA 12–2 to NFPA 101, issued October 30, 2012.		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 & Medica 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 & 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 patien 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.				
§485.623(e)(1)(x) (x) TIA 12–3 to NFPA 101, issued Octobe	er 22, 2013	PE.03.01.0	The critical acce	ess hospital designs and manages the physical environment to comply with the e.			
		EP 3	Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p Note 2: The provisions of the Services (CMS) finds that a fi access hospitals. Note 3: In consideration of a r discretion of the Secretary for deemed appropriate, specific upon a critical access hospita Note 4: After consideration of Code that, if rigidly applied, w waiver does not adversely aff Note 5: All inspecting activitie devices, equipment, or other in the surgical devices in the surgical devices and the surgical devices and the surgical devices are surgical devices.	leets the applicable provisions of the Life Safety Code (NFPA 101-2012 and its [TIA] 12-1, 12-2, 12-3, and 12-4). Expartments meet the provisions applicable to ambulatory health care occupancies, natients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid re and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship in the waiver will not adversely affect the health and safety of the patients. State survey agency findings, CMS may waive specific provisions of the Life Safety rould result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. Is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.			

CFR Number §485.623(e)(1)(xi)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance					
§485.623(e)(1)(xi)	§485.623(e)(1)(xi) (xi) TIA 12–4 to NFPA 101, issued October 22, 2013.		PE.03.01.01 The critical access hospital designs and manages the physical environment to comply with the Life Safety Code.						
(XI) TIA 12-4 to NFPA 101, Issued October 22, 2013.		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 & 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 survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & 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.							
§485.625 TAG: E-	****	EM.09.01.01		ess hospital has a comprehensive emergency management program that azards approach.					
§485.625 Condition of Participation: Emer The CAH must comply with all applicable preparedness requirements. The CAH mu emergency preparedness program, utilizir emergency preparedness plan must include elements:	Federal, State, and local emergency list develop and maintain a comprehensive an all-hazards approach. The		The critical access hospital han nazards approach. The progration • Leadership structure and • Hazard vulnerability and • Mitigation and prepared	as a written comprehensive emergency management program that utilizes an all- am includes, but is not limited to, the following: d program accountability allysis ness activities olan and policies and procedures					
			The critical access hospital co and regulations.	omplies with all applicable federal, state, and local emergency preparedness laws					

CFR Number §485.625(a)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§485.625(a) TAG: E (a) Emergency plan. The CAH must develop reparedness plan that must be reviewed	lop and maintain an emergency	EM.12.01.01 The critical access hospital develops an emergency operations plan based on an all approach. Note: The critical access hospital considers its prioritized hazards idention of its hazards vulnerability analysis when developing an emergency operations plan				
preparedness plan that must be reviewed and updated at least every 2 years. The plan must do all of the following:		The critical access hospital has a written all-hazards emergency operations plan (EOP) with supporting and procedures that provides guidance to staff and volunteers on actions to take during emergency or 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.17.01.01 The critical access hospital evaluates its emergency management program, emerge				
		EP 3	The critical access hospital re for improvement to the followin Hazard vulnerability ana Emergency management	nt program plan, policies, and procedures plan		
§485.625(a)(1) TAG: E		EM.11.01.0		ess hospital conducts a hazard vulnerability analysis utilizing an all-hazards		
(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.		EP 1	 approach that includes the foll Hazards that are likely to patient population A community-based risk agencies) Separate HVAs for its of The findings are documented. Note: A separate HVA is only 	assessment (such as those developed by external emergency management ther accredited facilities if they significantly differ from the main site		
		EP 2	 Natural hazards (such a Human-caused hazards Technological hazards (such a Hazardous materials (such a Hazardous materials) 	nazard vulnerability analysis includes the following: s flooding, wildfires) (such as bomb threats or cyber/information technology crimes) such as utility or information technology outages) uch as radiological, nuclear, chemical) eases (such as the Ebola, Zika, or SARS-CoV-2 viruses)		

CFR Numb §485.625(a		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.625(a)(2) TAG: E-0006 (2) Include strategies for addressing emergency events identified by the risk assessment.		EM.11.01	.01 The critical acc approach.	ess hospital conducts a hazard vulnerability analysis utilizing an all-hazards	
		EP 3	what presents the highest like	valuates and prioritizes the findings of the hazard vulnerability analysis to determine elihood of occurring and the impacts those hazards will have on the operating status and its ability to provide services. The findings are documented.	
			EP 4	•	ses its prioritized hazards from the hazard vulnerability analysis to identify and paredness actions to increase the resilience of the critical access hospital and helps I services or functions.
		but not limited to, persons at-risk; the type	EM.12.01	approach. Note	ess hospital develops an emergency operations plan based on an all-hazards : The critical access hospital considers its prioritized hazards identified as part ulnerability analysis when developing an emergency operations plan.
of services the CAH has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.		EP 2	including at-risk populations, disaster event. Note: At-risk populations suc may have additional needs to	emergency operations plan identifies the patient population(s) that it will serve, and the types of services it would have the ability to provide in an emergency or h as the elderly, dialysis patients, or persons with physical or mental disabilities be addressed during an emergency or disaster incident such as medical care, on, supervision, and maintaining independence.	
			EM.13.01	hospital consid	ess hospital has a continuity of operations plan. Note: The critical access lers its prioritized hazards identified as part of its hazard vulnerability analysis a continuity of operations plan.
		EP 1	participation of key executive by the critical access hospita considered essential or critica Note: The COOP provides go business functions to deliver administrative/vital records, in telecommunications, and buil	as a written continuity of operations plan (COOP) that is developed with the leaders, business and finance leaders, and other department leaders as determined I. These key leaders identify and prioritize the services and functions that are all for maintaining operations. Lidance on how the critical access hospital will continue to perform its essential essential or critical services. Essential business functions to consider include information technology, financial services, security systems, communications/lding operations to support essential and critical services that cannot be deferred activities must be performed continuously or resumed quickly following a disruption.	
			EP 2	to provide its essential busine compromised due to an eme Note: Example of options to	continuity of operations plan identifies in writing how and where it will continue ess functions when the location of the essential or critical service has been regency or disaster incident. consider for providing essential services include use of off-site locations, space ization, existing facilities or space, telework (remote work), or telehealth.
			EP 3	•	as a written order of succession plan that identifies who is authorized to assume nagement role when that person(s) is unable to fulfill their function or perform their
			EP 4	authorization to act on behalf Note: Delegations of authorit sufficiently detailed to make of	as a written delegation of authority plan that provides the individual(s) with the legal of the critical access hospital for specified purposes and to carry out specific duties. It is an essential part of an organization's continuity program and should be certain the critical access hospital can perform its essential functions. Delegations of alar function that an individual is authorized to perform and includes restrictions and at authority.

CFR Numbe §485.625(a)(Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.625(a)(4) TAG: E-0009 (4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.		EM.12.01.0	approach. Note	ess hospital develops an emergency operations plan based on an all-hazards : The critical access hospital considers its prioritized hazards identified as part ulnerability analysis when developing an emergency operations plan.
		EP 6	with other health care facilitie	emergency operations plan includes a process for cooperating and collaborating as; health care coalitions; and local, tribal, regional, state, and federal emergency to leverage support and resources and to provide an integrated response during an ant.
	TAG: E-0013 The CAH must develop and implement emergency procedures, based on the emergency plan set forth in	EM.12.01.0	approach. Note	ess hospital develops an emergency operations plan based on an all-hazards : The critical access hospital considers its prioritized hazards identified as part ulnerability analysis when developing an emergency operations plan.
paragraph (a) of this section and the communication plan procedures must be review	reparedness policies and procedures, based on the emergency plan set forth in aragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and rocedures must be reviewed and updated at least every 2 years. At a minimum, the olicies and procedures must address the following:		and procedures that provides incidents. The EOP and policion of Mobilizing incident comes and communications plan of Maintaining, expanding protecting critical syste conserving and/or suppost Surge plans (such as fluidentifying alternate trees Sheltering in place	, curtailing, or closing operations ms and infrastructure plementing resources u or pandemic plans) atment areas or locations omplete) or relocating services
		EM.17.01.		ess hospital evaluates its emergency management program, emergency n, and continuity of operations plans.
		EP 3	for improvement to the follow Hazard vulnerability and Emergency manageme	nt program plan, policies, and procedures s plan
§485.625(b)(1)	TAG: E-0015	1		
(1) The provision of subsist or shelter in place, include,	ence needs for staff and patients, whether they evacuate but are not limited to			

CFR Number §485.625(b)(1)(i)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance		
3	485.625(b)(1)(i) TAG: E-0015 Food, water, medical, and pharmaceutical supplies;		approach. Note:	ss hospital develops an emergency operations plan based on an all-hazards The critical access hospital considers its prioritized hazards identified as part Ilnerability analysis when developing an emergency operations plan.		
		EP 4 The emergency operations plan includes written procedures for how the critical access hospital will pressential needs for its staff, volunteers, and patients, whether they shelter in place or evacuate, that i 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				
§485.625(b)(1)(ii) TAG: E		4				
(ii) Alternate sources of energy to maintai	n:					
§485.625(b)(1)(ii)(A) TAG: E (A) Temperatures to protect patient health storage of provisions;		EM.12.02.11	emergency or di	ss hospital has a plan for managing essential or critical utilities during an saster incident. Note: The critical access hospital considers its prioritized as part of its hazard vulnerability analysis when developing a plan for ment.		
			following: Temperatures to protect Emergency lighting Fire detection, extinguis Sewage and waste disp Note: It is important for critical a level that protects the health			
§485.625(b)(1)(ii)(B) TAG: E	-0015	EM.12.02.1		ss hospital has a plan for managing essential or critical utilities during an		
(B) Emergency lighting;				saster incident. Note: The critical access hospital considers its prioritized as part of its hazard vulnerability analysis when developing a plan for ment.		
			following: Temperatures to protect Emergency lighting Fire detection, extinguis Sewage and waste disp Note: It is important for critical a level that protects the health			

CFR Number §485.625(b)(1)(ii)(C)	Medicare Requirements	Joint Commission Equivalent Numbe			Joint Commission Standards and Elements of Performance	
0 (// // // -/	§485.625(b)(1)(ii)(C) TAG: E-0015 (C) Fire detection, extinguishing, and alarm systems; and			ess hospital has a plan for managing essential or critical utilities during an isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for ment.		
		EP 4 The critical access hospital's plan for managing utilities includes alternate sources for maintainin following: • Temperatures to protect patient health and safety and for the safe and sanitary storage of emergency lighting • Fire detection, extinguishing, and alarm systems • Sewage and waste disposal Note: It is important for critical access hospitals to consider alternative means for maintaining ter a level that protects the health and safety of all persons within the facility. For example, when sa levels cannot be maintained, the critical access hospital considers partial or full evacuation or clo			patient health and safety and for the safe and sanitary storage of provisions hing, and alarm systems osal I access hospitals to consider alternative means for maintaining temperatures at a and safety of all persons within the facility. For example, when safe temperature	
§485.625(b)(1)(ii)(D) TAG: E-(D) Sewage and waste disposal.			emergency or hazards identi		e critical access hospital has a plan for managing essential or critical utilities during an ergency or disaster incident. Note: The critical access hospital considers its prioritized eards identified as part of its hazard vulnerability analysis when developing a plan for ities management.	
		The critical access hospital's plan for managing utilities includes alternate sources for maintaining energy following: Temperatures to protect patient health and safety and for the safe and sanitary storage of provision. Emergency lighting Fire detection, extinguishing, and alarm systems Sewage and waste disposal Note: It is important for critical access hospitals to consider alternative means for maintaining temperature a level that protects the health and safety of all persons within the facility. For example, when safe temperature is cannot be maintained, the critical access hospital considers partial or full evacuation or closure.			patient health and safety and for the safe and sanitary storage of provisions hing, and alarm systems osal l access hospitals to consider alternative means for maintaining temperatures at a and safety of all persons within the facility. For example, when safe temperature	
§485.625(b)(2) TAG: E- (2) A system to track the location of on-dut care during an emergency. If on-duty staff during the emergency, the CAH must docu	ry staff and sheltered patients in the CAH's and sheltered patients are relocated	EM.12.02.		emergency or di	ess hospital has a plan for safety and security measures to take during an isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for safety	
the receiving facility or other location.		EP 2 The critical access on-duty staff and vo volunteers and patiename and location (Note: Examples of states)		and volunteers a nd patients are re cation of the rece bles of systems us	plan for safety and security measures includes a system to track the location of its and patients when sheltered in place, relocated, or evacuated. If on-duty staff and elocated during an emergency, the critical access hospital documents the specific eliving facility or evacuation location. Seed for tracking purposes include the use of established technology or tracking sat defined intervals.	
§485.625(b)(3) TAG: E-		EM.12.01.01		The critical acce	ess hospital develops an emergency operations plan based on an all-hazards The critical access hospital considers its prioritized hazards identified as part	
(3) Safe evacuation from the CAH, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification				approach. Note: The critical access nospital considers its prioritized nazards identified as par of its hazards vulnerability analysis when developing an emergency operations plan.		
evacuation location(s); and primary and alt external sources of assistance.		EP 3	shelter in pla Note 1: Shelt or situation. Note 2: Safe	nce or evacuate (pter-in-place plans	emergency operations plan includes written procedures for when and how it will partial or complete) its staff, volunteers, and patients. may vary by department and facility and may vary based on the type of emergency the critical access hospital includes consideration of care, treatment, and service onsibilities, and transportation.	

CFR Number §485.625(b)(3)	Medicare Requirements		pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EM.12.02.0	maintain commo prioritized hazar	ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan.
		EP 5	with staff and relevant authori The plan includes procedures How and when alternate Verifying that its commu- authorities the critical ac Testing the functionality equipment Note: Examples of alternate/b	communications plan identifies its primary and alternate means for communicating ties (such as federal, state, tribal, regional, and local emergency preparedness staff). For the following: be/backup communication methods are used inications systems are compatible with those of community partners and relevant access hospital plans to communicate with of the critical access hospital's alternate/backup communication systems or backup communication systems include amateur radios, portable radios, text-based phones, and reverse 911 notification systems.
§485.625(b)(4) TAG: E- (4) A means to shelter in place for patients facility.		EM.12.01.0	approach. Note:	ess hospital develops an emergency operations plan based on an all-hazards. The critical access hospital considers its prioritized hazards identified as part ulnerability analysis when developing an emergency operations plan.
		EP 3	shelter in place or evacuate (p Note 1: Shelter-in-place plans or situation. Note 2: Safe evacuation from	emergency operations plan includes written procedures for when and how it will partial or complete) its staff, volunteers, and patients. It may vary by department and facility and may vary based on the type of emergency the critical access hospital includes consideration of care, treatment, and service onsibilities, and transportation.
§485.625(b)(5) TAG: E-	-0023	IM.11.01.01	The critical acce	ess hospital plans for continuity of its information management processes.
(5) A system of medical documentation the confidentiality of patient information, and s records.		EP 1	and patient information during security and availability of pat Note: These policies and prod	evelops and implements policies and procedures regarding medical documentation gemergencies and other interruptions to information management systems, including ient records to support continuity of care. Seedures are based on the emergency plan, risk assessment, and emergency reviewed and updated at least every 2 years.
§485.625(b)(6) TAG: E- (6) The use of volunteers in an emergency including the process and role for integrati		EM.12.02.0	an emergency o	ess hospital has a staffing plan for managing all staff and volunteers during or disaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a staffing plan.
care professionals to address surge needs	s during an emergency.	EP 2	needs during the duration of a following: • Methods for contacting of a Acquisition of staff from education of the disaster med to the critical access hos in its plan.	its other health care facilities g, such as staffing agencies, health care coalition support, and those deployed as ical assistance teams spital determines that it will never use volunteers during disasters, this is documented staffing plan addresses the management of all staff and volunteers as follows:
	,		 Integration of staffing again and responsibilities 	pencies, volunteer staffing, or deployed medical assistance teams into assigned roles

CFR Numb §485.625(b		Medicare Requirements	Joint Com Equivalent			Joint Commission Standards and Elements of Performance	
	ent of limitations or o	ner CAHs or other providers to essation of operations to maintain the	an emergency hazards identi		an emergency or hazards identifie	ritical access hospital has a plan for providing patient care and clinical support during nergency or disaster incident. Note: The critical access hospital considers its prioritized discidentified as part of its hazard vulnerability analysis when developing a plan for nt care and clinical support.	
Continuity of Scribes to C	Air patients.		EP 1	and arranger	ments with other h	plan for providing patient care and clinical support includes written procedures nospitals and providers for how it will share patient care information and medical transfer patients to other health care facilities to maintain continuity of care.	
§485.625(b)(8)	TAG: E-002	26	EM.12.01.			ss hospital develops an emergency operations plan based on an all-hazards	
		ed by the Secretary, in accordance of care and treatment at an alternate				The critical access hospital considers its prioritized hazards identified as part Ilnerability analysis when developing an emergency operations plan.	
care site identified by emergency management officials.		The critical access hospital must develop and implement emergency preparedness policies and procedures that address the role of the critical access hospital under a waiver declared by the Secretary, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified be emergency management officials. Note 1: This element of performance is applicable only to critical access hospitals that receive Medicare, Medicai or Children's Health Insurance Program reimbursement. Note 2: For more information on 1135 waivers, visit https://www.cms.gov/about-cms/what-we-do/emergency-response/how-can-we-help/waivers-flexibilities and https://www.cms.gov/about-cms/agency-information/emergency/downloads/consolidated_medicare_ffs_emergency_qsas.pdf.					
§485.625(c)	TAG: E-002	lop and maintain an emergency	EM.09.01.01		The critical access hospital has a comprehensive emergency management program that utilizes an all-hazards approach.		
preparedness communicated and must be reviewed and	ation plan that compl d updated at least e	ies with Federal, State, and local laws very 2 years. The communication plan	EP 3	The critical a		mplies with all applicable federal, state, and local emergency preparedness laws	
must include all of the follo	owing:		EM.12.01.01		The critical access hospital develops an emergency operations plan based on an all-hazard approach. Note: The critical access hospital considers its prioritized hazards identified as p of its hazards vulnerability analysis when developing an emergency operations plan.		
		EP1	and procedu incidents. Th Mobiliz Commu Maintai Protect Conser Surge p Identify Shelter Evacua Safety	res that provides and EOP and policied in gincident communications plan ining, expanding, ting critical system rving and/or supplicans (such as fluring alternate treating in place	curtailing, or closing operations as and infrastructure lementing resources or pandemic plans) tment areas or locations mplete) or relocating services		

CFR Number §485.625(c)	Medicare Requirements	Joint Con Equivalen		Joint Commission Standards and Elements of Performance
		EM.17.01.01		ess hospital evaluates its emergency management program, emergency , and continuity of operations plans.
		for impro Ha En Co Co Ed Ed Co	ovement to the following and vulnerability and nergency managements.	olan, policies, and procedures
§485.625(c)(1) TAG: E-				
(1) Names and contact information for the	following:			
§485.625(c)(1)(i) TAG: E-0030 (i) Staff.		EM.12.02.01	maintain commo	ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an ionse communications plan.
		an emer Sta Ph Vo Otl En su Re Otl Note: Th	gency. The list of con aff sysicians and other lic lunteers her health care organ tities providing servic pplies elevant community pa elevant authorities (fed her sources of assista	izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the
§485.625(c)(1)(ii) TAG: E- (ii) Entities providing services under arrange		EM.12.02.01	maintain commo	ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan.
		an emer Sta Ph Vo Ott En su Re Ott Note: Th	gency. The list of con aff sysicians and other lic lunteers her health care organ tities providing servic pplies elevant community pa elevant authorities (fed her sources of assista	izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the

CFR Numbe §485.625(c)(1)	·	Medicare Requirements	I	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.625(c)(1)(iii) (iii) Patients' physicians.	TAG: E-003)	EM.12.02	ess hospital has a communications plan that addresses how it will initiate and nunications during an emergency. Note: The critical access hospital considers and identified as part of its hazard vulnerability analysis when developing an ponse communications plan.	
			EP 1	an emergency. The list of cor Staff Physicians and other lice Volunteers Other health care organ Entities providing service supplies Relevant community particles (feed of the sources of assist)	censed practitioners nizations ces under arrangement, including suppliers of essential services, equipment, and artners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the
§485.625(c)(1)(iv) (iv) Other CAHs and hospital	TAG: E-0030		EM.12.02	maintain comm prioritized haza	ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers and identified as part of its hazard vulnerability analysis when developing an ponse communications plan.
			EP 1	an emergency. The list of cor Staff Physicians and other lice Volunteers Other health care organ Entities providing service supplies Relevant community particles (fee-	censed practitioners nizations ces under arrangement, including suppliers of essential services, equipment, and artners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) vill determine what organizations/individuals need to be contacted to assist with the

CFR Number §485.625(c)(1)(v)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§485.625(c)(1)(v) TAG: E-0030 (v) Volunteers.		EM.12.02.01	maintain commu prioritized hazar	ical access hospital has a communications plan that addresses how it will initiate and n communications during an emergency. Note: The critical access hospital considers ted hazards identified as part of its hazard vulnerability analysis when developing an ncy response communications plan.	
		an e	emergency. The list of con Staff Physicians and other lice Volunteers Other health care organ Entities providing service supplies Relevant community par Relevant authorities (fectors)	izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the	
§485.625(c)(2) TAG: E	-0031				
(2) Contact information for the following:					
§485.625(c)(2)(i) TAG: E (i) Federal, State, tribal, regional, and local	****	EM.12.02.01	maintain commu prioritized hazar	ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan.	
		an e	emergency. The list of con Staff Physicians and other lice Volunteers Other health care organ Entities providing service supplies Relevant community par Relevant authorities (fee Other sources of assista	izations es under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the	

CFR Number §485.625(c)(2)(ii)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance				
§485.625(c)(2)(ii) TAG: E-0031 (ii) Other sources of assistance.			EM.12.02.01 The critical access hospital has a communications plan that addresses how it will initiate and maintain communications during an emergency. Note: The critical access hospital considers prioritized hazards identified as part of its hazard vulnerability analysis when developing an emergency response communications plan.					
		EP 1	an emergency. The list of con Staff Physicians and other lic Volunteers Other health care organ Entities providing servic supplies Relevant community pa Relevant authorities (fee Other sources of assista	rensed practitioners dizations des under arrangement, including suppliers of essential services, equipment, and rtners (such as fire, police, local incident command, public health departments) deral, state, tribal, regional, and local emergency preparedness staff) ance (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the				
§485.625(c)(3) TAG: E	-0032							
(3) Primary and alternate means for comr	municating with the following:							
§485.625(c)(3)(i) TAG: E	-0032	EM.12.02		ess hospital has a communications plan that addresses how it will initiate and				
(i) CAH's staff.			prioritized hazaı	unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan.				
		EP 5	with staff and relevant authori The plan includes procedures	communications plan identifies its primary and alternate means for communicating ities (such as federal, state, tribal, regional, and local emergency preparedness staff). It is for the following: e/backup communication methods are used unications systems are compatible with those of community partners and relevant excess hospital plans to communicate with for of the critical access hospital's alternate/backup communication systems or exackup communication systems include amateur radios, portable radios, text-based phones, and reverse 911 notification systems.				
§485.625(c)(3)(ii) TAG: E	-0032	EM.12.02		ess hospital has a communications plan that addresses how it will initiate and				
(ii) Federal, State, tribal, regional, and loc	al emergency management agencies.		prioritized hazaı	unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan.				
		EP 5	with staff and relevant authori The plan includes procedures How and when alternate Verifying that its commu- authorities the critical ac Testing the functionality equipment Note: Examples of alternate/b	communications plan identifies its primary and alternate means for communicating ities (such as federal, state, tribal, regional, and local emergency preparedness staff). It is for the following: e/backup communication methods are used unications systems are compatible with those of community partners and relevant access hospital plans to communicate with for the critical access hospital's alternate/backup communication systems or backup communication systems include amateur radios, portable radios, text-based phones, and reverse 911 notification systems.				

CFR Numb §485.625(c		Medicare Requirements	1	loint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§485.625(c)(4) TAG: E-0033 (4) A method for sharing information and medical documentation for patients under the CAH's care, as necessary, with other health care providers to maintain the continuity of care.			EM.12.02.01 The critical access hospital has a communications plan that addresses how it will maintain communications during an emergency. Note: The critical access hospita prioritized hazards identified as part of its hazard vulnerability analysis when deve emergency response communications plan.				
		EP 4	 In the event of an emergency or evacuation, the critical access hospital's communications for sharing and/or releasing location information and medical documentation for patients up to the following individuals or entities, in accordance with law and regulation: Patient's family, representative, or others involved in the care of the patient Disaster relief organizations and relevant authorities Other health care providers Note: Sharing and releasing of patient information is consistent with 45 CFR 164.510(b)(1) 				
			EM.12.02.	an emergency of hazards identifi patient care and	ess hospital has a plan for providing patient care and clinical support during or disaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for diclinical support.		
			EP 1	and arrangements with other	plan for providing patient care and clinical support includes written procedures hospitals and providers for how it will share patient care information and medical I transfer patients to other health care facilities to maintain continuity of care.		
	rag: E-0033 s, in the event of an evacuation, to release patient information as nder 45 CFR 164.510(b)(1)(ii).		EM.12.02.	maintain comm prioritized haza	ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan.		
		EP 4	for sharing and/or releasing lot to the following individuals or Patient's family, represe Disaster relief organizat Other health care providents	or evacuation, the critical access hospital's communications plan includes a method ocation information and medical documentation for patients under the hospital's care entities, in accordance with law and regulation: entative, or others involved in the care of the patient tions and relevant authorities ders of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).			
		t the general condition and location of ed under 45 CFR 164.510(b)(4).	EM.12.02.	maintain comm prioritized haza	ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan.		
EP		EP 4	for sharing and/or releasing to the following individuals or Patient's family, represe Disaster relief organizat Other health care providuals	or evacuation, the critical access hospital's communications plan includes a method ocation information and medical documentation for patients under the hospital's care entities, in accordance with law and regulation: entative, or others involved in the care of the patient tions and relevant authorities ders of patient information is consistent with 45 CFR 164.510(b)(1)(ii) and (b)(4).			
§485.625(c)(7)	TAG: E-		EM.12.02.		ess hospital has a communications plan that addresses how it will initiate and		
	ce, to the authori	t the CAH's occupancy, needs, and its ty having jurisdiction or the Incident		prioritized haza	unications during an emergency. Note: The critical access hospital considers rds identified as part of its hazard vulnerability analysis when developing an conse communications plan.		
, °			EP 3	and report information about relevant authorities. Note: Examples of critical acc	communication plan describes how the critical access hospital will communicate with its organizational needs, available occupancy, and ability to provide assistance to cess hospital needs include shortages in personal protective equipment, staffing ser of patients, and temporary loss of part or all organization function.		

CFR Number §485.625(d)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance				
§485.625(d) TAG: E-0036 (d) Training and testing. The CAH must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan		EM.15.0	EM.15.01.01 The critical access hospital has an emergency management education and training program. Note: The critical access hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.					
this section, policies and procedu communication plan at paragrapl	set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.		EP 1 The critical access hospital has a written education and training program in emergency managem on the critical access hospital's prioritized risks identified as part of its hazard vulnerability analys operations plan, communications plan, and policies and procedures. Note: If the critical access hospital has developed multiple hazard vulnerability analyses based or other services offered, the education and training for those facilities are specific to their needs.					
		EM.16.0	plan and respor	ess hospital plans and conducts exercises to test its emergency operations are procedures. Note: The critical access hospital considers its prioritized as part of its hazard vulnerability analysis when developing emergency				
			emergency operations plan (E Likely emergencies or d EOP and policies and p After-action reports (AA Six critical areas (command assets, utilities) Note 1: The planned exercise assess how prepared the critical experiences. Note 2: An AAR is a detailed planned and unplanned even	rocedures				
		EM.17.0		ess hospital evaluates its emergency management program, emergency, and continuity of operations plans.				
		EP 3	for improvement to the followi Hazard vulnerability and Emergency management	nt program plan, policies, and procedures plan				
§485.625(d)(1)	TAG: E-0037							
(1) Training program. The CAH n	nust do all of the following:							

CFR Number §485.625(d)(1)(i)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§485.625(d)(1)(i) TAG: E- (i) Initial training in emergency preparedne prompt reporting and extinguishing of fires	ess policies and procedures, including	EM.15.01.0	EM.15.01.01 The critical access hospital has an emergency management education and training program Note: The critical access hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.				
evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.			existing staff, individuals provi and responsibilities in an eme Activation and deactivati Communications plan Emergency response po Evacuation, shelter-in-pl Where and how to obtain equipment) Documentation is required.	ace, lockdown, and surge procedures n resources and supplies for emergencies (such as procedure manuals or			
		PE.03.01.0	1 The critical acce Life Safety Code	ss hospital designs and manages the physical environment to comply with the			
		EP 4		s written fire control plans that include provisions for prompt reporting of fires; of patients, staff, and guests; evacuation; and cooperation with firefighting			
§485.625(d)(1)(ii) TAG: E-		EM.15.01.0		ss hospital has an emergency management education and training program.			
(ii) Provide emergency preparedness train	ing at least every 2 years.			Il access hospital considers its prioritized hazards identified as part of its ility analysis when developing education and training.			
		EP 3	under arrangement, and volur education and training occur a • At least every two years • When roles or responsib • When there are significa • When procedural chang education and training. Documentation is required. Note 1: Staff demonstrate knowll as post-training tests, par methods determined and documentation. Note 2: Critical access hospital	ilities change nt revisions to the emergency operations plan, policies, and/or procedures es are made during an emergency or disaster incident requiring just-in-time wledge of emergency procedures through participation in drills and exercises, as ticipation in instructor-led feedback (for example, questions and answers), or other			
§485.625(d)(1)(iii) TAG: E-	0037	EM.15.01.0		ss hospital has an emergency management education and training program.			
(iii) Maintain documentation of the training				Il access hospital considers its prioritized hazards identified as part of its illity analysis when developing education and training.			
		EP 2	existing staff, individuals provi and responsibilities in an eme Activation and deactivati Communications plan Emergency response po Evacuation, shelter-in-pl	ovides initial education and training in emergency management to all new and ding services under arrangement, and volunteers that are consistent with their roles rgency. The initial education and training include the following: on of the emergency operations plan dicies and procedures ace, lockdown, and surge procedures are lockdown, and surge for emergencies (such as procedure manuals or			

CFR Number §485.625(d)(1)(iii)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	under arrangement, and volumeducation and training occur are the At least every two years. • When roles or responsible. • When there are significale. • When procedural change education and training. Documentation is required. Note 1: Staff demonstrate knowled as post-training tests, paramethods determined and documentation.	bilities change ant revisions to the emergency operations plan, policies, and/or procedures les are made during an emergency or disaster incident requiring just-in-time by b
§485.625(d)(1)(iv) TAG: E-	****	EM.15.01.0		ess hospital has an emergency management education and training program.
(iv) Demonstrate staff knowledge of emerg	gency procedures.		hazard vulnerab	oility analysis when developing education and training.
		EP 2	existing staff, individuals prov and responsibilities in an eme • Activation and deactivat • Communications plan • Emergency response po • Evacuation, shelter-in-p • Where and how to obtain equipment) Documentation is required.	lace, lockdown, and surge procedures n resources and supplies for emergencies (such as procedure manuals or
		EP 3	under arrangement, and volumeducation and training occur are the At least every two years. • When roles or responsible. • When there are significated with the education and training. Documentation is required. Note 1: Staff demonstrate knowll as post-training tests, paramethods determined and document to the control of the control	bilities change ant revisions to the emergency operations plan, policies, and/or procedures les are made during an emergency or disaster incident requiring just-in-time by b

CFR Number §485.625(d)(1)(Medicare Requirements	Joint Commission Equivalent Numbe			Joint Commission Standards and Elements of Performance	
	If the emergency preparedness policies and procedures are significantly updated,		EM.15.01.01 The critical access hospital has an emergency management education and training program. Note: The critical access hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing education and training.				
the CAH must conduct training on the updated policies and procedures.		The critical access hospital provides ongoing education and training to all staff, individuals providing services under arrangement, and volunteers that are consistent with their roles and responsibilities in an emergency. The education and training occur at the following times: • At least every two years • When roles or responsibilities change • When there are significant revisions to the emergency operations plan, policies, and/or procedures • When procedural changes are made during an emergency or disaster incident requiring just-in-time education and training. Documentation is required. Note 1: Staff demonstrate knowledge of emergency procedures through participation in drills and exercises, as well as post-training tests, participation in instructor-led feedback (for example, questions and answers), or other methods determined and documented by the organization. Note 2: Critical access hospitals are not required to retrain staff on the entire emergency operations plan but can choose to provide education and training specific to the new or revised elements of the emergency management program.					
§485.625(d)(2)	TAG: E-00	39	EM.16.0			ss hospital plans and conducts exercises to test its emergency operations	
(2) Testing. The CAH must continue per year. The CAH must		s to test the emergency plan at least ng:		i		se procedures. Note: The critical access hospital considers its prioritized as part of its hazard vulnerability analysis when developing emergency	
			EP 2	One of Fig. Fig. The oth follows: Fig. M Ta or Exercises and Note 1: The of if it experience exemption). A emergency of	the annual exerci ull-scale, commurunctional, facility- er annual exercisull-scale, commurunctional, facility- ock disaster drill; abletop, seminar, arrated, clinically prepared question d actual emergen tritical access hoses an actual emer an exemption only	required to conduct two exercises per year to test the emergency operations plan. ises must consist of an operations-based exercise as follows: nity-based exercise; or based exercise when a community-based exercise is not possible se must consist of either an operations-based or discussion-based exercise as nity-based exercise; or or or workshop that is led by a facilitator and includes a group discussion using relevant emergency scenarios and a set of problem statements, directed messages, ons designed to challenge an emergency plan. ncy or disaster incidents are documented (after-action reports). spital would be exempt from conducting its next annual operations-based exercise ergency or disaster incident (discussion-based exercises are excluded from y applies if the critical access hospital provides documentation that it activated its	

CFR Number §485.625(d)(2)(i)	Medicare Requirements	-	Joint Commission quivalent Number	Joint Commission Standards and Elements of Performance
6 11 1 1(1)(1)(1)	485.625(d)(2)(i) TAG: E-0039 Participate in an annual full-scale exercise that is community-based; or		plan and respo	ess hospital plans and conducts exercises to test its emergency operations nse procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency
		EP 2	One of the annual exerce Full-scale, commuse Functional, facility The other annual exerce follows: Full-scale, commuse Functional, facility Mock disaster drill Tabletop, seminal narrated, clinically or prepared quest exercises and actual emerge Note 1: The critical access he if it experiences an actual emexemption). An exemption or emergency operations plan.	·
§485.625(d)(2)(i)(A) TAG: E- (A) When a community-based exercise is individual, facility-based functional exercise	not accessible, conduct an annual	EM.16.01.	plan and respon	ess hospital plans and conducts exercises to test its emergency operations nse procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency
		EP 2	One of the annual exerce Full-scale, commuse Functional, facility The other annual exerce follows: Full-scale, commuse Functional, facility Mock disaster drill Tabletop, seminal narrated, clinically or prepared quest exercises and actual emerge Note 1: The critical access he if it experiences an actual emexemption). An exemption or emergency operations plan.	* · · · · · · · · · · · · · · · · · · ·

CFR Number §485.625(d)(2)(i)(B)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance				
(B) If the CAH experiences an actual natur activation of the emergency plan, the CAH	§485.625(d)(2)(i)(B) TAG: E-0039 (B) If the CAH experiences an actual natural or man-made emergency that requires activation of the emergency plan, the CAH is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise		EM.16.01.01 The critical access hospital plans and conducts exercises to test its emergency operations plan and response procedures. Note: The critical access hospital considers its prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency exercises.					
following the onset of the emergency even		EP 2 The critical access hospital is required to conduct two exercises per year to test the emergency operations pla 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 statements, directed messa 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 it emergency operations plan. Note 2: See the Glossary for the definitions of operations-based and discussion-based exercises.						
§485.625(d)(2)(ii) TAG: E-	0039							
(ii) Conduct an additional exercise that magnetic following:	y include, but is not limited to the							
§485.625(d)(2)(ii)(A) TAG: E-	0039	EM.16.01.01		ess hospital plans and conducts exercises to test its emergency operations				
(A) A second full-scale exercise that is con based functional exercise; or	nmunity-based or an individual, facility-			nse procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency				
			One of the annual exerce Full-scale, commu Functional, facility The other annual exercifollows: Full-scale, commu Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared questifor prepared questiform actual emergences an actual emergences an actual emergency operations plan.					

CFR Number §485.625(d)(2)(ii)(B)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
\$485.625(d)(2)(ii)(B) TAG: E-0039 (B) A mock disaster drill; or		EM.16.01.0	plan and respor	ess hospital plans and conducts exercises to test its emergency operations use procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency
		EP 2	One of the annual exerce Full-scale, commuser Functional, facility The other annual exerce follows: Full-scale, commuser Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared quest exercises and actual emerge Note 1: The critical access he if it experiences an actual emexemption). An exemption on emergency operations plan.	·
§485.625(d)(2)(ii)(C) TAG: E-I (B) A tabletop exercise or workshop that in facilitator, using a narrated, clinically-releva- of problem statements, directed messages	cludes a group discussion led by a ant emergency scenario, and a set	EM.16.01.	plan and respon	ess hospital plans and conducts exercises to test its emergency operations nse procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency
challenge an emergency plan.	, or properties question according to	EP 2	One of the annual exerce Full-scale, commuser Functional, facility The other annual exerce follows: Full-scale, commuser Functional, facility Mock disaster drill Tabletop, seminar narrated, clinically or prepared quest exercises and actual emerge Note 1: The critical access hold it experiences an actual emexemption). An exemption on emergency operations plan.	<i>*</i>

CFR Number §485.625(d)(2)(iii)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
3	E-0039 maintain documentation of all drills, tabletop	EM.17.01.0		ess hospital evaluates its emergency management program, emergency , and continuity of operations plans.		
(iii) Analyze the CAH's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the CAH's emergency plan, as needed.		EP 1	The multidisciplinary committee that oversees the emergency management program reviews and evaluates all exercises and actual emergency or disaster incidents. The committee reviews after-action reports (AARs) identifies opportunities for improvement, and recommends actions to take to improve the emergency manage program. The AARs and improvement plans are documented. Note 1: The review and evaluation address the effectiveness of its emergency response procedure, continuit of operations plans (if activated), training and exercise programs, evacuation procedures, surge response procedures, and activities related to communications, resources and assets, security, staff, utilities, and patie Note 2: An AAR provides a detailed critical summary or analysis of a planned exercise or an actual emergen or disaster incident. The report summarizes what took place during the event, analyzes the actions taken by participants, and provides areas needing improvement.			
		EP 3	for improvement to the following Hazard vulnerability ana Emergency management	nt program plan, policies, and procedures plan		
§485.625(e) TAG:	E-0041	EM.12.02.1		ess hospital has a plan for managing essential or critical utilities during an		
	ems. The CAH must implement emergency he emergency plan set forth in paragraph (a)			isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for ment.		
		EP 1	essential or critical to provide Note: Essential or critical utiliti vertical and horizontal transpo	plan for managing utilities describes in writing the utility systems that it considers as care, treatment, and services. ies to consider may include systems for electrical distribution; emergency power; port; heating, ventilation, and air conditioning; plumbing and steam boilers; medical; and network or communication systems.		
		EP 2		plan for managing utilities describes in writing how it will continue to maintain ems if one or more are impacted during an emergency or disaster incident.		
		EP 3		plan for managing utilities describes in writing alternative means for providing ch as water supply, emergency power supply systems, fuel storage tanks, and		

CFR Number §485.625(e)(1)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance	
§485.625(e)(1)	TAG: E-0041	PE.03.01.01	The critical acc Life Safety Cod	ess hospital designs and manages the physical environment to comply with the e.	
(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.		TIA Or			
		PE.04.01.01	The critical acc	ess hospital addresses building safety and facility management.	
			Facilities Code (NFPA 99-20 Note 1: Chapters 7, 8, 12, an Note 2: If application of the Haccess hospital, the Centers Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other the activity; NFPA standard(s	hospital meets the applicable provisions and proceeds in accordance with the Health Car PA 99-2012 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). 8, 12, and 13 of the Health Care Facilities Code do not apply. In of the Health Care Facilities Code would result in unreasonable hardship for the critical contents for Medicare & Medicaid Services may waive specific provisions of the Health Conly if the waiver does not adversely affect the health and safety of patients. In activities are documented with the name of the activity; date of the activity; inventory of the orthogonal content items; required frequency; name and contact information of person who perform thandard(s) referenced for the activity; and results of the activity.	
		PE.04.01.03	The critical acc	ess hospital manages utility systems.	
		EP 3		neets the emergency power system and generator requirements found in NFPA es Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and Code requirements.	
§485.625(e)(2)	TAG: E-0041	PE.04.01.03	The critical acc	ess hospital manages utility systems.	
	ection and testing. The CAH must implement ection and testing requirements found in the Healt 0, and the Life Safety Code.	า		neets the emergency power system and generator requirements found in NFPA as Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and Code requirements.	

CFR Number §485.625(e)(3)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
(3) Emergency generator fuel. CAHs that ma emergency generators must have a plan for l	§485.625(e)(3) TAG: E-0041 (3) Emergency generator fuel. CAHs that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.		emergency or d	ess hospital has a plan for managing resources and assets during an isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for assets.
Systems operational adming the emergency, c		EP 1	track, monitor, and locate the emergency or disaster incider Medications and related Medical/surgical supplier Medical gases, including Potable or bottled water Non-potable water Laboratory equipment and Personal protective equenter from the personal protective equenter from the critical access host resources and assets may be the critical access host resources and assets may be allocate, mobilize, replenish, incident, including the following Coordinating with local Coordinating with local Coordinating with region Managing donations (sur Note: High priority should be	d supplies es g oxygen and supplies r and nutrition and supplies ipment dical supplies to sustain operations pital should be aware of the resources and assets it has readily available and what e quickly depleted depending on the type of emergency or disaster incident. plan for managing its resources and assets describes in writing how it will obtain, and conserve its resources and assets during and after an emergency or disaster ng: system, coordinating within the system to request resources supply chains or vendors state, or federal agencies for additional resources hal health care coalitions for additional resources such as food, water, equipment, materials) given to resources that are known to deplete quickly and are extremely competitive h as fuel, oxygen, personal protective equipment, ventilators, intravenous fluids,
		EM.12.02	emergency or d	ess hospital has a plan for managing essential or critical utilities during an isaster incident. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing a plan for ement.
		EP 2		plan for managing utilities describes in writing how it will continue to maintain ems if one or more are impacted during an emergency or disaster incident.
		EP 3		plan for managing utilities describes in writing alternative means for providing uch as water supply, emergency power supply systems, fuel storage tanks, and
§485.625(f) TAG: E-00	42			
(f) Integrated healthcare systems. If a CAH is of multiple separately certified healthcare fact integrated emergency preparedness program the healthcare system's coordinated emergency the unified and integrated emergency prepared following:	ilities that elects to have a unified and n, the CAH may choose to participate in ncy preparedness program. If elected,			

CFR Number §485.625(f)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.		EM.09.01.01 The critical access hospital has a comprehensive emergency management program that utilizes an all-hazards approach.					
		ma cod	nagement program and it ordinated emergency mana Each separately certifie the unified and integrate The program is develop critical access hospital's Each separately certifie emergency managemee Documented communit Documented individual,	part of a health care system that has a unified and integrated emergency looses to participate in the program, the following must be demonstrated within the ement program: critical access hospital within the system actively participates in the development of emergency management program of and maintained in a manner that takes into account each separately certified unique circumstances, patient population, and services offered critical access hospital is capable of actively using the unified and integrated program and is in compliance with the program program and is in compliance with the program passed risk assessment utilizing an all-hazards approach for each separately espital within the health care system deregency plan occedures on plan			
0 · · · (// /	AG: E-0042	EM.09.01.01		ess hospital has a comprehensive emergency management program that			
	a manner that takes into account each circumstances, patient populations, and services	ma cod	ne critical access hospital in nagement program and it ordinated emergency manale. Each separately certifie the unified and integrate. The program is develop critical access hospital's. Each separately certifie emergency manageme. Documented communit. Documented individual,	ad critical access hospital within the system actively participates in the development of ed emergency management program and maintained in a manner that takes into account each separately certified sunique circumstances, patient population, and services offered and critical access hospital is capable of actively using the unified and integrated inte			

CFR Number §485.625(f)(3)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance
0 ()(-)	AG: E-0042	EM.09.01.01		ess hospital has a comprehensive emergency management program that azards approach.
(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.		EP 2	f the critical access hospital is nanagement program and it of coordinated emergency mana Each separately certified the unified and integrate The program is develop critical access hospital's Each separately certified emergency managemer Documented community Documented individual,	s part of a health care system that has a unified and integrated emergency chooses to participate in the program, the following must be demonstrated within the agement program: d critical access hospital within the system actively participates in the development of ad emergency management program ed and maintained in a manner that takes into account each separately certified and unique circumstances, patient population, and services offered d critical access hospital is capable of actively using the unified and integrated at program and is in compliance with the program y-based risk assessment utilizing an all-hazards approach facility-based risk assessment utilizing an all-hazards approach for each separately prospital within the health care system amergency plan procedures ation plan
§485.625(f)(4)	G: E-0042	EM.09.01.01		ess hospital has a comprehensive emergency management program that
(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include—		n	f the critical access hospital in nanagement program and it of coordinated emergency mana. Each separately certified the unified and integrate. The program is develop critical access hospital's. Each separately certified emergency managemer. Documented community. Documented individual, certified critical access hospital access hospital's. Unified and integrated e. Integrated policies and p. Coordinated communication.	d critical access hospital within the system actively participates in the development of ed emergency management program ed and maintained in a manner that takes into account each separately certified a unique circumstances, patient population, and services offered discritical access hospital is capable of actively using the unified and integrated in program and is in compliance with the program y-based risk assessment utilizing an all-hazards approach facility-based risk assessment utilizing an all-hazards approach for each separately nospital within the health care system emergency plan procedures ation plan gram
		EM.11.01.01	approach.	ess hospital conducts a hazard vulnerability analysis utilizing an all-hazards
		v c	what presents the highest like of the critical access hospital	valuates and prioritizes the findings of the hazard vulnerability analysis to determine slihood of occurring and the impacts those hazards will have on the operating status and its ability to provide services. The findings are documented.
	Telephone			ses its prioritized hazards from the hazard vulnerability analysis to identify and paredness actions to increase the resilience of the critical access hospital and helps services or functions.

CFR Number §485.625(f)(4)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EM.12.01.	approach. Note:	ess hospital develops an emergency operations plan based on an all-hazards The critical access hospital considers its prioritized hazards identified as part Ilnerability analysis when developing an emergency operations plan.
		EP 2	including at-risk populations, a disaster event. Note: At-risk populations such may have additional needs to	emergency operations plan identifies the patient population(s) that it will serve, and the types of services it would have the ability to provide in an emergency or as the elderly, dialysis patients, or persons with physical or mental disabilities be addressed during an emergency or disaster incident such as medical care, a, supervision, and maintaining independence.
		EP 6	with other health care facilities	emergency operations plan includes a process for cooperating and collaborating s; health care coalitions; and local, tribal, regional, state, and federal emergency to leverage support and resources and to provide an integrated response during an it.
		EM.13.01.	hospital conside	ess hospital has a continuity of operations plan. Note: The critical access ers its prioritized hazards identified as part of its hazard vulnerability analysis g a continuity of operations plan.
		EP 1	participation of key executive by the critical access hospital considered essential or critica Note: The COOP provides gu business functions to deliver e administrative/vital records, in telecommunications, and build	is a written continuity of operations plan (COOP) that is developed with the leaders, business and finance leaders, and other department leaders as determined. These key leaders identify and prioritize the services and functions that are I for maintaining operations. Ideance on how the critical access hospital will continue to perform its essential essential or critical services. Essential business functions to consider include formation technology, financial services, security systems, communications/ding operations to support essential and critical services that cannot be deferred ctivities must be performed continuously or resumed quickly following a disruption.
		EP 2	to provide its essential busine compromised due to an emerg Note: Example of options to compromise to compromise the compromise of the compromise to compromise the compromise to provide its essential busine compromise to busine comprom	continuity of operations plan identifies in writing how and where it will continue as functions when the location of the essential or critical service has been gency or disaster incident. consider for providing essential services include use of off-site locations, space exation, existing facilities or space, telework (remote work), or telehealth.
		EP 3		is a written order of succession plan that identifies who is authorized to assume agement role when that person(s) is unable to fulfill their function or perform their
		EP 4	authorization to act on behalf Note: Delegations of authority sufficiently detailed to make c	is a written delegation of authority plan that provides the individual(s) with the legal of the critical access hospital for specified purposes and to carry out specific duties. are an essential part of an organization's continuity program and should be ertain the critical access hospital can perform its essential functions. Delegations of ar function that an individual is authorized to perform and includes restrictions and t authority.

CFR Numbe §485.625(f)(4)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§485.625(f)(4)(i)	TAG: E-00	42 essment, utilizing an all-hazards	EM.09.01.01 The critical access hospital has a comprehensive emergency management program that utilizes an all-hazards approach.				
approach.	y based fish ass	essment, unizing an air nazards	-	management program and it coordinated emergency man Each separately certifice the unified and integrat The program is develop critical access hospital Each separately certifice emergency manageme Documented communit	ed critical access hospital within the system actively participates in the development of sed emergency management program ped and maintained in a manner that takes into account each separately certified is unique circumstances, patient population, and services offered ed critical access hospital is capable of actively using the unified and integrated ent program and is in compliance with the program ty-based risk assessment utilizing an all-hazards approach for each separately hospital within the health care system emergency plan procedures eation plan		
§485.625(f)(4)(ii)	TAG: E-00	42 k assessment for each separately	EM.09.01.01		ess hospital has a comprehensive emergency management program that lazards approach.		
		rassessment for each separately zing an all-hazards approach.		f the critical access hospital management program and it coordinated emergency man • Each separately certific the unified and integrat • The program is develor critical access hospital • Each separately certific emergency manageme • Documented communit • Documented individual	is part of a health care system that has a unified and integrated emergency chooses to participate in the program, the following must be demonstrated within the lagement program: and critical access hospital within the system actively participates in the development of led emergency management program and maintained in a manner that takes into account each separately certified is unique circumstances, patient population, and services offered and critical access hospital is capable of actively using the unified and integrated ant program and is in compliance with the program and is in compliance with the program and is assessment utilizing an all-hazards approach, facility-based risk assessment utilizing an all-hazards approach for each separately hospital within the health care system emergency plan procedures eation plan		

CFR Number §485.625(f)(5)	Medicare Requirements	1	Joint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.625(f)(5) TAG: E		EM.09.01.		ess hospital has a comprehensive emergency management program that azards approach.
in paragraph (b) of this section, a coordin and testing programs that meet the requir section, respectively.	ated communication plan and training	EP 2	management program and it coordinated emergency mana Each separately certified the unified and integrated. The program is develop critical access hospital's. Each separately certified emergency managemer. Documented community. Documented individual, certified critical access in the unified and integrated endinger and integrated endinger. Coordinated communication.	d critical access hospital within the system actively participates in the development of ed emergency management program ed and maintained in a manner that takes into account each separately certified a unique circumstances, patient population, and services offered discritical access hospital is capable of actively using the unified and integrated in program and is in compliance with the program ey-based risk assessment utilizing an all-hazards approach for each separately inospital within the health care system emergency plan procedures ation plan gram
		EP 3	The critical access hospital coand regulations.	omplies with all applicable federal, state, and local emergency preparedness laws
			approach. Note:	ess hospital develops an emergency operations plan based on an all-hazards The critical access hospital considers its prioritized hazards identified as part Ulnerability analysis when developing an emergency operations plan.
		EP 1	and procedures that provides incidents. The EOP and polici	curtailing, or closing operations ms and infrastructure elementing resources u or pandemic plans) etment areas or locations emplete) or relocating services
		EM.15.01.	Note: The critical	ess hospital has an emergency management education and training program. al access hospital considers its prioritized hazards identified as part of its bility analysis when developing education and training.
		EP 1	on the critical access hospital operations plan, communicati Note: If the critical access hos	as a written education and training program in emergency management that is based 's prioritized risks identified as part of its hazard vulnerability analysis, emergency ons plan, and policies and procedures. spital has developed multiple hazard vulnerability analyses based on the location of ucation and training for those facilities are specific to their needs.

CFR Number §485.625(f)(5)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EM.16.01.0	plan and respor	ess hospital plans and conducts exercises to test its emergency operations use procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency
		EP 1	emergency operations plan (E Likely emergencies or d EOP and policies and p After-action reports (AA Six critical areas (command assets, utilities) Note 1: The planned exercise assess how prepared the critic experiences. Note 2: An AAR is a detailed planned and unplanned event taken by participants, and pro	rocedures R) and improvement plans unications, staffing, patient care and clinical support, safety and security, resources s should attempt to stress the limits of its emergency response procedures to cal access hospital may be if a real event or disaster were to occur based on past critical summary or analysis of an emergency or disaster incident, including both is. The report summarizes what took place during the event, analyzes the actions vides areas needing improvement.
		EM.17.01.0		ess hospital evaluates its emergency management program, emergency, and continuity of operations plans.
		EP 3	for improvement to the followi Hazard vulnerability ana Emergency managemen	nt program plan, policies, and procedures plan
§485.625(g) TAG: E-00	41			
(g) The standards incorporated by reference incorporation by reference by the Director of accordance with 5 U.S.C. 552(a) and 1 CFR from the sources listed below. You may inspered to the source Center, 7500 Security Boulevard, Archives and Records Administration (NARA of this material at NARA, call 202–741–6030 federal_register/code_of_federal_regulations this edition of the Code are incorporated by rin the Federal Register to announce the char	the Office of the Federal Register in part 51. You may obtain the material ect a copy at the CMS Information Baltimore, MD or at the National.). For information on the availability, or go to: http://www.archives.gov/s/ibr_locations.html. If any changes in eference, CMS will publish a document	1		
§485.625(g)(1) TAG: E-00	41			
(1) National Fire Protection Association, 1 Bawww.nfpa.org, 1.617.770.3000.	atterymarch Park, Quincy, MA 02169,			

CFR Number §485.625(g)(1		Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§485.625(g)(1)(i)	TAG: E-	0041	PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
(i) NFPA 99, Health Care F	Facilities Code, 2	2012 edition, issued August 11, 2011.		Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If 14 earlies are a Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. If 15 earlies are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.
§485.625(g)(1)(ii)	TAG: E-	0041	PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
(ii) Technical interim amen	dment (TIA) 12-	2 to NFPA 99, issued August 11, 2011.	EP 1	Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). d 13 of the Health Care Facilities Code do not apply. ealth Care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. s are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.
§485.625(g)(1)(iii)	TAG: E-	0041	PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
(iii) TIA 12-3 to NFPA 99, is	ssued August 9,	2012.		Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). d 13 of the Health Care Facilities Code do not apply. ealth Care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. s are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of referenced for the activity; and results of the activity.
§485.625(g)(1)(iv)	TAG: E-	0041	PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
(iv) TIA 12-4 to NFPA 99, i	ssued March 7,	2013.	EP 1	Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). If 13 of the Health Care Facilities Code do not apply. If 14 earlies are a Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. If 15 earlies are documented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed of the activity; and results of the activity.

CFR Number §485.625(g)(1)(v) Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance
§485.625(g)(1)(v)	TAG: E-0041	PE.04.01.01	The critical acco	ess hospital addresses building safety and facility management.
(v) TIA 12-5 to NFPA 99, issu	ed August 1, 2013.	Facili Note Note acce: Facili Note device	ities Code (NFPA 99-20' 1: Chapters 7, 8, 12, and 2: If application of the H as hospital, the Centers ities Code, but only if the 3: All inspecting activitie as, equipment, or other	leets the applicable provisions and proceeds in accordance with the Health Care 12 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In the Health Care Facilities Code do not apply. It is earlier to Medicare & Medicaid Services may waive specific provisions of the Health Care is waiver does not adversely affect the health and safety of patients. It is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed or referenced for the activity; and results of the activity.
§485.625(g)(1)(vi)	TAG: E-0041	PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
(vi) TIA 12-6 to NFPA 99, issu	ed March 3, 2014.	Facili Note Note acce: Facili Note device	ities Code (NFPA 99-20 1: Chapters 7, 8, 12, and 2: If application of the H as hospital, the Centers ities Code, but only if the 3: All inspecting activitie tes, equipment, or other	neets the applicable provisions and proceeds in accordance with the Health Care I2 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In the Health Care Facilities Code do not apply. It is earlier to Medicare & Medicaid Services may waive specific provisions of the Health Care is waiver does not adversely affect the health and safety of patients. It is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed or referenced for the activity; and results of the activity.
§485.625(g)(1)(vii) (vii) NFPA 101, Life Safety Co	TAG: E-0041 de, 2012 edition, issued August 11, 2011.	PE.03.01.01	The critical acco	ess hospital designs and manages the physical environment to comply with the e.
		Tenta Note regal Note Servi acce: Note discri deen upon Note Code waive Note device	ative Interim Amendment 1: Outpatient surgical der dless of the number of p 2: The provisions of the ices (CMS) finds that a fi iss hospitals. 3: In consideration of a re etion of the Secretary for ned appropriate, specific a critical access hospita 4: After consideration of that, if rigidly applied, we er does not adversely aff 5: All inspecting activitie tes, equipment, or other	leets the applicable provisions of the Life Safety Code (NFPA 101-2012 and its [TIA] 12-1, 12-2, 12-3, and 12-4). Expartments meet the provisions applicable to ambulatory health care occupancies, ratients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid re and safety code imposed by state law adequately protects patients in critical recommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship in, but only if the waiver will not adversely affect the health and safety of the patients. State survey agency findings, CMS may waive specific provisions of the Life Safety rould result in unreasonable hardship on the critical access hospital, but only if the ect the health and safety of patients. Is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed or referenced for the activity; and results of the activity.

CFR Number §485.625(g)(1)(viii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
0 (3/(// /			The critical acce	ess hospital designs and manages the physical environment to comply with the		
(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.		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 & 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 survey agency or accrediting organization or at the discretion of the Secretary for the US Department of Health & 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.			
0 (3/(// /	E-0041	PE.03.01.0	The critical acce	ess hospital designs and manages the physical environment to comply with the		
(ix) TIA 12-2 to NFPA 101, issued Octo	Del 30, 2012.	EP 3	The critical access hospital m Tentative Interim Amendment Note 1: Outpatient surgical de regardless of the number of p Note 2: The provisions of the Services (CMS) finds that a fi access hospitals. Note 3: In consideration of a r discretion of the Secretary for deemed appropriate, specific upon a critical access hospita Note 4: After consideration of Code that, if rigidly applied, w waiver does not adversely aff Note 5: All inspecting activitie devices, equipment, or other	neets the applicable provisions of the Life Safety Code (NFPA 101-2012 and its [TIA] 12-1, 12-2, 12-3, and 12-4). Repartments meet the provisions applicable to ambulatory health care occupancies,		

CFR Number §485.625(g)(1)(x)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance
§485.625(g)(1)(x) TAG: E-(x) TIA 12-3 to NFPA 101, issued October		PE.03.01.01	The critical acce Life Safety Code	ss hospital designs and manages the physical environment to comply with the
		T N re N S a N d d u N C w N	The critical access hospital meteritative Interim Amendments lote 1: Outpatient surgical delegardless of the number of palote 2: The provisions of the levices (CMS) finds that a firecess hospitals. In consideration of a reliscretion of the Secretary for leemed appropriate, specific pon a critical access hospital lote 4: After consideration of societation of the secretary for leemed appropriate, specific pon a critical access hospital lote 4: After consideration of societation of so	eets the applicable provisions of the Life Safety Code (NFPA 101-2012 and s [TIA] 12-1, 12-2, 12-3, and 12-4). partments meet the provisions applicable to ambulatory health care occupancies, atients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid e and safety code imposed by state law adequately protects patients in critical ecommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship, but only if the waiver will not adversely affect the health and safety of the patients. state survey agency findings, CMS may waive specific provisions of the Life Safety build result in unreasonable hardship on the critical access hospital, but only if the eact the health and safety of patients. It is a redocumented with the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed referenced for the activity; and results of the activity.
§485.625(g)(1)(xi) TAG: E-(xi) TIA 12-4 to NFPA 101, issued October		PE.03.01.01	The critical acce Life Safety Code	ss hospital designs and manages the physical environment to comply with the
		T N re N S a N d d u N C w N	entative Interim Amendments lote 1: Outpatient surgical depardless of the number of palote 2: The provisions of the libervices (CMS) finds that a firecess hospitals. lote 3: In consideration of a reliscretion of the Secretary for peemed appropriate, specific pon a critical access hospital lote 4: After consideration of code that, if rigidly applied, we valver does not adversely affectors. All inspecting activities levices, equipment, or other it	eets the applicable provisions of the Life Safety Code (NFPA 101-2012 and s [TIA] 12-1, 12-2, 12-3, and 12-4). partments meet the provisions applicable to ambulatory health care occupancies, atients served. Life Safety Code do not apply in a state where the Centers for Medicare & Medicaid the and safety code imposed by state law adequately protects patients in critical ecommendation by the state survey agency or accrediting organization or at the the US Department of Health & Human Services, CMS may waive, for periods provisions of the Life Safety Code, which would result in unreasonable hardship, but only if the waiver will not adversely affect the health and safety of the patients. state survey agency findings, CMS may waive specific provisions of the Life Safety buld result in unreasonable hardship on the critical access hospital, but only if the eact the health and safety of patients. It is a redocumented with the name of the activity; date of the activity; inventory of teems; required frequency; name and contact information of person who performed referenced for the activity; and results of the activity.
§485.625(g)(1)(xii) TAG: E-		PE.04.01.03		ss hospital manages utility systems.
(xii) NFPA 110, Standard for Emergency a including TIAs to chapter 7, issued August		9		eets the emergency power system and generator requirements found in NFPA code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and ode requirements.
§485.625(g)(2) TAG: E-	0041			
(2) [Reserved]				
§485.627 TAG: C-	0960		- 1	
§485.627 Condition of Participation: Organ	izational Structure			

CFR Num §485.627		Medicare Requirements	Joint Commission Equivalent Number		-	Joint Commission Standards and Elements of Performance
§485.627(a)	TAG: C		LD.11.01.0	01 The g		ody is ultimately accountable for the safety and quality of care, treatment, and
for determining, impleme	ng body or an indi enting and monito ng that those polic	vidual that assumes full legal responsibility ring policies governing the CAH's total cies are administered so as to provide	EP 1	The critical access determining, imple	hospital ha	is a governing body or an individual that assumes full legal responsibility for ad monitoring policies governing the critical access hospital's total operation and for a provide quality health care in a safe environment.
§485.627(b)	TAG: C	-0964				
§485.627(b) Standard: D	Disclosure		1			
The CAH discloses the r	names and addres	sses of				
§485.627(b)(1)	TAG: C	-0964	LD.13.02.0	01 Ethica	al principle	s guide the critical access hospital's business practices.
(1) The person principall	ly responsible for	the operation of the CAH; and	EP 1	 Person princ 	ipally respo	scloses the names and addresses of the following: nsible for the operation of the critical access hospital nedical direction of the critical access hospital
§485.627(b)(2)	TAG: C	-0966	LD.13.02.0	01 Ethica	al principle	s guide the critical access hospital's business practices.
(2) The person responsil	ble for medical dir	ection.	EP 1	 Person princ 	ipally respo	scloses the names and addresses of the following: nsible for the operation of the critical access hospital nedical direction of the critical access hospital
§485.631	TAG: C	-0970	ĺ			
§485.631 Condition of P	articipation: Staffi	ng and Staff Responsibilities				
§485.631(a)	TAG: C	-0971				
§485.631(a) Standard: S	Staffing					
§485.631(a)(1)	TAG: C	-0971	NPG.12.0	1.01 The c	ritical acce	ss hospital's leadership team ensures that there is qualified ancillary staff
	The CAH has a professional health care staff that includes one or more doctors medicine or osteopathy, and may include one or more physician assistants, nurse				red to meet ganization	the needs of the population served and determine how they function within .
practitioners, or clinical nurse specialists.		EP 3			s a professional health care staff that includes one or more doctors of medicine or ne or more physician assistants, nurse practitioners, or clinical nurse specialists.	
§485.631(a)(2)	TAG: C	-0972	HR.11.01.	.03 The c	ritical acce	ss hospital determines how staff function within the organization.
(2) Any ancillary personr	nel are supervised	by the professional staff.	EP 2	Professional staff	supervise ar	ncillary staff.

CFR Number §485.631(a)(3)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§485.631(a)(3) TAG: C- (3) The staff is sufficient to provide the ser CAH.		NPG.12.01	NPG.12.01.01 The critical access hospital's leadership team ensures that there is qualified ancillary staff required to meet the needs of the population served and determine how they function within the organization.				
		EP 1	and services. Note 1: The number and mix Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical service Diagnostic and therape Note 2: Emergency services Note 3: For rehabilitation and first cost reporting period for	is, including emergency pharmaceutical services utic radiology services staff are qualified in emergency care. I psychiatric distinct part units in critical access hospitals: As of the first day of the which all other exclusion requirements are met, the unit is fully equipped and staffed ospital inpatient psychiatric or rehabilitation care regardless of whether there are any			
§485.631(a)(4) TAG: C- (4) A doctor of medicine or osteopathy, nu physician assistant is available to furnish p	irse practitioner, clinical nurse specialist, or			ess hospital's leadership team ensures that there is qualified ancillary staff et the needs of the population served and determine how they function within n.			
operates.	sation date services at all lines the extra	EP 4		ppathy, physician's assistant, nurse practitioner, or clinical nurse specialist is available imes when the critical access hospital is in operation.			
§485.631(a)(5) TAG: C	-0978	NPG.12.02	.01 The nurse exec	utive directs the implementation of a nurse staffing plan(s).			
(5) A registered nurse, clinical nurse speci whenever the CAH has one or more inpati	ialist, or licensed practical nurse is on duty ients.	EP 3	A registered nurse, clinical nu hospital has one or more inpa	urse specialist, or licensed practical nurse is on duty whenever the critical access atients.			
§485.631(b) TAG: C-	-0980						
§485.631(b) Standard: Responsibilities of	the Doctor of Medicine or Osteopathy						
§485.631(b)(1) TAG: C	-0981						
(1) The doctor of medicine or osteopathy	-						
§485.631(b)(1)(i) TAG: C-(i) Provides medical direction for the CAH'		MS.16.01.0		nt and coordination of each patient's care, treatment, and services is the of a physician or other licensed practitioner with appropriate privileges.			
for, and medical supervision of, the health		EP 6		teopathy provides medical direction for the critical access hospital's health care r, and medical staff supervision of, the health care staff.			
§485.631(b)(1)(ii) TAG: C	-0982	LD.13.01.0		ess hospital has policies and procedures that guide and support patient care,			
(ii) In conjunction with the physician assist participates in developing, executing, and policies governing the services it furnishes	periodically reviewing the CAH'S written	EP 2		teopathy, in conjunction with the physician assistant, nurse practitioner, or clinical in developing, executing, and periodically reviewing the critical access hospital's			
§485.631(b)(1)(iii) TAG: C	-0984	MS.16.01.0		nt and coordination of each patient's care, treatment, and services is the			
(iii) In conjunction with the physician assis periodically reviews the CAH'S patient rec provides medical care services to the patient	ords, provides medical orders, and	EP 8	The doctor of medicine or ost	of a physician or other licensed practitioner with appropriate privileges. teopathy, in conjunction with the physician assistant and/or nurse practitioner is hospital staff, provides medical orders and medical care services to the critical			

CFR Number §485.631(b)(1)(iii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
		EP 10		osteopathy, in conjunction with the physician assistant, the nurse practitioner, and/or embers of the critical access hospital staff, periodically review the patients' records.
• · · · · · · · · · · · · · · · · · · ·	: C-0986	MS.16.01		ment and coordination of each patient's care, treatment, and services is the ty of a physician or other licensed practitioner with appropriate privileges.
(iv) Periodically reviews and signs the records of all inpatients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants.		EP 11		osteopathy periodically reviews and signs the records of all inpatients cared for by nurse e specialists, certified nurse midwives, or physician assistants.
(·)(·)(·)(·)		MS.16.01		ement and coordination of each patient's care, treatment, and services is the try of a physician or other licensed practitioner with appropriate privileges.
for by nurse practitioners, clinical nurse physician assistants only to the extent	mple of outpatient records of patients cared a specialists, certified nurse midwives, or required under State law where State law es, or both, by a collaborating physician.	EP 12	The doctor of medicine of cared for by nurse praction Note: Outpatient records	osteopathy periodically reviews and signs a sample of outpatient records of patients oners, clinical nurse specialists, certified nurse midwives, or physician assistants. are reviewed to the extent required by state law where state law requires outpatient ires, or both by a collaborating physician.
• • • • • • • • • • • • • • • • • • • 	: C-0988	MS.16.01		ement and coordination of each patient's care, treatment, and services is the ty of a physician or other licensed practitioner with appropriate privileges.
provide medical direction, consultation in the CAH, and is available through di	is present for sufficient periods of time to , and supervision for the services provided rect radio or telephone communication or ion, assistance with medical emergencies, or	EP 13	A doctor of medicine or consultation, and superv	steopathy is present for sufficient periods of time to provide medical direction, sion for the services provided in the critical access hospital, and is available through electronic communication for consultation, assistance with medical emergencies, or
§485.631(c) TAG	: C-0990	1		
§485.631(c) Standard: Physician Assis Specialist Responsibilities	stant, Nurse Practitioner, and Clinical Nurse			
§485.631(c)(1) TAG	: C-0991	1		
(1) The physician assistant, the nurse pmembers of the CAH'S staff	practitioner, or clinical nurse specialist			
σ (-)(-)(-)	: C-0991	LD.13.01.		access hospital has policies and procedures that guide and support patient care, nd services.
(I) Participate in the development, exec policies governing the services the CAI	cution and periodic review of the written H furnishes; and	EP 2	The doctor of medicine of	osteopathy, in conjunction with the physician assistant, nurse practitioner, or clinical tes in developing, executing, and periodically reviewing the critical access hospital's
3.00.00.(0)(1)(1)	: C-0993	MS.16.01		ment and coordination of each patient's care, treatment, and services is the
(ii) Participate with a doctor of medicine patients' health records.	e or osteopathy in a periodic review of the	EP 10	The doctor of medicine of	ty of a physician or other licensed practitioner with appropriate privileges. osteopathy, in conjunction with the physician assistant, the nurse practitioner, and/or embers of the critical access hospital staff, periodically review the patients' records.
§485.631(c)(2) TAG	: C-0995	1	·	
	stitioner, or clinical nurse specialist performs by are not being performed by a doctor of			

CFR Number §485.631(c)(2)(i)	Medicare Requirements	I	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance		
§485.631(c)(2)(i) TAG: C- (i) Provides services in accordance with the		MS.16.01		nt and coordination of each patient's care, treatment, and services is the faphysician or other licensed practitioner with appropriate privileges.		
			 If not being performed by a doctor of medicine or osteopathy, the physician assistant, nurse practitioner, or clinic nurse specialist performs the following functions: Provides services in accordance with the critical access hospital's policies Arranges for, or refers patients to, needed services that cannot be furnished at the critical access hospital Maintains and transfers patient records when patients are referred 			
§485.631(c)(2)(ii) TAG: C-		MS.16.01		nt and coordination of each patient's care, treatment, and services is the factorial appropriate privileges.		
(ii) Arranges for, or refers patients to, needed services that cannot be furnished at the CAH, and assures that adequate patient health records are maintained and transferred as required when patients are referred.		EP 9	nurse specialist performs theProvides services in accArranges for, or refers p	octor of medicine or osteopathy, the physician assistant, nurse practitioner, or clinical following functions: cordance with the critical access hospital's policies atients to, needed services that cannot be furnished at the critical access hospital patient records when patients are referred		
§485.631(c)(3) TAG: C-		MS.16.01		nt and coordination of each patient's care, treatment, and services is the faphysician or other licensed practitioner with appropriate privileges.		
	ctor of medicine or osteopathy on the staff	EP 7	Whenever a patient is admitte	ed to the critical access hospital by a nurse practitioner, physician assistant, or clinical nedicine or osteopathy on the staff is notified of the admission.		
§485.631(d) TAG: C-	0999	j				
(d) Standard: Periodic review of clinical pri requires that—	vileges and performance. The CAH					
§485.631(d)(1) TAG: C- (1) The quality and appropriateness of the		MS.17.01		ess hospital collects information regarding each physician's or other licensed irrent license status, training, experience, competence, and ability to perform rivilege.		
evaluated by a member of the CAH staff w or by another doctor of medicine or osteop	ho is a doctor of medicine or osteopathy	EP 8	specialists, and physician ass	ess of the diagnosis and treatment provided by nurse practitioners, clinical nurse istants are evaluated by a member of the critical access hospital's medical staff rosteopathy or by another doctor of medicine or osteopathy under contract with the		
§485.631(d)(2) TAG: C-						
(2) The quality and appropriateness of the doctors of medicine or osteopathy at the C						
§485.631(d)(2)(i) TAG: C- (i) One hospital that is a member of the ne		MS.17.01		ess hospital collects information regarding each physician's or other licensed irrent license status, training, experience, competence, and ability to perform rivilege.		
		EP 9	 the critical access hospital are A hospital that is a mem A quality improvement of Another appropriate and Note: In the case of distant-sithospital's patients under an acceptable access hospital and a critical access hospital and a critical access. 	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: ber of the network, when applicable organization or equivalent entity I qualified entity identified in the state's rural health care plan the physicians and practitioners providing telemedicine services to the critical access greement between the critical access hospital and a distant hospital or between the distant-site telemedicine entity, the quality and appropriateness of the diagnosis and end by one of the entities listed in this element of performance.		

CFR Number §485.631(d)(2)(ii)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance			
	§485.631(d)(2)(ii) TAG: C-0999 (ii) One Quality Improvement Organization (QIO) or equivalent entity;		MS.17.01.03 The critical access hospital collects information regarding each physician's or other licensed practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.				
		EP 9	A hospital that is a mem A quality improvement of the case of distant-sit hospital's patients under an acritical access hospital and a treatment provided is evaluate.	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: ber of the network, when applicable organization or equivalent entity I qualified entity identified in the state's rural health care plan the physicians and practitioners providing telemedicine services to the critical access greement between the critical access hospital and a distant hospital or between the distant-site telemedicine entity, the quality and appropriateness of the diagnosis and end by one of the entities listed in this element of performance.			
0 11 11 (M/ // /	§485.631(d)(2)(iii) TAG: C-0999 (iii) One other appropriate and qualified entity identified in the State rural health care			ess hospital collects information regarding each physician's or other licensed irrent license status, training, experience, competence, and ability to perform rivilege.			
		EP 9	 the critical access hospital are A hospital that is a mem A quality improvement of another appropriate and Note: In the case of distant-sithospital's patients under an accritical access hospital and a significant of the critical access hospital and a significant or access hospital access hospital and a significant or access hospital acces	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: ber of the network, when applicable organization or equivalent entity diqualified entity identified in the state's rural health care plan the physicians and practitioners providing telemedicine services to the critical access greement between the critical access hospital and a distant hospital or between the distant-site telemedicine entity, the quality and appropriateness of the diagnosis and end by one of the entities listed in this element of performance.			
§485.631(d)(2)(iv) TAG: C-(iv) In the case of distant-site physicians ar services to the CAH's patient under an agr	nd practitioners providing telemedicine	MS.17.01.		ess hospital collects information regarding each physician's or other licensed irrent license status, training, experience, competence, and ability to perform rivilege.			
services to the CAH's patient under an agreement between the CAH and a distant-site hospital, the distant-site hospital; or		EP 9	A hospital that is a mem A quality improvement of the Another appropriate and Note: In the case of distant-sithospital's patients under an accritical access hospital and a critical access hospital and a critical access.	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: ber of the network, when applicable organization or equivalent entity department in the state's rural health care plan the physicians and practitioners providing telemedicine services to the critical access greement between the critical access hospital and a distant hospital or between the distant-site telemedicine entity, the quality and appropriateness of the diagnosis and end by one of the entities listed in this element of performance.			
(v) In the case of distant-site physicians an services to the CAH's patients under a writ	(d)(2)(v) TAG: C-0999 case of distant-site physicians and practitioners providing telemedicine of the CAH's patients under a written agreement between the CAH and			ess hospital collects information regarding each physician's or other licensed irrent license status, training, experience, competence, and ability to perform rivilege.			
a distant-site telemedicine entity, one of the entities listed in paragraphs (d)(2)(i) through (iii) of this section.		EP 9	 the critical access hospital are A hospital that is a mem A quality improvement of another appropriate and Note: In the case of distant-sithospital's patients under an accritical access hospital and a significant of the critical access hospital access hospital access hospital and a significant of the critical access hospital access hospital	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: ber of the network, when applicable organization or equivalent entity diqualified entity identified in the state's rural health care plan the physicians and practitioners providing telemedicine services to the critical access greement between the critical access hospital and a distant hospital or between the distant-site telemedicine entity, the quality and appropriateness of the diagnosis and end by one of the entities listed in this element of performance.			

CFR Number §485.631(d)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
TAG: C-0999 3) The CAH staff consider the findings of the evaluation and make the necessary hanges as specified in paragraphs (b) through (d) of this section.		MS.17.01.0	MS.17.01.03 The critical access hospital collects information regarding each physician's or other practitioner's current license status, training, experience, competence, and ability to the requested privilege.		
g	manges as specimed in paragraphs (s) amough (a) or and section.		The critical access hospital's medical staff reviews the findings from the evaluations of doctors of medicin osteopathy, including any findings or recommendations of the quality improvement organization, and mak necessary changes as specified in 42 CFR 485.631 paragraphs (b) through (d).		
§485.631(e)					
If a CAH is part of a system consisting CAHs, and/or REHs, and the system el staff for its member hospitals, CAHs, and	edical staff for a CAH in a multifacility system. of multiple separately certified hospitals, lects to have a unified and integrated medical nd/or REHs after determining that such a cable State and local laws, each separately				
\$485.631(e)(1)	senarately certified CAH in the system (that	MS.14.03.0	<u>-</u>	systems can choose to establish a unified and integrated medical staff in ith state and local laws.	
(1) The medical staff members of each separately certified CAH in the system (that is, all medical staff members who hold specific privileges to practice at that CAH) have voted by majority, in accordance with medical staff bylaws, either to accept a unified and integrated medical staff structure or to opt out of such a structure and to maintain a separate and distinct medical staff for their respective CAH;		EP 1	hospitals, and/or rural emer staff, in accordance with stathospital demonstrates that practice at that specific hos	is part of a multihospital system with separately accredited hospitals, critical access regency hospitals, and the system chooses to establish a unified and integrated medical ate and local laws, the following occurs: Each separately accredited critical access its medical staff members (that is, all medical staff members who hold privileges to pital) have voted by majority, in accordance with medical staff bylaws, either to accept nedical staff structure or to opt out of such a structure and maintain a separate and ir critical access hospital.	
§485.631(e)(2)		MS.14.03.0		systems can choose to establish a unified and integrated medical staff in its its its its its its its its in it	
describe its processes for self-governal and oversight, as well as its peer review and which include a process for the me certified CAH (that is, all medical staff r practice at that CAH) to be advised of t	a majority vote by the members to maintain a	EP 4	If a critical access hospital in hospitals, and/or rural emer staff, the unified and integration of the process for self-gover policies and due procesular medical staff memory opt out of the unified a	is part of a multihospital system with separately accredited hospitals, critical access regency hospitals, and the system chooses to establish a unified and integrated medical atted medical staff bylaws, rules, and requirements include the following: mance, appointment, credentialing, privileging, and oversight, as well as its peer reviewess rights guarantees cess by which medical staff members at each separately accredited hospital (that is, bers who hold privileges to practice at that specific hospital) are advised of their right to and integrated medical staff structure after a majority vote by the members to maintain at medical staff for their respective critical access hospital	
§485.631(e)(3)		MS.14.03.0		systems can choose to establish a unified and integrated medical staff in	
3) The unified and integrated medical staff is established in a manner that takes intraccount each member CAH's unique circumstances and any significant differences in patient populations and services offered in each hospital, CAH, and REH; and		EP 2	If a critical access hospital hospitals, and/or rural emer staff, the following occurs: hospital's unique circumsta	is part of a multihospital system with separately accredited hospitals, critical access gency hospitals, and the system chooses to establish a unified and integrated medical The unified and integrated medical staff takes into account each member critical access nees and any significant differences in patient populations and services offered in each pital, and rural emergency hospital.	

CFR Number §485.631(e)(4)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.631(e)(4)		MS.14.03.01		ystems can choose to establish a unified and integrated medical staff in the state and local laws.
and procedures to ensure that the r of the medical staff, at each of its se REHs, regardless of practice or loca the unified and integrated medical s	cal staff establishes and implements policies needs and concerns expressed by members eparately certified hospitals, CAHs, and ation, are given due consideration, and that staff has mechanisms in place to ensure that als, CAHs, and REHs are duly considered and	hospi medic proce staff a	ritical access hospital is itals, and/or rural emergical staff, the following condures and mechanisms at each of its separately	part of a multihospital system with separately accredited hospitals, critical access gency hospitals, and the system chooses to establish a unified and integrated ccurs: The unified and integrated medical staff develops and implements policies and so to make certain that the needs and concerns expressed by members of the medical vaccredited hospitals, critical access hospitals, and/or rural emergency hospitals, ation, are duly considered and addressed.
§485.635 T.	AG: C-1004			
§485.635 Condition of Participation	: Provision of Services]		
§485.635(a) T	AG: C-1006			
§485.635(a) Standard: Patient Care	Policies]		
(1) The CAH'S health care services written policies that are consistent v		services	treatment, and critical access hospital of the services. The policies and properties of the services agreement or arranger Emergency medical seguidelines for the mediconsultation and/or parreview and evaluation Rules for the storage, I Guidelines for address If patients are transfer all access hospital verifications.	develops and implements written policies and procedures that guide health care rocedures are consistent with state law and include the following: ices furnished by the critical access hospital, including those provided through nent ervices ical management of health problems that include the conditions requiring medical itent referral, the maintenance of health care records, and procedures for the periodic of the services provided by the critical access hospital handling, dispensation, and administration of drugs and biologicals ing post—acute care needs of the patients receiving critical access hospital services red or discharged to a provider for which there is no agreement or arrangement, the set that the patient has been accepted and treated.
(2) The policies are developed with professional healthcare staff, include	AG: C-1008 the advice of members of the CAH's ling one or more doctors of medicine or increase and disipally and the control of the capital and the control of the capital and the capital an		treatment, and	develops health care service policies and procedures with the advice of members of i
	ian assistants, nurse practitioners, or clinical f under the provisions of § 485.631(a)(1).			 f, including one or more doctors of medicine or osteopathy and one or more physicians, or clinical nurse specialists if they are on staff.
§485.635(a)(3) T.	AG: C-1010			

CFR Number §485.635(a)(3)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.635(a)(3)(i)	TAG: Co		LD.13.01.09	The critical acce treatment, and s	ess hospital has policies and procedures that guide and support patient care, services.
(i) A description of the services the CAH furnishes, including those furnished through agreement or arrangement.		 The critical access hospital develops and implements written policies and procedures that guide hear services. The policies and procedures are consistent with state law and include the following: Description of the services furnished by the critical access hospital, including those provided the agreement or arrangement Emergency medical services Guidelines for the medical management of health problems that include the conditions requiring consultation and/or patient referral, the maintenance of health care records, and procedures for review and evaluation of the services provided by the critical access hospital Rules for the storage, handling, dispensation, and administration of drugs and biologicals Guidelines for addressing post—acute care needs of the patients receiving critical access hospital Note: If patients are transferred or discharged to a provider for which there is no agreement or arrangement or arrangement. 			
§485.635(a)(3)(ii)	TAG: C		LD.13.01.09 The critical access hospital has policies and procedures that guide and support treatment, and services.		
(ii) Policies and procedures for emergency medical services.			services. The policies and pro Description of the service agreement or arrangement or arrangement of the service agreement or arrangement of the services of the medical services and evaluation of the services and evaluation of the services and evaluation of the services are services. Note: If patients are transferred.		
§485.635(a)(3)(iii)	TAG: C	1014 In tof health problems that include the	LD.13.01.09	The critical acce treatment, and s	ess hospital has policies and procedures that guide and support patient care, services.
conditions requiring medical	consultation a procedures for	and/or patient referral, the maintenance the periodic review and evaluation of the		services. The policies and pro Description of the service agreement or arrangement or arrangement of the service agreement or arrangement of the services of the medical services and evaluation of the services and evaluation of the services and evaluation of the services are services. Note: If patients are transferred.	

CFR Number §485.635(a)(3)(iv)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.635(a)(3)(iv) TAG: (iv) Rules for the storage, handling, dispose	C-1016 ensation, and administration of drugs	LD.13.01.0	The critical acce treatment, and s	ess hospital has policies and procedures that guide and support patient care, services.
and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.		EP 1	services. The policies and pro Description of the service agreement or arrangem Emergency medical sere Guidelines for the medic consultation and/or patie review and evaluation o Rules for the storage, has Guidelines for addressir	
		MM.13.01.0	The critical acce	ess hospital safely stores medications.
		EP 1	The critical access hospital m drugs.	aintains current and accurate records of the receipt and disposition of all scheduled
		EP 4	medications and stores them	moves all expired, damaged, mislabeled, contaminated, or otherwise unusable separately from medications available for patient use. ance is also applicable to sample medications.
		MM.15.01.0	Medications are	labeled.
		EP 1	Note 1: An immediately admir directly to a patient, and admir	eled whenever medications are prepared but not immediately administered. nistered medication is one that an authorized staff member prepares or obtains, takes nisters to that patient without any break in the process. mance is also applicable to sample medications.
0 11 11 (17/(17/(17/	C-1018 ug reactions and errors in the administration	MM.17.01.0		ess hospital responds to actual or potential adverse drug events, significant actions, and medication errors.
of drugs.		EP 1	adverse drug reactions, and e	evelops and implements policies and procedures for reporting transfusion reactions, errors in administration of drugs. lance is also applicable to sample medications.
§485.635(a)(3)(vi) TAG: (vi) Procedures that ensure that the nutri	C-1020 ritional needs of inpatients are met in	PC.12.01.0		ess hospital provides care, treatment, and services as ordered or prescribed ce with law and regulation.
accordance with recognized dietary practices. All patient diets, including therapeutic diets, must be ordered by the practitioner responsible for the care of the patients or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff in accordance with State law governing dietitians and nutrition professionals and that the requirement of § 483.25(i) of this chapter is met with respect to inpatients receiving post CAH SNF care.		EP 1	written) from a physician or of and regulation; critical access Note 1: This includes but is no medicine services, and dieteti Note 2: Patient diets, including responsible for the patient's c by the medical staff and acting	ent, and services, the critical access hospital obtains or renews orders (verbal or her licensed practitioner in accordance with professional standards of practice; law hospital policies; and medical staff bylaws, rules, and regulations. of limited to respiratory services, radiology services, rehabilitation services, nuclear c services, if provided. g therapeutic diets, are ordered by the physician or other licensed practitioner are or by a qualified dietitian or qualified nutrition professional who is authorized g in accordance with state law governing dietitians and nutrition professionals. The 5(i) is met for inpatients receiving care at a skilled nursing facility subsequent to

CFR Number §485.635(a)(3)(vi)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
	•	PC.12.01.09	The critical acce	ess hospital makes food and nutrition products available to its patients.
			recognized dietary practices. Note 1: Diet menus meet the i Note 2: For swing beds in criti	dividual patient are met in accordance with clinical practice guidelines and needs of the patients. cal access hospitals: The critical access hospital meets the assisted nutrition and FR 483.25(g) with respect to inpatients receiving posthospital skilled nursing facility
§485.635(a)(3)(viii)		LD.13.01.09		ess hospital has policies and procedures that guide and support patient care,
(viii) Policies and procedures that address receiving CAH services.	s the post-acute care needs of patients		services. The policies and pro Description of the service agreement or arrangement or arrangement. Emergency medical services and evaluation and/or paties review and evaluation of Rules for the storage, has Guidelines for addressin. Note: If patients are transferred.	evelops and implements written policies and procedures that guide health care acedures are consistent with state law and include the following: es furnished by the critical access hospital, including those provided through ent
§485.635(a)(4) TAG: C	-1008, C-1022	LD.13.01.09		ess hospital has policies and procedures that guide and support patient care,
(4) These policies are reviewed at least bi	iennially by the group of professional		treatment, and s	
personnel required under paragraph (a)(2 by the CAH.) of this section, and updated as necessary	EP 4		policies are reviewed at least every two years by the group of professional personnel EP 3, and updated as necessary.
§485.635(b) TAG: C	-1024			
§485.635(b) Standard: Patient Services				
§485.635(b)(1)(i) TAG: C	-1024	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.
	a physician's office or at another entry such as a low intensity hospital outpatient nese CAH services include medical history, n, assessment of health status, and	EP 4	that are commonly provided in such as low intensity hospital	ovides basic outpatient services (diagnostic and therapeutic services and supplies a physician's office or at another entry point into the health care delivery system, outpatient department or emergency department). These services include medical specimen collection, assessment of health status, and treatment for a variety of
§485.635(b)(1)(ii) TAG: C	-1026	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.
(1)(ii) The CAH furnishes acute care inpat	tient services.	EP 3	The critical access hospital pro-	ovides acute care inpatient services.
§485.635(b)(2) TAG: C	-1028	i		
(2) Laboratory Services The CAH provides basic laboratory servic and treatment of the patient that meet the Public Health Service Act (42 U.S.C. 2 specified in part 493 of this chapter.) The	standards imposed under section 353 of 263a). (See the laboratory requirements			

CFR Number §485.635(b)(2)(i)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.635(b)(2)(i) TA	G: C-1028	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.
(i) Chemical examination of urine by urine ketones).	stick or tablet method or both (including	1 P	and treatment of the patient: Chemical examination of Hemoglobin or hematocy Blood glucose tests Examination of stool speeds Pregnancy tests Primary culturing for train Note 1: The laboratory meets J.S.C. 263a). (Refer to the lal Note 2: For rehabilitation and mas laboratory services available.)	
§485.635(b)(2)(ii) TA	G: C-1028	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.
(ii) Hemoglobin or hematocrit.		6 P U	and treatment of the patient: Chemical examination of Hemoglobin or hematoce Blood glucose tests Examination of stool speed Pregnancy tests Primary culturing for train Note 1: The laboratory meets J.S.C. 263a). (Refer to the late Note 2: For rehabilitation and the provement Amendments (Communication)	nsmittal to a certified laboratory the standards imposed under section 353 of the Public Health Service Act (42 boratory requirements specified in 42 CFR 493) psychiatric distinct part units in critical access hospitals: The critical access hospital able, either directly or through a contractual agreement with a Clinical Laboratory CLIA)—certified laboratory that meets the requirements of 42 CFR 493.
§485.635(b)(2)(iii) TA	G: C-1028	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.
(iii) Blood glucose.		1 N	and treatment of the patient: Chemical examination of Hemoglobin or hematoce Blood glucose tests Examination of stool speed Pregnancy tests Primary culturing for train Note 1: The laboratory meets J.S.C. 263a). (Refer to the lal Note 2: For rehabilitation and mas laboratory services available.)	

CFR Number §485.635(b)(2)(iv)	Medicare Requirements	Equ	nt Commission uivalent Number	Joint Commission Standards and Elements of Performance			
§485.635(b)(2)(iv) TAG: C-	1028	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.			
(iv) Examination of stool specimens for occult blood.		7 N N P	and treatment of the patient: Chemical examination of urine by the stick method, the tablet method, or both (including urine ketones) Hemoglobin or hematocrit tests Blood glucose tests Examination of stool specimens for occult blood Pregnancy tests Primary culturing for transmittal to a certified laboratory Note 1: The laboratory meets the standards imposed under section 353 of the Public Health Service Act (42 U.S.C. 263a). (Refer to the laboratory requirements specified in 42 CFR 493) Note 2: For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospitals laboratory services available, either directly or through a contractual agreement with a Clinical Laboratory Improvement Amendments (CLIA)—certified laboratory that meets the requirements of 42 CFR 493.				
§485.635(b)(2)(v) TAG: C-	1028	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.			
(v) Pregnancy tests.		a N U	and treatment of the patient: Chemical examination of Hemoglobin or hematod Blood glucose tests Examination of stool spe Pregnancy tests Primary culturing for train Note 1: The laboratory meets J.S.C. 263a). (Refer to the lain Note 2: For rehabilitation and the laboratory services availated mprovement Amendments (Communication)	ecimens for occult blood Insmittal to a certified laboratory the standards imposed under section 353 of the Public Health Service Act (42 boratory requirements specified in 42 CFR 493) psychiatric distinct part units in critical access hospitals: The critical access hospital ble, either directly or through a contractual agreement with a Clinical Laboratory CLIA)—certified laboratory that meets the requirements of 42 CFR 493.			
§485.635(b)(2)(vi) TAG: C	1028	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.			
(vi) Primary culturing for transmittal to a ce	ertified laboratory.	2 N U	and treatment of the patient: Chemical examination of Hemoglobin or hematoce Blood glucose tests Examination of stool speed Pregnancy tests Primary culturing for train Note 1: The laboratory meets J.S.C. 263a). (Refer to the lain Note 2: For rehabilitation and mas laboratory services available.)				

CFR Number §485.635(b)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§485.635(b)(3) TAG: C	-1030	LD.13.03.0	1 The critical acce	ess hospital provides services that meet patient needs.	
(3) Radiology services. Radiology services furnished by the CAH are provided by personnel qualified under State law, and do not expose CAH patients or personnel to radiation hazards.		EP 1	or other agreements that meet the needs of the population(s) served, are organized appropriate to t complexity of services offered, and are in accordance with accepted standards of practice. Services but are not limited to the following: Outpatient Emergency Medical records Diagnostic and therapeutic radiology Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are provided, they are in accordance with nationally recognized accepta of practice for the health care (including physical and behavioral health) of pregnant, birthing, and prepatients. If outpatient obstetrical services are offered, the services are consistent in quality with inparting accordance with the complexity of services offered. As applicable, the services must be integrated departments of the critical access hospital. NPG.12.01.01		
		NFG.12.01		t the needs of the population served and determine how they function within	
		EP 1	and services. Note 1: The number and mix of Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services Diagnostic and therapeut Note 2: Emergency services so Note 3: For rehabilitation and first cost reporting period for version of the services so the services of t	s, including emergency pharmaceutical services utic radiology services staff are qualified in emergency care. psychiatric distinct part units in critical access hospitals: As of the first day of the which all other exclusion requirements are met, the unit is fully equipped and staffed espital inpatient psychiatric or rehabilitation care regardless of whether there are any	

CFR Number §485.635(b)(3)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
		PE.02.01.01	The critical acce	ss hospital manages risks related to hazardous materials and waste.
			exposure to hazardous materi Minimizing risk when sel hazardous chemicals, an Disposal of hazardous not make the Minimizing risk when selong the Periodic inspection of rate Precautions to follow and waste spills or exposure Note 1: Hazardous energy is pand nonionizing equipment (for Note 2: Hazardous gases and generated by glutaraldehyde; laboratory rooftop exhaust. (For Note 2: Hazardous gases and generated by glutaraldehyde; laboratory rooftop exhaust. (For Note 2: Hazardous gases and generated by glutaraldehyde; laboratory rooftop exhaust. (For Note 2: Minimized Properties of Note 2: Hazardous gases and generated Properties of Note 2: Hazardous gases and gases and gases and gases gases and gases gases and gases gases gases and gases g	ecting and using hazardous energy sources, including the use of proper shielding diology equipment and prompt correction of hazards found during inspection dipersonal protective equipment to wear in response to hazardous material and produced by both ionizing equipment (for example, radiation and x-ray equipment) or example, lasers and MRIs). vapors include but are not limited to ethylene oxide and nitrous oxide gases; vapors cauterizing equipment, such as lasers; waste anesthetic gas disposal (WAGD); and for full text, refer to NFPA 99-2012: 9.3.8; 9.3.9)
		EP 5	Radiation workers are checke exposure.	d periodically, using exposure meters or badge tests, for the amount of radiation
§485.635(b)(4) TAG: C	-1032	LD.13.03.01	The critical acce	ss hospital provides services that meet patient needs.
(4) Emergency procedures. In accordance CAH provides medical services as a first r injuries and acute illness.			outpatients as a first response	ovides emergency medical services that meet the needs of its inpatients and to common life-threatening injuries and acute illnesses. e available 24-hours a day, 7 days a week.
§485.635(c) TAG: C-	-1034			
§485.635(c) Standard: Services Provided	Through Agreements or Arrangements]		
§485.635(c)(1) TAG: C	1034			
(1) The CAH has agreements or arrangements or suppliers participating under lipatients, including				
§485.635(c)(1)(i) TAG: C-(i) Services of doctors of medicine or oster		LD.13.03.03	Care, treatment, effectively.	and services provided through contractual agreement are provided safely and
	•		suppliers participating under M patients, including but not limi Services of doctors of m Additional or specialized hospital	

CFR Number §485.635(c)(1)(ii)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.635(c)(1)(ii) TAG: C- (ii) Additional or specialized diagnostic and		LD.13.03.03	Care, treatment, effectively.	and services provided through contractual agreement are provided safely and
available at the CAH; and	,	:	suppliers participating under N patients, including but not limi Services of doctors of m Additional or specialized hospital	
§485.635(c)(1)(iii) TAG: C-		LD.13.03.03	Care, treatment, effectively.	and services provided through contractual agreement are provided safely and
(iii) Food and other services to meet inpati services are not provided directly by the C		:	The critical access hospital has suppliers participating under Napatients, including but not limi Services of doctors of machine Additional or specialized hospital	
§485.635(c)(2)		LD.13.01.09		ss hospital has policies and procedures that guide and support patient care,
(2) If the agreements or arrangements are evidence that patients referred by the CAF			Description of the service agreement or arrangeme Emergency medical service agreement or arrangeme Guidelines for the medice consultation and/or paties review and evaluation of Rules for the storage, has Guidelines for addressin Note: If patients are transferred.	evelops and implements written policies and procedures that guide health care cedures are consistent with state law and include the following: es furnished by the critical access hospital, including those provided through ent
§485.635(c)(3) TAG: C-	···	LD.13.03.03		and services provided through contractual agreement are provided safely and
(3) The CAH maintains a list of all services agreements. The list describes the nature				aintains a current list of all patient care services provided under contract, The list describes nature and scope of services provided.
§485.635(c)(4) TAG: C-	1044			
(4) The person principally responsible for t §485.627(b)(2) of this chapter is also responsible				

CFR Number §485.635(c)(4)(i)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.635(c)(4)(i) TAG: (C-1044	LD.11.0	1.03 The critical acce	ess hospital identifies the responsibilities of its leaders.
(i) Services furnished in the CAH whethe arrangements or agreements.	r or not they are furnished under	EP 1	responsible for the following: Services provided in the agreements Ensuring that contractor services that enable the	e operation of the critical access hospital under 42 CFR 485.627(b)(2) is also critical access hospital whether or not they are furnished under arrangements or s of services (including contractors for shared services and joint ventures) provide critical access hospital to comply with all applicable Centers for Medicare & ons of Participation and standards for the contracted services
§485.635(c)(4)(ii) TAG: 0	C-1044	LD.11.0	1.03 The critical acce	ess hospital identifies the responsibilities of its leaders.
conditions of participation and standards	able the CAH to comply with all applicable for the contracted services.	EP 1	responsible for the following: Services provided in the agreements Ensuring that contractor services that enable the Medicaid (CMS) Condition	e operation of the critical access hospital under 42 CFR 485.627(b)(2) is also critical access hospital whether or not they are furnished under arrangements or s of services (including contractors for shared services and joint ventures) provide critical access hospital to comply with all applicable Centers for Medicare & ons of Participation and standards for the contracted services
§485.635(c)(5) TAG: (MS.20.0		ther licensed practitioners who are responsible for the care, treatment, and
	e case of distant-site physicians and practitioners providing telemedicine s to the CAH's patients under a written agreement between the CAH and a			patient via telemedicine link are subject to the credentialing and privileging e originating site.
	nt-site telemedicine entity is not required to	EP 1	a distant-site hospital or telemechoose to rely upon the crederity for the individual distant access hospital's governing besite hospital or telemedicine e The distant site telemed consistent with the critice. The distant-site hospital The individual distant-site telemedicine entity proving provides a current list of telemedicine entity. The individual distant-site state in which the critical state in which the critical the originating critical according to the periodic evaluation of from the telemedicine secritical access hospital's site physician or other licensed practition. Note 1: In the case of distant-critical access hospital's patie telemedicine entity, the distant provider or supplier. Note 2: For rehabilitation and telemedicine entity's medical secretarians.	licine entity provides services in accordance with contract service requirements. Ilicine entity's medical staff credentialing and privileging process and standards is all access hospital's process and standards, at a minimum. providing the telemedicine services is a Medicare-participating hospital. It the physician or other licensed practitioner is privileged at the distant-site hospital or iding the telemedicine services, and the distant-site hospital or telemedicine entity if the distant-site physician's or practitioner's privileges at the distant-site hospital or the physician or other licensed practitioner holds a license issued or recognized by the all access hospital whose patients are receiving the telemedicine services is located. The provided by the originating critical access hospital, access hospital internally reviews services provided by the distant-site physician or the practitioner. At a minimum, this information includes adverse events that result the provided by the distant-site physician or other licensed practitioner to the apatients and complaints the critical access hospital has received about the distant-censed practitioner. Site physicians and licensed practitioners providing telemedicine services to the internal physicians and licensed practitioners providing telemedicine services to the internal physicians and licensed practitioners providing telemedicine services to the internal physicians and licensed practitioners providing telemedicine services to the internal physicians and licensed practitioners providing telemedicine services to the internal physicians and licensed practitioners providing telemedicine services to the internal physicians and licensed practitioners providing telemedicine services to the internal physicians and licensed practitioners providing telemedicine services to the internal physicians and licensed practitioners provided by the distant-site internal physicians and licensed practitioners provided by the distant-site internal physicians and licensed practition

CFR Num §485.635		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.635(d)	TAG: C	-1046	LD.13.03.	01 The critical acce	ess hospital provides services that meet patient needs.
§485.635(d) Standard: Nursing Services Nursing services must meet the needs of patients.		EP 2	delineation of responsibility fo Note: For rehabilitation and penursing waiver granted under	as an organized nursing service, with a plan of administrative authority and or patient care, that provides nursing services to meet the needs of its patients. sychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-hour 42 CFR 488.54(c) are not required to have 24-hour nursing services.	
§485.635(d)(1)	TAG: C	-1046	NPG.12.0	2.01 The nurse execu	utive directs the implementation of a nurse staffing plan(s).
of each patient, including	patients at a SN accordance with	sign to other personnel) the nursing care F level of care in a swing-bed CAH. The the patient's needs and the specialized available.	EP 4	nursing facility level of care in patient's needs and the specia Note 1: For rehabilitation and provides or supervises the nu critical access hospital has a Note 2: For rehabilitation and	or assign to other staff) the nursing care of each patient, including patients at a skilled a swing-bed critical access hospital. The care is provided in accordance with the alized qualifications and competence of the staff available. psychiatric distinct part units in critical access hospitals: A registered nurse directly rsing services provided by other staff to patients 24 hours a day, 7 days a week. The licensed practical nurse or registered nurse on duty at all times. psychiatric distinct part units in critical access hospitals: Rural hospitals with a 24-inder 42 CFR 488.54(c) are not required to have 24-hour nursing services.
§485.635(d)(2)	TAG: C		NR.11.01.		utive directs the implementation of nursing policies and procedures, nursing a nurse staffing plan(s).
(2) A registered nurse or, where permitted by State law, a physician assistant, must supervise and evaluate the nursing care for each patient, including patients at a SNF level of care in a swing-bed CAH.		EP 4	A registered nurse (or physici	an assistant, when permitted by state law) supervises and evaluates the nursing care ients at a skilled nursing facility-level of care in a swing-bed critical access hospital.	
§485.635(d)(3)	TAG: C	-1049	MM.11.01	.01 The critical acce	ess hospital safely manages pharmaceutical services.
under the supervision of	a registered nurs	medications must be administered by or e, a doctor of medicine or osteopathy, or,	EP 1	Drugs and biologicals are pro- and accepted standards of pra-	cured, stored, controlled, and distributed, in accordance with federal and state laws actice.
		assistant, in accordance with written and	MM.16.01	.01 The critical acce	ess hospital safely administers medications.
signed orders, accepted standards of practice, and Federal and State laws.		EP 2	nurse, a doctor of medicine or Note: For rehabilitation and pa administered by, or under sup	enous medications are administered by, or under the supervision of, a registered or osteopathy, or, where permitted by state law, a physician assistant. Sychiatric distinct part units in critical access hospitals: Drugs and biologicals are pervision of, nursing or other staff in accordance with federal and state laws and pole licensing requirements, and in accordance with the approved medical staff	
§485.635(d)(4)	TAG: C		PC.11.03.		ess hospital plans the patient's care.
(4) A nursing care plan m	nust be developed	d and kept current for each inpatient.	EP 1	following: Needs identified by the The patient's goals and Note 1: Nursing staff develops interdisciplinary plan of care, Note 2: The hospital evaluate Note 3: For rehabilitation disti	evelops, implements, and revises a written individualized plan of care based on the patient's assessment, reassessment, and results of diagnostic testing the time frames, settings, and services required to meet those goals is and keeps current a nursing plan of care, which may be a part of an for each inpatient. In strength of the patient's progress and revises the plan of care based on the patient's progress. In the part units in critical access hospitals: The plan is reviewed and revised as needed with other professional staff who provide services to the patient.

CFR Number §485.635(e)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.635(e)	TAG: C-10	52	HR.11.02.0	1 The critical acce	ss hospital defines and verifies staff qualifications.
§485.635(e) Standard: Rehabilitation Therapy Services. Physical therapy, occupational therapy, and speech-language pathology services furnished at the CAH, if provided, are provided by staff qualified under State law, and consistent with the requirements for therapy services in §409.17 of this subpart.		EP 1	Note 1: Qualifications for infecting certification (such as that offer Note 2: For rehabilitation and therapists, physical therapist a language pathologists, or aud speech-language pathology, of See Glossary for definitions of therapy assistant, speech-language Note 3: For rehabilitation and	efines staff qualifications specific to their job responsibilities. Stion control may be met through ongoing education, training, experience, and/or red by the Certification Board for Infection Control). Posychiatric distinct part units in critical access hospitals: Qualified physical assistants, occupational therapists, occupational therapy assistants, speechiologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, or audiology services, if these services are provided by the critical access hospital. If physical therapist, physical therapist assistant, occupational therapist, occupational guage pathologist, and audiologist. Posychiatric distinct part units in critical access hospitals: If respiratory care services perform specific respiratory care procedures and the amount of supervision required dures is designated in writing.	
§485.638	TAG: C-11	00			
§485.638 Condition of Participation	on: Clinical F	Records			
§485.638(a)	TAG: C-11	02			
§485.638(a) Standard: Records S	System				
§485.638(a)(1)	TAG: C-11	02	RC.11.01.0		ss hospital maintains complete and accurate medical records for each
(1) The CAH maintains a clinical r	records syst	em in accordance with written policies		individual patier	
and procedures.			EP 7		evelops and implements policies and procedures for the maintenance of its medical ed member of the professional staff is responsible for maintaining the records.
0 11 11 (1)(1)	TAG: C-11	04 tely documented, readily accessible,	RC.11.01.0	The critical acce individual patier	ess hospital maintains complete and accurate medical records for each
and systematically organized.	note, accura	tory documented, readily accessible,	EP 4	signed, dated, and timed med	evelops and implements policies and procedures for accurate, legible, complete, ical record entries that are authenticated by the person responsible for providing or d. Medical records are promptly completed, systematically organized, and readily
• ()()	TAG: C-11		RC.11.01.0	1 The critical acce individual patier	ss hospital maintains complete and accurate medical records for each
	they are cor	staff is responsible for maintaining mpletely and accurately documented, zed.	EP 7	The critical access hospital de	evelops and implements policies and procedures for the maintenance of its medical ed member of the professional staff is responsible for maintaining the records.
§485.638(a)(4)	TAG: C-11	10			
(4) For each patient receiving hea includes, as applicable	alth care ser	vices, the CAH maintains a record that			
§485.638(a)(4)(i)	TAG: C-11	10	RC.12.01.0		ord contains information that reflects the patient's care, treatment, and
forms, pertinent medical history, a	assessment	oroperly executed informed consent of the health status and health ry of the episode, disposition, and	EP 1	 Name, address, and dat Sex Communication needs, i Race and ethnicity Note: If the patient is a minor, 	he following demographic information for the patient: e of birth, and the name of any legally authorized representative ncluding preferred language for discussing health care is incapacitated, or has a designated advocate, the communication needs of the ogate decision-maker, or legally authorized representative are documented in the

CFR Number §485.638(a)(4)(i)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	 Admitting diagnosis Any emergency care, tree Any allergies to food and any findings of assessments. Results of all consultative care of the patient Treatment goals, plan one Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's confidered in the patient's confidered in the patient of a semergent situation of a demergent situation in which I a further explanation of block Administration of each is support person where and Records of radiology and All care, treatment, and Patient's response to candidation Discharge plan and discended including any medication Any diagnoses or conditions. 	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to ndition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or ppropriate) d nuclear medicine services, including signed interpretation reports services provided to the patient are, treatment, and services sical examination, including any conclusions or impressions drawn from the
		EP 3	The medical record contains a state law or regulation. Note: The properly executed i emergencies. A properly exec of and agreement for care, tree	any informed consent, when required by critical access hospital policy or federal or informed consent is placed in the patient's medical record prior to surgery, except in cuted informed consent contains documentation of a patient's mutual understanding eatment, and services through written signature; electronic signature; or, when a signature, documentation of the verbal agreement by the patient or surrogate

CFR Number §485.638(a)(4)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.638(a)(4)(ii) TAG: C-1114		RC.12.01.01		cord contains information that reflects the patient's care, treatment, and
(ii) Reports of physical examinations, of clinical laboratory services, and consultations are consultational laboratory services.	iagnostic and laboratory test results, including ative findings;	EP 2 The med	mitting diagnosis of emergency care, treatment, and iteration of each situation of protection of a read of the patient at the patient of the patient's condication records, income the patient's condication records, income a rapid titration of the situations in which explanation of block ministration of each support person where a cords of radiology are care, treatment, and itent's response to care dical history and phyomation charge plan and discharge summary with uding any medication diagnoses or condications.	nents and reassessments ve evaluations of the patient and findings by clinical and other staff involved in the of care, and revisions to the plan of care olications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to indition of the strength, dose, route, date and time of administration, access site for ion devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and a charting, refer to the Glossary.

CFR Number §485.638(a)(4)(iii)	Medicare Requirements	1	pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance				
§485.638(a)(4)(iii) TAG: C-1116			RC.12.01.01 The medical record contains information that reflects the patient's care, treatment, a					
(iii) All orders of doctors of medicine or ost treatments and medications, nursing notes and other pertinent information necessary temperature graphics, progress notes des and	and documentation of complications,	services. EP 2 The medical record contains the following clinical information: • Admitting diagnosis						
§485.638(a)(4)(iv) TAG: C-	1118	RC.11.02.01	1 Entries in the m	edical record are authenticated.				
(iv) Dated signatures of the doctor of medi professional.	cine or osteopathy or other health care		practitioner who is responsible	ders, are dated, timed, and authenticated by the ordering physician or other licensed e for the patient's care and who is authorized to write orders, in accordance with law and regulation, and medical staff bylaws, rules, and regulations.				
§485.638(b) TAG: C-	1120	1						
§485.638(b) Standard: Protection of Reco	rd Information	1						
§485.638(b)(1) TAG: C-	1120	IM.12.01.01	The critical acce	ess hospital protects the privacy and confidentiality of health information.				
(1) The CAH maintains the confidentially of safeguards against loss, destruction, or ur	· · · · · · · · · · · · · · · · · · ·		confidentiality of health inform	evelops and implements policies and procedures addressing the privacy and nation. al access hospitals: Policies and procedures also address the resident's personal				
§485.638(b)(2) TAG: C-	1122	IM.12.01.01	The critical acce	ess hospital protects the privacy and confidentiality of health information.				
(2) Written policies and procedures govern CAH and the conditions for the release of			The policies and procedures a Note: Information from or cop	evelops and implements policies and procedures for the release of medical records. are in accordance with law and regulation, court orders, or subpoenas. ies of records may be released only to authorized individuals, and the critical access nauthorized individuals cannot gain access to or alter patient records.				

CFR Number §485.638(b)(2)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
	•	IM.12.01.0		ss hospital maintains the security and integrity of health information.
		EP 1	information, including the follo Access and use Integrity of health inform and accidental destruction or the line of t	ation against loss, damage, unauthorized alteration or use, unintentional change, on f health information removal of health information is permitted actions that place health information outside the critical access hospital's control.
§485.638(b)(3) TAG: C	· · · · ·	IM.12.01.0		ss hospital protects the privacy and confidentiality of health information.
(3) The patient's written consent is require by law.	ed for release of information not required	EP 2	consent or as otherwise requirements. Note: For swing beds in critical	scloses health information only as authorized by the patient with the patient's written red by law and regulation. Il access hospitals: The critical access hospital allows representatives of the Office Ombudsman to examine a resident's medical, social, and administrative records in
§485.638(c) TAG: C	-1126	RC.11.03.0	The critical acce	ss hospital retains its medical records.
§485.638(c) Standard: Retention of Records The records are retained for at least 6 years from date of last entry, and longer if required by State statute, or if the records may be needed in any pending proceeding.		EP 2		If for at least six years from the date of its last entry and longer if required by state ed in any pending proceeding.
§485.638(d) TAG: C	-1127			
§485.638(d) Standard: Electronic notifical If the CAH utilizes an electronic medical radministrative system, which is conforma 45 CFR 170.205(d)(2), then the CAH must	ecords system or other electronic nt with the content exchange standard at			
§485.638(d)(1) TAG: C	-1127	IM.13.01.0		ss hospital meets requirements for the electronic exchange of patient health
(1) The system's notification capacity is fu accordance with all State and Federal sta CAH's exchange of patient health informa	atutes and regulations applicable to the	information. N electronic hea		e: This standard only applies to critical access hospitals that utilize an records system or other electronic administrative system that conforms with range standard at 45 CFR 170.205(d)(2).
		EP 1	administrative system's) notific	emonstrates that its electronic health records system's (or other electronic cation capacity is fully operational and is used in accordance with applicable state ons for the exchange of patient health information.
§485.638(d)(2) TAG: C	-1127	IM.13.01.0		ss hospital meets requirements for the electronic exchange of patient health
(2) The system sends notifications that m practitioner name, and sending institution			electronic health	e: This standard only applies to critical access hospitals that utilize an records system or other electronic administrative system that conforms with lange standard at 45 CFR 170.205(d)(2).
		EP 2		monstrates that its electronic health records system (or other electronic notifications that include, at a minimum, the patient's name, treating licensed ing institution's name.

CFR Number §485.638(d)(3)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance	
§485.638(d)(3) TAG: C-1127 (3) To the extent permissible under applicable federal and state law and regulations, and not inconsistent with the patient's expressed privacy preferences, the system sends notifications directly, or through an intermediary that facilitates exchange of health information, at the time of:		IM.13.01.05 The critical access hospital meets requirements for the electronic exchange of patient health information. Note: This standard only applies to critical access hospitals that utilize an electronic health records system or other electronic administrative system that conforms with the content exchange standard at 45 CFR 170.205(d)(2).			
		EP 3	access hospital's electronic he		
§485.638(d)(3)(i) TAG: C-	1127	IM.13.01.05		ess hospital meets requirements for the electronic exchange of patient health	
(i) The patient's registration in the CAH's e	emergency department (if applicable).		electronic health	re: This standard only applies to critical access hospitals that utilize an n records system or other electronic administrative system that conforms with nange standard at 45 CFR 170.205(d)(2).	
		EP 3	access hospital's electronic he		
§485.638(d)(3)(ii) TAG: C-	1127	IM.13.01.05		ess hospital meets requirements for the electronic exchange of patient health	
(ii) The patient's admission to the CAH's inpatient services (if applicable).			electronic health	re: This standard only applies to critical access hospitals that utilize an records system or other electronic administrative system that conforms with range standard at 45 CFR 170.205(d)(2).	
		EP 3	access hospital's electronic he		
§485.638(d)(4) TAG: C-	1127	IM.13.01.05	The critical acce	ess hospital meets requirements for the electronic exchange of patient health	
(4) To the extent permissible under applica and not inconsistent with the patient's expr sends notifications directly, or through an i	ressed privacy preferences, the system		electronic health	re: This standard only applies to critical access hospitals that utilize an in records system or other electronic administrative system that conforms with inange standard at 45 CFR 170.205(d)(2).	
health information, either immediately prior	r to, or at the time of:	EP 4	access hospital's electronic he directly, or through an interme	t's expressed privacy preferences and applicable laws and regulations, the critical ealth records system (or other electronic administrative system) sends notifications ediary that facilitates exchange of health information, either immediately prior to or at large or transfer from the critical access hospital's emergency department or inpatient	
§485.638(d)(4)(i) TAG: C-	1127	IM.13.01.05		ess hospital meets requirements for the electronic exchange of patient health	
(i) The patient's discharge or transfer from applicable).	the CAH's emergency department (if		electronic health	re: This standard only applies to critical access hospitals that utilize an records system or other electronic administrative system that conforms with nange standard at 45 CFR 170.205(d)(2).	
		EP 4	access hospital's electronic hedirectly, or through an interme	t's expressed privacy preferences and applicable laws and regulations, the critical ealth records system (or other electronic administrative system) sends notifications diary that facilitates exchange of health information, either immediately prior to or at arge or transfer from the critical access hospital's emergency department or inpatient	

CFR Numbe §485.638(d)(4)		Medicare Requirements		Joint Commission equivalent Number	Joint Commission Standards and Elements of Performance
§485.638(d)(4)(ii) (ii) The patient's discharge of applicable).	TAG: C	n the CAH's inpatient services (if	IM.13.01.0	In accordance with the patier access hospital's electronic he directly, or through an intermediate.	ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an h records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2). It's expressed privacy preferences and applicable laws and regulations, the critical ealth records system (or other electronic administrative system) sends notifications ediary that facilitates exchange of health information, either immediately prior to or at arge or transfer from the critical access hospital's emergency department or inpatient
				services.	
notifications to all applicable	post- acute o	rt to ensure that the system sends the care services providers and suppliers, hers and entities, which need to receive	IM.13.01.0	The critical access hospital meets requirements for the electronic exchange of patient health information. Note: This standard only applies to critical access hospitals that utilize an electronic health records system or other electronic administrative system that conforms wit the content exchange standard at 45 CFR 170.205(d)(2).	
notification of the patient's s improvement purposes:	tatus for treat	ment, care coordination, or quality	 The critical access hospital makes a reasonable effort to confirm that its electronic health records system electronic administrative system) sends the notifications to all applicable post–acute care service provide suppliers, as well as any of the following who need to receive notification of the patient's status for treatm coordination, or quality improvement purposes: Patient's established primary care licensed practitioner Patient's established primary care practice group or entity Other licensed practitioners, or other practice groups or entities, identified by the patient as primaril responsible for the patient's care Note: The term "reasonable effort" means that the critical access hospital has a process to send patient on totifications while working within the constraints of its technology infrastructure. There may be instances which the critical access hospital (or its intermediary) cannot identify an applicable recipient for a patient notification despite establishing processes for identifying recipients. In addition, some recipients may not 		em) sends the notifications to all applicable post–acute care service providers and the following who need to receive notification of the patient's status for treatment, care exement purposes: imary care licensed practitioner imary care practice group or entity theres, or other practice groups or entities, identified by the patient as primarily ent's care effort" means that the critical access hospital has a process to send patient event thin the constraints of its technology infrastructure. There may be instances in bital (or its intermediary) cannot identify an applicable recipient for a patient event
§485.638(d)(5)(i) (i) The patient's established	TAG: C		IM.13.01.0	information. No electronic healt	ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an h records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2).
			EP 5	electronic administrative syst suppliers, as well as any of the coordination, or quality impro Patient's established pr Patient's established pr Other licensed practition responsible for the patient responsible for the patient which the critical access hospotification despite establishing	imary care licensed practitioner imary care practice group or entity ners, or other practice groups or entities, identified by the patient as primarily

CFR Number §485.638(d)(5)(ii)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.638(d)(5)(ii) TAG: C-1128 (ii) The patient's established primary care practice group or entity; or		IM.13.01.05	information. Not electronic health	ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2).
			electronic administrative syste suppliers, as well as any of th coordination, or quality improvements of Patient's established priese and the Patient's established priese of the patient's established priese of the patient's established priese of the patient of	mary care licensed practitioner mary care practice group or entity hers, or other practice groups or entities, identified by the patient as primarily ent's care ffort" means that the critical access hospital has a process to send patient event hin the constraints of its technology infrastructure. There may be instances in oital (or its intermediary) cannot identify an applicable recipient for a patient event ag processes for identifying recipients. In addition, some recipients may not be able cations in a manner consistent with the critical access hospital system's capabilities.
(iii) Other practitioner, or other pra	TAG: C-1128 actice group or entity, identified by the patient as or entity, primarily responsible for his or her care.	IM.13.01.05	information. Not electronic healtl	ess hospital meets requirements for the electronic exchange of patient health te: This standard only applies to critical access hospitals that utilize an records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2).
			electronic administrative systesuppliers, as well as any of the coordination, or quality improvements. Patient's established priesuppliers and practition responsible for the patient Note: The term "reasonable enotifications while working with which the critical access hospitopication despite establishing."	mary care licensed practitioner mary care practice group or entity ners, or other practice groups or entities, identified by the patient as primarily

CFR Nui §485.6		Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.639	TAG: C	-1140	LD.13.03	.01 The critical acce	ess hospital provides services that meet patient needs.
§485.639 Condition of Participation: Surgical Services. If a CAH provides surgical services, surgical procedures must be performed in a safe manner by qualified practitioners who have been granted clinical privileges by the governing body, or responsible individual, of the CAH in accordance with the designation requirements under paragraph (a) of this section.		EP 1	or other agreements that mee complexity of services offered but are not limited to the follow. Outpatient Emergency Medical records Diagnostic and therapet Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical Note: If obstetrical services are of practice for the health care patients. If outpatient obstetrice	te provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other	
			EP 10	If the critical access hospital prince inpatient surgical care.	provides outpatient surgical services, the services are consistent with the quality of
			MS.17.02	.01 The decision to	grant or deny a privilege(s) and/or to renew an existing privilege(s) is an nce-based process.
			EP 6	appropriate policies and proce by the following:	ry or dental medicine
§485.639(a)	TAG: C		MS.17.02		grant or deny a privilege(s) and/or to renew an existing privilege(s) is an nce-based process.
	ne practitioners who with its approved	o are allowed to perform surgery for CAH policies and procedures, and with State	EP 6	The critical access hospital de appropriate policies and proceed by the following:	esignates the practitioners who are allowed to perform surgery, in accordance with edures, and with scope of practice laws and regulations. Surgery is performed only osteopathy, including an osteopathic practitioner recognized under section 1101(a) y Act ary or dental medicine

CFR Number §485.639(a)(1)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
0 (-)()	AG: C-1142 hy, including an osteopathic practitioner	MS.17.02.0	The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.	
recognized under section 1101(a)(7) of the Act;		 The critical access hospital designates the practitioners who are allowed to perform so appropriate policies and procedures, and with scope of practice laws and regulations. by the following: A doctor of medicine or osteopathy, including an osteopathic practitioner recogn (7) of the Social Security Act A doctor of dental surgery or dental medicine A doctor of podiatric medicine 		osteopathy, including an osteopathic practitioner recognized under section 1101(a) y Act ery or dental medicine
§485.639(a)(2) TA	NG: C-1142	MS.17.02.0		grant or deny a privilege(s) and/or to renew an existing privilege(s) is an
(2) A doctor of dental surgery or dent	tal medicine; or	EP 6	The critical access hospital de appropriate policies and proceed by the following:	ry or dental medicine
§485.639(a)(3) TA	NG: C-1142	MS.17.02.01 The decision to grant or deny a privilege(s) and/or to renew an existing privileg		grant or deny a privilege(s) and/or to renew an existing privilege(s) is an nce-based process.
			appropriate policies and proce by the following:	ry or dental medicine
§485.639(b) TA	AG: C-1144			
§485.639(b) Standard: Anesthetic Ri	isk and Evaluation	1		
(1) A qualified practitioner, as specifi	AG: C-1144 ied in paragraph (a) of this section, must	PC.13.01.0	The critical acce	ess hospital provides the patient with care before and after operative or other dures.
examine the patient immediately before to be performed.	ore surgery to evaluate the risk of the procedure	EP 3		licensed practitioner, in accordance with 42 CFR 485.639(a), reevaluates the patient o evaluate the risk of the procedure to be performed.
§485.639(b)(2) TA	AG: C-1144	PC.13.01.0		ess hospital provides the patient with care before and after operative or other
(2) A qualified practitioner, as specifi examine each patient before surgery	ied in paragraph (c) of this section, must v to evaluate the risk of anesthesia.	EP 1		licensed practitioner, in accordance with 42 CFR 485.639(c), conducts a ment to evaluate the risk of anesthesia.
§485.639(b)(3) TA	NG: C-1144	PC.13.01.0	3 The critical acce	ess hospital provides the patient with care before and after operative or other
	each patient must be evaluated for proper		high-risk proced	dures.
anesthesia recovery by a qualified pr section.	ractitioner, as specified in paragraph (c) of this	EP 6		licensed practitioner evaluates the patient for proper anesthesia recovery, as c), before discharging the patient from the recovery area or from the critical access

CFR Number §485.639(c)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance		
	: C-1145	MS.17.02.01 The decision to grant or deny a privilege(s) and/or to renew an existing privilege(s) is an objective, evidence-based process.				
§485.639(c) Standard: Administration of Anesthesia The CAH designates the person who is allowed to administer anesthesia to CAH patients in accordance with its approved policies and procedures and with State scope-of-practice laws.		EP 1 The critical access hospital, based on recommendations by the organized medical staff and approval by the governing body, develops and implements criteria that determine if a physician or other licensed practitions allowed to provide patient care, treatment, and services within the scope of the privilege(s) requested. Eval of all of the following are included in the criteria: • Current licensure and/or certification, as appropriate, verified with the primary source • 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 withic critical access hospital				
§485.639(c)(1) TAG	: C-1145					
(1) Anesthesia must be administered b	y only					
§485.639(c)(1)(i) TAG (i) A qualified anesthesiologist:	: C-1145	PC.13.01.01		ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites.		
			 A qualified anesthesiolo A doctor of medicine or recognized under sectio A doctor of dental surge A doctor of podiatric me A certified registered nuby the operating practiti supervision An anesthesiologist's as A supervised trainee in Note 1: In accordance with 42 is a planned program of study recognized national profession Commission on Accreditation Commission. Note 2: See Glossary for the assistant. Note 3: The CoP at 42 CFR 4 from the requirement for doct access hospital is located subthe governor, following consurbed octor of medicine or osteopaconsulted with the state board anesthesia services in the state the current doctor of medicine law. The request for exempticat any time and are effective 	osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised ioner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program 2 CFR 413.85(e), an approved nursing and allied health education program by that is licensed by state law, or if licensing is not required, is accredited by a small organization. Such national accrediting bodies include, but are not limited to, the of Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted for of medicine or osteopathy supervision of CRNAs if the state in which the critical bomits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by alltation with the state's boards of medicine and nursing, requesting exemption from an athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted		

CFR Number §485.639(c)(1)(ii)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
§485.639(c)(1)(ii) (ii) A doctor of medicine or oste	TAG: C-1145 opathy other than an anesthesiologist; including an	PC.13.01.01		ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites.
1 '	zed under section 1101(a)(7) of the Act;	Note 1 is a pla recogr Comm Comm Note 2 assista Note 3 from th access the go doctor consul anesth the cu law. Th	a qualified anesthesiolal doctor of medicine or ecognized under section doctor of dental surgate doctor of podiatric means the certified registered not be operating practit upervision an anesthesiologist's an automatic supervised trainee in a supervised antional profession on Accreditation ission. See Glossary for the int. The CoP at 42 CFR and a superior, following consumer of medicine or osteopated with the state boar esia services in the state rent doctor of medicine request for exempting and are effective	r osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised ioner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program 2 CFR 413.85(e), an approved nursing and allied health education program y that is licensed by state law, or if licensing is not required, is accredited by a onal organization. Such national accrediting bodies include, but are not limited to, the not Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted tor of medicine or osteopathy supervision of CRNAs if the state in which the critical bmits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by ultation with the state's boards of medicine and nursing, requesting exemption from athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of e or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted

CFR Number §485.639(c)(1)(iii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.639(c)(1)(iii) TAG: C-1145 (iii) A doctor of dental surgery or dental medicine;		PC.13.01.01		ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites.
(iii) A doctor of definal surgery of definal file	BUIGHT6,	A A A A A A A A A A A A A A A A A A A	qualified anesthesiologic doctor of medicine or ecognized under section doctor of dental surger doctor of podiatric medicine decentified registered nuty the operating practiti upervision in anesthesiologist's as supervised trainee in a lin accordance with 42 inned program of study ized national professionsion. See Glossary for the int. The CoP at 42 CFR 42 e requirement for doctor hospital is located surfernor, following consumer of medicine or osteopated with the state board estate services in the state request for exemptication and are effective	osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law earse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised oner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program and allied health education program and that is licensed by state law, or if licensing is not required, is accredited by a enal organization. Such national accrediting bodies include, but are not limited to, the of Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist lass.639(e) for state exemption states: A critical access hospital may be exempted or of medicine or osteopathy supervision of CRNAs if the state in which the critical pomits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by alltation with the state's boards of medicine and nursing, requesting exemption from an athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted.

CFR Number §485.639(c)(1)(iv)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.639(c)(1)(iv) TAG: C-1145		PC.13.01.01		ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites.
(iv) A doctor of podiatric medicine;		A A A A A A A A A A A A A A A A A A A	desia is administered of a qualified anesthesiology and a qualified anesthesiology and a qualified anesthesiology and a doctor of dental surgest a doctor of dental surgest a doctor of podiatric means a supervision an anesthesiologist's as a supervised trainee in: In accordance with 42 anned program of study aized national profession ission on Accreditation ission. See Glossary for the lant. The CoP at 42 CFR 4 is requirement for doctor is hospital is located subvernor, following consultation of medicine or osteopated with the state board esia services in the state to are request for exemptication and are effective	Inly by the following individuals: Inly of the Social Security Act Inly or dental medicine, who is qualified to administer anesthesia under state law Inly or dental medicine, who is qualified to administer anesthesia under state law Inly or dental medicine, who is qualified to administer anesthesia under state law Inly or dental medicine, who is qualified to administer anesthesia under state law Inly or dental medicine, who is qualified to administer anesthesia under state law Inly or dental medicine, who is qualified to administer anesthesia under state law Inly or dental medicine, who is qualified to administer anesthesia under state law Inly or dental medicine, who is qualified to administer anesthesial under state exemption for this Inly or defined in 42 CFR 410.69(b), supervised by an anesthesiologist Inly or dental medicine and program Inly or definition of certified registered nurse anesthetist (CRNA) and anesthesiologist Inly or definition of certified registered nurse anesthetist (CRNA) and anesthesiologist Inly or definition of certified registered nurse anesthetist (CRNA) and anesthesiologist Inly or state exemption states: A critical access hospital may be exempted or of medicine or osteopathy supervision of CRNAs if the state in which the critical mits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by a latition with the state's boards of medicine and nursing, requesting exemption from an any supervision for CRNAs. The letter from the governor must attest that they have dead of the decine and nursing about issues related to access to and the quality of the and has concluded that it is in the best interests of the state's citizens to opt out or or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted

CFR Number §485.639(c)(1)(v)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.639(c)(1)(v) TAG: C-1145 (v) A certified registered nurse anesthetist (CRNA), as defined in Sec. 410.69(b) of			tess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites.
this chapter;	SE (CENTAL), AS DETITIED III OEC. 410.03(D) DI	Anesthesia is administered of A qualified anesthesiola A doctor of medicine or recognized under section A doctor of dental surguity. A doctor of podiatric materials are a consistent of the process of the pro	only by the following individuals: or osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised cioner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this assistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program 2 CFR 413.85(e), an approved nursing and allied health education program by that is licensed by state law, or if licensing is not required, is accredited by a conal organization. Such national accrediting bodies include, but are not limited to, the not Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted tor of medicine or osteopathy supervision of CRNAs if the state in which the critical bmits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by ultation with the state's boards of medicine and nursing, requesting exemption from athy supervision for CRNAs. The letter from the governor must attest that they have rds of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted

CFR Number §485.639(c)(1)(vi)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.639(c)(1)(vi) TAG: C-1145 (vi) An anesthesiologist's assistant, as defined in Sec. 410.69(b) of this chapter; or			ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites.
(w) All allestifications assistant, as de	inieu in Sec. 410.09(b) di tilis chapter, di	A qualified anesthesion A doctor of medicine or recognized under secti A doctor of dental surg A doctor of podiatric medicine or A certified registered not by the operating practition An anesthesiologist's and A supervised trainee in Note 1: In accordance with 4 is a planned program of studing recognized national profession. Note 2: See Glossary for the assistant. Note 3: The CoP at 42 CFR from the requirement for doctor of medicine or osteop consulted with the state boar anesthesia services in the state current doctor of medicine law. The request for exempting any time and are effective.	r osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised cioner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this assistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program (2 CFR 413.85(e), an approved nursing and allied health education program by that is licensed by state law, or if licensing is not required, is accredited by a conal organization. Such national accrediting bodies include, but are not limited to, the not Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted for of medicine or osteopathy supervision of CRNAs if the state in which the critical libmits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by cultation with the state's boards of medicine and nursing, requesting exemption from an athy supervision for CRNAs. The letter from the governor must attest that they have reds of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted

CFR Number §485.639(c)(1)(vii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
• · · · · · · · · · · · · · · · · · · ·	C-1145	PC.13.01.01		ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites.
(vii) A supervised trainee in an approved §413.85 or §§ 413.76 through 413.83 of		• A • A • A • A • A • A • A • A • A • A	nesia is administered of a qualified anesthesiolo. A qualified anesthesiolo. A doctor of medicine or ecognized under section. A doctor of dental surge. A doctor of podiatric medicine of the operating practition of the operating practition of the operating practition. An anesthesiologist's as a supervised trainee in a supervised trainee in a coordance with 42 anned program of study nized national profession ission on Accreditation ission. As the copy at 42 CFR 4 and t	Inly by the following individuals: osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law erse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised oner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this essistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program of 2 CFR 413.85(e), an approved nursing and allied health education program of that is licensed by state law, or if licensing is not required, is accredited by a small organization. Such national accrediting bodies include, but are not limited to, the not Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist definition of certified registered nurse anesthetist (CRNA) and anesthesiologist also letter to the Centers for Medicare & Medicaid Services (CMS) signed by altation with the state's boards of medicine and nursing, requesting exemption from an athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of ate and has concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state on and recognition of state laws and the withdrawal of the request may be submitted

CFR Num §485.639(c	1	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.639(c)(2)	TAG: C-	sters the anesthesia, the anesthetist	PC.13.01.01		cess hospital plans operative or other high-risk procedures. Note: Equipment e elements of performance is available to the operating room suites.
must be under the supen in paragraph (e) of this so anesthesia must be unde	vision of the opera	ting practitioner except as provided esiologist's assistant who administers of an anesthesiologist.		 A qualified anesthesion A doctor of medicine of recognized under section A doctor of dental surgeting A doctor of podiatric medicine of production A certified registered in by the operating practification An anesthesiologist's and an anesthesiologist's and an anesthesiologist's and an anesthesiologist's and an an	r osteopathy other than an anesthesiologist, including an osteopathic practitioner ion 1101(a)(7) of the Social Security Act lery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law urse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised tioner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this assistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist in an approved educational program to an approved educational program to an approved educational program to the state in an approved educational program to the state in a provided program to the state in a provided program to the state in the correct of medicine or osteopathy supervision of CRNAs if the state in which the critical ubmits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by ultation with the state's boards of medicine and nursing, requesting exemption from the program and the state in the state that they have reds of medicine and nursing about issues related to access to and the quality of the earth of the concluded that it is in the best interests of the state's citizens to opt out of the or osteopathy supervision requirement and that the opt-out is consistent with state in and recognition of state laws and the withdrawal of the request may be submitted approximation administer deep sedation/analgesia.
§485.639(d)	TAG: C-	1143	PC.13.01.03	i ne criticai aco high-risk proce	cess hospital provides the patient with care before and after operative or other edures.
	ed in the company	of a responsible adult, except those d the surgical procedure.		The critical access hospital of	discharges patients following the surgical procedure in the company of a responsible nere the practitioner who performed the surgical procedure determines the patient may
§485.639(e)	TAG: C-	1150			
§485.639(e) Standard: S	ate Exemption		7		

CFR Number §485.639(e)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.639(e)(1) TAG: 0 (1) A CAH may be exempted from the red			ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites.
CRNAs as described in paragraph (c)(2) the CAH is located submits a letter to CM consultation with the State's Boards of Mifrom MD/DO supervision for CRNAs. The that he or she has consulted with the Statissues related to access to and the quality has concluded that it is in the best interest.	of this section, if the State in which S signed by the Governor, following edicine and Nursing, requesting exemption letter from the Governor must attest be Boards of Medicine and Nursing about of anesthesia services in the State and	 A qualified anesthesiolo A doctor of medicine or recognized under section A doctor of dental surgerial A doctor of podiatric meres A certified registered number by the operating practition supervision An anesthesiologist's asen a supervised trainee in Note 1: In accordance with 42 is a planned program of study recognized national profession Commission on Accreditation Commission. Note 2: See Glossary for the easistant. Note 3: The CoP at 42 CFR 4 from the requirement for doctor access hospital is located subthe governor, following consumptions of the state board anesthesia services in the state the current doctor of medicine law. The request for exempticat any time and are effective or the state of the current doctor of medicine and the state the current doctor of medicine law. The request for exemptication and the state of the current doctor of medicine law. The request for exemptications are stream to the current doctor of medicine law. The request for exemptications are stream to the current doctor of medicine law. The request for exemptications are stream to the current doctor of medicine law. The request for exemptications are stream to the current doctor of medicine law. The request for exemptications are stream to the current doctor of medicine law. The request for exemptications are stream to the current doctor of medicine law. The request for exemptications are stream to the current doctor of medicine law. The request for exemptications are stream to the current doctor of medicine law. The request for exemptications are stream to the current doctor of medicine law. 	osteopathy other than an anesthesiologist, including an osteopathic practitioner on 1101(a)(7) of the Social Security Act ery or dental medicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law edicine, who is qualified to administer anesthesia under state law erse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised oner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this esistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist an approved educational program of that is licensed by state law, or if licensing is not required, is accredited by a enal organization. Such national accrediting bodies include, but are not limited to, the of Allied Health Education Programs and the National League of Nursing Accrediting definition of certified registered nurse anesthetist (CRNA) and anesthesiologist els5.639(e) for state exemption states: A critical access hospital may be exempted or of medicine or osteopathy supervision of CRNAs if the state in which the critical emits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by latiton with the state's boards of medicine and nursing, requesting exemption from athy supervision for CRNAs. The letter from the governor must attest that they have do of medicine and nursing about issues related to access to and the quality of the and has concluded that it is in the best interests of the state's citizens to opt out of ero osteopathy supervision requirement and that the opt-out is consistent with state and and recognition of state laws and the withdrawal of the request may be submitted

CFR Number §485.639(e)(2)	Medicare Requirements	Joint Commissi Equivalent Num	Joint Commission Standards and Elements of Performance
§485.639(e)(2) TAG: C			e critical access hospital plans operative or other high-risk procedures. Note: Equipment
(2) The request for exemption and recogn the request may be submitted at any time		EP 1 Anesthesia is ac A qualified A doctor or recognized A doctor or A doctor or A certified by the oper supervision An anesther A supervision An anesther A supervision An anesther Commission on Commission on Commission. Note 2: See Glo assistant. Note 3: The Coffrom the require access hospital the governor, for doctor of medicic consulted with the anesthesia servite current doctor law. The requese at any time and	Initified in the elements of performance is available to the operating room suites. Idministered only by the following individuals: Idministered only by the following individuals: Idmesthesiologist of medicine or osteopathy other than an anesthesiologist, including an osteopathic practitioner of dunder section 1101(a)(7) of the Social Security Act of dental surgery or dental medicine, who is qualified to administer anesthesia under state law of podiatric medicine, who is qualified to administer anesthesia under state law registered nurse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised verating practitioner, except as provided in 42 CFR 485.639(e) regarding the state exemption for this of the secondary of the secon

CFR Number §485.640	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§485.640 TAG: C-1200 §485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs.		IC.04.01.01 The critical access hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases.				
and control of HAIs and other infectious di- antibiotic use through stewardship. The pri- to nationally recognized infection prevention best practices for improving antibiotic usedevelopment and transmission of HAIs and prevention and control problems and antib	re hospital-wide programs for the surveillance, preventio ther infectious diseases, and for the optimization of wardship. The programs must demonstrate adherence affection prevention and control guidelines, as well as to an antibiotic use where applicable, and for reducing the ssion of HAIs and antibiotic-resistant organisms. Infection below and antibiotic use issues identified in the programa aboration with the hospital-wide quality assessment and		Development and impler procedures that adhere Documentation of the intactivities Competency-based train staff and, as applicable, prevention and control general experience of the prevention and control of staff adherence to infect to Communication and coll prevention and control approcessing department, Communication and coll improvement program to their roles and responsibilitie equipment and the ability to competency requirements, ref (See also PE.04.01.05, EP 2)	·		
			its activities and methods for phospital and between the criticare in accordance with the folla. Applicable law and regulation between the criticare in accordance with the folla. Applicable law and regulation between the control and Prevention's (CDC in All Settings or, in the absent documented within the policie Note 1: Relevant federal, state Medicare & Medicaid Services reprocessing single-use medic Standard 29 CFR 1910.1030, Protection Standard 29 CFR 1 authorities' requirements for requirements for biohazardous Note 2: For full details on the in All Settings, refer to https://definition-of-terms.html. Note 3: The critical access ho practices, or a combination the	preventing and controlling the transmission of infections within the critical access cal access hospital and other institutions and settings. The policies and procedures lowing hierarchy of references: on. for use. Ince-based guidelines and standards of practice, including the Centers for Disease CC Core Infection Prevention and Control Practices for Safe Healthcare Delivery to such guidelines, expert consensus or best practices. The guidelines are so and procedures. e, and local law and regulations include but are not limited to the Centers for Sc Conditions of Participation, Food and Drug Administration's regulations for cal devices; Occupational Safety and Health Administration's Bloodborne Pathogens Personal Protective Equipment Standard 29 CFR 1910.132, and Respiratory 1910.134; health care worker vaccination laws; state and local public health eporting of communicable diseases and outbreaks; and state and local regulatory so regulated medical waste generators. CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery www.cdc.gov/infection-control/hcp/disinfection-sterilization/introduction-methods-spital determines which evidence-based guidelines, expert recommendations, best ereof it adopts in its policies and procedures.		
		EP 5		control program reflects the scope and complexity of the critical access hospital ing all locations, patient populations, and staff.		

CFR Number §485.640	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		IC.05.01.01		ess hospital's governing body, or responsible individual, is accountable for tion, performance, and sustainability of the infection prevention and control
		EP 1	performance, and sustainabili and track the implementation, Note: To make certain that sy responsible individual, provide local, state, and federal public	governing body, or responsible individual, is responsible for the implementation, ty of the infection prevention and control program and provides resources to support success, and sustainability of the program's activities. It is stems are in place and operational to support the program, the governing body, or es access to information technology; laboratory services; equipment and supplies; to health authorities' advisories and alerts, such as the CDC's Health Alert Network surers' instructions for use; and guidelines used to inform policies.
		EP 2	the infection prevention and c	governing body, or responsible individual, ensures that the problems identified by ontrol program are addressed in collaboration with critical access hospital quality improvement leaders and other leaders (for example, the medical director, nurse leaders).
		IC.06.01.01		ess hospital implements its infection prevention and control program through evention, and control activities.
		EP 3	associated infections and other	· ·
		MM.18.01.0		ess hospital establishes antibiotic stewardship as an organizational priority t of its antibiotic stewardship program.
		EP 1	The antibiotic stewardship proprovided.	ogram reflects the scope and complexity of the critical access hospital services
		EP 3	 Development and imple nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based train staff, and, as applicable 	stewardship program is responsible for the following: mentation a critical access hospitalwide antibiotic stewardship program, based on uidelines, to monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. laboration with medical staff, nursing, and pharmacy leadership, as well as with the sinfection prevention and control and QAPI programs, on antibiotic use issues. ning and education of critical access hospital personnel and staff, including medical , personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures.
		PE.04.01.0	1 The critical acce	ess hospital addresses building safety and facility management.
		EP 1	Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the He access hospital, the Centers f Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other i	eets the applicable provisions and proceeds in accordance with the Health Care 12 and Tentative Interim Amendments [TIA] 12-2, 12-3, 12-4, 12-5, and 12-6). In 13 of the Health Care Facilities Code do not apply. It is earlier to Medicare & Medicaid Services may waive specific provisions of the Health Care waiver does not adversely affect the health and safety of patients. It is are documented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed perferenced for the activity; and results of the activity.
§485.640(a) TAG: C-1	204		- · · · · · · · · · · · · · · · · · · ·	*
(a) Standard: Infection prevention and contrible CAH must demonstrate that:	rol program organization and policies.			

CFR Number §485.640(a)(1)	Medicare Requirements	-	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.640(a)(1)	AG: C-1204	HR.11.02.0	The critical acce	ess hospital defines and verifies staff qualifications.
experience, or certification in infecthe governing body, or responsible infection control professional(s) re	no is qualified through education, training, ion prevention and control, is appointed by individual, as the infection preventionist(s)/ponsible for the infection prevention and control is based on the recommendations of medical states.		Note 1: Qualifications for infecertification (such as that offe Note 2: For rehabilitation and therapists, physical therapists language pathologists, or aud speech-language pathology, See Glossary for definitions of therapy assistant, speech-lan Note 3: For rehabilitation and are provided, staff qualified to to carry out the specific process.	efines staff qualifications specific to their job responsibilities. ction control may be met through ongoing education, training, experience, and/or red by the Certification Board for Infection Control). psychiatric distinct part units in critical access hospitals: Qualified physical assistants, occupational therapists, occupational therapy assistants, speech-liologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, or audiology services, if these services are provided by the critical access hospital. If physical therapist, physical therapist assistant, occupational therapist, occupational guage pathologist, and audiologist. psychiatric distinct part units in critical access hospitals: If respiratory care services a perform specific respiratory care procedures and the amount of supervision required dures is designated in writing.
		NPG.12.01	required to mee the organization	
		EP 12	medical staff and nursing lead	governing body, or responsible individual, based on the recommendation of the ders, appoints an infection preventionist(s) or infection control professional(s) raining, experience, or certification in infection prevention to be responsible for the rol program.
(2) The infection prevention and c	AG: C-1206 ntrol program, as documented in its policies and preventing and controlling the transmission of	IC.04.01.0		ess hospital has a hospitalwide infection prevention and control program for prevention, and control of health care—associated infections (HAIs) and other ses.
infections within the CAH and bet	een the CAH and other healthcare settings;	EP 3	its activities and methods for hospital and between the critiare in accordance with the fol a. Applicable law and regulatib. Manufacturers' instructions c. Nationally recognized evide Control and Prevention's (CD in All Settings or, in the abserdocumented within the policie Note 1: Relevant federal, statimedicare & Medicare & Medicaid Servicereprocessing single-use medi Standard 29 CFR 1910.1030, Protection Standard 29 CFR authorities' requirements for requirements for biohazardou Note 2: For full details on the in All Settings, refer to https://definition-of-terms.html.	for use. ence-based guidelines and standards of practice, including the Centers for Disease C) Core Infection Prevention and Control Practices for Safe Healthcare Delivery nce of such guidelines, expert consensus or best practices. The guidelines are

CFR Number §485.640(a)(2)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
			medical and surgical devices Cleaning, disinfection, a Spaulding classification Use of disinfectants reg equipment according to use dilution, contact time Use of FDA-approved lides disinfectants for the produced in the frequency of chemic chemicals used in high- Resolution of conflicts of manufacturers' instruction in the frequency of chemic chemicals used in high- Resolution of conflicts of manufacturers' instruction in the frequency of chemicals used in high- Resolution of conflicts of manufacturers' instruction in the conflicts of manufacturers' instruction. Criteria and process for a Actions to take in the everther of the second in the everther of the second in the everther of the three classes of devices the three classes of devices the second in the national second in the seco	In for device reprocessing cycles, including but not limited to sterilizer cycle logs, and and biological testing, and the results of testing for appropriate concentration for level disinfection or discrepancies between a medical device manufacturer's instructions and cons for automated high-level disinfection or sterilization equipment the use of immediate-use steam sterilization enter of a reprocessing error or failure identified either prior to the release of the after the reprocessed item(s) was used or stored for later use ication system classifies medical and surgical devices as critical, semicritical, or e patient from contamination on a device and establishes the levels of germicidal and disinfection, intermediate-level disinfection, and low-level disinfection) to be used
§485.640(a)(3) TAG: C-		IC.06.01.01		ess hospital implements its infection prevention and control program through evention, and control activities.
(3) The infection prevention and control pro and control of HAIs, including maintaining sources and transmission of infection, and identified by public health authorities; and	a clean and sanitary environment to avoid	EP 3	The critical access hospital im associated infections and other	replements activities for the surveillance, prevention, and control of health care— er infectious diseases, including maintaining a clean and sanitary environment to on of infection, and addresses any infection control issues identified by public health he critical access hospital.
		EP 4	The critical access hospital imfollowing: Implementing infection particular or public hear reporting an outbreak in Investigating an outbreak	or plements its policies and procedures for infectious disease outbreaks, including the or evention and control activities when an outbreak is first recognized by internal ealth authorities in accordance with state and local public health authorities' requirements at ak ition necessary to prevent further transmission of the infection among patients,
		EP 5	exposure and acquisition amo address the following: • Screening and medical • Immunizations • Staff education and train	nplements policies and procedures to minimize the risk of communicable disease ong its staff, in accordance with law and regulation. The policies and procedures evaluations for infectious diseases ning th potentially infectious exposures or communicable illnesses

CFR Number §485.640(a)(3)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
		PE.01.01.01	The critical acce	ess hospital has a safe and adequate physical environment.
		1	the safety and well-being of particles of particles and therapy Note 1: Diagnostic and therapy Note 2: When planning for new regulations or the current Guid Institute. If the state rules and hospital, then it uses other rep	building is constructed, arranged, and maintained to allow safe access and to protect atients. Beutic facilities are located in areas appropriate for the services provided. By, altered, or renovated space, the critical access hospital uses state rules and delines for Design and Construction of Hospitals published by the Facility Guidelines regulations or the Guidelines do not address the design needs of the critical access butable standards and guidelines that provide equivalent design criteria. Bess hospital has a water management program that addresses Legionella and the pathogens. Note: The water management program is in accordance with law
				ram has an individual or a team responsible for the oversight and implementation of t limited to development, management, and maintenance activities.
			 A basic diagram that may and end-use points Note: An example would be a so forth. A water risk management chemical conditions of econditions may occur (the Note: Refer to the Centers for (WICRA) for Healthcare Settines A plan for addressing the period of time (for exames An evaluation of the patines Monitoring protocols and Note: Critical access hospitals management programs that in protocols should include spectand appropriate corrective act (See also IC.04.01.01, EP 2) 	sible for the water management program develops the following: aps all water supply sources, treatment systems, processing steps, control measures, flow chart with symbols showing sinks, showers, water fountains, ice machines, and ant plan based on the diagram that includes an evaluation of the physical and each step of the water flow diagram to identify any areas where potentially hazardous nese conditions are most likely to occur in areas with slow or stagnant water). Disease Control and Prevention's "Water Infection Control Risk Assessmentings" tool as an example for conducting a water-related risk assessment. e use of water in areas of buildings where water may have been stagnant for a ple, unoccupied or temporarily closed areas) ient populations served to identify patients who are immunocompromised diacceptable ranges for control measures as should consider incorporating basic practices for water monitoring within their water include monitoring of water temperature, residual disinfectant, and pH. In addition, ifficity around the parameters measured, locations where measurements are made, tions taken when parameters are out of range.
§485.640(a)(4) TAG: C-1 (4) The infection prevention and control pro of the CAH services provided.		IC.04.01.01		ess hospital has a hospitalwide infection prevention and control program for , prevention, and control of health care—associated infections (HAIs) and other ses.
S. A.S. SANT SCHNOOL PROVIDED.				control program reflects the scope and complexity of the critical access hospital ing all locations, patient populations, and staff.
§485.640(b) TAG: C-1	212			
(b) Standard: Antibiotic stewardship programust demonstrate that:	m organization and policies. The CAH			
§485.640(b)(1) TAG: C-1		MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority t of its antibiotic stewardship program.
 An individual (or individuals), who is qualified through education, training, or xperience in infectious diseases and/or antibiotic stewardship, is appointed by ne governing body, or responsible individual, as the leader(s) of the antibiotic tewardship program and that the appointment is based on the recommendations of nedical staff leadership and pharmacy leadership; 		1	The critical access hospital de training, or experience in infec	emonstrates that an individual (or individuals), who is qualified through education, ctious diseases and/or antibiotic stewardship, is appointed by the governing body, or leader(s) of the antibiotic stewardship program and that the appointment is based on

CFR Number §485.640(b)(2)	Medicare Requirements		nt Commission valent Number	Joint Commission Standards and Elements of Performance
§485.640(b)(2) TAG	S: C-1218			
(2) The facility-wide antibiotic stewards	ship program:			
3 10010 10(11)(-)(1)	6: C-1218	MM.18.01.01		ss hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program.
antibiotic use and resistance, including	all components of the CAH responsible for g, but not limited to, the infection prevention m, the medical staff, nursing services, and	EP 5 Ti	ne critical access hospitalwic Demonstrates coordinat use and resistance, inclu program, the medical sta Documents the evidence hospital.	de antibiotic stewardship program: de antibiotic stewardship program: don among all components of the critical access hospital responsible for antibiotic uding, but not limited to, the infection prevention and control program, the QAPI aff, nursing services, and pharmacy services. e-based use of antibiotics in all departments and services of the critical access ments, including sustained improvements, in proper antibiotic use.
§485.640(b)(2)(ii) TAG	S: C-1219	MM.18.01.01		ss hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program.
of the CAH; and \$485.640(b)(2)(iii) TAG	e of antibiotics in all departments and services 6: C-1220 Eluding sustained improvements, in proper	MM.18.01.01	Demonstrates coordinat use and resistance, incluprogram, the medical state Documents the evidence hospital. Documents any improve The critical access through support the critical access hospitalwides and resistance, incluprogram, the medical state Documents the evidence hospital.	de antibiotic stewardship program: ion among all components of the critical access hospital responsible for antibiotic uding, but not limited to, the infection prevention and control program, the QAPI aff, nursing services, and pharmacy services. e-based use of antibiotics in all departments and services of the critical access ments, including sustained improvements, in proper antibiotic use. Iss hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. Ide antibiotic stewardship program: ion among all components of the critical access hospital responsible for antibiotic uding, but not limited to, the infection prevention and control program, the QAPI aff, nursing services, and pharmacy services. e-based use of antibiotics in all departments and services of the critical access ments, including sustained improvements, in proper antibiotic use.
§485.640(b)(3) TAG	6: C-1221	MM.18.01.01	The critical acce	ss hospital establishes antibiotic stewardship as an organizational priority
(3) The antibiotic stewardship program as well as best practices, for improving	n adheres to nationally recognized guidelines, g antibiotic use; and			gram adheres to nationally recognized guidelines, as well as best practices, for
§485.640(b)(4) TAG	6: C-1223	MM.18.01.01		ss hospital establishes antibiotic stewardship as an organizational priority
(4) The antibiotic stewardship program services provided.	n reflects the scope and complexity of the CAH			of its antibiotic stewardship program. gram reflects the scope and complexity of the critical access hospital services
§485.640(c) TAG	S: C-1225			
(c) Standard: Leadership responsibilition	es.			
0 (-)()	e: C-1225 e individual, must ensure all of the following:			

CFR Number §485.640(c)(1)(i)	Medicare Requirements		pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.640(c)(1)(i) TAG: C (i) Systems are in place and operational for prevention, and control, and antibiotic use	or the tracking of all infection surveillance,	IC.05.01.01		ess hospital's governing body, or responsible individual, is accountable for ion, performance, and sustainability of the infection prevention and control
prevention, and control, and antibiotic use activities, in order to demonstrate the implementation, success, and sustainability of such activities.		EP 1	performance, and sustainabilitiand track the implementation, Note: To make certain that systesponsible individual, provide local, state, and federal public	governing body, or responsible individual, is responsible for the implementation, by of the infection prevention and control program and provides resources to support success, and sustainability of the program's activities. In stems are in place and operational to support the program, the governing body, or est access to information technology; laboratory services; equipment and supplies; health authorities' advisories and alerts, such as the CDC's Health Alert Network irers' instructions for use; and guidelines used to inform policies.
				ess hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program.
		EP 7	0 0 1	nsible individual, ensures that systems are in place and operational for the tracking order to demonstrate the implementation, success, and sustainability of such
§485.640(c)(1)(ii) TAG: C (ii) All HAIs and other infectious diseases and control program as well as antibiotic u	identified by the infection prevention	IC.05.01.01		ess hospital's governing body, or responsible individual, is accountable for ion, performance, and sustainability of the infection prevention and control
stewardship program are addressed in co	•	EP 2	the infection prevention and co	governing body, or responsible individual, ensures that the problems identified by ontrol program are addressed in collaboration with critical access hospital quality improvement leaders and other leaders (for example, the medical director, nurse leaders).
		MM.18.01.0		ess hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program.
		EP 4		nsible individual, ensures all antibiotic use issues identified by the antibiotic ressed in collaboration with the critical access hospital's QAPI leadership.
§485.640(c)(2) TAG: C	-1231			
(2) The infection preventionist(s)/infection	control professional(s) is responsible for:]		

CFR Number §485.640(c)(2)(i)	Medicare Requirements	I	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.640(c)(2)(i) TAG: C-1231 (i) The development and implementation of facility-wide infection surveillance, prevention, and control policies and procedures that adhere to nationally recognized		IC.04.01.0		ess hospital has a hospitalwide infection prevention and control program for e, prevention, and control of health care—associated infections (HAIs) and other uses.
guidelines.		EP 2	Development and imple procedures that adhere Documentation of the in activities Competency-based train staff and, as applicable, prevention and control of the staff adherence to infect to Communication and colliprevention and control aprocessing department, Communication and collimprovement program to their roles and responsibility.	
§485.640(c)(2)(ii) TAG: C		IC.04.01.0	the surveillance	ess hospital has a hospitalwide infection prevention and control program for e, prevention, and control of health care—associated infections (HAIs) and other
program and its surveillance, prevention,	•	EP 2	Development and imple procedures that adhere Documentation of the in activities Competency-based train staff and, as applicable, prevention and control of the staff adherence to infect to Communication and colliprevention and control aprocessing department, Communication and collimprovement program to Note: The outcome of compet to their roles and responsibility.	or infection control professional(s) is responsible for the following: mentation of hospitalwide infection surveillance, prevention, and control policies and to law and regulation and nationally recognized guidelines infection prevention and control program and its surveillance, prevention, and control program and its surveillance, prevention, and control ming and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on infection guidelines, policies and procedures and their application of health care—associated infections and other infectious diseases, including auditing tion prevention and control policies and procedures laboration with all components of the critical access hospital involved in infection activities, including but not limited to the antibiotic stewardship program, sterile and water management program laboration with the critical access hospital's quality assessment and performance of address infection prevention and control issues tency-based training is the staff's ability to demonstrate the skills and tasks specificaties. Examples of competencies may include donning/doffing of personal protective correctly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1).

CFR Number §485.640(c)(2)(iii)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.640(c)(2)(iii) TAG: C-1237 (iii) Communication and collaboration with the CAH's QAPI program on infection prevention and control issues.		IC.04.01.01		ss hospital has a hospitalwide infection prevention and control program for prevention, and control of health care–associated infections (HAIs) and other ses.
			 Development and impler procedures that adhere to activities Competency-based train staff and, as applicable, prevention and control go a Prevention and control of staff adherence to infect to Communication and collaprevention and control a processing department, Communication and collaprovement program to their roles and responsibilities 	or infection control professional(s) is responsible for the following: mentation of hospitalwide infection surveillance, prevention, and control policies and to law and regulation and nationally recognized guidelines rection prevention and control program and its surveillance, prevention, and control or ing and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on infection uidelines, policies and procedures and their application of health care—associated infections and other infectious diseases, including auditing ion prevention and control policies and procedures aboration with all components of the critical access hospital involved in infection ctivities, including but not limited to the antibiotic stewardship program, sterile and water management program aboration with the critical access hospital's quality assessment and performance address infection prevention and control issues ency-based training is the staff's ability to demonstrate the skills and tasks specific es. Examples of competencies may include donning/doffing of personal protective prectly perform the processes for high-level disinfection. (For more information on er to HR.11.04.01 EP 1).
§485.640(c)(2)(iv) TAG: C-	1239	HR.11.03.01	The critical acce	ss hospital provides orientation, education, and training to their staff.
medical staff, and, as applicable, personne	(iv) Competency-based training and education of CAH personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the			ucation and training to maintain or increase their competency and, as needed, when staff participation is documented.
CAH, on the practical applications of infect policies, and procedures.	ion prevention and control guidelines,	HR.11.04.01	The critical acce	ss hospital evaluates staff competence and performance.
policies, and procedures.				sessed and documented as part of orientation and once every three years, or more al access hospital policy or in accordance with law and regulation.

CFR Number §485.640(c)(2)(iv)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		IC.04.01.01		ess hospital has a hospitalwide infection prevention and control program for prevention, and control of health care–associated infections (HAIs) and other ses.
		EP 2	Development and imple procedures that adhere Documentation of the in activities Competency-based train staff and, as applicable, prevention and control of the staff adherence to infect of Communication and colliprevention and control aprocessing department, Communication and collimprovement program to their roles and responsibility.	
§485.640(c)(2)(v) TAG: C- (v) The prevention and control of HAIs, incorprevention and control policies and proced	luding auditing of adherence to infection	IC.04.01.01		ess hospital has a hospitalwide infection prevention and control program for , prevention, and control of health care—associated infections (HAIs) and other ses.
prevention and control policies and proced	ures by CALL personner.	EP 2	Development and imple procedures that adhere Documentation of the in activities Competency-based train staff and, as applicable, prevention and control of the staff adherence to infect the communication and colliprevention and control aprocessing department, Communication and collimprovement program to their roles and responsibility.	

CFR Number §485.640(c)(2)(vi)	Medicare Requirements	1	nt Commission ivalent Number	Joint Commission Standards and Elements of Performance			
\[\frac{\\$485.640(c)(2)(vi)}{\} TAG: C-1242 \] (vi) Communication and collaboration with the antibiotic stewardship program.		IC.04.01.01	IC.04.01.01 The critical access hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases.				
		 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 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 application Prevention and control of health care—associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and 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 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). (See also PE.04.01.05, EP 2) 					
§485.640(c)(3) TAG: C	-1244						
(3) The leader(s) of the antibiotic steward	ship program is responsible for:						
§485.640(c)(3)(i) TAG: C (i) The development and implementation		MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program.			
	guidelines, to monitor and improve the use	EP 3 T	 Development and impler nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based train staff, and, as applicable, 	stewardship program is responsible for the following: mentation a critical access hospitalwide antibiotic stewardship program, based on idelines, to monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. aboration with medical staff, nursing, and pharmacy leadership, as well as with the infection prevention and control and QAPI programs, on antibiotic use issues. hing and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures.			
§485.640(c)(3)(ii) TAG: C	•	MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program.			
activities.	, of antibiotic stewardship program	EP 3 T	The leader(s) of the antibiotic Development and impler nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based train staff, and, as applicable,	stewardship program is responsible for the following: mentation a critical access hospitalwide antibiotic stewardship program, based on idelines, to monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. aboration with medical staff, nursing, and pharmacy leadership, as well as with the infection prevention and control and QAPI programs, on antibiotic use issues. hing and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures.			

CFR Number §485.640(c)(3)(iii)	Medicare Requirements		nt Commission livalent Number	Joint Commission Standards and Elements of Performance
§485.640(c)(3)(iii) TAG: C (iii) Communication and collaboration with leadership, as well as with the CAH's inferprograms, on antibiotic use issues. §485.640(c)(3)(iv) TAG: C (iv) Competency-based training and educe medical staff, and, as applicable, personn CAH, on the practical applications of antibe procedures.	medical staff, nursing, and pharmacy ction prevention and control and QAPI -1250 ation of CAH personnel and staff, including el providing contracted services in the	MM.18.01.01	through support The leader(s) of the antibiotic Development and implet nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based train staff, and, as applicable, practical applications of The critical accest through support The leader(s) of the antibiotic Development and implet nationally recognized gu All documentation, writte Communication and coll critical access hospital's Competency-based train staff, and, as applicable,	ss hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. stewardship program is responsible for the following: mentation a critical access hospitalwide antibiotics stewardship program, based on idelines, to monitor and improve the use of antibiotics. en or electronic, of antibiotic stewardship program activities. aboration with medical staff, nursing, and pharmacy leadership, as well as with the infection prevention and control and QAPI programs, on antibiotic use issues. Ining and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures. ses hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program. stewardship program is responsible for the following: mentation a critical access hospitalwide antibiotics. en or electronic, of antibiotic stewardship program activities. aboration with medical staff, nursing, and pharmacy leadership, as well as with the infection prevention and control and QAPI programs, on antibiotic use issues. Ining and education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on the antibiotic stewardship guidelines, policies, and procedures.
§485.640(g) (g) Standard: Unified and integrated infector stewardship programs for a CAH in a multisystem consisting of multiple separately cluster using a system governing body that is leg more hospitals, CAHs, and/or REHs, the sunified and integrated infection prevention programs for all of its member facilities after accordance with all applicable State and I responsible and accountable for ensuring meets all of the requirements of this section to the system governing body must demonstrate the system governing governing body must demonstrate the system governing body must demonstrate the system governing governing governing body must demonstrate the system governing go	ti-facility system. If a CAH is part of a certified hospitals, CAHs, and/or REHs ally responsible for the conduct of two or system governing body can elect to have and control and antibiotic stewardship are determining that such a decision is in local laws. The system governing body is that each of its separately certified CAHs subject	h c b fi r E u fi	services. f a critical access hospital is prospitals, and/or rural emerge conduct of two or more hospitally on the process of the process of the process of two or more hospitals, and/or rural emerge conduct of two or more hospitals of two or more hospitals of the process of two or more hospitals of the process of the process of two or more patient populations and or more patient populations and or establish and implement separately certified criticals. Have mechanisms in placentials of the process of two or t	t policies and procedures to make certain that the needs and concerns of each al access hospital, regardless of practice or location, are given due consideration ace to ensure that issues localized to particular critical access hospitals are duly

CFR Number §485.640(g)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.640(g)(1) (1) The unified and integrated infection pre-	evention and control and antibiotic	LD.11.01.01	The governing services.	body is ultimately accountable for the safety and quality of care, treatment, and
stewardship programs are established in a member CAH's unique circumstances and populations and services offered in each C	a manner that takes into account each lany significant differences in patient	hospita conduct body of for all of regular Each s unified followin • A • E s • H co • D Note: certifie	als, and/or rural emerget of two or more hospital an elect to have unified of its member facilities tion. separately certified critical and integrated infections. Account for each member actions and integrated infections and implementations and implementations and exparately certified critical and in antibiotical and in antibiotical and control and antibiotical and control and antibiotical and control and con	nt policies and procedures to make certain that the needs and concerns of each cal access hospital, regardless of practice or location, are given due consideration ace to ensure that issues localized to particular critical access hospitals are duly sed dividual(s) at the critical access hospital with expertise in infection prevention and stewardship as responsible for communicating with the unified infection prevention ic stewardship programs, implementing and maintaining the policies and procedures vention and control and antibiotic stewardship (as directed by the unified infection and antibiotic stewardship programs), and providing education and training on the infection prevention and control and antibiotic stewardship to critical access hospital body is responsible and accountable for making certain that each of its separately tals meet all of the requirements at 42 CFR 485.640(g).

CFR Number §485.640(g)(2)	Medicare Requirements	Joint Commissio Equivalent Numb	Ioint Commission Standards and Flements of Performance
§485.640(g)(2) (2) The unified and integrated infection pre	evention and control and antibiotic		governing body is ultimately accountable for the safety and quality of care, treatment, and vices.
stewardship programs establish and imple that the needs and concerns of each of its practice or location, are given due consider	ment policies and procedures to ensure separately certified CAHs, regardless of	hospitals, and/or inconduct of two or body can elect to for all of its membregulation. Each separately counified and integration and integrat	ss hospital is part of a multihospital system with separately accredited hospitals, critical access r rural emergency hospitals using a system governing body that is legally responsible for the or more hospitals, critical access hospitals, and/or rural emergency hospitals, the system governing to have unified and integrated infection prevention and control and antibiotic stewardship programs aber facilities after determining that such a decision is in accordance with applicable law and a certified critical access hospital subject to the system governing body demonstrates that the grated infection prevention and control program and the antibiotic stewardship program do the practical access hospital's unique circumstances and any significant differences in collations and services offered and implement policies and procedures to make certain that the needs and concerns of each certified critical access hospital, regardless of practice or location, are given due consideration hanisms in place to ensure that issues localized to particular critical access hospitals are duly d and addressed a qualified individual(s) at the critical access hospital with expertise in infection prevention and d in antibiotic stewardship as responsible for communicating with the unified infection prevention and antibiotic stewardship programs, implementing and maintaining the policies and procedures infection prevention and control and antibiotic stewardship programs), and providing education and training on the pplications of infection prevention and control and antibiotic stewardship to critical access hospital m governing body is responsible and accountable for making certain that each of its separately access hospitals meet all of the requirements at 42 CFR 485.640(g).

CFR Number §485.640(g)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.640(g)(3)		LD.11.01.01	•	body is ultimately accountable for the safety and quality of care, treatment, and
(3) The unified and integrated infection prestewardship programs have mechanisms in particular CAHs are duly considered and a	n place to ensure that issues localized to	hospita conduct body ca for all o regulati Each se unified followin • Ac pa • E: se • H co co ar gri pr st Note: T certified	ls, and/or rural emerged to f two or more hospit an elect to have unified in elect to have unified if its member facilities on. Reparately certified critical and integrated infection in each member attent populations and stablish and implement exparately certified critical ave mechanisms in place of the population and in antibiotic and control and in antibiotic coverning infection prevention and control at actical applications of affithe system governing life to the system governing life and coverning infections of affithe system governing life and coverning infections of affithe system governing life and coverning infections of affithe system governing life and coverning life and covern	In policies and procedures to make certain that the needs and concerns of each cal access hospital, regardless of practice or location, are given due consideration acce to ensure that issues localized to particular critical access hospitals are duly seed dividual(s) at the critical access hospital with expertise in infection prevention and stewardship as responsible for communicating with the unified infection prevention ic stewardship programs, implementing and maintaining the policies and procedures vention and control and antibiotic stewardship (as directed by the unified infection and antibiotic stewardship programs), and providing education and training on the infection prevention and control and antibiotic stewardship to critical access hospital body is responsible and accountable for making certain that each of its separately rals meet all of the requirements at 42 CFR 485.640(g).

CFR Number §485.640(g)(4)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§485.640(g)(4)		LD.11.01.01	The governing be services.	body is ultimately accountable for the safety and quality of care, treatment, and
(4) A qualified individual (or individuals) with expertise in infection prevention and control and in antibiotic stewardship has been designated at the CAH as responsible for communicating with the unified infection prevention and control and antibiotic stewardship programs, for 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 for providing education and training on the practical applications of infection prevention and control and antibiotic stewardship to CAH staff.		If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical hospitals, and/or rural emergency hospitals using a system governing body that is legally responsible conduct of two or more hospitals, critical access hospitals, and/or rural emergency hospitals, the syste body can elect to have unified and integrated infection prevention and control and antibiotic stewardsh for all of its member facilities after determining that such a decision is in accordance with applicable la regulation. Each separately certified critical access hospital subject to the system governing body demonstrates tunified and integrated infection prevention and control program and the antibiotic stewardship program following: • Account for each member critical access hospital's unique circumstances and any significant dif patient populations and services offered • Establish and implement policies and procedures to make certain that the needs and concerns of separately certified critical access hospital, regardless of practice or location, are given due considered and addressed • Have mechanisms in place to ensure that issues localized to particular critical access hospitals acconsidered and addressed • Designate a qualified individual(s) at the critical access hospital with expertise in infection prevent control and in antibiotic stewardship programs, implementing and maintaining the policies and governing infection prevention and control and antibiotic stewardship programs), and providing education and training practical applications of infection prevention and control and antibiotic stewardship to critical access the system governing body is responsible and accountable for making certain that each of its secrified critical access hospitals meet all of the requirements at 42 CFR 485.640(g).		
§485.641 TAG: C-	1300	LD.12.01.01	Leaders establis	sh priorities for performance improvement. (Refer to the "Performance
§485.641 Condition of Participation: Qualit	y Assessment and Performance		Improvement" [PI] chapter.)
Improvement Program The CAH must develop, implement, and m data-driven quality assessment and perfort The CAH must maintain and demonstrate program.	mance improvement (QAPI) program.	EP 1	hospitalwide quality assessme Note: For rehabilitation and pe	evelops, implements, maintains, and documents an effective, ongoing, data-driven, ent and performance improvement program. sychiatric distinct part units in critical access hospitals: The critical access hospital evidence of its QAPI program for review by CMS.
§485.641(a) TAG: C-	1300	Refer to the	glossary for The Joint Commis	ssion's definition of medical error, close call, adverse event, and sentinel event.
(a) Definitions. For the purposes of this sec	ction—			
Adverse event means an untoward, undes that causes death or serious injury or the ri	isk thereof.			
Error means the failure of a planned action use of a wrong plan to achieve an aim. Err products, procedures, and systems; and				
Medical error means an error that occurs in	n the delivery of healthcare services.			

CFR Number §485.641(b)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.641(b)	TAG: C-1302			
(b) Standard: QAPI Program Desig	gn and scope. The CAH's QAPI program must:	7		
• ()()	§485.641(b)(1) TAG: C-1302		The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
(1) Be appropriate for the complexity of the CAH's organization and services provided.			The governing body or design performance improvement progressive the complexity of the complexity of the complexity of the complexity and successive all departments and successive measures to evaluate contracted services, see Stan Note: For rehabilitation and progressive measures to evaluate the contracted services and the contracted services are contracted services.	nated individual is responsible and accountable for the quality assessment and ogram. The governing body makes sure that performance improvement activities ritical access hospital's organization and services; are ongoing and comprehensive; ervices, including those services provided under contract or arrangement; and to improved health outcomes and the prevention and reduction of medical errors and te its organizational processes, functions, and services. (For more information on dard LD.13.03.03) sychiatric distinct part units in critical access hospitals: If the hospital does not have a ne leadership structure that is responsible for these activities.
§485.641(b)(2)	TAG: C-1306	LD.11.01.01		pody is ultimately accountable for the safety and quality of care, treatment, and
(2) Be ongoing and comprehensive			performance improvement pro- reflect the complexity of the co- involve all departments and so- focuses on indicators related objective measures to evaluar contracted services, see Stan Note: For rehabilitation and pro- governing body, it identifies the	sychiatric distinct part units in critical access hospitals: If the hospital does not have a le leadership structure that is responsible for these activities.
• ()()	TAG: C-1306 CAH and services (including those services	LD.11.01.01	The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
furnished under contract or arrange	ement).	EP 8	The governing body or design performance improvement progressive the complexity of the convolve all departments and so focuses on indicators related objective measures to evaluate contracted services, see Stan Note: For rehabilitation and progoverning body, it identifies the	sychiatric distinct part units in critical access hospitals: If the hospital does not have a le leadership structure that is responsible for these activities.
• ()()	TAG: C-1309	LD.11.01.01	The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
(4) Use objective measures to eval services.	luate its organizational processes, functions and		The governing body or design performance improvement progressive the complexity of t	nated individual is responsible and accountable for the quality assessment and ogram. The governing body makes sure that performance improvement activities ritical access hospital's organization and services; are ongoing and comprehensive; ervices, including those services provided under contract or arrangement; and to improved health outcomes and the prevention and reduction of medical errors and te its organizational processes, functions, and services. (For more information on dard LD.13.03.03) sychiatric distinct part units in critical access hospitals: If the hospital does not have a le leadership structure that is responsible for these activities.

CFR Number §485.641(b)(5)		Medicare Requirements	Eq	int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.641(b)(5) (5) Address outcome indicators re	TAG: C-1		PI.11.01.01	The critical acce program.	ess hospital has an ongoing quality assessment and performance improvement
prevention and reduction of medical errors, adverse events, CAH-acquired conditions, and transitions of care, including readmissions.			 Improved health outcom Adverse events Sentinel events Health care—acquired co Transitions of care, include 	nt program addresses outcome indicators related to the following: les and the prevention and reduction of medical errors anditions uding unplanned readmissions	
0 (-)	TAG: C-1	313 The CAH's governing body or responsible	LD.11.01.01	The governing b services.	pody is ultimately accountable for the safety and quality of care, treatment, and
individual is ultimately responsible	e for the C	AH's QAPI program and is responsible program meets the requirements of	EP 8	performance improvement pro- reflect the complexity of the cr involve all departments and se focuses on indicators related to objective measures to evaluat contracted services, see Stan- Note: For rehabilitation and ps	ated individual is responsible and accountable for the quality assessment and orgam. The governing body makes sure that performance improvement activities ritical access hospital's organization and services; are ongoing and comprehensive; ervices, including those services provided under contract or arrangement; and to improved health outcomes and the prevention and reduction of medical errors and the its organizational processes, functions, and services. (For more information on dard LD.13.03.03) sychiatric distinct part units in critical access hospitals: If the hospital does not have a teleadership structure that is responsible for these activities.
§485.641(d)	TAG: C-1	315	ĺ		
(d) Standard: Program activities. I section, the CAH must:	For each o	of the areas listed in paragraph (b) of this			
0 (-/(/	TAG: C-1	315 health outcomes that are shown to be	LD.12.01.01	Leaders establis Improvement" [F	sh priorities for performance improvement. (Refer to the "Performance PI] chapter.)
predictive of desired patient outco			EP 2	 Set priorities for perform be predictive of desired Give priority to high-volu and consider the incider 	vement, leaders (including the governing body) do the following: ance improvement activities related to improved health outcomes that are shown to patient outcomes, patient safety, and quality of care ame, high-risk, or problem-prone processes for performance improvement activities ace, prevalence, and severity of problems in those areas and detail of data collection for performance improvement activities are and track performance
6 11 1 (1)/()	TAG: C-1		LD.12.01.01		sh priorities for performance improvement. (Refer to the "Performance
(2) Use the measures to analyze	and track	ts performance.	EP 2	 Set priorities for perform be predictive of desired Give priority to high-volu and consider the incider 	wement, leaders (including the governing body) do the following: ance improvement activities related to improved health outcomes that are shown to patient outcomes, patient safety, and quality of care ime, high-risk, or problem-prone processes for performance improvement activities ace, prevalence, and severity of problems in those areas and detail of data collection for performance improvement activities

CFR Number §485.641(d)(3)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
6	G: C-1321	LD.12.01.01	Leaders establis	sh priorities for performance improvement. (Refer to the "Performance
(3) Set priorities for performance improvement, considering either high-volume, high-risk services, or problem-prone areas.			As part of performance improvements Set priorities for perform be predictive of desired Give priority to high-volution and consider the incider	vement, leaders (including the governing body) do the following: nance improvement activities related to improved health outcomes that are shown to patient outcomes, patient safety, and quality of care ume, high-risk, or problem-prone processes for performance improvement activities nce, prevalence, and severity of problems in those areas and detail of data collection for performance improvement activities
3	G: C-1325	PI.11.01.01	The critical acce program.	ess hospital has an ongoing quality assessment and performance improvement
(e) Standard: Program data collection and analysis. The program must incorporate quality indicator data including patient care data, and other relevant data, in order to achieve the goals of the QAPI program.			The critical access hospital has shows measurable improvem outcomes and aid in the ident data, including patient care da Note: For rehabilitation and posubmitted to or received from	as an ongoing quality assessment and performance improvement program that ent for indicators that are selected based on evidence that they will improve health iffication and reduction of medical errors. The program incorporates quality indicator at and other relevant data to achieve the goals of the program. Sychiatric distinct part units in critical access hospitals: Relevant data includes data Medicare quality reporting and quality performance programs including but not ital readmissions and hospital-acquired conditions.
		PI.14.01.01	The critical acce	ess hospital improves performance.
		EP 1	The critical access hospital ac	cts on improvement priorities.
§485.641(f) (f) Standard: Unified and integrated C	QAPI program for a CAH in a multifacility	LD.11.01.01	The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
hospitals, CAHs, and/or REHs using responsible for the conduct of two or system governing body can elect to hall of its member facilities after determined the all applicable State and local law and accountable for ensuring that each	consisting of multiple separately certified a system governing body that is legally more hospitals, CAHs, and/or REHs, the nave a unified and integrated QAPI program for mining that such a decision is in accordance is. The system governing body is responsible ch of its separately certified CAHs meets all ach separately certified CAH subject to the strate that:		hospitals, and/or rural emerge conduct of two or more hospit body can elect to have a unificall of its member facilities afte laws. Each separately certified unified and integrated quality • Accounts for each mempatient populations and • Establishes and implemits separately certified hunified and integrated places hospitals are dul Note: The system governing to	part of a system consisting of multiple separately accredited hospitals, critical access ency hospitals using a system governing body that is legally responsible for the eals, critical access hospitals, and/or rural emergency hospitals, the system governing ed and integrated quality assessment and performance improvement program for or determining that such decision is in accordance with all applicable state and local discritical access hospital subject to the system governing body demonstrates that the assessment and performance improvement program does the following: ber critical access hospital's unique circumstances and any significant differences in services offered ents policies and procedures to make certain that the needs and concerns of each of ospitals, regardless of practice or location, are given due consideration, and that the rogram has mechanisms in place to ensure that issues localized to particular critical by considered and addressed body is responsible and accountable for making certain that each of its separately als meets the requirements for quality assessment and performance improvement at

CFR Number §485.641(f)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§485.641(f)(1)	gram is established in a manner that	LD.11.01.01	The governing services.	body is ultimately accountable for the safety and quality of care, treatment, and		
(1) The unified and integrated QAPI program is established in a manner that takes into account each member CAH's unique circumstances and any significant differences in patient populations and services offered in each CAH; and		 If a critical access hospital is part of a system consisting of multiple separately accredited hospitals, critical acchospitals, and/or rural emergency hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, critical access hospitals, and/or rural emergency hospitals, the system gover body can elect to have a unified and integrated quality assessment and performance improvement program for all of its member facilities after determining that such decision is in accordance with all applicable state and lot laws. Each separately certified critical access hospital subject to the system governing body demonstrates that 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 difference patient populations and services offered Establishes and implements policies and procedures to make certain that the needs and concerns of each its separately certified hospitals, regardless of practice or location, are given due consideration, and that 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 42 CFR 485.641. 				
§485.641(f)(2)		LD.11.01.01	The governing services.	body is ultimately accountable for the safety and quality of care, treatment, and		
and procedures to ensure that the need certified CAHs, regardless of practice or	gram establishes and implements policies s and concerns of each of its separately r location, are given due consideration, and gram has mechanisms in place to ensure are duly considered and addressed.	hospit- condu body c all of it laws. I unified • I Note: certifie	tical access hospital is als, and/or rural emergence of two or more hospitan elect to have a unificial member facilities afte ach separately certified and integrated quality accounts for each member tablishes and implements separately certified hunified and integrated paccess hospitals are du The system governing	part of a system consisting of multiple separately accredited hospitals, critical access ency hospitals using a system governing body that is legally responsible for the tals, critical access hospitals, and/or rural emergency hospitals, the system governing ited and integrated quality assessment and performance improvement program for extracterining that such decision is in accordance with all applicable state and local activitical access hospital subject to the system governing body demonstrates that the assessment and performance improvement program does the following: where critical access hospital's unique circumstances and any significant differences in services offered ments policies and procedures to make certain that the needs and concerns of each of acceptable, regardless of practice or location, are given due consideration, and that the program has mechanisms in place to ensure that issues localized to particular critical alty considered and addressed body is responsible and accountable for making certain that each of its separately tals meets the requirements for quality assessment and performance improvement at		

CFR Number §485.642	Medicare Requirements	Eq	oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.642 TAG: 0	-1400	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
§ 485.642 Condition of participation: Discharge planning. A Critical Access Hospital (CAH) must have an effective discharge planning process that focuses on the patient's goals and treatment preferences and includes the patient and his or her caregivers/support person(s) as active partners in the discharge planning for post-discharge care. The discharge planning process and the discharge plan must be consistent with the patient's goals for care and his or			the patient's goals and treatm the critical access hospital to hospital and hospital readmiss Note: The critical access hosp condition to identify changes t needed to reflect these chang	bital's discharge planning process requires regular reevaluation of the patient's that require modification of the discharge plan. The discharge plan is updated as les.
her treatment preferences, ensure an efficial to post-discharge care, and reduce hospital readmissions.	the factors leading to preventable CAH and		psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: For rehabilitation and is the same as that used by th Note 2: For psychiatric distinc are not limited to participating exchange of information with a Note 3: For swing beds in criti a family member or legal repro The notice is in writing, in a la 483.15(c)(5). The critical acces sure that transfer or discharge	egiver(s) or support person(s), physicians, other licensed practitioners, clinical are involved in the patient's care, treatment, and services participate in planning asfer. The patient and their caregiver(s) or support person(s) are included as active astdischarge care. psychiatric distinct part units in critical access hospitals: The definition of "physician" are Centers for Medicare & Medicaid Services (refer to the Glossary). At part units in critical access hospitals: Social service staff responsibilities include but in discharge planning, arranging for follow-up care, and developing mechanisms for sources outside the critical access hospital. Icial access hospitals: The critical access hospital notifies the resident and, if known, esentative of the resident of the transfer or discharge and reasons for the move. Inguage and manner they understand, and includes the items described in 42 CFR as hospital also provides sufficient preparation and orientation to residents to make a from the critical access hospital is safe and orderly. The critical access hospital arepresentative of the office of the state's long-term care ombudsman.
§485.642(a) TAG: 0	-1404	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
(a) Standard: Discharge planning procesmust identify, at an early stage of hospita	lization, those patients who are likely to		The critical access hospital be and services.	egins the discharge planning process early in the patient's episode of care, treatment,
suffer adverse health consequences upo discharge planning and must provide a d patients so identified as well as for other patient's representative, or patient's phys	scharge planning evaluation for those patients upon the request of the patient,		patients it identifies at an early discharge in the absence of a or the patient's physician. Note 1: The discharge plannir post–hospital care are made I Note 2: The discharge plannir	erforms a discharge planning evaluation and creates a discharge plan for those by stage of hospitalization are likely to suffer adverse health consequences upon dequate discharge planning or at the request of the patient, patient's representative, and evaluation is completed in a timely manner so that appropriate arrangements for before discharge and unnecessary delays in discharge are avoided. In a subsequent discharge plan is created by, or under the curse, social worker, or other qualified person.
§485.642(a)(1) TAG: 0	-1406	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
(1) Any discharge planning evaluation methat appropriate arrangements for post-C to avoid unnecessary delays in discharge	AH care will be made before discharge and		patients it identifies at an early discharge in the absence of a or the patient's physician. Note 1: The discharge plannir post–hospital care are made to Note 2: The discharge plannir	erforms a discharge planning evaluation and creates a discharge plan for those by stage of hospitalization are likely to suffer adverse health consequences upon dequate discharge planning or at the request of the patient, patient's representative, and evaluation is completed in a timely manner so that appropriate arrangements for performed and subsequent discharge are avoided. In a gevaluation is performed and subsequent discharge plan is created by, or under the urse, social worker, or other qualified person.

CFR Numbe §485.642(a)(Medicare Requirements		Commission alent Number	Joint Commission Standards and Elements of Performance
§485.642(a)(2)	TAG: C-	-1408	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
need for appropriate post-C care services, post-CAH ex- health care services and co- determination of the availal access to those services.	CAH services, in tended care se ommunity based oility of the appo	include an evaluation of a patient's likely noluding, but not limited to, hospice ervices, home health services, and nondare providers, and must also include a ropriate services as well as of the patient's	app care critic serv	ropriate post–critical acce e services, home health se cal access hospital also e vices as part of the discha	
§485.642(a)(3)	TAG: C-		PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
		st be included in the patient's medical ite discharge plan and the results of the			scusses the results of the discharge planning evaluation with the patient or their reevaluations performed and any arrangements made.
evaluation must be discuss	ed with the pat	ient (or the patient's representative).	RC.12.01.01	The medical red services.	ord contains information that reflects the patient's care, treatment, and
			Note eme a fu	Admitting diagnosis Any emergency care, tre Any allergies to food an Any findings of assessin Results of all consultative care of the patient Treatment goals, plan of Documentation of companesthesia All practitioners' orders Nursing notes, reports of monitor the patient's con Medication records, incl medication, administrative: When rapid titration of a regent situations in which rther explanation of block Administration of each is support person where a Records of radiology an All care, treatment, and Patient's response to ca Medical history and phy information Discharge plan and disc Discharge summary wit including any medicatio Any diagnoses or condi	nents and reassessments we evaluations of the patient and findings by clinical and other staff involved in the f care, and revisions to the plan of care lications, health care—acquired infections, and adverse reactions to drugs and of treatment, laboratory reports, vital signs, and other information necessary to indition uding the strength, dose, route, date and time of administration, access site for on devices used, and rate of administration a medication is necessary, the critical access hospital defines in policy the urgent/ block charting would be an acceptable form of documentation. For the definition and charting, refer to the Glossary. self-administered medication, as reported by the patient (or the patient's caregiver or

CFR Number §485.642(a)(4)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.642(a)(4) TAC	G: C-1412	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.
(4) Upon the request of a patient's physician, the CAH must arrange for the development and initial implementation of a discharge plan for the patient.		EP 5	patients it identifies at an early discharge in the absence of a or the patient's physician. Note 1: The discharge plannir post–hospital care are made to Note 2: The discharge plannir	erforms a discharge planning evaluation and creates a discharge plan for those y stage of hospitalization are likely to suffer adverse health consequences upon dequate discharge planning or at the request of the patient, patient's representative, ng evaluation is completed in a timely manner so that appropriate arrangements for pefore discharge and unnecessary delays in discharge are avoided. ng evaluation is performed and subsequent discharge plan is created by, or under the urse, social worker, or other qualified person.
§485.642(a)(5) TAC	G: C-1417	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.
	n or discharge plan required under this under the supervision of, a registered nurse, qualified personnel.	EP 4	psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: For rehabilitation and is the same as that used by th Note 2: For psychiatric distinc are not limited to participating exchange of information with a Note 3: For swing beds in critic a family member or legal repro The notice is in writing, in a la 483.15(c)(5). The critical accessure that transfer or discharge	giver(s) or support person(s), physicians, other licensed practitioners, clinical are involved in the patient's care, treatment, and services participate in planning sfer. The patient and their caregiver(s) or support person(s) are included as active installing stering care. Psychiatric distinct part units in critical access hospitals: The definition of "physician" lie Centers for Medicare & Medicaid Services (refer to the Glossary). It part units in critical access hospitals: Social service staff responsibilities include but in discharge planning, arranging for follow-up care, and developing mechanisms for sources outside the critical access hospital. It call access hospitals: The critical access hospital notifies the resident and, if known, resentative of the resident of the transfer or discharge and reasons for the move. Inguage and manner they understand, and includes the items described in 42 CFR ress hospital also provides sufficient preparation and orientation to residents to make a from the critical access hospital is safe and orderly. The critical access hospital arepresentative of the office of the state's long-term care ombudsman.
§485.642(a)(6) TAC	G: C-1420	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.
	ocess must require regular re-evaluation of the that require modification of the discharge plan. as needed, to reflect these changes.	EP 1	the patient's goals and treatm the critical access hospital to hospital and hospital readmiss Note: The critical access hosp	oital's discharge planning process requires regular reevaluation of the patient's chat require modification of the discharge plan. The discharge plan is updated as
§485.642(a)(7) TAC	G: C-1422	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.
assessment must include ongoing, pe of discharge plans, including those pa	ge planning process on a regular basis. The eriodic review of a representative sample attents who were readmitted within 30 days at the plans are responsive to patient post-	EP 14	access hospital. The assessm plans, including plans for patie	sesses its discharge planning process on a regular basis, as defined by the critical nent includes an ongoing, periodic review of a representative sample of discharge ents who were readmitted within 30 days of a previous admission, to make certain to patient postdischarge needs.
§485.642(a)(8) TAC	G: C-1425	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.
selecting a post-acute care provider b is not limited to, HHA, SNF, IRF, or LT resource use measures. The CAH mu	eir families, or the patient's representative in by using and sharing data that includes, but TCH data on quality measures and data on ust ensure that the post-acute care data on be use measures is relevant and applicable to ent preferences.	EP 7	care provider by using and sh facility, inpatient rehabilitation measures. The critical access	ssists the patient, their family, or the patient's representative in selecting a post-acute aring data that includes but is not limited to home health agency, skilled nursing facility, and long-term care hospital data on quality measures and resource-use hospital makes certain that the post–acute care data on quality measures and evant and applicable to the patient's goals of care and treatment preferences.

CFR Number §485.642(b)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
information pertaining to the patient's cur postdischarge goals of care, and treatme the appropriate post-acute care service p	d provision and transmission of the The CAH must discharge the patient, and plicable, along with all necessary medical	Bout th will proves the comprehensive All other necess	erences at the time of discharge s in critical access hospitals: The information sent to the receiving provider also includes the ation of the physician or other licensed practitioner responsible for the care of the resident sentative information, including contact information ive information uctions or precautions for ongoing care, when appropriate
§485.643 TAG: C §485.643 Condition of Participation: Orga The CAH must have and implement writte	n, Tissue, and Eye Procurement		

CFR Number §485.643(a)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.643(a) TAG: C-1503 §485.643(a) Incorporate an agreement with an OPO designated under part 486				ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes.	
of this chapter, under which it party designated by the OPO died in the CAH. The OPO de the absence of alternative arra suitability for tissue and eye d	must notify, in a of individuals who termines medical angements by the lonation, using the tocol developed in	timely manner, the OPO or a third ose death is imminent or who have suitability for organ donation and, in a CAH, the OPO determines medical definition of potential tissue and eyen consultation with the tissue and eye	EP 1	responsibilities that include the A written agreement with to notify, in a timely make is imminent or who have determine medical suitable. A written agreement with processing, preserving, and eyes are obtained a procurement. Designation of an indivious of a tissue or eye bank, decline to donate organ. Procedures for informin organs, tissues, or eyes. Education and training of the family when disconsisted through a single as exparate agreement with anounce 3: A designated request This course is designed in comproaching potential donor in Note 4: The term "organ" meaning of Neurology guidelines avail the American Academy of PeguidelineDetail/1085, and the	th an organ procurement organization (OPO) that requires the critical access hospital nner, the OPO or a third party designated by the OPO of individuals whose death e died in the critical access hospital, and that includes the OPO's responsibility to ability for organ donation that least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues from potential donors, to the extent that the agreement does not interfere with organ idual, who is an organ procurement representative, an organizational representative, or a designated requestor, to notify the family regarding the option to donate or

CFR Number §485.643(b)	Medicare Requirements	Joint Con Equivalen		Joint Commission Standards and Elements of Performance
§485.643(b) TAG: C-1505 §485.643(b) Incorporate an agreement with at least one tissue bank and at least		TS.11.01.01		ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes.
one eye bank to cooperate in the retriev distribution of tissues and eyes, as may	ral, processing, preservation, storage and be appropriate to assure that all usable ential donors, insofar as such an agreement	responsi A v to v is i det A v pro and pro De of a det Pro org Ed of t Note 1: - Note 2: - be satisf separate Note 3: A This cou approact Note 4: - organs). Note 5: f of Neuro the Ame Guideline	cal access hospital de bilities that include the vritten agreement with notify, in a timely mar mminent or who have termine medical suita vritten agreement with ocessing, preserving, deyes are obtained from the comment of the critical access how the family when discussing the family when discussing the critical access how the requirements for the critical access how the comment of the critical access how the	evelops and implements written policies and procedures for organ procurement e following: h an organ procurement organization (OPO) that requires the critical access hospital oner, the OPO or a third party designated by the OPO of individuals whose death e died in the critical access hospital, and that includes the OPO's responsibility to bility for organ donation h at least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues rom potential donors, to the extent that the agreement does not interfere with organ dual, who is an organ procurement representative, an organizational representative or a designated requestor, to notify the family regarding the option to donate or

CFR Number §485.643(c)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.643(c) Ensure, in collaboration w	th the designated OPO, that the family of	TS.11.01.01		ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes.
each potential donor is informed of its of tissues, or eyes. The individual designation	option to either donate or not donate organs, ated by the CAH to initiate the request to stor. A designated requestor is an individual approved by the OPO and designed bank community in the methodology for		responsibilities that include the A written agreement with to notify, in a timely man is imminent or who have determine medical suital A written agreement with processing, preserving, and eyes are obtained fr procurement Designation of an indivic of a tissue or eye bank, decline to donate organs Procedures for informing organs, tissues, or eyes. Education and training of of the family when discu Note 1: The critical access ho Note 2: The requirements for a be satisfied through a single a separate agreement with anot Note 3: A designated request This course is designed in cor approaching potential donor fa Note 4: The term "organ" mea organs). Note 5: For additional informa of Neurology guidelines availa the American Academy of Pec GuidelineDetail/1085, and the through the BD/DNC evaluation	n an organ procurement organization (OPO) that requires the critical access hospital aner, the OPO or a third party designated by the OPO of individuals whose death died in the critical access hospital, and that includes the OPO's responsibility to bility for organ donation at least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues rom potential donors, to the extent that the agreement does not interfere with organ dual, who is an organ procurement representative, an organizational representative or a designated requestor, to notify the family regarding the option to donate or
				to become an organ, tissue, or eye donor.

CFR Number §485.643(d)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
		TS.11.01.01	TS.11.01.01 The critical access hospital, with the medical staff's participation, develops and implement written policies and procedures for donating and procuring organs, tissues, and eyes.			
yiews, and beliefs of the family o	n and sensitivity with respect to the circumstances, f potential donors;		The critical access hospital de responsibilities that include the A written agreement with to notify, in a timely man is imminent or who have determine medical suita. A written agreement with processing, preserving, and eyes are obtained fin procurement. Designation of an individe of a tissue or eye bank, decline to donate organs. Procedures for informing organs, tissues, or eyes. Education and training of the family when discunded the family when discunded the family when discunded the satisfied through a single asseparate agreement with anothote 3: A designated requested this course is designed in corpansonal training to the family when discunded the satisfied through a single asseparate agreement with anothote 3: A designated requested this course is designed in corpansonal training the term "organ" meanof Neurology guidelines availated the American Academy of Per GuidelineDetail/1085, and the	evelops and implements written policies and procedures for organ procurement e following: In an organ procurement organization (OPO) that requires the critical access hospital oner, the OPO or a third party designated by the OPO of individuals whose death e died in the critical access hospital, and that includes the OPO's responsibility to bility for organ donation on at least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues from potential donors, to the extent that the agreement does not interfere with organ dual, who is an organ procurement representative, an organizational representative or a designated requestor, to notify the family regarding the option to donate or		
§485.643(e) §485.643(e) Ensure that the CAH	TAG: C-1511 H works cooperatively with the designated OPO,	TS.11.01.01		ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes.		
tissue bank and eye bank in edurecords to improve identification	cating staff on donation issues, reviewing death of potential donors, and maintaining potential and placement of potential donated organs, tissues,		procurement organization (OFReview death records inMaintain potential donor	evelops and implements policies and procedures for working with the organ PO) and tissue and eye banks to do the following: a order to improve identification of potential donors is while the necessary testing and placement of potential donated organs, tissues, order to maximize the viability of donor organs for transplant ies surrounding donation		

CFR Number §485.643(f)	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance
• • • • • • • • • • • • • • • • • • • •	dards, the term "organ" means a human	TS.11.01.01		ess hospital, with the medical staff's participation, develops and implements and procedures for donating and procuring organs, tissues, and eyes.
kidney, liver, heart, lung, pancreas, or		Note Note Note Sepa Note This appre Note of Net A Guid	consibilities that include the A written agreement with to notify, in a timely mark is imminent or who have determine medical suita. A written agreement with processing, preserving, and eyes are obtained for procurement. Designation of an individe of a tissue or eye bank, decline to donate organ. Procedures for informing organs, tissues, or eyes Education and training of the family when discuted: The critical access how the information of the family when discuted: The requirements for attisfied through a single attacts agreement with ano of the term "organ" means and the information of the term "organ" means). 5: For additional information of the potential donor for the term "organ" means).	h an organ procurement organization (OPO) that requires the critical access hospital ner, the OPO or a third party designated by the OPO of individuals whose death edied in the critical access hospital, and that includes the OPO's responsibility to ability for organ donation hat least one tissue bank and at least one eye bank to cooperate in retrieving, storing, and distributing tissues and eyes to make certain that all usable tissues rom potential donors, to the extent that the agreement does not interfere with organ dual, who is an organ procurement representative, an organizational representative or a designated requestor, to notify the family regarding the option to donate or
		,	udes this Medicare defini kidney, liver, heart, lung,	pancreas, or intestines (or multivisceral organs).
	i: C-1610	The glossary inclu	udes this Medicare defini	tion.
certified facility whether that bed is in	ement of a resident to a bed outside of the he same physical plant or not. Transfer ment of a resident to a bed within the same			
§483.10 Resident rights.				

CFR Number §483.10(b)(7)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.10(b)(7) TAG: C-1608 (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.		RI.12.01.01	their care, treatn	ess hospital respects the patient's right to participate in decisions about nent, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or
		For swing beds in critical access hospitals: If a resident is adjudged incompetent unde of proper jurisdiction, the rights of the resident automatically transfer to and are exercise representative appointed by the court under state law to act on the resident's behalf. The exercises the resident's rights to the extent allowed by the court in accordance with state to like the resident representative's decision-making authority is limited by state law of the resident retains the right to make those decisions outside the representative's authority to limited by the representative with the rights. Note 3: To the extent practicable, the resident is provided with opportunities to particip process.		s of the resident automatically transfer to and are exercised by a resident ne court under state law to act on the resident's behalf. The resident representative to the extent allowed by the court in accordance with state law. The resident representative active's decision-making authority is limited by state law or court appointment, the ake those decisions outside the representative's authority. And preferences are considered by the representative when exercising the patient's
by State law or court appointme	83.10(b)(7)(i) TAG: C-1608 In the case of a resident representative whose decision-making authority is limited State law or court appointment, the resident retains the right to make those cision outside the representative's authority.		their care, treatn	ess hospital respects the patient's right to participate in decisions about nent, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or
decision outside the representative's authority.			of proper jurisdiction, the right representative appointed by the exercises the resident's rights Note 1: If a resident represent resident retains the right to ma Note 2: The resident's wishes rights.	ess hospitals: If a resident is adjudged incompetent under state law by a court is of the resident automatically transfer to and are exercised by a resident income court under state law to act on the resident's behalf. The resident representative to the extent allowed by the court in accordance with state law. It is active's decision-making authority is limited by state law or court appointment, the lake those decisions outside the representative's authority. If a resident representative are court appointment, the lake those decisions outside the representative's authority. If a resident representative are court appointment, the lake those decisions outside the representative when exercising the patient's late, the resident is provided with opportunities to participate in the care planning
§483.10(b)(7)(ii)	TAG: C-1608	RI.12.01.01		ess hospital respects the patient's right to participate in decisions about
(ii) The resident's wishes and p rights by the representative.	preferences must be considered in the exercise of			nent, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or
			of proper jurisdiction, the right representative appointed by the exercises the resident's rights Note 1: If a resident represent resident retains the right to ma Note 2: The resident's wishes rights.	ess hospitals: If a resident is adjudged incompetent under state law by a court is of the resident automatically transfer to and are exercised by a resident ne court under state law to act on the resident's behalf. The resident representative to the extent allowed by the court in accordance with state law. The resident representative's decision-making authority is limited by state law or court appointment, the lake those decisions outside the representative's authority. In and preferences are considered by the representative when exercising the patient's ble, the resident is provided with opportunities to participate in the care planning

CFR Number §483.10(b)(7)(iii)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§483.10(b)(7)(iii) TAG: C-1608 (iii) To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.		their care, trea		critical access hospital respects the patient's right to participate in decisions about care, treatment, and services. Note: This right is not to be construed as a mechanism mand the provision of treatment or services deemed medically unnecessary or propriate.	
		EP 3	of proper jurisdiction, the righ representative appointed by t exercises the resident's rights Note 1: If a resident represen resident retains the right to m Note 2: The resident's wishes rights.	ess hospitals: If a resident is adjudged incompetent under state law by a court to of the resident automatically transfer to and are exercised by a resident he court under state law to act on the resident's behalf. The resident representative is to the extent allowed by the court in accordance with state law. Itative's decision-making authority is limited by state law or court appointment, the lake those decisions outside the representative's authority. It is and preferences are considered by the representative when exercising the patient's lable, the resident is provided with opportunities to participate in the care planning	
§483.10(c)		RI.12.01.01		ess hospital respects the patient's right to participate in decisions about	
(c) Planning and implementing care. The and participate in, his or her treatment, ir	_			ment, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or	
		EP 1	decisions regarding their care care planning and treatment,	ative (as allowed, in accordance with state law) has the right to make informed e. The patient's rights include being informed of their health status, being involved in and being able to request or refuse treatment. This does not mean the patient has sion of treatment or services deemed medically unnecessary or inappropriate.	
§483.10(c)(1) TAG: (C-1608 age that he or she can understand of his or	RI.11.02.01	The critical according to the critical accor	ess hospital respects the patient's right to receive information in a manner the ands.	
her total health status, including but not l	S .	EP 1	manner tailored to the patient Note: The critical access hos	rovides information, including but not limited to the patient's total health status, in a t's age, language, and ability to understand. pital communicates with the patient during the provision of care, treatment, and ets the patient's oral and written communication needs.	
§483.10(c)(2)					
(2) The right to participate in the develop person-centered plan of care, including by	•				
§483.10(c)(2)(iii) TAG: (C-1608	PC.11.03.0	1 The critical acco	ess hospital plans the patient's care.	
(iii) The right to be informed, in advance,	of changes to the plan of care.	EP 2	•	volves the patient in the development and implementation of their plan of care. al access hospitals: The resident has the right to be informed, in advance, of changes	
§483.10(c)(6) TAG: (C-1608	RI.12.01.01		ess hospital respects the patient's right to participate in decisions about	
(6) The right to request, refuse, and/ or or refuse to participate in experimental redirective.		to demand the provision of treatment or services deemed medically unnecessary or inappropriate.			
		EP 4		ess hospitals: The resident has the right to request, refuse, and/or discontinue refuse to participate in experimental research; and to formulate an advance directive.	

CFR Num §483.10(Medicare Reduireme	ents I	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.10(d) TAG: C-1608 (d) Choice of attending physician. The resident has the right to choose his or her attending physician.		RI.12.01.01	their care, treatr	ess hospital respects the patient's right to participate in decisions about ment, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or
			licensed attending physician. Note: If the physician chosen physicians at 42 CFR 483, the provision of appropriate and a determines that the physician	by the resident refuses to or does not meet the requirements for attending experience critical access hospital may seek alternative physician participation to assure adequate care and treatment. The critical access hospital informs the resident if it chosen by the resident is unlicensed or unable to serve as the attending physician. so discusses alternative physician participation with the resident and honors the among the options.
§483.10(d)(1) (1) The physician must b	TAG: C-1608 e licensed to practice, and	RI.12.01.01	RI.12.01.01 The critical access hospital respects the patient's right to participate in dec their care, treatment, and services. Note: This right is not to be construed a to demand the provision of treatment or services deemed medically unnec inappropriate.	
			licensed attending physician. Note: If the physician chosen physicians at 42 CFR 483, the provision of appropriate and a determines that the physician	by the resident refuses to or does not meet the requirements for attending excitical access hospital may seek alternative physician participation to assure adequate care and treatment. The critical access hospital informs the resident if it chosen by the resident is unlicensed or unable to serve as the attending physician so discusses alternative physician participation with the resident and honors the among the options.
§483.10(d)(2)	TAG: C-1608	RI.12.01.01		ess hospital respects the patient's right to participate in decisions about
specified in this part, the	n by the resident refuses to or does not meet req facility may seek alternate physician participation is (d)(4) and (5) of this section to assure provision			ment, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or
appropriate and adequat		EP 6	licensed attending physician. Note: If the physician chosen physicians at 42 CFR 483, the provision of appropriate and a determines that the physician	by the resident refuses to or does not meet the requirements for attending experitual access hospital supports the residents right to choose a by the resident refuses to or does not meet the requirements for attending experitual access hospital may seek alternative physician participation to assure adequate care and treatment. The critical access hospital informs the resident if it chosen by the resident is unlicensed or unable to serve as the attending physician. so discusses alternative physician participation with the resident and honors the among the options.
§483.10(d)(3)	TAG: C-1608			
	re that each resident remains informed of the nat tacting the physician and other primary care prof care.			

CFR Number §483.10(d)(4)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
(4) The facility must inform the resident if chosen by the resident is unable or unwilli	§483.10(d)(4) TAG: C-1608 (4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision		RI.12.01.01 The critical access hospital respects the patient's right to participate in decisions about their care, treatment, and services. Note: This right is not to be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.			
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.		EP 6	licensed attending physician. Note: If the physician chosen I physicians at 42 CFR 483, the provision of appropriate and a determines that the physician	by the resident refuses to or does not meet the requirements for attending ecritical access hospital may seek alternative physician participation to assure dequate care and treatment. The critical access hospital informs the resident if it chosen by the resident is unlicensed or unable to serve as the attending physician. So discusses alternative physician participation with the resident and honors the among the options.		
§483.10(d)(5) TAG: C-1608 (5) If the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice.		RI.12.01.01	their care, treatn	ess hospital respects the patient's right to participate in decisions about nent, and services. Note: This right is not to be construed as a mechanism rovision of treatment or services deemed medically unnecessary or		
		EP 6	licensed attending physician. Note: If the physician chosen I physicians at 42 CFR 483, the provision of appropriate and a determines that the physician	by the resident refuses to or does not meet the requirements for attending ecritical access hospital may seek alternative physician participation to assure dequate care and treatment. The critical access hospital informs the resident if it chosen by the resident is unlicensed or unable to serve as the attending physician. So discusses alternative physician participation with the resident and honors the among the options.		
§483.10(e)		1	·			
(e) Respect and dignity. The resident has dignity, including:	a right to be treated with respect and					
§483.10(e)(2) TAG: C	-1608	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.		
(2) The right to retain and use personal portion clothing, as space permits, unless to do so and safety of other residents.		EP 1		ess hospitals: The critical access hospital allows the resident to keep and use sions, unless this infringes on others' rights or is medically or therapeutically setting or service.		
§483.10(e)(4) TAG: C	-1608	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.		
(4) The right to share a room with his or hithe same facility and both spouses conser		EP 2		ss hospitals: The critical access hospital allows the resident to share a room with sidents are living in the same critical access hospital and when both individuals		
§483.10(f)(4)(ii) TAG: C	-1608	RI.11.01.01	The critical acce	ss hospital respects, protects, and promotes patient rights.		
(ii) The facility must provide immediate ac and other relatives of the resident, subject consent at any time;	cess to a resident by immediate family to the resident's right to deny or withdraw	EP 8	relatives immediate access to access hospital provides other	iss hospitals: The critical access hospital provides immediate family and other the resident, except when the resident denies or withdraws consent. The critical rs who are visiting immediate access to the resident, except when reasonable oply or when the resident denies or withdraws consent.		
§483.10(f)(4)(iii) TAG: C	-1608	RI.11.01.01	The critical acce	ss hospital respects, protects, and promotes patient rights.		
(iii) The facility must provide immediate ac visiting with the consent of the resident, so restrictions and the resident's right to deny	ubject to reasonable clinical and safety	EP 8	relatives immediate access to access hospital provides other	iss hospitals: The critical access hospital provides immediate family and other the resident, except when the resident denies or withdraws consent. The critical rs who are visiting immediate access to the resident, except when reasonable oply or when the resident denies or withdraws consent.		

CFR Number §483.10(g)(8)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance	
§483.10(g)(8) TAG: 0	C-1608	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.	
(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:		EP 3	For swing beds in critical access hospitals: The critical access hospital supports the resident's right to send an promptly receive unopened mail and to receive letters, packages, and other materials delivered to the critical access hospital for the resident through a means other than a postal service. The critical access hospital respet the resident's right to privacy of such communications and allows access to stationery, postage, and writing implements at the resident's expense.		
§483.10(g)(8)(i) TAG: 0	C-1608	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.	
(i) Privacy of such communications consi		EP 3	For swing beds in critical access hospitals: The critical access hospital supports the resident's right to send a promptly receive unopened mail and to receive letters, packages, and other materials delivered to the critical access hospital for the resident through a means other than a postal service. The critical access hospital respective resident's right to privacy of such communications and allows access to stationery, postage, and writing implements at the resident's expense.		
§483.10(g)(8)(ii) TAG: 0	C-1608	RI.13.01.03		the right to an environment that preserves respect and dignity.	
(ii) Access to stationery, postage, and wr expense.	iting implements at the resident's own	EP 3	promptly receive unopened m access hospital for the resider	ess hospitals: The critical access hospital supports the resident's right to send and ail and to receive letters, packages, and other materials delivered to the critical at through a means other than a postal service. The critical access hospital respects of such communications and allows access to stationery, postage, and writing xpense.	
§483.10(g)(17) TAG: 0	C-1608				
(17) The facility must—					
§483.10(g)(17)(i) TAG: (C-1608		,		
(i) Inform each Medicaid-eligible resident nursing facility and when the resident bed	, in writing, at the time of admission to the comes eligible for Medicaid of—				
§483.10(g)(17)(i)(A) TAG: (C-1608	LD.13.02.0	Ethical principle	s guide the critical access hospital's business practices.	
(A) The items and services that are inclused State plan and for which the resident may		EP 2	of admission or when the residual terms and services inclued the lems and services that the amount of charges for	iss hospitals: Each Medicaid-eligible resident is informed in writing, either at the time dent becomes eligible for Medicaid, of the following: ded in the state plan for which the resident may not be charged the critical access hospital offers, those for which the resident may be charged, and or those services ital informs the resident when changes are made to the items and services.	
§483.10(g)(17)(i)(B) TAG: 0	C-1608	LD.13.02.0	Ethical principle	s guide the critical access hospital's business practices.	
(B) Those other items and services that t may be charged, and the amount of char	he facility offers and for which the resident ges for those services; and	For swing beds in critical access hospitals: Each Medicaid-eligible resident is informed in wr of admission or when the resident becomes eligible for Medicaid, of the following: • Items and services included in the state plan for which the resident may not be charge • Items and services that the critical access hospital offers, those for which the resident the amount of charges for those services Note: The critical access hospital informs the resident when changes are made to the items		dent becomes eligible for Medicaid, of the following: ded in the state plan for which the resident may not be charged the critical access hospital offers, those for which the resident may be charged, and or those services	
§483.10(g)(17)(ii) TAG: 0		LD.13.02.0	Ethical principle	s guide the critical access hospital's business practices.	
(ii) Inform each Medicaid-eligible resident services specified in §483.10(g)(17)(i)(A)	t when changes are made to the items and and (B) of this section.	EP 2	of admission or when the residual of thems and services incluation. Items and services that the amount of charges for	ess hospitals: Each Medicaid-eligible resident is informed in writing, either at the time dent becomes eligible for Medicaid, of the following: ded in the state plan for which the resident may not be charged the critical access hospital offers, those for which the resident may be charged, and or those services sital informs the resident when changes are made to the items and services.	

CFR Number §483.10(g)(18)		Medicare Requirements	Eq	oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§483.10(g)(18)	TAG: C-	****	LD.13.02.01	Ethical principle	es guide the critical access hospital's business practices.
(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.			admission, and periodically du	ess hospitals: The critical access hospital informs residents before or at the time of uring the resident's stay, of services available in the critical access hospital and of t covered under Medicare, Medicaid, or by the critical access hospital's per diem	
§483.10(h)	TAG: C-	1608	IM.12.01.01	The critical acce	ess hospital protects the privacy and confidentiality of health information.
(h) Privacy and confidentiality The resident has a right to pe and medical records.		y and confidentiality of his or her personal	EP 1	confidentiality of health inform	evelops and implements policies and procedures addressing the privacy and lation. al access hospitals: Policies and procedures also address the resident's personal
§483.10(h)(1)	TAG: C-	1608	RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.
telephone communications, p resident groups, but this does each resident.	ersonal care	tions, medical treatment, written and visits, and meetings of family and he facility to provide a private room for		Note 1: This element of perfor of a patient's health informatic Note 2: For swing beds in criti written and telephone commu does not require the facility to	spects the patient's right to personal privacy. rmance (EP) addresses a patient's personal privacy. For EPs addressing the privacy on, refer to Standard IM.12.01.01. ical access hospitals: Personal privacy includes accommodations, medical treatment, nications, personal care, visits, and meetings of family and resident groups, but this provide a private room for each resident.
§483.10(h)(2)	TAG: C-	1608	RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.
(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.			Note 1: This element of perfor of a patient's health informatic Note 2: For swing beds in criti written and telephone commu	spects the patient's right to personal privacy. mance (EP) addresses a patient's personal privacy. For EPs addressing the privacy on, refer to Standard IM.12.01.01. ical access hospitals: Personal privacy includes accommodations, medical treatment, nications, personal care, visits, and meetings of family and resident groups, but this provide a private room for each resident.	
			RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.
				promptly receive unopened m access hospital for the resider	ess hospitals: The critical access hospital supports the resident's right to send and ail and to receive letters, packages, and other materials delivered to the critical at through a means other than a postal service. The critical access hospital respects of such communications and allows access to stationery, postage, and writing expense.
§483.10(h)(3)	TAG: C-	1608	IM.12.01.01	The critical acce	ess hospital protects the privacy and confidentiality of health information.
(3) The resident has a right to	secure and	confidential personal and medical records.		confidentiality of health inform	evelops and implements policies and procedures addressing the privacy and lation. al access hospitals: Policies and procedures also address the resident's personal
§483.10(h)(3)(i)	TAG: C-	1608	IM.12.01.01	The critical acce	ess hospital protects the privacy and confidentiality of health information.
		release of personal and medical records er applicable federal or state laws.		consent or as otherwise require Note: For swing beds in critical	scloses health information only as authorized by the patient with the patient's written red by law and regulation. al access hospitals: The critical access hospital allows representatives of the Office Ombudsman to examine a resident's medical, social, and administrative records in

CFR Number §483.10(h)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.10(h)(3)(ii) TAG: C	-1608	IM.12.01.0	1 The critical acce	ess hospital protects the privacy and confidentiality of health information.
(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.		EP 2 The critical access hospital discloses health information only as authorized by the patient with the patie consent or as otherwise required by law and regulation. Note: For swing beds in critical access hospitals: The critical access hospital allows representatives of of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative raccordance with state law.		
§483.12(a)				
(a) The facility must—				
§483.12(a)(1) TAG: C	-1612	RI.13.01.01	• • • • • • • • • • • • • • • • • • •	the right to be free from harassment, neglect, exploitation, and verbal, mental,
(1) Not use verbal, mental, sexual, or physinvoluntary seclusion;	sical abuse, corporal punishment, or	EP 1	involuntary seclusion, and ver care, treatment, and services.	otects the patient from harassment, neglect, exploitation, corporal punishment, rbal, mental, sexual, or physical abuse that could occur while the patient is receiving
§483.12(a)(2) TAG: C (2) Ensure that the resident is free from phor purposes of discipline or convenience	hysical or chemical restraints imposed	PC.13.02.0	or when warrant	ess hospital uses restraint or seclusion only when it can be clinically justified ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.
resident's medical symptoms. When the u must use the least restrictive alternative fo ongoing re-evaluation of the need for restr	use of restraints is indicated, the facility or the least amount of time and document	EP 3	restraints that are imposed for medical symptoms. When the	ess hospitals: The critical access hospital does not use physical or chemical repurposes of discipline or convenience and are not required to treat the resident's use of restraints is indicated, the critical access hospital uses the least restrictive not of time and documents ongoing reevaluation of the need for restraints.
§483.12(a)(3) TAG: C	-1612			
(3) Not employ or otherwise engage indivi	iduals who—			
§483.12(a)(3)(i) TAG: C	-1612	HR.11.02.0	The critical acce	ess hospital defines and verifies staff qualifications.
(i) Have been found guilty of abuse, negle property, or mistreatment by a court of law		EP 4	been found guilty by a court or residents or who have had a f	ess hospitals: The critical access hospital does not employ individuals who have flaw of abusing, neglecting, exploiting, misappropriating property, or mistreating rinding entered into the state nurse aide registry concerning abuse, neglect, residents, or misappropriation of residents' property.
§483.12(a)(3)(ii) TAG: C	-1612	HR.11.02.0	The critical acce	ess hospital defines and verifies staff qualifications.
(ii) Have had a finding entered into the Staneglect, exploitation, mistreatment of residor	ate nurse aide registry concerning abuse, dents or misappropriation of their property;	EP 4	been found guilty by a court or residents or who have had a f	ess hospitals: The critical access hospital does not employ individuals who have flaw of abusing, neglecting, exploiting, misappropriating property, or mistreating rinding entered into the state nurse aide registry concerning abuse, neglect, residents, or misappropriation of residents' property.
§483.12(a)(4) TAG: C	-1612	RI.13.01.01		the right to be free from harassment, neglect, exploitation, and verbal, mental,
(4) Report to the State nurse aide registry has of actions by a court of law against an for service as a nurse aide or other facility	n employee, which would indicate unfitness	EP 2	licensing authorities any know	exual abuse. The critical access hospital reports to the state nurse aide registry or voledge it has of any actions taken by a court of law against an employee that would as a nurse aide or other facility staff.
§483.12(b) TAG: C	-1612			·
(b) The facility must develop and impleme	ent written policies and procedures that:			

CFR Number §483.12(b)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.12(b)(1) TAG: C-(1) Prohibit and prevent abuse, neglect, an		RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
misappropriation of resident property,		EP 3	and procedures that prohibit a	with swing beds: The critical access hospital develops and implements written policies and prevent mistreatment, neglect, and abuse of residents and misappropriation of a sand procedures also address investigation of allegations related to these issues.
§483.12(b)(2) TAG: C-	•	RI.13.01.01	•	the right to be free from harassment, neglect, exploitation, and verbal, mental,
(2) Establish policies and procedures to in	vestigate any such allegations, and	EP 3	and procedures that prohibit a	with swing beds: The critical access hospital develops and implements written policies and prevent mistreatment, neglect, and abuse of residents and misappropriation of a sand procedures also address investigation of allegations related to these issues.
§483.12(c) TAG: C	-1612			
(c) In response to allegations of abuse, ne facility must:	eglect, exploitation, or mistreatment, the			
§483.12(c)(1) TAG: C-		RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
mistreatment, including injuries of unknow property, are reported immediately, but no made, if the events that cause the allegati	(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		licensing authorities any know	ess hospitals: The critical access hospital reports to the state nurse aide registry or vledge it has of any actions taken by a court of law against an employee that would as a nurse aide or other facility staff.
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 state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.		EP 4	abuse to appropriate authoritic Note: For swing beds in critical mistreatment, including injurie administrator of the facility and where state law provides for juprocedures. The alleged viola No later than 2 hours after	ports allegations, observations, and suspected cases of neglect, exploitation, and es based on its evaluation of the suspected events or as required by law. al access hospitals: Alleged violations involving abuse, neglect, exploitation, or as of unknown source and misappropriation of resident property, are reported to the dot other officials (including the state survey agency and adult protective services surisdiction in long-term care facilities) in accordance with state law and established tions are reported in the following time frames: ter the allegation is made if the allegation involves abuse or serious bodily injury after the allegation is made if the allegation does not involve abuse or serious bodily
§483.12(c)(2) TAG: C- (2) Have evidence that all alleged violation		RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
(L) That a syndemic that an anaged violation	is allo alloloughly involligation.	EP 5	of abuse, neglect, exploitation neglect, exploitation, or mistre reported to the administrator of	with swing beds: The critical access hospital has evidence that all alleged violations a, or mistreatment are thoroughly investigated and that it prevents further abuse, eatment while the investigation is in progress. The results of all investigations are or their designated representative and to other officials in accordance with state or agency, within five working days of the incident. If the alleged violation is verified, is taken.
§483.12(c)(3) TAG: C-(3) Prevent further potential abuse, neglect	-	RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental,
investigation is in progress.	a, capionanon, or misueannem wille file	EP 5	For critical access hospitals w of abuse, neglect, exploitation neglect, exploitation, or mistre reported to the administrator of	with swing beds: The critical access hospital has evidence that all alleged violations and or mistreatment are thoroughly investigated and that it prevents further abuse, the state of their designated representative and to other officials in accordance with state of agency, within five working days of the incident. If the alleged violation is verified,

CFR Num §483.12(c		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.12(c)(4)	TAG: C-		RI.13.01.0	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental,
(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.		EP 5	<u></u> • *		
§483.15(c)			_		
(c) Transfer and discharge	ge—				
§483.15(c)(1)	TAG: C-	1610			
(1) Facility requirements	_				
§483.15(c)(1)(i)	TAG: C-	1610			
(i) The facility must perm discharge the resident fr		remain in the facility, and not transfer or ss—			
§483.15(c)(1)(i)(A) (A) The transfer or disch resident's needs cannot		for the resident's welfare and the ty;	EP 1	the critical acceregulation. For swing beds in critical acceregulation. The resident's health has services. The transfer or discharge the resident's needs. The safety of the individuals behavioral status. The health of individuals or Medicaid) a stay at the necessary paperwork for the claim and the resident.	is improved to the point where they no longer need the critical access hospital's the is necessary for the resident's welfare, and the critical access hospital cannot meet the critical access hospital is endangered due to the resident's clinical or in the critical access hospital would otherwise be endangered. The after reasonable and appropriate notice, to pay for (or to have paid under Medicare the critical access hospital. Nonpayment applies if the resident does not submit the party payment or after the third party, including Medicare or Medicaid, denies that refuses to pay for their stay. For a resident who becomes eligible for Medicaid
				allowable charges under The critical access hosp Note: The critical access hosp 42 CFR 431.230, unless the fa	oital ceases operation. Dital cannot transfer or discharge a resident while an appeal is pending pursuant to ailure to discharge or transfer would endanger the health or safety of the resident or access hospital. The critical access hospital documents the danger that failure to

CFR Number §483.15(c)(1)(i)(B)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§483.15(c)(1)(i)(B) TAG: C-1610 (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		PC.14.01	PC.14.01.03 For swing beds in critical access hospitals: Residents are not transferr the critical access hospital unless they meet specific criteria, in accord regulation.		
improved sufficiently so the resident no longer needs the services provided by the facility;		EP 1	under at least one of the follo The resident's health has ervices. The transfer or discharge the resident's needs. The safety of the individuals behavioral status. The health of individuals. The resident has failed, or Medicaid) a stay at the necessary paperwork for the claim and the reside after admission to a critical llowable charges unde. The critical access hosp. Note: The critical access hosp. 42 CFR 431.230, unless the feature of the claim and the reside after admission to a critical access hosp.	is improved to the point where they no longer need the critical access hospital's the is necessary for the resident's welfare, and the critical access hospital cannot meet uals in the critical access hospital is endangered due to the resident's clinical or in the critical access hospital would otherwise be endangered. The critical access hospital would endange for (or to have paid under Medicare the critical access hospital medicare or Medicaid, denies or the tritical access hospital may charge a resident only the resident only the resident or while an appeal is pending pursuant to allure to discharge or transfer would endanger the health or safety of the resident or access hospital. The critical access hospital documents the danger that failure to	
§483.15(c)(1)(i)(C) TAG: C-	1610	PC.14.01	.03 For swing beds	in critical access hospitals: Residents are not transferred or discharged from	
(C) The safety of individuals in the facility behavioral status of the resident;	s endangered due to the clinical or		regulation.	ss hospital unless they meet specific criteria, in accordance with law and	
		EP 1	under at least one of the follo The resident's health has services. The transfer or discharge the resident's needs. The safety of the individuals behavioral status. The health of individuals. The resident has failed, or Medicaid) a stay at the necessary paperwork for the claim and the reside after admission to a critical llowable charges unde. The critical access hosp. Note: The critical access hosp. 42 CFR 431.230, unless the features.	is improved to the point where they no longer need the critical access hospital's the is necessary for the resident's welfare, and the critical access hospital cannot meet uals in the critical access hospital is endangered due to the resident's clinical or in the critical access hospital would otherwise be endangered. The critical access hospital the resident does not submit the critical access hospital may payment or after the third party, including Medicare or Medicaid, denies on the resident who becomes eligible for Medicaid cal access hospital, the critical access hospital may charge a resident only the resident only the resident or access operation. The critical access hospital documents the danger that failure to	

CFR Number §483.15(c)(1)(i)(D)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(1)(i)(D) TAG: C-1610 (D) The health of individuals in the facility would otherwise be endangered;		PC.14.01.	03 For swing beds the critical acce regulation.	in critical access hospitals: Residents are not transferred or discharged from ss hospital unless they meet specific criteria, in accordance with law and
		EP 1	under at least one of the follow The resident's health has services. The transfer or discharge the resident's needs. The safety of the individuals that the resident has failed, or Medicaid) a stay at the necessary paperwork for the claim and the reside after admission to a critical lowable charges unde The critical access hosp Note: The critical access hosp 42 CFR 431.230, unless the fearming the resident of the critical access hosp 45 critical access hosp 46 critical access hosp 47 critical access hosp 48 critical access hosp 48 critical access hosp 49 critical access hosp 40 critical access ho	as improved to the point where they no longer need the critical access hospital's ge is necessary for the resident's welfare, and the critical access hospital cannot meet duals in the critical access hospital is endangered due to the resident's clinical or after reasonable and appropriate notice, to pay for (or to have paid under Medicare ne critical access hospital. Nonpayment applies if the resident does not submit the or third party payment or after the third party, including Medicare or Medicaid, denies the refuses to pay for their stay. For a resident who becomes eligible for Medicaid ical access hospital, the critical access hospital may charge a resident only the remainder or Medicaid. Solital ceases operation. Solital cannot transfer or discharge a resident while an appeal is pending pursuant to discharge or transfer would endanger the health or safety of the resident or access hospital. The critical access hospital documents the danger that failure to
§483.15(c)(1)(i)(E) TAG: C- (E) The resident has failed, after reasonab to have paid under Medicare or Medicaid)	le and appropriate notice, to pay for (or	PC.14.01.		in critical access hospitals: Residents are not transferred or discharged from ss hospital unless they meet specific criteria, in accordance with law and
if the resident does not submit the necessor after the third party, including Medicare resident refuses to pay for his or her stay, for Medicaid after admission to a facility, the allowable charges under Medicaid; or	ary paperwork for third party payment or Medicaid, denies the claim and the For a resident who becomes eligible	EP 1	under at least one of the follow The resident's health has services. The transfer or discharge the resident's needs. The safety of the individed behavioral status. The health of individuals. The resident has failed, or Medicaid) a stay at the necessary paperwork for the claim and the resided after admission to a critical llowable charges unde. The critical access hosp. Note: The critical access hosp. 42 CFR 431.230, unless the forms.	as improved to the point where they no longer need the critical access hospital's ge is necessary for the resident's welfare, and the critical access hospital cannot meet duals in the critical access hospital is endangered due to the resident's clinical or after reasonable and appropriate notice, to pay for (or to have paid under Medicare ne critical access hospital. Nonpayment applies if the resident does not submit the or third party payment or after the third party, including Medicare or Medicaid, denies the refuses to pay for their stay. For a resident who becomes eligible for Medicaid ical access hospital, the critical access hospital may charge a resident only the remainder or Medicaid. Solution of the control of the control of the resident or the discharge or transfer would endanger the health or safety of the resident or access hospital. The critical access hospital documents the danger that failure to

CFR Number §483.15(c)(1)(i)(F)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(1)(i)(F) TAG: C- (F) The facility ceases to operate.	1610	PC.14.01.		in critical access hospitals: Residents are not transferred or discharged from ss hospital unless they meet specific criteria, in accordance with law and
		EP 1	under at least one of the follo The resident's health has ervices. The transfer or discharge the resident's needs. The safety of the individuals that it is a safety of the individuals. The health of individuals. The resident has failed, or Medicaid) a stay at the necessary paperwork for the claim and the reside after admission to a critical lowable charges unde. The critical access hosp. Note: The critical access hosp.	is improved to the point where they no longer need the critical access hospital's are is necessary for the resident's welfare, and the critical access hospital cannot meet uals in the critical access hospital is endangered due to the resident's clinical or in the critical access hospital would otherwise be endangered. In after reasonable and appropriate notice, to pay for (or to have paid under Medicare the critical access hospital. Nonpayment applies if the resident does not submit the or third party payment or after the third party, including Medicare or Medicaid, denies that refuses to pay for their stay. For a resident who becomes eligible for Medicaid cal access hospital, the critical access hospital may charge a resident only the resident only the relation of transfer or discharge a resident while an appeal is pending pursuant to aillure to discharge or transfer would endanger the health or safety of the resident or access hospital. The critical access hospital documents the danger that failure to
§483.15(c)(1)(ii) TAG: C- (ii) The facility may not transfer or discharge pending, pursuant to § 431.230 of this cha	ge the resident while the appeal is	PC.14.01.		in critical access hospitals: Residents are not transferred or discharged from ss hospital unless they meet specific criteria, in accordance with law and
or her right to appeal a transfer or discharç § 431.220(a)(3) of this chapter, unless the endanger the health or safety of the reside facility must document the danger that failt	ge notice from the facility pursuant to failure to discharge or transfer would ent or other individuals in the facility. The	EP 1	under at least one of the follo The resident's health has services. The transfer or discharge the resident's needs. The safety of the individuals behavioral status. The health of individuals The resident has failed, or Medicaid) a stay at the necessary paperwork for the claim and the reside after admission to a critical lowable charges unde The critical access hosp Note: The critical access hosp 42 CFR 431.230, unless the followed the resident access	is improved to the point where they no longer need the critical access hospital's are is necessary for the resident's welfare, and the critical access hospital cannot meet uals in the critical access hospital is endangered due to the resident's clinical or in the critical access hospital would otherwise be endangered. In after reasonable and appropriate notice, to pay for (or to have paid under Medicare necessary payment or after the third party, including Medicare or Medicaid, denies are trical access hospital. Nonpayment applies if the resident does not submit the or third party payment or after the third party, including Medicare or Medicaid, denies are trical access hospital, the critical access hospital may charge a resident only the resident only the resident only the resident or medicaid. In the critical access hospital may charge a resident only the resident or access operation. In the critical access hospital benefit or safety of the resident or access hospital. The critical access hospital documents the danger that failure to

CFR Numbe §483.15(c)(2		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.15(c)(2)	TAG: C	<u> </u> -1610	RC.12.03.0	-	edical record contains discharge information.
(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 health care institution or provider.		EP 1	For swing beds in critical acceprovided to the resident and/or record when the resident is be be endangered. The resident improving and no longer needs	ess hospitals: Documentation in the medical record includes discharge information or to the receiving organization. A physician document in the resident's medical being transferred or discharged because the safety of other residents would otherwise s physician documents in the medical record when the transfer is due to the resident ling long term care services or when the transfer is due to the resident's welfare and et in the critical access hospital's swing bed.	
§483.15(c)(2)(i)	TAG: C	-1610	1		
(i) Documentation in the re-	sident's medica	al record must include:]		
§483.15(c)(2)(i)(A)	TAG: C	-1610	RC.12.03.0	1 The patient's me	edical record contains discharge information.
(A) The basis for the transfer per paragraph (c)(1)(i) of this section.		For swing beds in critical access hospitals: The resident's discharge information includes the following: Reason for transfer, discharge, or referral Treatment provided, diet, medication orders, and orders for the resident's immediate care Referrals provided to the resident, the referring physician's or other licensed practitioner's name, and the name of the physician or other licensed practitioner who has agreed to be responsible for the resident's medical care and treatment, if this person is someone other than the referring physician or other licensed practitioner Medical findings and diagnoses; a summary of the care, treatment, and services provided; and progres reached toward goals Information about the resident's behavior, ambulation, nutrition, physical status, psychosocial status, are potential for rehabilitation Nursing information that is useful in the resident's care Any advance directives Instructions given to the resident before discharge Attempts to meet the resident's needs			
§483.15(c)(2)(i)(B)	TAG: C	-1610	RC.12.03.0	<u> </u>	edical record contains discharge information.
(B) In the case of paragrap	attempts to me	this section, the specific resident need(s) et the resident needs, and the service ne need(s).	EP 3	For swing beds in critical access hospital cannot meet t	ess hospitals: When the resident is transferred or discharged because the critical cheir needs, the critical access hospital documents which needs could not be met, ttempts to meet the resident's needs, and the services available at the receiving
§483.15(c)(2)(ii)	TAG: C	-1610			
(ii) The documentation requ by—	uired by paragr	aph (c)(2)(i) of this section must be made			
§483.15(c)(2)(ii)(A)	TAG: C	-1610	RC.12.03.0	The patient's me	edical record contains discharge information.
(A) The resident's physicial paragraph (c)(1)(A) or (B) or		r or discharge is necessary under and	EP 1	provided to the resident and/or record when the resident is be be endangered. The resident' improving and no longer needs	ess hospitals: Documentation in the medical record includes discharge information or to the receiving organization. A physician document in the resident's medical eing transferred or discharged because the safety of other residents would otherwise s physician documents in the medical record when the transfer is due to the resident ling long term care services or when the transfer is due to the resident's welfare and et in the critical access hospital's swing bed.

CFR Number §483.15(c)(2)(ii)(B)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.15(c)(2)(ii)(B) TAG:	C-1610	RC.12.03.01	The patient's me	edical record contains discharge information.
(B) A physician when transfer or discharge or (D) of this section.	arge is necessary under paragraph (b)(1)(i)(C)		provided to the resident and/orecord when the resident is be endangered. The resident improving and no longer need	ess hospitals: Documentation in the medical record includes discharge information or to the receiving organization. A physician document in the resident's medical eing transferred or discharged because the safety of other residents would otherwise s physician documents in the medical record when the transfer is due to the resident ling long term care services or when the transfer is due to the resident's welfare and et in the critical access hospital's swing bed.
§483.15(c)(2)(iii) TAG:	C-1610			
(iii) Information provided to the receivin following:	g provider must include a minimum of the			
§483.15(c)(2)(iii)(A) TAG:	C-1610	PC.14.02.03	When a patient	is discharged or transferred, the critical access hospital gives information
(A) Contact information of the practition	er responsible for the care of the resident			treatment, and services provided to the patient to other service providers who patient with care, treatment, or services.
			referring the patient to post—a service providers and practitic medical information includes,	s and treatment care at the time of discharge at access hospitals: The information sent to the receiving provider also includes the ne physician or other licensed practitioner responsible for the care of the resident information, including contact information nation or precautions for ongoing care, when appropriate

CFR Number §483.15(c)(2)(iii)(B)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§483.15(c)(2)(iii)(B) TAG: (B) Resident representative information	C-1610 including contact information.	PC.14.02.	about the care,	tient is discharged or transferred, the critical access hospital gives information care, treatment, and services provided to the patient to other service providers who e the patient with care, treatment, or services.	
		EP 1	referring the patient to post—a service providers and practitic medical information includes,	s and treatment care at the time of discharge al access hospitals: The information sent to the receiving provider also includes the he physician or other licensed practitioner responsible for the care of the resident e information, including contact information mation or precautions for ongoing care, when appropriate	
§483.15(c)(2)(iii)(C) TAG: (C) Advance Directive information.	C-1610	PC.14.02.	about the care,	is discharged or transferred, the critical access hospital gives information treatment, and services provided to the patient to other service providers who patient with care, treatment, or services.	
		EP 1	referring the patient to post—a service providers and practitic medical information includes,	s and treatment care at the time of discharge at the time of discharge al access hospitals: The information sent to the receiving provider also includes the he physician or other licensed practitioner responsible for the care of the resident information, including contact information mation or precautions for ongoing care, when appropriate	

CFR Number §483.15(c)(2)(iii)(D)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
3	§483.15(c)(2)(iii)(D) TAG: C-1610 (D) All special instructions or precautions for ongoing care, as appropriate.		PC.14.02.03 When a patient is discharged or transferred, the critical access hospital gives about the care, treatment, and services provided to the patient to other serwill provide the patient with care, treatment, or services.		
		EP 1	referring the patient to post–acute care service providers and suppliers, facilities, agencies, and other ou service providers and practitioners who are responsible for the patient's follow-up or ancillary care. Nece medical information includes, at a minimum, the following: Current course of illness and treatment Postdischarge goals of care Treatment preferences at the time of discharge Note: For swing beds in critical access hospitals: The information sent to the receiving provider also inclufollowing: Contact information of the physician or other licensed practitioner responsible for the care of the reference action information including contact information Advance directive information Advance directive information All special instructions or precautions for ongoing care, when appropriate Comprehensive care plan goals All other necessary information, including a copy of the residents discharge summary, consistent we CFR 483.21(c)(2), and any other documentation, as applicable, to support a safe and effective trancare		
§483.15(c)(2)(iii)(E) TAG: C- (E) Comprehensive care plan goals,	-1610	PC.14.02.0	about the care,	is discharged or transferred, the critical access hospital gives information treatment, and services provided to the patient to other service providers who patient with care, treatment, or services.	
		EP 1	referring the patient to post—a service providers and practitic medical information includes,	s and treatment care at the time of discharge all access hospitals: The information sent to the receiving provider also includes the ne physician or other licensed practitioner responsible for the care of the resident information, including contact information nation or precautions for ongoing care, when appropriate	

CFR Number §483.15(c)(2)(iii)(F)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(2)(iii)(F) TAG: C- (F) All other necessary information, including summary, consistent with § 483.21(c)(2), a	ng a copy of the residents discharge	PC.14.02.0	about the care, t	is discharged or transferred, the critical access hospital gives information treatment, and services provided to the patient to other service providers who patient with care, treatment, or services.
summary, consistent with § 483.21(c)(2), as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.		EP 1	referring the patient to post–a service providers and practitic medical information includes,	s and treatment care at the time of discharge al access hospitals: The information sent to the receiving provider also includes the ne physician or other licensed practitioner responsible for the care of the resident information, including contact information nation or precautions for ongoing care, when appropriate
§483.15(c)(3) TAG: C-	1610			
(3) Notice before transfer. Before a facility transfers or discharges a re	esident, the facility must—			
§483.15(c)(3)(i) TAG: C-	1610	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.
(i) Notify the resident and the resident's repand the reasons for the move in writing and understand. The facility must send a copy of Office of the State Long-Term Care Ombud	If in a language and manner they of the notice to a representative of the	EP 4	psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: For rehabilitation and is the same as that used by th Note 2: For psychiatric distinct are not limited to participating exchange of information with a Note 3: For swing beds in critical a family member or legal repro- The notice is in writing, in a la 483.15(c)(5). The critical accessure that transfer or discharge	regiver(s) or support person(s), physicians, other licensed practitioners, clinical are involved in the patient's care, treatment, and services participate in planning asfer. The patient and their caregiver(s) or support person(s) are included as active ostdischarge care. psychiatric distinct part units in critical access hospitals: The definition of "physician" ne Centers for Medicare & Medicaid Services (refer to the Glossary). It part units in critical access hospitals: Social service staff responsibilities include but in discharge planning, arranging for follow-up care, and developing mechanisms for sources outside the critical access hospital. It access hospitals: The critical access hospital notifies the resident and, if known, esentative of the resident of the transfer or discharge and reasons for the move. Inguage and manner they understand, and includes the items described in 42 CFR as hospital also provides sufficient preparation and orientation to residents to make the from the critical access hospital is safe and orderly. The critical access hospital arepresentative of the office of the state's long-term care ombudsman.
		RI.11.02.01	The critical acce patient understa	ess hospital respects the patient's right to receive information in a manner the ands.
		EP 1	manner tailored to the patient Note: The critical access hosp	ovides information, including but not limited to the patient's total health status, in a sage, language, and ability to understand. Dital communicates with the patient during the provision of care, treatment, and lets the patient's oral and written communication needs.

CFR Number §483.15(c)(3)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§483.15(c)(3)(ii) TAG: C	-1610	RC.12.03.0	1 The patient's me	edical record contains discharge information.		
	(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		For swing beds in critical access hospitals: The critical access hospital records the reasons for the transfer or discharge in the resident's medical record in accordance with 42 CFR 483.15(c)(2).			
§483.15(c)(3)(iii) TAG: C	-1610	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.		
(iii) Include in the notice the items describe	ed in paragraph (b)(5) of this section.	EP 4 RI.11.02.01 EP 1	psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: For rehabilitation and is the same as that used by th Note 2: For psychiatric distinct are not limited to participating exchange of information with Note 3: For swing beds in critic a family member or legal repro The notice is in writing, in a la 483.15(c)(5). The critical acces sure that transfer or discharge sends a copy of the notice to The critical acces patient understa The critical access hospital pr manner tailored to the patient Note: The critical access hosp	psychiatric distinct part units in critical access hospitals: The definition of "physician" ne Centers for Medicare & Medicaid Services (refer to the Glossary). It part units in critical access hospitals: Social service staff responsibilities include but in discharge planning, arranging for follow-up care, and developing mechanisms for sources outside the critical access hospital. Ical access hospitals: The critical access hospital notifies the resident and, if known, esentative of the resident of the transfer or discharge and reasons for the move. Inguage and manner they understand, and includes the items described in 42 CFR less hospital also provides sufficient preparation and orientation to residents to make a from the critical access hospital is safe and orderly. The critical access hospital arepresentative of the office of the state's long-term care ombudsman.		
§483.15(c)(4) TAG: C	- -1610			30 H.O PANONO SIAI ANIA MINION COMMINISTRACION NOCOCO.		
(4) Timing of the notice.						
§483.15(c)(4)(i) TAG: C	-1610	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.		
	c)(ii) and (b)(8) of this section, the notice of section must be made by the facility at least or discharged.		discharge at least 30 days be Note: Notice may be made as in the facility would be endang health improves sufficiently to	ess hospitals: The critical access hospital provides the written notice of transfer or fore the resident is transferred or discharged. It is soon as is practical before transfer or discharge when the safety of the individuals greed, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.		
§483.15(c)(4)(ii) TAG: C	-1610					
(ii) Notice must be made as soon as pract	icable before transfer or discharge when—					
§483.15(c)(4)(ii)(A) TAG: C	-1610	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.		
(A) The safety of individuals in the facility (1)(ii)(C) of this section;	would be endangered under paragraph (b)	EP 12	discharge at least 30 days be Note: Notice may be made as in the facility would be endang health improves sufficiently to	ess hospitals: The critical access hospital provides the written notice of transfer or fore the resident is transferred or discharged. It soon as is practical before transfer or discharge when the safety of the individuals gered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.		

CFR Number §483.15(c)(4)(ii)(B)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(4)(ii)(B) TAG: C	C-1610	PC.14.01.0	1 The critical acce	ss hospital follows its process for discharging or transferring patients.
(B) The health of individuals in the facility would be endangered, under paragraph (b)(1)(ii)(D) of this section;		EP 12	discharge at least 30 days bef Note: Notice may be made as in the facility would be endang health improves sufficiently to	iss hospitals: The critical access hospital provides the written notice of transfer or one the resident is transferred or discharged. soon as is practical before transfer or discharge when the safety of the individuals pered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.
§483.15(c)(4)(ii)(C) TAG: C	C-1610	PC.14.01.0	1 The critical acce	ss hospital follows its process for discharging or transferring patients.
(C) The resident's health improves suffici discharge, under paragraph (b)(1)(ii)(B) of the control of the contr	ently to allow a more immediate transfer or of this section;	EP 12	discharge at least 30 days bef Note: Notice may be made as in the facility would be endang health improves sufficiently to	ass hospitals: The critical access hospital provides the written notice of transfer or one the resident is transferred or discharged. soon as is practical before transfer or discharge when the safety of the individuals pered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.
§483.15(c)(4)(ii)(D) TAG: 0	C-1610	PC.14.01.0	1 The critical acce	ss hospital follows its process for discharging or transferring patients.
(D) An immediate transfer or discharge is needs, under paragraph (b)(1)(ii)(A) of th	required by the resident's urgent medical is section; or	EP 12	discharge at least 30 days bef Note: Notice may be made as in the facility would be endang health improves sufficiently to	iss hospitals: The critical access hospital provides the written notice of transfer or one the resident is transferred or discharged. soon as is practical before transfer or discharge when the safety of the individuals pered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.
§483.15(c)(4)(ii)(E) TAG: C	C-1610	PC.14.01.0	1 The critical acce	ss hospital follows its process for discharging or transferring patients.
(E) A resident has not resided in the facili	ity for 30 days.	EP 12	discharge at least 30 days bef Note: Notice may be made as in the facility would be endang health improves sufficiently to	iss hospitals: The critical access hospital provides the written notice of transfer or one the resident is transferred or discharged. soon as is practical before transfer or discharge when the safety of the individuals pered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.
§483.15(c)(5) TAG: C	C-1610			
(5) Contents of the notice. The written notice specified in paragraph following:	(b)(3) of this section must include the			

CFR Number §483.15(c)(5)(i)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.15(c)(5)(i) TA	NG: C-1610	PC.14.01.0	The critical acce	ss hospital follows its process for discharging or transferring patients.
(i) The reason for transfer or dischar	rge;	For swing beds in critical access hospitals: The written notice before transfer or discharge speci 483.15(c)(3) includes the following: Reason for transfer or discharge Effective date of transfer or discharge Location to which the resident is transferred or discharged Statement of the resident's appeal rights, including the name, address (mailing and e-mail number of the entity which receives appeal requests; information on how to obtain an apper find assistance in completing the form; and how to submit the appeal hearing request Name, address (mailing and e-mail), and telephone number of the office of the state's long ombudsman For a resident with intellectual and developmental disabilities, the mailing and e-mail address number of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 For a resident with a mental disorder or related disabilities, the mailing and e-mail address number of the agency responsible for the protection and advocacy of these individuals, es the Protection and Advocacy for Mentally III Individuals Act		wing: ischarge or or discharge sident is transferred or discharged it's appeal rights, including the name, address (mailing and e-mail), and telephone ch receives appeal requests; information on how to obtain an appeal form; where to eting the form; and how to submit the appeal hearing request and e-mail), and telephone number of the office of the state's long-term care ectual and developmental disabilities, the mailing and e-mail address and telephone esponsible for the protection and advocacy of these individuals, established under ental Disabilities Assistance and Bill of Rights Act of 2000 intal disorder or related disabilities, the mailing and e-mail address and telephone esponsible for the protection and advocacy of these individuals, established under
§483.15(c)(5)(ii) TA	AG: C-1610	PC.14.01.0	The critical acce	ss hospital follows its process for discharging or transferring patients.
(ii) The effective date of transfer or c	discharge;	EP 13	483.15(c)(3) includes the follo Reason for transfer or di Effective date of transfer Location to which the res Statement of the resider number of the entity whi find assistance in comple Name, address (mailing ombudsman For a resident with intelle number of the agency re Part C of the Developme For a resident with a me number of the agency re	scharge

CFR Number §483.15(c)(5)(iii)	Medicare Requirements		nt Commission livalent Number	Joint Commission Standards and Elements of Performance	
§483.15(c)(5)(iii)	TAG: C-1610	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.	
(iii) The location to which the resident is transferred or discharged;		For swing beds in critical access hospitals: The written notice before transfer or discharge specified in 42 CFR 483.15(c)(3) includes the following: Reason for transfer or discharge Effective date of transfer or discharge Location to which the resident is transferred or discharged Statement of the resident's appeal rights, including the name, address (mailing and e-mail), and telephone number of the entity which receives appeal requests; information on how to obtain an appeal form; where to find assistance in completing the form; and how to submit the appeal hearing request Name, address (mailing and e-mail), and telephone number of the office of the state's long-term care ombudsman For a resident with intellectual and developmental disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under Part C of the Developmental disorder or related disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under the Protection and Advocacy for Mentally III Individuals Act			
§483.15(c)(5)(iv)	TAG: C-1610	PC.14.01.01	The critical acce	ss hospital follows its process for discharging or transferring patients.	
and email), and telephone numb	s appeal rights, including the name, address (mailing per of the entity which receives such requests; and appeal form and assistance in completing the form ng request;		 R83.15(c)(3) includes the followage of transfer or displayed to the followage of transfer or displayed to the followage of the entity which is the find assistance in complewage of the entity which is the find assistance in complewage of the mailing on budsman For a resident with intelled number of the agency repart C of the Developme For a resident with a menumber of the agency repumber of the agency repulsed to the find the first transfer of the agency repulsed to the first transfer of the agency repulsed to the first transfer of the agency repulsed to the first transfer of tra	scharge	

CFR Numbe §483.15(c)(5)	Medicare Redilirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§483.15(c)(5)(v)	TAG: C-1610	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.	
(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;		For swing beds in critical access hospitals: The written notice before transfer or discharge specified in 42 CFR 483.15(c)(3) includes the following: Reason for transfer or discharge Effective date of transfer or discharge Location to which the resident is transferred or discharged Statement of the resident's appeal rights, including the name, address (mailing and e-mail), and telephone number of the entity which receives appeal requests; information on how to obtain an appeal form; where to find assistance in completing the form; and how to submit the appeal hearing request Name, address (mailing and e-mail), and telephone number of the office of the state's long-term care ombudsman For a resident with intellectual and developmental disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 For a resident with a mental disorder or related disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under the Protection and Advocacy for Mentally III Individuals Act			
§483.15(c)(5)(vi)	TAG: C-1610	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.	
or related disabilities, the mof the agency responsible to developmental disabilities of	ents with intellectual and developmental disabilities ailing and email address and telephone number or the protection and advocacy of individuals with stablished under Part C of the Developmental Bill of Rights Act of 2000 (Pub. L. 106–402, codified at nd	48	 3.15(c)(3) includes the folice Reason for transfer or degree to defective date of transfeers. Location to which the resident of the entity which in assistance in complete to the c	ischarge	

CFR Number §483.15(c)(5)(vii)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(5)(vii) TAG: C-	1610	PC.14.01.0	1 The critical acce	ss hospital follows its process for discharging or transferring patients.
(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 protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally III Individuals Act.		For swing beds in critical access hospitals: The written notice before transfer or discharge specified in 42 CFR 483.15(c)(3) includes the following: Reason for transfer or discharge Effective date of transfer or discharge Location to which the resident is transferred or discharged Statement of the resident's appeal rights, including the name, address (mailing and e-mail), and telephone number of the entity which receives appeal requests; information on how to obtain an appeal form; where the find assistance in completing the form; and how to submit the appeal hearing request Name, address (mailing and e-mail), and telephone number of the office of the state's long-term care ombudsman For a resident with intellectual and developmental disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 For a resident with a mental disorder or related disabilities, the mailing and e-mail address and telephone number of the agency responsible for the protection and advocacy of these individuals, established under the Protection and Advocacy for Mentally III Individuals Act		
§483.15(c)(7) TAG: C-	1610	PC.14.01.0	1 The critical acce	ss hospital follows its process for discharging or transferring patients.
(7) Orientation for transfer or discharge. A facility must provide and document suffice residents to ensure safe and orderly transforientation must be provided in a form and	fer or discharge from the facility. This	EP 4	psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: For rehabilitation and is the same as that used by th Note 2: For psychiatric distinct are not limited to participating exchange of information with s Note 3: For swing beds in criti a family member or legal repre The notice is in writing, in a la 483.15(c)(5). The critical acce sure that transfer or discharge	giver(s) or support person(s), physicians, other licensed practitioners, clinical are involved in the patient's care, treatment, and services participate in planning sfer. The patient and their caregiver(s) or support person(s) are included as active stdischarge care. psychiatric distinct part units in critical access hospitals: The definition of "physician" le Centers for Medicare & Medicaid Services (refer to the Glossary). It part units in critical access hospitals: Social service staff responsibilities include but in discharge planning, arranging for follow-up care, and developing mechanisms for sources outside the critical access hospital. It critical access hospitals the resident and, if known, esentative of the resident of the transfer or discharge and reasons for the move. Inguage and manner they understand, and includes the items described in 42 CFR as hospital also provides sufficient preparation and orientation to residents to make a from the critical access hospital is safe and orderly. The critical access hospital are representative of the office of the state's long-term care ombudsman.
§483.15(c)(8) TAG: C-	1610	PC.14.01.0		in critical access hospitals: Residents are not transferred or discharged from
(8) Notice in advance of facility closure. In who is the administrator of the facility mus impending closure to the State Survey Age Care Ombudsman, residents of the facility as the plan for the transfer and adequate r 483.70(I).	t provide written notification prior to the ency, the Office of the State Long-Term	EP 2	regulation. For critical access hospitals w the critical access hospital pro the office of the state's long-te	ith swing beds: In the case of critical access hospital closure, the administrator of ovides written notification prior to the impending closure to the state survey agency, arm care ombudsman, residents of the critical access hospital, and the residents' or plan for the transfer and adequate relocation of the residents.
§483.15(c)(9) TAG: C-	1610	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.
(9) Room changes in a composite distinct Room changes in a facility that is a compo	visite distinct part (as defined in §483.5) b(e)(7) and must be limited to moves within t resides, unless the resident voluntarily	EP 4	distinct part consisting of two defined in 42 CFR 413.65(a)(2	less hospitals: Room changes in an organization that is a composite distinct part (a por more noncontiguous components that are not located within the same campus, as (2)) are limited to moves within the particular building in which the resident resides, agrees to move to another of the composite distinct part's locations.

CFR Number §483.20(b)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance	
§483.20(b) TAG	: C-1620				
(b) Comprehensive assessments –		1			
§483.20(b)(1) TAG: C-1620		PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.	
(1) Resident assessment instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following:		EP 11 For swing beds in critical access hospitals: The comprehensive assessment of the resident includes the following:			
6 11 1(1)/()/()	: C-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.	
(i) Identification and demographic information	mation.	• I • () • () • () • () • () • () • () • ()	ring beds in critical accedentifying and demogracustomary routines Cognitive patterns Communication needs Psychosocial well-being Mood and behavior patterns Continence Disease(s), diagnoses, accental status Nutritional status (such accents) Pursuit of activity Medications Need for special treatments Discharge planning The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information erns distructural problems	

CFR Number §483.20(b)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§483.20(b)(1)(ii) TAG: (iii) Customary routine.	C-1620	PC.11.02.01 The critical access hospital assesses and reassesses the patient and the patient's condition according to defined time frames.				
(ii) Customary Toutine.		N	or swing beds in critical acce Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such Skin Pursuit of activity Medications Need for special treatme Discharge planning ote: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)		
• · · · · · · · · · · · · · · · · · · ·	C-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.		
(iii) Cognitive patterns.		N	or swing beds in critical acce Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such Skin Pursuit of activity Medications Need for special treatme Discharge planning ote: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)		

CFR Numbe §483.20(b)(1)(Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
§483.20(b)(1)(iv) (iv) Communication.	TAG: C	-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
			N	 Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such Skin Pursuit of activity Medications Need for special treatme Discharge planning Discharge planning Discher in the critical access hosp 	erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)
§483.20(b)(1)(v) (v) Vision.	TAG: C	-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
(v) Vision.			N	or swing beds in critical acce lidentifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such Skin Pursuit of activity Medications Need for special treatme Discharge planning Dete: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)

CFR Number §483.20(b)(1)(vi)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§483.20(b)(1)(vi) TAG: C (vi) Mood and behavior patterns.	-1620	PC.11.02.01 The critical access hospital assesses and reassesses the patient and the patient's condit according to defined time frames.				
(vi) mood and behavior patterns.			For swing beds in critical acce Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such skin Pursuit of activity Medications Need for special treatme Discharge planning Note: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)		
§483.20(b)(1)(vii) TAG: C	-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.		
(vii) Psychosocial well-being.			For swing beds in critical acce Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such Skin Pursuit of activity Medications Need for special treatme Discharge planning Note: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)		

CFR Number §483.20(b)(1)(viii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
			PC.11.02.01 The critical access hospital assesses and reassesses the patient and the patient's conditi according to defined time frames.				
(viii) Physical functioning and structural problems.		For swing beds in critical access hospitals: The comprehensive assessment of the resident includes the following ldentifying and demographic information Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patterns Physical functioning and structural problems Continence Disease(s), diagnoses, and health conditions Dental status Nutritional status (such as usual body weight or desirable body weight range, electrolyte balance) Skin Pursuit of activity Medications Need for special treatment(s) and procedure(s) Discharge planning Note: The critical access hospital maintains the resident's acceptable nutritional status parameters unless the resident's clinical condition demonstrates that this is not possible or the resident's preferences indicate otherwise					
§483.20(b)(1)(ix) TAG: C	-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.			
(ix) Continence.			For swing beds in critical acce Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such simple status) Skin Pursuit of activity Medications Need for special treatme Discharge planning Note: The critical access hosp	ers hospitals: The comprehensive assessment of the resident includes the following: aphic information erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)			

CFR Number §483.20(b)(1)(x)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.20(b)(1)(x) TAG: C		PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
(x) Disease diagnoses and health condition	ins.		For swing beds in critical acce Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such a Skin Pursuit of activity Medications Need for special treatmed Discharge planning Note: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)
§483.20(b)(1)(xi) TAG: C	-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
(xi) Dental and nutritional status.			For swing beds in critical acce Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such simple status Pursuit of activity Medications Need for special treatments Discharge planning Note: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)

CFR Number §483.20(b)(1)(x		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.20(b)(1)(xii) (xii) Skin condition.	TAG: C	1620	PC.11.02.		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
			EP 11	Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such Skin Pursuit of activity Medications Need for special treatme Discharge planning Note: The critical access hose	gerns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)
§483.20(b)(1)(xiii)	TAG: C	1620	PC.11.02.		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
(xiii) Activity pursuit.			EP 11	For swing beds in critical acco Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such Skin Pursuit of activity Medications Need for special treatme Discharge planning Note: The critical access hos	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information general descriptions and health conditions as usual body weight or desirable body weight range, electrolyte balance)

CFR Number §483.20(b)(1)(xiv)	Medicare Requirements		nt Commission uivalent Number	Joint Commission Standards and Elements of Performance
§483.20(b)(1)(xiv) TAG: C	-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
			Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such simple of activity Medications Need for special treatmeter Discharge planning Note: The critical access hosp	erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)
§483.20(b)(1)(xv) TAG: C	-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
(xv) Special treatments and procedures.		1	For swing beds in critical acce Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patt Physical functioning and Continence Disease(s), diagnoses, Dental status Nutritional status (such simple status Skin Pursuit of activity Medications Need for special treatme Discharge planning Note: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: aphic information erns d structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)

CFR Number §483.20(b)(1)(xvi)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§483.20(b)(1)(xvi) TAG: C-	1620	PC.11.02.01 The critical access hospital assesses and reassesses the patient and the patient's condition according to defined time frames.					
(xvi) Discharge planning.		For swing beds in critical access hospitals: The comprehensive assessment of the resident includes the following: Identifying and demographic information Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patterns Physical functioning and structural problems Continence Disease(s), diagnoses, and health conditions Dental status Nutritional status (such as usual body weight or desirable body weight range, electrolyte balance) Skin Pursuit of activity Medications Need for special treatment(s) and procedure(s) Discharge planning Note: The critical access hospital maintains the resident's acceptable nutritional status parameters unless the resident's clinical condition demonstrates that this is not possible or the resident's preferences indicate otherwise.					
§483.20(b)(1)(xvii) TAG: C-		PC.11.02.0		ess hospital assesses and reassesses the patient and the patient's condition in incident in its condition in			
(xvii) Documentation of summary informati performed on the care areas triggered by t (MDS).	0 0	EP 12	For swing beds in critical acce	ess hospitals: The comprehensive assessment of the resident includes formation about the additional assessment(s) performed through the resident			
§483.20(b)(1)(xviii) TAG: C-(xviii) Documentation of participation in ass		PC.11.02.0		ss hospital assesses and reassesses the patient and the patient's condition ined time frames.			
must include direct observation and comm communication with licensed and nonlicen	unication with the resident, as well as	EP 13		ess hospitals: The comprehensive assessment includes direct observation and ent and communication with staff members on all shifts.			
§483.20(b)(2) TAG: C-(2) When required. Subject to the timefram		PC.11.02.0		ss hospital assesses and reassesses the patient and the patient's condition ined time frames.			
chapter, a facility must conduct a compreh accordance with the timeframes specified i section. The timeframes prescribed in § 41 CAHs.	ensive assessment of a resident in n paragraphs (b)(2)(i) through (iii) of this	EP 6	assessment within 14 calenda change in the resident's physi Note: For this element of perfo	ess hospitals: The critical access hospital completes the resident's comprehensive of days after admission, excluding readmissions in which there is no significant ocal or mental condition. Description of the term "readmission" means a return to the critical access hospital of the for hospitalization or for therapeutic leave.			
		EP 7	within 14 calendar days after imental condition. Note: For this element of perfethe resident's status that will redisease-related clinical intervental.	ess hospitals: The critical access hospital conducts a comprehensive assessment to determine that there has been a significant change in the resident's physical or commance, the term "significant change" means a major decline or improvement in not resolve itself without further intervention by staff or by implementing standard entions, that has an impact on more than one area of the resident's health status, and review or revision of the care plan, or both.			
		EP 8	For swing beds in critical acceptance than every 12 months.	ess hospitals: Each resident receives a comprehensive assessment no less often			

CFR Number §483.20(b)(2)(i)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.20(b)(2)(i) TAG: C-1620 (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or for therapeutic leave.)		PC.11.02.0 EP 6	according to def	iss hospital assesses and reassesses the patient and the patient's condition ined time frames. It is hospitals: The critical access hospital completes the resident's comprehensive are days after admission, excluding readmissions in which there is no significant call or mental condition.
§483.20(b)(2)(ii) TAG: C-	1620	PC.11.02.0	following a temporary absence	ormance, the term "readmission" means a return to the critical access hospital e for hospitalization or for therapeutic leave. ses hospital assesses and reassesses the patient and the patient's condition
(ii) Within 14 calendar days after the facility that there has been a significant change in condition. (For purposes of this section, a 'decline or improvement in the resident's stawithout further intervention by staff or by in clinical interventions, that has an impact or health status, and requires interdisciplinary both.)	determines, or should have determined, the resident's physical or mental 'significant change" means a major atus that will not normally resolve itself aplementing standard disease-related in more than one area of the resident's	EP 7	For swing beds in critical access within 14 calendar days after in mental condition. Note: For this element of perform the resident's status that will in disease-related clinical interverse.	rined time frames. Ses hospitals: The critical access hospital conducts a comprehensive assessment at determines that there has been a significant change in the resident's physical or commance, the term "significant change" means a major decline or improvement in not resolve itself without further intervention by staff or by implementing standard entions, that has an impact on more than one area of the resident's health status, and review or revision of the care plan, or both.
§483.20(b)(2)(iii) TAG: C- (iii) Not less often than once every 12 month		PC.11.02.0 EP 8	according to def	ess hospital assesses and reassesses the patient and the patient's condition ined time frames. ess hospitals: Each resident receives a comprehensive assessment no less often
§483.21(b) TAG: C-(b) Comprehensive care plans.	1620		than every 12 months.	
§483.21(b)(1) TAG: C-	1620	PC.11.03.0	1 The critical acce	ess hospital plans the patient's care.
(1) The facility must develop and implement plan for each resident, consistent with the land § 483.10(c)(3), that includes measural resident's medical, nursing, and mental and in the comprehensive assessment. The confollowing:	resident rights set forth at § 483.10(c)(2) ble objectives and timeframes to meet a d psychosocial needs that are identified	EP 6	representative in developing the Note 1: The treatment plan income and screening and resident recommendations Resident's goals for admediate the community was asset the community was asset this purpose Discharge plans Measurable objectives a needs Note 2: If not feasible for the resident of the resid	is shospitals: The interdisciplinary team involves the resident and the resident's the person-centered, comprehensive treatment plan. Cludes documentation of the following: Dilitation services the critical access hospital will provide as a result of preadmission review (PASARR) recommendations and any disagreement with PASARR Dission and desired outcomes and potential for future discharge, including whether the resident's desire to return to ressed and any referrals to local contact agencies and/or other appropriate entities for and time frames to meet a resident's medical, nursing, and mental and psychosocial resident and the resident's representative to participate in the development of the is included in the resident's medical record.
§483.21(b)(1)(i) TAG: C-		PC.11.03.0		ss hospital plans the patient's care.
(i) The services that are to be furnished to practicable physical, mental, and psychoso 483.24, § 483.25, or § 483.40; and	· · · · · · · · · · · · · · · · · · ·	EP 7	be provided to attain or mainta Note: The comprehensive trea	ess hospitals: The resident's comprehensive treatment plan includes the services to ain the resident's optimal physical, mental, and psychosocial well-being. atment plan includes any services that would otherwise be required under 42 CFR are not provided due to the resident's exercise of rights, including the right to refuse

CFR Numbe §483.21(b)(1)(Wedicare Redilirements		Commission Ilent Number	Joint Commission Standards and Elements of Performance		
§483.21(b)(1)(ii)	TAG: C-1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.		
483.40 but are not provided	otherwise be required under § 483.24, § 483.25, or § due to the resident's exercise of rights under § 483.10, creatment under § 483.10(c)(6).	be p Note 483.	rovided to attain or maint e: The comprehensive tre	ess hospitals: The resident's comprehensive treatment plan includes the services to ain the resident's optimal physical, mental, and psychosocial well-being. atment plan includes any services that would otherwise be required under 42 CFR t are not provided due to the resident's exercise of rights, including the right to refuse		
§483.21(b)(1)(iii)	TAG: C-1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.		
will provide as a result of PA	or specialized rehabilitative services the nursing facility SARR recommendations. If a facility disagrees with it must indicate its rationale in the resident's medical	representative in developing the person-centered, comprehensive treatment plan. Note 1: The treatment plan includes documentation of the following: • Any specialized or rehabilitation services the critical access hospital will provide as a result of screening and resident review (PASARR) recommendations and any disagreement with PAS recommendations • Resident's goals for admission and desired outcomes • Resident's preferences and potential for future discharge, including whether the resident's de the community was assessed and any referrals to local contact agencies and/or other approp this purpose • Discharge plans • Measurable objectives and time frames to meet a resident's medical, nursing, and mental and needs Note 2: If not feasible for the resident and the resident's representative to participate in the develop		the person-centered, comprehensive treatment plan. cludes documentation of the following: bilitation services the critical access hospital will provide as a result of preadmission review (PASARR) recommendations and any disagreement with PASARR mission and desired outcomes and potential for future discharge, including whether the resident's desire to return to essed and any referrals to local contact agencies and/or other appropriate entities for and time frames to meet a resident's medical, nursing, and mental and psychosocial		
§483.21(b)(1)(iv)	TAG: C-1620	PC.11.03.01				
(iv) In consultation with the r	esident and the resident's representative(s)—	repr Note	esentative in developing to a 1: The treatment plan in Any specialized or rehat screening and resident recommendations. Resident's goals for addr. Resident's preferences the community was asses this purpose Discharge plans. Measurable objectives a needs.	ess hospitals: The interdisciplinary team involves the resident and the resident's the person-centered, comprehensive treatment plan. cludes documentation of the following: bilitation services the critical access hospital will provide as a result of preadmission review (PASARR) recommendations and any disagreement with PASARR mission and desired outcomes and potential for future discharge, including whether the resident's desire to return to essed and any referrals to local contact agencies and/or other appropriate entities for and time frames to meet a resident's medical, nursing, and mental and psychosocial resident and the resident's representative to participate in the development of the in is included in the resident's medical record.		

CFR Number §483.21(b)(1)(iv)(A)	Medicare Requirements	I .	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§483.21(b)(1)(iv)(A) TAG: C-	1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.
(A) The resident's goals for admission and desired outcomes.		 For swing beds in critical access hospitals: The interdisciplinary team involves the resident and the resident's representative in developing the person-centered, comprehensive treatment plan. Note 1: The treatment plan includes documentation of the following: • Any specialized or rehabilitation services the critical access hospital will provide as a result of preadmission screening and resident review (PASARR) recommendations and any disagreement with PASARR recommendations • Resident's goals for admission and desired outcomes • Resident's preferences and potential for future discharge, including whether the resident's desire to return the community was assessed and any referrals to local contact agencies and/or other appropriate entities this purpose • Discharge plans • Measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs Note 2: If not feasible for the resident and the resident's representative to participate in the development of the treatment plan, an explanation is included in the resident's medical record. 		
§483.21(b)(1)(iv)(B) TAG: C-	1620	PC.11.03.01	1 The critical acce	ess hospital plans the patient's care.
(B) The resident's preference and potential document whether the resident's desire to and any referrals to local contact agencies purpose.	return to the community was assessed		representative in developing t Note 1: The treatment plan inc • Any specialized or rehal screening and resident recommendations • Resident's goals for adn • Resident's preferences the community was asset this purpose • Discharge plans • Measurable objectives a needs Note 2: If not feasible for the resident in the plant in	less hospitals: The interdisciplinary team involves the resident and the resident's he person-centered, comprehensive treatment plan. cludes documentation of the following: oblitation services the critical access hospital will provide as a result of preadmission review (PASARR) recommendations and any disagreement with PASARR inission and desired outcomes and potential for future discharge, including whether the resident's desire to return to essed and any referrals to local contact agencies and/or other appropriate entities for and time frames to meet a resident's medical, nursing, and mental and psychosocial resident and the resident's representative to participate in the development of the in is included in the resident's medical record.
§483.21(b)(1)(iv)(C) TAG: C-	1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.
(C) Discharge plans in the comprehensive with the requirements set forth in paragrap			representative in developing t Note 1: The treatment plan in • Any specialized or rehal screening and resident recommendations • Resident's goals for adn • Resident's preferences the community was asse this purpose • Discharge plans • Measurable objectives a needs Note 2: If not feasible for the resident in the	less hospitals: The interdisciplinary team involves the resident and the resident's he person-centered, comprehensive treatment plan. Includes documentation of the following: Includes documentation services the critical access hospital will provide as a result of preadmission review (PASARR) recommendations and any disagreement with PASARR Included outcomes Included in the included in the included in the included in the resident's medical record.

CFR Number §483.21(b)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
0 (·/(/	3: C-1620			
(2) A comprehensive care plan must be	D E —			
§483.21(b)(2)(i) TAC	G: C-1620	PC.11.03.0	The critical acce	ss hospital plans the patient's care.
(i) Developed within 7 days after comp	pletion of the comprehensive assessment.	EP 8		ess hospitals: The critical access hospital develops the resident's written is soon as possible after admission, but no later than seven calendar days after the essments are completed.
§483.21(b)(2)(ii) TAC	G: C-1620			
(ii) Prepared by an interdisciplinary tea	am, that includes but is not limited to—			
§483.21(b)(2)(ii)(A) TAC	3: C-1620	PC.11.03.0	The critical acce	ss hospital plans the patient's care.
(A) The attending physician.		EP 9	team comprised of health care minimum, the team includes the aide with responsibility for the staff as determined by the res	ess hospitals: The resident's written plan of care is developed by an interdisciplinary professionals involved in the resident's care, treatment, and services. At a ne attending physician, registered nurse with responsibility for the resident, nurse resident, a member of the food and nutrition services staff, and other appropriate ident's needs or as requested by the resident.
§483.21(b)(2)(ii)(B) TAC	G: C-1620	PC.11.03.0	The critical acce	ss hospital plans the patient's care.
(B) A registered nurse with responsibi	ility for the resident.	EP 9	team comprised of health care minimum, the team includes the aide with responsibility for the staff as determined by the res	ess hospitals: The resident's written plan of care is developed by an interdisciplinary professionals involved in the resident's care, treatment, and services. At a ne attending physician, registered nurse with responsibility for the resident, nurse resident, a member of the food and nutrition services staff, and other appropriate ident's needs or as requested by the resident.
§483.21(b)(2)(ii)(C) TAC	G: C-1620	PC.11.03.0	The critical acce	ss hospital plans the patient's care.
(C) A nurse aide with responsibility for	r the resident.	EP 9	team comprised of health care minimum, the team includes the aide with responsibility for the staff as determined by the res	ess hospitals: The resident's written plan of care is developed by an interdisciplinary professionals involved in the resident's care, treatment, and services. At a ne attending physician, registered nurse with responsibility for the resident, nurse resident, a member of the food and nutrition services staff, and other appropriate ident's needs or as requested by the resident. Eventually, a member of the food and nutrition services staff, and other appropriate ident's needs or as requested by the resident.
3 (- / - / (- / - /	G: C-1620	PC.11.03.0		ss hospital plans the patient's care.
(D) A member of food and nutrition se	ervices staff.	EP 9	team comprised of health care minimum, the team includes the aide with responsibility for the staff as determined by the res	ess hospitals: The resident's written plan of care is developed by an interdisciplinary professionals involved in the resident's care, treatment, and services. At a ne attending physician, registered nurse with responsibility for the resident, nurse resident, a member of the food and nutrition services staff, and other appropriate ident's needs or as requested by the resident. Eventually, and revised by the interdisciplinary team after each assessment.

CFR Number §483.21(b)(2)(ii)(E)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance	
§483.21(b)(2)(ii)(E) TAG: C	-1620	PC.11.03.0	1 The critical acce	ss hospital plans the patient's care.	
(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.		 For swing beds in critical access hospitals: The interdisciplinary team involves the resident and the resident's representative in developing the person-centered, comprehensive treatment plan. Note 1: The treatment plan includes documentation of the following: Any specialized or rehabilitation services the critical access hospital will provide as a result of preadmission screening and resident review (PASARR) recommendations and any disagreement with PASARR recommendations Resident's goals for admission and desired outcomes Resident's preferences and potential for future discharge, including whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities for this purpose Discharge plans Measurable objectives and time frames to meet a resident's medical, nursing, and mental and psychosocial needs Note 2: If not feasible for the resident and the resident's representative to participate in the development of the treatment plan, an explanation is included in the resident's medical record. 			
§483.21(b)(2)(ii)(F) TAG: C		PC.11.03.0 ⁴	1 The critical acce	ss hospital plans the patient's care.	
(F) Other appropriate staff or professional resident's needs or as requested by the re		EP 9	team comprised of health care minimum, the team includes the aide with responsibility for the staff as determined by the res	ess hospitals: The resident's written plan of care is developed by an interdisciplinary professionals involved in the resident's care, treatment, and services. At a ne attending physician, registered nurse with responsibility for the resident, nurse resident, a member of the food and nutrition services staff, and other appropriate ident's needs or as requested by the resident.	
§483.21(b)(2)(iii) TAG: C	-1620	PC.11.03.0°	1 The critical acce	ess hospital plans the patient's care.	
(iii) Reviewed and revised by the interdisc including both the comprehensive and qua		EP 9	team comprised of health care minimum, the team includes the aide with responsibility for the staff as determined by the res	ess hospitals: The resident's written plan of care is developed by an interdisciplinary exprofessionals involved in the resident's care, treatment, and services. At a me attending physician, registered nurse with responsibility for the resident, nurse resident, a member of the food and nutrition services staff, and other appropriate ident's needs or as requested by the resident.	
§483.21(b)(3) TAG: C	-1620				
(3) The services provided or arranged by comprehensive care plan, must—	the facility, as outlined by the				
§483.21(b)(3)(i) TAG: C	-1620	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.	
(i) Meet professional standards of quality.		EP 19	competent and trauma-informe	ess hospitals: The critical access hospital provides or arranges for culturally ed services, as outlined by the comprehensive care plan, that meet professional rovided by qualified staff in accordance with each resident's written plan of care.	
§483.21(b)(3)(ii) TAG: C	-1620	LD.13.03.01	The critical acce	ss hospital provides services that meet patient needs.	
(ii) Be provided by qualified persons in ac of care.	cordance with each resident's written plan		competent and trauma-informe	ess hospitals: The critical access hospital provides or arranges for culturally ed services, as outlined by the comprehensive care plan, that meet professional rovided by qualified staff in accordance with each resident's written plan of care.	
§483.21(b)(3)(iii) TAG: C	-1620	LD.13.03.01	1 The critical acce	ss hospital provides services that meet patient needs.	
(iii) Be culturally-competent and trauma-in	formed.		competent and trauma-information standards of quality and are p	ess hospitals: The critical access hospital provides or arranges for culturally ed services, as outlined by the comprehensive care plan, that meet professional rovided by qualified staff in accordance with each resident's written plan of care.	
Ī		i nis regulati	ion is not effective until Novem	Del 20, 2019.	

CFR Number §483.21(c)(2)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§483.21(c)(2) TAG: C-1620 (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) TAG: C	-1620	RC.12.03.01	The patient's me	dical record contains discharge information.	
(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.		EP 5	 For swing beds in critical access hospitals: When the critical access hospital anticipates the discharge of a resident, the discharge summary includes but is not limited to the following: A summary of the resident's stay that includes at a minimum the resident's diagnosis, course of illne treatment or therapy, and pertinent laboratory, radiology, and consultation results A final summary of the resident's status to include items in 42 CFR 483.20 (b)(1) at the time of the d that is available for release to authorized persons and agencies, with the consent of the resident or representative. Reconciliation of all predischarge medications with the resident's postdischarge medications (both prescribed and over-the-counter). A postdischarge plan of care, which will assist the resident to adjust to his or her new living environn that is developed with the participation of the resident and, with the resident's consent, the resident representative(s). The postdischarge plan of care indicates where the individual plans to reside, any arrangements that have been made for the resident's follow up care, and any postdischarge medical nonmedical services 		
§483.21(c)(2)(ii) TAG: C-	-1620	RC.12.03.01	The patient's me	dical record contains discharge information.	
(ii) A final summary of the resident's status § 483.20, at the time of the discharge that persons and agencies, with the consent of	is available for release to authorized	EP 5	resident, the discharge summa A summary of the reside treatment or therapy, and A final summary of the rethat is available for relear representative. Reconciliation of all pred prescribed and over-the- A postdischarge plan of that is developed with the representative(s). The post	as hospitals: When the critical access hospital anticipates the discharge of a lary includes but is not limited to the following: nt's stay that includes at a minimum the resident's diagnosis, course of illness/dipertinent laboratory, radiology, and consultation results esident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge se to authorized persons and agencies, with the consent of the resident or resident's ischarge medications with the resident's postdischarge medications (both counter). Care, which will assist the resident to adjust to his or her new living environment, the participation of the resident and, with the resident's consent, the resident postdischarge plan of care indicates where the individual plans to reside, any been made for the resident's follow up care, and any postdischarge medical and	
§483.21(c)(2)(iii) TAG: C	-1620	RC.12.03.01	The patient's me	dical record contains discharge information.	
(iii) Reconciliation of all pre-discharge medications (both prescribed and over-the	dications with the resident's post-discharge e-counter).	I	 resident, the discharge summa A summary of the reside treatment or therapy, and A final summary of the rethat is available for relear representative. Reconciliation of all pred prescribed and over-the- A postdischarge plan of that is developed with the representative(s). The postdischarge plan of that is developed with the representative(s). The postdischarge plan of that is developed with the representative(s). The postdischarge plan of the postdischarge plan of	as hospitals: When the critical access hospital anticipates the discharge of a lary includes but is not limited to the following: nt's stay that includes at a minimum the resident's diagnosis, course of illness/dipertinent laboratory, radiology, and consultation results esident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge se to authorized persons and agencies, with the consent of the resident or resident's ischarge medications with the resident's postdischarge medications (both counter). Care, which will assist the resident to adjust to his or her new living environment, a participation of the resident and, with the resident's consent, the resident ostdischarge plan of care indicates where the individual plans to reside, any been made for the resident's follow up care, and any postdischarge medical and	

CFR Number §483.21(c)(2)(iv)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance	
§483.21(c)(2)(iv) TAG: C	-1620	RC.12.03.01	The patient's me	edical record contains discharge information.	
(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.		 For swing beds in critical access hospitals: When the critical access hospital anticipates the discharge of a resident, the discharge summary includes but is not limited to the following: A summary of the resident's stay that includes at a minimum the resident's diagnosis, course of illness/ treatment or therapy, and pertinent laboratory, radiology, and consultation results A final summary of the resident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharthat is available for release to authorized persons and agencies, with the consent of the resident or resident representative. Reconciliation of all predischarge medications with the resident's postdischarge medications (both prescribed and over-the-counter). A postdischarge plan of care, which will assist the resident to adjust to his or her new living environment, that is developed with the participation of the resident and, with the resident's consent, the resident representative(s). The postdischarge plan of care indicates where the individual plans to reside, any arrangements that have been made for the resident's follow up care, and any postdischarge medical and nonmedical services 			
§483.25(g) TAG: C					
(g) Assisted nutrition and hydration. (Inclu tubes, both percutaneous endoscopic gas jejunostomy, and enteral fluids). Based or the facility must ensure that a resident—					
§483.25(g)(1) TAG: C	-1626	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition	
or desirable body weight range and electric condition demonstrates that this is not postotherwise;		Note: Tesider	ring beds in critical accedentifying and demograted dentifying and	erns I structural problems	
§483.25(g)(2) TAG: C		PC.12.01.09		ess hospital makes food and nutrition products available to its patients.	
(2) Is offered sufficient fluid intake to main	tain proper hydration and health; and		ring beds in critical acce in proper hydration and	ess hospitals: The critical access hospital offers the resident sufficient fluid intake to I health.	

CFR Number §483.40(d)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
U ()	3: C-1616	PC.14.02.0	01 The critical acce	ess hospital coordinates the patient's care, treatment, and services based on eds.	
(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.		EP 2			
§483.55 TAG	G: C-1624	ĺ			
§483.55 Dental services. The facility must assist residents in obcare.	staining routine and 24-hour emergency dental				
	G: C-1624	ĺ			
(a) Skilled nursing facilities. A facility]			
6 ()()	G: C-1624 n additional amount for routine and emergency	PC.14.02.0	01 The critical acce	ess hospital coordinates the patient's care, treatment, and services based on eds.	
dental services;	in additional amount for routine and emergency	EP 3	to apply for reimbursement of	ess hospitals: The critical access hospital assists residents who are eligible and wish dental services as an incurred medical expense under the state plan. The critical Medicare resident an additional amount for routine and emergency dental services.	
• (,,,,	G: C-1624	PC.14.02.0	01 The critical acce	ess hospital coordinates the patient's care, treatment, and services based on	
dentures is the facility's responsibility	e circumstances when the loss or damage of and may not charge a resident for the loss or cordance with facility policy to be the facility's	EP 4	identifying circumstances whe	ess hospitals: The critical access hospital develops and implements a policy en loss of or damage to a resident's dentures is the critical access hospital's charge a resident for the loss or damage of dentures.	
§483.55(a)(4) TAG	G: C-1624				
(4) Must if necessary or if requested, a	assist the resident—				
§483.55(a)(4)(i) TAG	9: C-1624	PC.14.02.0	01 The critical acce the patient's nee	ess hospital coordinates the patient's care, treatment, and services based on eds.	
(i) iii matang appointmonte, and		EP 5		ess hospitals: If necessary or requested, the critical access hospital assists residents s and arranging for transportation to and from the dental services location.	
3 *******	G: C-1624	PC.14.02.0	01 The critical acce	ess hospital coordinates the patient's care, treatment, and services based on	
(ii) By arranging for transportation to a	and from the dental services location; and	EP 5	For swing beds in critical acce	ess hospitals: If necessary or requested, the critical access hospital assists residents and arranging for transportation to and from the dental services location.	
§483.55(a)(5) TAG	9: C-1624	PC.14.02.0		ess hospital coordinates the patient's care, treatment, and services based on	
dental services. If a referral does not of documentation of what they did to ens	residents with lost or damaged dentures for occur within 3 days, the facility must provide sure the resident could still eat and drink ices and the extenuating circumstances that	EP 6	dentures for dental services w	rith swing beds: The critical access hospital refers residents with lost or damaged rithin three days. If referral does not occur within three days, the critical access done to make sure that the resident could adequately eat and drink and any	
§483.55(b) TAG	9: C-1624				
(b) Nursing facilities. The facility]			

CFR Number §483.55(b)(1)	Medicare Requirements	Joint Commission Equivalent Number			Joint Commission Standards and Elements of Performance
§483.55(b)(1) TAG:	: C-1624	ĺ			
(1) Must provide or obtain from an outs of this part, the following dental service	side resource, in accordance with § 483.70(g) as to meet the needs of each resident:				
§483.55(b)(1)(i) TAG	: C-1624	PC.14.02.0			ss hospital coordinates the patient's care, treatment, and services based on
	nt covered under the State plan); and (ii)	ED 7		he patient's nee	
Emergency dental services;		EP 7			ess hospitals: The critical access hospital provides or obtains from an outside covered under the state plan) and emergency dental services.
§483.55(b)(2) TAG	: C-1624]			
(2) Must, if necessary or if requested, a	assist the resident—				
6 11 11 (11) (1)	: C-1624	PC.14.02.0		he critical acce	ss hospital coordinates the patient's care, treatment, and services based on
(i) In making appointments; and		EP 5	For swing bed	ds in critical acce	ss hospitals: If necessary or requested, the critical access hospital assists residents and arranging for transportation to and from the dental services location.
• · · · · · · · · · · · · · · · · · · ·	: C-1624	PC.14.02.0		he critical acce	ss hospital coordinates the patient's care, treatment, and services based on
(ii) By arranging for transportation to ar	nd from the dental services locations,	EP 5	For swing bed	ds in critical acce	ess hospitals: If necessary or requested, the critical access hospital assists residents and arranging for transportation to and from the dental services location.
0 (-)(-)	: C-1624 residents with lost or damaged dentures for	PC.14.02.0		The critical access hospital coordinates the patient's care, treatment, and services based on the patient's needs.	
documentation of what they did to ensu	ccur within 3 days, the facility must provide ure the resident could still eat and drink ces and the extenuating circumstances that	EP 6	dentures for c hospital docu	dental services w ments what was	ith swing beds: The critical access hospital refers residents with lost or damaged ithin three days. If referral does not occur within three days, the critical access done to make sure that the resident could adequately eat and drink and any at led to the delay.
§483.55(b)(4) TAG	: C-1624	PC.14.02.0			ss hospital coordinates the patient's care, treatment, and services based on
dentures is the facility's responsibility a	e circumstances when the loss or damage of and may not charge a resident for the loss or cordance with facility policy to be the facility's	EP 4	For swing bed	cumstances whe	ess hospitals: The critical access hospital develops and implements a policy in loss of or damage to a resident's dentures is the critical access hospital's charge a resident for the loss or damage of dentures.
3	: C-1624	PC.14.02.0			ss hospital coordinates the patient's care, treatment, and services based on
(5) Must assist residents who are eligible reimbursement of dental services as an plan.	ole and wish to participate to apply for n incurred medical expense under the State	EP 3	For swing bed to apply for re	eimbursement of	eds. ss hospitals: The critical access hospital assists residents who are eligible and wish dental services as an incurred medical expense under the state plan. The critical Medicare resident an additional amount for routine and emergency dental services.
§483.65		i	·	, ,	· ·
§483.65 Specialized rehabilitative servi	ices.]			
§483.65(a) TAG	: C-1622			18	
to physical therapy, speech-language p therapy, and rehabilitative services for	rehabilitative services such as but not limited pathology, occupational therapy, respiratory a mental disorder and intellectual disability forth at § 483.120(c), are required in the the facility must—				

CFR Number §483.65(a)(1)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.65(a)(1) TAG: 0	C-1622	PC.14.02.0	The critical acceeds the patient's ne	ess hospital coordinates the patient's care, treatment, and services based on
(1) Provide the required services; or		EP 8	For swing beds in critical according rehabilitative services, including therapy, respiratory therapy, of a lesser intensity, the critical specialized rehabilitative services.	ess hospitals: If a resident's comprehensive plan of care requires specialized ng but not limited to physical therapy, speech-language pathology, occupational and rehabilitative services for a mental disorder and intellectual disability or services al access hospital provides or obtains the required services from a provider of ices and is not excluded from participating in any federal or state health care 1128 and 1156 of the Social Security Act.
§483.65(a)(2) TAG: 0	C-1622	PC.14.02.0		ess hospital coordinates the patient's care, treatment, and services based on
(2) In accordance with § 483.70(g), obtain	n the required services from an outside		the patient's ne	
	rehabilitative services and is not excluded health care programs pursuant to section	EP 8	rehabilitative services, includi therapy, respiratory therapy, of a lesser intensity, the critical specialized rehabilitative serv	ess hospitals: If a resident's comprehensive plan of care requires specialized ing but not limited to physical therapy, speech-language pathology, occupational and rehabilitative services for a mental disorder and intellectual disability or services al access hospital provides or obtains the required services from a provider of ices and is not excluded from participating in any federal or state health care 1128 and 1156 of the Social Security Act.
§483.65(b) TAG: (PC.12.01.0		ess hospital provides care, treatment, and services as ordered or prescribed ace with law and regulation.
(b) Qualifications. Specialized rehabilitative services must be provided under the written order of a physician by qualified personnel.		EP 1	Prior to providing care, treatm written) from a physician or or and regulation; critical access Note 1: This includes but is not medicine services, and dietet Note 2: Patient diets, includin responsible for the patient's of by the medical staff and actin	nent, and services, the critical access hospital obtains or renews orders (verbal or ther licensed practitioner in accordance with professional standards of practice; law is hospital policies; and medical staff bylaws, rules, and regulations. of limited to respiratory services, radiology services, rehabilitation services, nuclear
§485.645 TAG: 0				
and to be paid for SNF-level services, in section.	ents in order to be granted an approval e, as specified in §409.30 of this chapter,			
§485.645(a) TAG: 0	C-1602	This CoP is	determined by CMS at the time	e the CAH seeks approval to provide post-hospital skilled nursing care.
§485.645(a) Eligibility A CAH must meet the following eligibility	requirements:			
§485.645(a)(1) TAG: 0		This CoP is	determined by CMS at the time	e the CAH seeks approval to provide post-hospital skilled nursing care.
(1) The facility has been certified as a C/s subpart; and	AH by CMS under §485.606(b) of this			

CFR Number §485.645(a)(2)		Medicare Requirements	_	pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
0 (/(-/	TAG: C-		LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.
facility that is licensed as a distinc	ct-part SN	patient beds. Any bed of a unit of the F at the time the facility applies to the ed under paragraph (a) of this section.	EP 3	access hospital maintains no services. Note: Any bed in a unit of the	Il access hospitals having distinct part units under 42 CFR 485.647, the critical more than 25 inpatient beds that can be used for either inpatient or swing bed facility that is licensed as a distinct part skilled nursing facility at the time the facility atton as a critical access hospital is not counted in this 25-bed count.
§485.645(b)	TAG: C-	604	This CoP is	determined by CMS at the time	e the CAH seeks approval to provide post-hospital skilled nursing care.
§485.645(b) Facilities Participating September 30, 1997	g as Rura	l Primary Care Hospitals (RPCHs) on			
These facilities must meet the follo	lowing red	uirements:			
§485.645(b)(1)	TAG: C-	604	This CoP is	determined by CMS at the time	e the CAH seeks approval to provide post-hospital skilled nursing care.
Medicare as a RPCH on Septemb approval from CMS to use its inpa	per 30, 19 atient faci the same	ection, a hospital that participated in 97, and on that date had in effect an ities to provide post-hospital SNF care terms, conditions, and limitations that were granted.			
§485.645(b)(2)	TAG: C-	604	This CoP is	determined by CMS at the time	e the CAH seeks approval to provide post-hospital skilled nursing care.
section may request that its application reevaluated under paragraph (a) capproval is effective not earlier that	cation to be of this section of this section of the contraction of the	roval under paragraph (b)(1) of this e a CAH and swing-bed provider be tion. If this request is approved, the er 1, 1997. As of the date of approval, the raph (b)(1) of this section and may not 1) of this section.			
§485.645(c)	TAG: C-	606	This CoP is	determined by CMS at the time	e the CAH seeks approval to provide post-hospital skilled nursing care.
§485.645(c) Payment					
the provisions in paragraph (a) of	this secti hospital S	CAH that has qualified as a CAH under on is made in accordance with §413.70 NF-level of care services is made in §413.114 of this chapter.			
§485.645(d)	TAG: C-	608			
§485.645(d) SNF Services					
The CAH is substantially in compl contained in subpart B of part 483					
0 (// /	TAG: C-		IM.12.01.01	The critical acce	ess hospital protects the privacy and confidentiality of health information.
(1) Resident rights (§483.10(b)(7), and (iii), (g)(8) and (17), (g)(18) in		(c)(2)(iii), (c)(6), (d), (e)(2) and (4), (f)(4)(ii) text, and (h) of this chapter).	EP 1	confidentiality of health inform	evelops and implements policies and procedures addressing the privacy and lation. al access hospitals: Policies and procedures also address the resident's personal

CFR Number §485.645(d)(1)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	consent or as otherwise require Note: For swing beds in critical	scloses health information only as authorized by the patient with the patient's written red by law and regulation. If access hospitals: The critical access hospital allows representatives of the Office Ombudsman to examine a resident's medical, social, and administrative records in
		LD.13.02.0	1 Ethical principle	s guide the critical access hospital's business practices.
		EP 2	of admission or when the residual litems and services incluing thems and services that the amount of charges for	iss hospitals: Each Medicaid-eligible resident is informed in writing, either at the time dent becomes eligible for Medicaid, of the following: ded in the state plan for which the resident may not be charged the critical access hospital offers, those for which the resident may be charged, and or those services wital informs the resident when changes are made to the items and services.
		EP 3	admission, and periodically du	iss hospitals: The critical access hospital informs residents before or at the time of tring the resident's stay, of services available in the critical access hospital and of a covered under Medicare, Medicaid, or by the critical access hospital's per diem
		PC.11.03.0	The critical acce	ss hospital plans the patient's care.
		EP 2	•	volves the patient in the development and implementation of their plan of care. Il access hospitals: The resident has the right to be informed, in advance, of changes
		RI.11.01.01	1 The critical acce	ss hospital respects, protects, and promotes patient rights.
		EP 5	Note 1: This element of perfor of a patient's health informatic Note 2: For swing beds in criti written and telephone commu	spects the patient's right to personal privacy. mance (EP) addresses a patient's personal privacy. For EPs addressing the privacy n, refer to Standard IM.12.01.01. cal access hospitals: Personal privacy includes accommodations, medical treatment, nications, personal care, visits, and meetings of family and resident groups, but this provide a private room for each resident.
		EP 8	relatives immediate access to access hospital provides othe	iss hospitals: The critical access hospital provides immediate family and other the resident, except when the resident denies or withdraws consent. The critical rs who are visiting immediate access to the resident, except when reasonable oply or when the resident denies or withdraws consent.
		RI.11.02.01	The critical acce patient understa	ss hospital respects the patient's right to receive information in a manner the nds.
		EP 1	manner tailored to the patient' Note: The critical access hosp	ovides information, including but not limited to the patient's total health status, in a sage, language, and ability to understand. ital communicates with the patient during the provision of care, treatment, and ets the patient's oral and written communication needs.
		RI.12.01.01	their care, treatn	ss hospital respects the patient's right to participate in decisions about nent, and services. Note: This right is not to be construed as a mechanism rovision of treatment or services deemed medically unnecessary or
		EP 1	decisions regarding their care care planning and treatment, a	ative (as allowed, in accordance with state law) has the right to make informed. The patient's rights include being informed of their health status, being involved in and being able to request or refuse treatment. This does not mean the patient has ion of treatment or services deemed medically unnecessary or inappropriate.

CFR Number §485.645(d)(1)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	of proper jurisdiction, the right representative appointed by the exercises the resident's rights Note 1: If a resident represent resident retains the right to ma Note 2: The resident's wishes rights.	ess hospitals: If a resident is adjudged incompetent under state law by a court is of the resident automatically transfer to and are exercised by a resident income court under state law to act on the resident's behalf. The resident representative to the extent allowed by the court in accordance with state law. It is active's decision-making authority is limited by state law or court appointment, the lake those decisions outside the representative's authority. It is and preferences are considered by the representative when exercising the patient's label, the resident is provided with opportunities to participate in the care planning
		EP 4		ess hospitals: The resident has the right to request, refuse, and/or discontinue refuse to participate in experimental research; and to formulate an advance directive.
		EP 6	licensed attending physician. Note: If the physician chosen physicians at 42 CFR 483, the provision of appropriate and a determines that the physician	by the resident refuses to or does not meet the requirements for attending a critical access hospital may seek alternative physician participation to assure dequate care and treatment. The critical access hospital informs the resident if it chosen by the resident is unlicensed or unable to serve as the attending physician so discusses alternative physician participation with the resident and honors the among the options.
		RI.13.01.0	The patient has	the right to an environment that preserves respect and dignity.
		EP 1	S .	ess hospitals: The critical access hospital allows the resident to keep and use sions, unless this infringes on others' rights or is medically or therapeutically setting or service.
		EP 2		ess hospitals: The critical access hospital allows the resident to share a room with sidents are living in the same critical access hospital and when both individuals
		EP 3	promptly receive unopened m access hospital for the resider	ess hospitals: The critical access hospital supports the resident's right to send and ail and to receive letters, packages, and other materials delivered to the critical at through a means other than a postal service. The critical access hospital respects of such communications and allows access to stationery, postage, and writing expense.
§485.645(d)(2) TAG: C	-1610	PC.14.01.0	O1 The critical acce	ess hospital follows its process for discharging or transferring patients.
(2) Admission, transfer, and discharge rigl (c)(4), (c)(5), (c)(7), (c)(8), and (c)(9) of thi		EP 4	psychologists, and staff who a the patient's discharge or tran partners when planning for po Note 1: For rehabilitation and is the same as that used by th Note 2: For psychiatric distinc are not limited to participating exchange of information with a Note 3: For swing beds in critic a family member or legal repro The notice is in writing, in a la 483.15(c)(5). The critical acces sure that transfer or discharge	giver(s) or support person(s), physicians, other licensed practitioners, clinical are involved in the patient's care, treatment, and services participate in planning sfer. The patient and their caregiver(s) or support person(s) are included as active istdischarge care. psychiatric distinct part units in critical access hospitals: The definition of "physician" are Centers for Medicare & Medicaid Services (refer to the Glossary). It part units in critical access hospitals: Social service staff responsibilities include but in discharge planning, arranging for follow-up care, and developing mechanisms for sources outside the critical access hospital. cal access hospitals: The critical access hospital notifies the resident and, if known, esentative of the resident of the transfer or discharge and reasons for the move. Inguage and manner they understand, and includes the items described in 42 CFR are hospital also provides sufficient preparation and orientation to residents to make a from the critical access hospital is safe and orderly. The critical access hospital are representative of the office of the state's long-term care ombudsman.

CFR Number §485.645(d)(2)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 12	discharge at least 30 days be Note: Notice may be made as in the facility would be endang health improves sufficiently to	ess hospitals: The critical access hospital provides the written notice of transfer or fore the resident is transferred or discharged. It is soon as is practical before transfer or discharge when the safety of the individuals gered, the health of the individuals in the facility would be endangered, the resident's allow a more immediate transfer or discharge, immediate transfer or discharge is ent medical needs, or a resident has not resided in the facility for 30 days.
		EP 13	483.15(c)(3) includes the follo Reason for transfer or d Effective date of transfe Location to which the re Statement of the resider number of the entity whi find assistance in compl Name, address (mailing ombudsman For a resident with intell number of the agency re Part C of the Developme For a resident with a me number of the agency re	ischarge
		PC.14.01		in critical access hospitals: Residents are not transferred or discharged from ss hospital unless they meet specific criteria, in accordance with law and
		EP 1	under at least one of the follow The resident's health has services. The transfer or discharge the resident's needs. The safety of the individuals behavioral status. The health of individuals The resident has failed, or Medicaid) a stay at the necessary paperwork for the claim and the reside after admission to a critical access hosp Note: The critical access hosp 42 CFR 431.230, unless the fother individuals in the critical transfer or discharge would president.	is improved to the point where they no longer need the critical access hospital's are is necessary for the resident's welfare, and the critical access hospital cannot meet duals in the critical access hospital is endangered due to the resident's clinical or after reasonable and appropriate notice, to pay for (or to have paid under Medicare after reasonable and appropriate notice, to pay for (or to have paid under Medicare are critical access hospital. Nonpayment applies if the resident does not submit the part payment or after the third party, including Medicare or Medicaid, denies after refuses to pay for their stay. For a resident who becomes eligible for Medicaid cal access hospital, the critical access hospital may charge a resident only the Medicaid. Dital ceases operation. Dital cannot transfer or discharge a resident while an appeal is pending pursuant to ailure to discharge or transfer would endanger the health or safety of the resident or access hospital. The critical access hospital documents the danger that failure to ose.
		EP 2	the critical access hospital pro the office of the state's long-te	with swing beds: In the case of critical access hospital closure, the administrator of povides written notification prior to the impending closure to the state survey agency, erm care ombudsman, residents of the critical access hospital, and the residents' e plan for the transfer and adequate relocation of the residents.

CFR Number §485.645(d)(2)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
		PC.14.02.03	about the care,	is discharged or transferred, the critical access hospital gives information treatment, and services provided to the patient to other service providers who patient with care, treatment, or services.
		referr servic medic • • • • • • • • • • • • • • • • • • •	ing the patient to post—a se providers and practition cal information includes, Current course of illness Postdischarge goals of off Treatment preferences as For swing beds in critical ing: Contact information of the Resident representative Advance directive informations off Comprehensive care play All other necessary information CFR 483.21(c)(2), and a care	care at the time of discharge al access hospitals: The information sent to the receiving provider also includes the ne physician or other licensed practitioner responsible for the care of the resident information, including contact information nation or precautions for ongoing care, when appropriate an goals rmation, including a copy of the residents discharge summary, consistent with 42 any other documentation, as applicable, to support a safe and effective transition of
		RC.11.01.01	The critical acce individual patier	ess hospital maintains complete and accurate medical records for each nt.
		• • • Note:	Information needed to s Information about the pa and providers For critical access hosp	he following: ustify the patient's admission and continued care, treatment, and services upport the patient's diagnosis and condition atient's care, treatment, and services that promotes continuity of care among staff uitals that elect Joint Commission's Primary Care Medical Home option: This avided by both internal and external providers.
		RC.12.03.01	The patient's me	edical record contains discharge information.
		provic record be en impro	led to the resident and/o d when the resident is be dangered. The resident' ving and no longer need	ess hospitals: Documentation in the medical record includes discharge information or to the receiving organization. A physician document in the resident's medical eing transferred or discharged because the safety of other residents would otherwise s physician documents in the medical record when the transfer is due to the resident ling long term care services or when the transfer is due to the resident's welfare and et in the critical access hospital's swing bed.

CFR Number §485.645(d)(2)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EP 2	 Reason for transfer, disc Treatment provided, die Referrals provided to the name of the physician o medical care and treatm practitioner Medical findings and dia reached toward goals Information about the repotential for rehabilitatio 	t, medication orders, and orders for the resident's immediate care a resident, the referring physician's or other licensed practitioner's name, and the rother licensed practitioner who has agreed to be responsible for the resident's tent, if this person is someone other than the referring physician or other licensed agnoses; a summary of the care, treatment, and services provided; and progress sident's behavior, ambulation, nutrition, physical status, psychosocial status, and n is useful in the resident's care
		access hospital cannot meet their needs, the critical access hospital documents		ess hospitals: When the resident is transferred or discharged because the critical their needs, the critical access hospital documents which needs could not be met, attempts to meet the resident's needs, and the services available at the receiving resident's needs.
		EP 4	· ·	ess hospitals: The critical access hospital records the reasons for the transfer or edical record in accordance with 42 CFR 483.15(c)(2).
		RI.11.02.01	The critical accepatient understa	ess hospital respects the patient's right to receive information in a manner the ands.
		EP 1	manner tailored to the patient' Note: The critical access hosp	ovides information, including but not limited to the patient's total health status, in a 's age, language, and ability to understand. bital communicates with the patient during the provision of care, treatment, and ets the patient's oral and written communication needs.
	ĺ	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.
		EP 4	distinct part consisting of two defined in 42 CFR 413.65(a)(2	ess hospitals: Room changes in an organization that is a composite distinct part (a or more noncontiguous components that are not located within the same campus, as 2)) are limited to moves within the particular building in which the resident resides, agrees to move to another of the composite distinct part's locations.
§485.645(d)(3) TAG: C-1	612	HR.11.02.0	1 The critical acce	ess hospital defines and verifies staff qualifications.
(3) Freedom from abuse, neglect and explo (3)(ii), (a)(4), (b)(1), (b)(2), (c)(1), (c)(2), (c)(1)		EP 4	been found guilty by a court o residents or who have had a f	ess hospitals: The critical access hospital does not employ individuals who have f law of abusing, neglecting, exploiting, misappropriating property, or mistreating inding entered into the state nurse aide registry concerning abuse, neglect, esidents, or misappropriation of residents' property.
		PC.13.02.0	or when warrant	ess hospital uses restraint or seclusion only when it can be clinically justified ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.
		EP 1	convenience, or staff retaliation patient, staff, or others when I	bes not use restraint or seclusion of any form as a means of coercion, discipline, on. Restraint or seclusion is only used to protect the immediate physical safety of the ess restrictive interventions have been ineffective and is discontinued at the earliest he length of time specified in the order.
		EP 2	The critical access hospital us the patient, a staff member, or	ses the least restrictive form of restraint or seclusion that will be effective to protect or others from harm.

CFR Number §485.645(d)(3)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
		EP 1	involuntary seclusion, and ver care, treatment, and services.	otects the patient from harassment, neglect, exploitation, corporal punishment, bal, mental, sexual, or physical abuse that could occur while the patient is receiving ess hospitals: The critical access hospital also protects the resident from
		EP 2	licensing authorities any know	ess hospitals: The critical access hospital reports to the state nurse aide registry or viedge it has of any actions taken by a court of law against an employee that would as a nurse aide or other facility staff.
		EP 3	and procedures that prohibit a	with swing beds: The critical access hospital develops and implements written policies and prevent mistreatment, neglect, and abuse of residents and misappropriation of an appropriation of all access investigation of all
		EP 4	abuse to appropriate authoritic Note: For swing beds in critical mistreatment, including injurie administrator of the facility and where state law provides for juprocedures. The alleged viola No later than 2 hours after	ports allegations, observations, and suspected cases of neglect, exploitation, and es based on its evaluation of the suspected events or as required by law. al access hospitals: Alleged violations involving abuse, neglect, exploitation, or is of unknown source and misappropriation of resident property, are reported to the dit to other officials (including the state survey agency and adult protective services surisdiction in long-term care facilities) in accordance with state law and established tions are reported in the following time frames: ter the allegation is made if the allegation involves abuse or serious bodily injury officer the allegation is made if the allegation does not involve abuse or serious bodily
		EP 5	of abuse, neglect, exploitation neglect, exploitation, or mistre reported to the administrator of	with swing beds: The critical access hospital has evidence that all alleged violations and or mistreatment are thoroughly investigated and that it prevents further abuse, eatment while the investigation is in progress. The results of all investigations are not their designated representative and to other officials in accordance with state agency, within five working days of the incident. If the alleged violation is verified, is taken.
§485.645(d)(4) TAG: C (4) Social services (§483.40(d) of this cha		PC.14.02.0	The critical acce	ess hospital coordinates the patient's care, treatment, and services based on eds.
		EP 2		ess hospitals: The critical access hospital provides medically related social services al physical, mental, and psychosocial well-being of each resident.
§485.645(d)(5) TAG: C	c-1620 hensive care plan, and discharge planning	PC.11.02.0		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
(§483.20(b), and §483.21(b) and (c)(2) of this chapter), except that the CAH is n required to use the resident assessment instrument (RAI) specified by the State that is required under §483.20(b), or to comply with the requirements for frequen scope, and number of assessments prescribed in §413.343(b) of this chapter).		EP 6	assessment within 14 calendar change in the resident's physion Note: For this element of performance of the control of the con	ess hospitals: The critical access hospital completes the resident's comprehensive at days after admission, excluding readmissions in which there is no significant ical or mental condition. Tormance, the term "readmission" means a return to the critical access hospital e for hospitalization or for therapeutic leave.
	EP :	EP 7	within 14 calendar days after imental condition. Note: For this element of perfether resident's status that will redisease-related clinical interverse.	ess hospitals: The critical access hospital conducts a comprehensive assessment it determines that there has been a significant change in the resident's physical or commance, the term "significant change" means a major decline or improvement in not resolve itself without further intervention by staff or by implementing standard entions, that has an impact on more than one area of the resident's health status, and review or revision of the care plan, or both.

CFR Number §485.645(d)(5)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	,	EP 8	For swing beds in critical acceptance than every 12 months.	ess hospitals: Each resident receives a comprehensive assessment no less often
		EP 11	Identifying and demogra Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior patte Physical functioning and Continence Disease(s), diagnoses, a Dental status Nutritional status (such a Skin Pursuit of activity Medications Need for special treatme Discharge planning Note: The critical access hosp	erns I structural problems and health conditions as usual body weight or desirable body weight range, electrolyte balance)
		EP 12		ess hospitals: The comprehensive assessment of the resident includes formation about the additional assessment(s) performed through the resident
		EP 13		ess hospitals: The comprehensive assessment includes direct observation and ent and communication with staff members on all shifts.
		PC.11.03	.01 The critical acce	ss hospital plans the patient's care.
		EP 1	following: Needs identified by the patient's goals and Note 1: Nursing staff develops interdisciplinary plan of care, 1 Note 2: The hospital evaluates Note 3: For rehabilitation distinguishing the statement of the Note 3:	evelops, implements, and revises a written individualized plan of care based on the patient's assessment, reassessment, and results of diagnostic testing the time frames, settings, and services required to meet those goals and keeps current a nursing plan of care, which may be a part of an for each inpatient. In the patient's progress and revises the plan of care based on the patient's progress. In the patient is reviewed and revised as needed with other professional staff who provide services to the patient.

CFR Number §485.645(d)(5)	Medicare Requirements	1	Joint Commission equivalent Number	Joint Commission Standards and Elements of Performance			
		EP 6	representative in developing t Note 1: The treatment plan in • Any specialized or rehal screening and resident i recommendations • Resident's goals for adn • Resident's preferences the community was asse this purpose • Discharge plans • Measurable objectives a needs Note 2: If not feasible for the resident in the resident is the resident in t	sess hospitals: The interdisciplinary team involves the resident and the resident's he person-centered, comprehensive treatment plan. cludes documentation of the following: political access hospital will provide as a result of preadmission review (PASARR) recommendations and any disagreement with PASARR resident and desired outcomes and potential for future discharge, including whether the resident's desire to return to reside and any referrals to local contact agencies and/or other appropriate entities for and time frames to meet a resident's medical, nursing, and mental and psychosocial resident and the resident's representative to participate in the development of the in is included in the resident's medical record.			
		EP 8 For swing beds in critical access hospitals: The critical access hospital develops the resident's written comprehensive plan of care as soon as possible after admission, but no later than seven calendar days resident's comprehensive assessments are completed.					
		EP 9	team comprised of health care minimum, the team includes the aide with responsibility for the staff as determined by the res	ess hospitals: The resident's written plan of care is developed by an interdisciplinary e professionals involved in the resident's care, treatment, and services. At a he attending physician, registered nurse with responsibility for the resident, nurse resident, a member of the food and nutrition services staff, and other appropriate ident's needs or as requested by the resident.			
		RC.12.03.	C.12.03.01 The patient's medical record contains discharge information.				
		EP 5	resident, the discharge summ A summary of the reside treatment or therapy, an A final summary of the rethat is available for release representative. Reconciliation of all precoprescribed and over-the A postdischarge plan of that is developed with the representative(s). The p	ess hospitals: When the critical access hospital anticipates the discharge of a ary includes but is not limited to the following: ent's stay that includes at a minimum the resident's diagnosis, course of illness/ d pertinent laboratory, radiology, and consultation results esident's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge ase to authorized persons and agencies, with the consent of the resident or resident's discharge medications with the resident's postdischarge medications (both-counter). care, which will assist the resident to adjust to his or her new living environment, he participation of the resident and, with the resident's consent, the resident ostdischarge plan of care indicates where the individual plans to reside, any been made for the resident's follow up care, and any postdischarge medical and			
§485.645(d)(6) TAG: C-	1622	PC.11.03.	01 The critical acce	ess hospital plans the patient's care.			
(6) Specialized rehabilitative services (§48	3.65 of this chapter).	EP 1	following: Needs identified by the The patient's goals and Note 1: Nursing staff develops interdisciplinary plan of care, Note 2: The hospital evaluate Note 3: For rehabilitation disti	evelops, implements, and revises a written individualized plan of care based on the patient's assessment, reassessment, and results of diagnostic testing the time frames, settings, and services required to meet those goals and keeps current a nursing plan of care, which may be a part of an for each inpatient. In the patient's progress and revises the plan of care based on the patient's progress. In the patient is critical access hospitals: The plan is reviewed and revised as needed with other professional staff who provide services to the patient.			

CFR Number §485.645(d)(6)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		PC.12.01.		ess hospital provides care, treatment, and services as ordered or prescribed ce with law and regulation.
		EP 1	written) from a physician or ot and regulation; critical access Note 1: This includes but is no medicine services, and dieteti Note 2: Patient diets, including responsible for the patient's ca by the medical staff and acting	ent, and services, the critical access hospital obtains or renews orders (verbal or her licensed practitioner in accordance with professional standards of practice; law hospital policies; and medical staff bylaws, rules, and regulations. It limited to respiratory services, radiology services, rehabilitation services, nuclear c services, if provided. If the physician or other licensed practitioner are or by a qualified dietitian or qualified nutrition professional who is authorized in accordance with state law governing dietitians and nutrition professionals. The foi) is met for inpatients receiving care at a skilled nursing facility subsequent to
		PC.14.02.	The critical acce	ess hospital coordinates the patient's care, treatment, and services based on eds.
	EP 8	rehabilitative services, includir therapy, respiratory therapy, a of a lesser intensity, the critical specialized rehabilitative servi-	ess hospitals: If a resident's comprehensive plan of care requires specialized in but not limited to physical therapy, speech-language pathology, occupational and rehabilitative services for a mental disorder and intellectual disability or services at access hospital provides or obtains the required services from a provider of ices and is not excluded from participating in any federal or state health care 1128 and 1156 of the Social Security Act.	
6 11 1 1(11)(1)	TAG: C-1624 Dental services (§483.55(a)(2), (3), (4), and (5) and (b) of this chapter).		01 The critical acce	ess hospital coordinates the patient's care, treatment, and services based on eds.
(7) Derital Services (\$465.55(a)(2), (5), ((4), and (5) and (b) of this chapter).	EP 3	For swing beds in critical acce to apply for reimbursement of	ess hospitals: The critical access hospital assists residents who are eligible and wish dental services as an incurred medical expense under the state plan. The critical Medicare resident an additional amount for routine and emergency dental services.
		EP 4	identifying circumstances whe	ess hospitals: The critical access hospital develops and implements a policy en loss of or damage to a resident's dentures is the critical access hospital's charge a resident for the loss or damage of dentures.
		EP 5		ess hospitals: If necessary or requested, the critical access hospital assists residents s and arranging for transportation to and from the dental services location.
		EP 6	dentures for dental services w	ith swing beds: The critical access hospital refers residents with lost or damaged rithin three days. If referral does not occur within three days, the critical access done to make sure that the resident could adequately eat and drink and any at led to the delay.
		EP 7		ess hospitals: The critical access hospital provides or obtains from an outside t covered under the state plan) and emergency dental services.

CFR Number §485.645(d)(8)	Medicare Requirements	Joint Cor Equivaler		Joint Commission Standards and Elements of Performance	
§485.645(d)(8) TAG: C-1626 (8) Nutrition (§483.25(g)(1) and (g)(2) of this chapter).		PC.11.02.01 The critical access hospital assesses and reassesses the patient and the patient's condition according to defined time frames. EP 11 For swing beds in critical access hospitals: The comprehensive assessment of the resident includes the following:			
§485.647 Section of Participation: Psych Units.	niatric and Rehabilitation Distinct Part				
§485.647(a)			''		
(a) Conditions.					
§485.647(a)(1) TAG: C- (1) If a CAH provides inpatient psychiatric furnished by the distinct part unit must com specified in Subparts A, B, C, and D of Pai requirements of § 412.25(a)(2) through (f) units excluded from the prospective payme requirements of § 412.27 of Part 412 of thi	services in a distinct part unit, the services in a distinct part unit, the services inply with the hospital requirements it 482 of this subchapter, the common of Part 412 of this chapter for hospital ent systems, and the additional	See the beginning of this crosswalk for specific standards and EPs crosswalked to the §412 requirements. See the cross titled "Medicare Hospital Requirements to 2023 CAH DPU Standards and EPs" for specific standards and EPs crosswalthe §482 requirements. These standards and EPs will be used for scoring §485.647.		2023 CAH DPU Standards and EPs" for specific standards and EPs crosswalked to	
§485.647(a)(2) TAG: C-	5.647(a)(2) TAG: C-0700		See the beginning of this crosswalk for specific standards and EPs crosswalked to the §412 requirements. See the crosswalk		
(2) If a CAH provides inpatient rehabilitation the services furnished by the distinct part us requirements specified in Subparts A, B, C the common requirements of § 412.25(a)(2 for hospital units excluded from the prosper additional requirements of §§ 412.29 and § specifically to rehabilitation units.	unit must comply with the hospital c, and D of Part 482 of this subchapter, 2) through (f) of Part 412 of this chapter active payments systems, and the	titled "Medicare Hospital Requirements to 2023 CAH DPU Standards and EPs" for specific standards and EPs cross the §482 requirements. These standards and EPs will be used for scoring §485.647.			

CFR Number §485.647(b)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§485.647(b)				•		
(b) Eligibility requirements.]			
§485.647(b)(1)	TAG: C-0501,	C-0701	LD.13.01.01 The critical access hospital complies with law and regulation.			
(1) To be eligible to receive Medicare payments for psychiatric or rehabilitation services as a distinct part unit, the facility provides no more than 10 beds in the distinct part unit.		For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital provides no more than 10 beds in a distinct part unit. The beds are physically separate from the critical access hospital's other beds. Note 1: Beds in the rehabilitation and psychiatric distinct part units are excluded from the 25 inpatient-bed count limits specified in 42 CFR 485.620(a). Note 2: The average annual 96-hour length of stay requirement specified under 42 CFR 485.620(b) does not apply to the 10 beds in the distinct part units specified in 42 CFR 485.647(b)(1). Admissions and days of inpatient care in the distinct part units are not taken into account in determining the critical access hospital's compliance with the limits on the number of beds and length of stay in 42 CFR 485.620.				
§485.647(b)(2)	TAG: C-0501,	C-0701	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.	
(2) The beds in the distinct par specified in § 485.620(a).	t are excluded fror	n the 25 inpatient-bed count limit	EP 4	no more than 10 beds in a dis other beds. Note 1: Beds in the rehabilitati limits specified in 42 CFR 485 Note 2: The average annual 9 to the 10 beds in the distinct p in the distinct part units are no	tric distinct part units in critical access hospitals: The critical access hospital provides stinct part unit. The beds are physically separate from the critical access hospital's ion and psychiatric distinct part units are excluded from the 25 inpatient-bed count 5.620(a). 96-hour length of stay requirement specified under 42 CFR 485.620(b) does not apply part units specified in 42 CFR 485.647(b)(1). Admissions and days of inpatient care of taken into account in determining the critical access hospital's compliance with the and length of stay in 42 CFR 485.620.	
§485.647(b)(3)	TAG: C-0501,	C-0701	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.	
	the 10 beds in the n, and admissions a n into account in de	e distinct part units specified in and days of inpatient care in the etermining the CAH's compliance	EP 4	no more than 10 beds in a dis other beds. Note 1: Beds in the rehabilitati limits specified in 42 CFR 485 Note 2: The average annual 9 to the 10 beds in the distinct p in the distinct part units are no	tric distinct part units in critical access hospitals: The critical access hospital provides stinct part unit. The beds are physically separate from the critical access hospital's ion and psychiatric distinct part units are excluded from the 25 inpatient-bed count 5.620(a). 16-hour length of stay requirement specified under 42 CFR 485.620(b) does not apply part units specified in 42 CFR 485.647(b)(1). Admissions and days of inpatient care of taken into account in determining the critical access hospital's compliance with the and length of stay in 42 CFR 485.620.	

CFR Number §485.649	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance		
§485.649		LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.		
§485.649 Condition of participation: Obstetrical services. If the critical access hospital offers obstetrical services, the services must be well organized and provided in accordance with nationally recognized acceptable standards of practice for the health care (including physical and behavioral health) of pregnant, birthing, postpartum patients. If outpatient obstetrical services are offered, the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.		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:				
§485.649(a)		LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.		
(a) Standard: Organization and staffing. Effective January 1, 2026, the organization appropriate to the scope of the services off integrated with other departments of the cri	ered. As applicable, the services must be	or cc bu No of pa in de	other agreements that mee emplexity of services offered at are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapeu Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic Obstetrical ote: If obstetrical services ar practice for the health care attents. If outpatient obstetrical	re provided, they are in accordance with nationally recognized acceptable standards (including physical and behavioral health) of pregnant, birthing, and postpartum cal services are offered, the services are consistent in quality with inpatient care exity of services offered. As applicable, the services must be integrated with other		
§485.649(a)(1)		LD.13.01.07	The critical acce	ess hospital effectively manages its programs, services, sites, or departments.		
(1) Labor and delivery rooms/suites (including rooms for operative delivery), and post-part or separate) must be supervised by an experid midwife, nurse practitioner, physician assis of Osteopathy (MD/DO).	tum/recovery rooms whether combined erienced registered nurse, certified nurse	ro or	oms; delivery rooms, includi separate) are supervised by	rided, the critical access hospital labor and delivery rooms/suites (including labor ing rooms for operative delivery; and post-partum/recovery rooms whether combined y an experienced registered nurse, certified nurse midwife, nurse practitioner, or of medicine or a doctor of osteopathy (MD/DO).		

CFR Number §485.649(a)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§485.649(a)(2) (2) Obstetrical privileges must be delineated for all practitioners providing obstetrical care in accordance with the competencies of each practitioner, and consistent with credentialing agreements established under § 485.616(b).		MS.17.02.	MS.17.02.01 The decision to grant or deny a privilege(s) and/or to renew an existin objective, evidence-based process.		
		EP 10 If obstetrical services are provided, obstetrical privileges are delineated for all practitioners providing obstetrical care in accordance with the competencies of each practitioner, and consistent with credentialing agreements established under 42 CFR 485.616(b). For 485.616(b), refer to https://www.ecfr.gov/current/title-42/part-485/section-485.616#p-485.616(b).			
§485.649(b)		LD.13.03.0	D.13.03.01 The critical access hospital provides services that meet patient needs.		
(b) Standard: Delivery of service. Effective January 1, 2026, obstetrical services must be consistent with needs and resources of the critical access hospital. Policies governing obstetrical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety.		EP 23 If obstetrical services are provided, obstetrical services are consistent with the needs and resources of the critical access hospital. Policies governing obstetrical care are designed to assure the achievement and maintenance of high standards of medical practice and patient care and safety.			
§485.649(b)(1)		PC.12.01.05 Resuscitative services are available throughout the critical access hospital.			
(1) The following equipment must be kep readily available for treating obstetrical ca accordance with the scope, volume, and system, cardiac monitor, and fetal dopple	ases to meet the needs of patients in complexity of services offered: call-in-	EP 2	available for treating obstetric	vided, the following equipment is kept at the critical access hospital and is readily cal cases to meet the needs of patients in accordance with the scope, volume, and d: call-in-system, cardiac monitor, and fetal doppler or monitor.	
§485.649(b)(2)		LD.13.03.0	The critical acc	ess hospital provides services that meet patient needs.	
(2) There must be adequate provisions a recognized and evidence-based guideling complications, immediate post-delivery can events as identified as part of the QAPI pequipment (in addition to the equipment resection), supplies, and medication used in	es, for obstetrical emergencies, are, and other patient health and safety program (§ 485.641). Provisions include required under paragraph (b)(1) of this	EP 24	with nationally recognized an post-delivery care, and other performance improvement (C equipment required under 42	vided, the critical access hospital has adequate provisions and protocols, consistent d evidence-based guidelines, for obstetrical emergencies, complications, immediate patient health and safety events as identified as part of the quality assessment and API) program (42 CFR 485.641). Provisions include equipment (in addition to the CFR 485.649 (b)(1)), supplies, and medication used in treating emergency cases. The critical access hospital and are readily available for treating emergency cases.	