

Critical Access Hospital Crosswalk

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

CFR Number §412.25	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§412.25						
§412.25 Excluded hospital units: Commo	§412.25 Excluded hospital units: Common Requirements					
§412.25(a)		See Apper	ndix B of the CAMCAH.			
(a) Basis for exclusion. In order to be exc systems as specified in §412.1(a)(1) and facility prospective payment system as sp rehabilitation facility prospective payment psychiatric or rehabilitation unit must mee	be paid under the inpatient psychiatric pecified in §412.1(a)(2) or the inpatient system as specified in §412.1(a)(3), a					
§412.25(a)(1)						
(1) Be part of an institution that—]				
§412.25(a)(1)(i)		See Apper	ndix B of the CAMCAH.			
(i) Has in effect an agreement under part 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	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 his a unit must have at least 10 staffed and excluded from the inpatient prospective pand maintained hospital bed for every 10 beds, whichever number is greater. Othe 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.	d maintained hospital beds that are not eayment system, or at least 1 staffed certified inpatient rehabilitation facility rwise, the IRF will be classified as an ne case of an inpatient psychiatric facility					
§412.25(a)(2) TAG: 0	C-0504, C-0704	PC.11.01.0		cess hospital accepts the patient for care, treatment, and services based on its		
(2) Have written admission criteria that ar non-Medicare patients.	e applied uniformly to both Medicare and	EP 1	The critical access hospital admission criteria and process.	develops and implements a written process for accepting a patient that addresses edures for accepting referrals. applied uniformly to all patients (both Medicare and non-Medicare patients).		
	C-0505, C-0705	RC.11.01.0		cess hospital maintains complete and accurate medical records for each		
(3) Have admission and discharge record of the hospital in which it is located and a	ls that are separately identified from those re readily available.	EP 8		iatric distinct part units in critical access hospitals: Admission and discharge records atric distinct part units are separately identified from those of the critical access		

CFR Number §412.25(a)(4)		Medicare Requirements	-	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§412.25(a)(4)		•	PC.14.02.0	The critical acc	ess hospital coordinates the patient's care, treatment, and services based on
unit when a patient of the hos		y clinical information is transferred to the ferred to the unit.	EP 1	The critical access hospital d patient is referred to internal Note: For rehabilitation distinct	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
§412.25(a)(5)		-0507, C-0707	LD.13.01.0	1 The critical acc	ess hospital complies with law and regulation.
(5) Meet applicable State lice	nsure laws.		EP 2	services for which the critical Note: For rehabilitation or psy	clicensed in accordance with law and regulation to provide the care, treatment, or access hospital is seeking accreditation from The 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.13.01.0	The critical acc	ess hospital reviews services for medical necessity.
(6) Have utilization review staunit.	indards appli	cable 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.13.01.0	1 The critical acc	ess hospital complies with law and regulation.
(7) Have beds physically separate other beds.	arate from (tl	nat is, not commingled with) the hospital's	EP 4	no more than 10 beds in a disother beds. Note 1: Beds in the rehabilita limits specified in 42 CFR 48. Note 2: The average annual apply to the 10 beds in the dicare in the distinct part units.	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 stinct part units specified in 42 CFR 485.647(b)(1). Admissions and days of inpatient are not taken into account in determining the critical access hospital's compliance of beds 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 f	iscal interme	ediary 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 of purposes.	cost center fo	or cost finding and apportionment			
§412.25(a)(10)	TAG: C	-0512, C-0712	See Apper	dix B of the CAMCAH.	
(10) Use an accounting syste	m that prope	rly allocates costs.			
§412.25(a)(11)	TAG: C	-0513, C-0713	See Apper	dix B of the CAMCAH.	
(11) Maintain adequate statis	tical data to	support the basis of allocation.			
§412.25(a)(12)	TAG: C	-0514, C-0714	See Apper	dix B of the CAMCAH.	
(12) Report its costs in the housing the same method of ap		report covering the same fiscal period and as the hospital.			

CFR Number §412.25(a)(13)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
(13) As of the first day of the first co	FAG: C-0515, C-0715 ost reporting period for which all other exclusion ally equipped and staffed and is capable of	requ		ess hospital's leadership team ensures that there is qualified ancillary staff at the needs of the population served and determine how they function within n.
1 .	stric or rehabilitation care regardless of whether	and services. Note 1: The num Services may inc Rehabilitation Emergency se Outpatient ser Respiratory se Pharmaceutic Diagnostic and Note 2: Emergen Note 3: For rehal	ber and mix of services ervices ervices al services, in differences solilitation and g period for vision providing ho	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: Including emergency pharmaceutical services 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 ospital inpatient psychiatric or rehabilitation care regardless of whether there are any ate.
§412.25(b)	ГАG: C-0516, C-0716	See Appendix B of the CAMO	CAH.	
end of this paragraph, changes in to be part of an excluded unit unde reporting period if the hospital notif writing of the planned change at least hospital must maintain the informal attributable to the excluded unit. A may occur at any time during a cost the rest of that cost reporting period be made at any time if these changermit construction or renovation in	d units. Except in the special cases noted at the he number of beds or square footage considered r this section are allowed one time during a cost ies its Medicare contractor and the CMS RO in ast 30 days before the date of the change. The tion needed to accurately determine costs that are change in bed size or a change in square footage it reporting period and must remain in effect for d. Changes in bed size or square footage may ges are made necessary by relocation of a unit to ecessary for compliance with changes in Federal, rsical facility or because of catastrophic events or tornadoes.			
§412.25(c)		See Appendix B of the CAMO	CAH.	
prospective payment systems under	al units. For purposes of exclusions from the er this section, the status of each hospital unit mined as specified in paragraphs (c)(1) and (c)(2)			
§412.25(c)(1)	TAG: C-0519, C-0719	See Appendix B of the CAMO	CAH.	
only at the start of the cost reportin	y be changed from not excluded to excluded g period. If a unit is added to a hospital after the annot be excluded from the prospective payment tal's next cost reporting period.			

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.	
at any time during a cost reporting intermediary and the CMS Region before the date of the change, and determine costs that are or are no	ay be changed from excluded to not excluded period, but only if the hospital notifies the fiscal al Office in writing of the change at least 30 days maintains the information needed to accurately tattributable to the excluded unit. A change in the ot excluded that is made during a cost reporting e rest of that cost reporting period.		
§412.25(d)	TAG: C-0521, C-0721	See Appendix B of the CAMCAH.	
	h hospital may have only one unit of each type ded from the prospective payment systems.		
§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	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
is a part of a hospital unit that prov)(2) through (e)(5) of this section, a satellite facilit vides inpatient services in a building also used by e entire buildings located on the same campus as		
_ ,,,,	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.
cost reporting periods beginning o a satellite facility must meet the following	ohs (e)(3) and (e)(6) of this section, effective for n or after October 1, 1999, a hospital that has llowing criteria in order to be excluded from the sective payment systems for any period:		
§412.25(e)(2)(i)	TAG: C-0523, C-0723	Critical access hospitals are not permitted	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
recent cost reporting period beging State-licensed and Medicare-certif	om the prospective payment systems for the mos ning before October 1, 1997, the unit's number of fied beds, including those at the satellite facility,		
	r of State-licensed and Medicare-certified beds or eporting period beginning before October 1, 1997		
the last day of the unit's last cost r	r of State-licensed and Medicare-certified beds or		d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
the last day of the unit's last cost r	r of State-licensed and Medicare-certified beds or eporting period beginning before October 1, 1997 TAG: C-0524, C-0724		d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
the last day of the unit's last cost r §412.25(e)(2)(ii) (ii) The satellite facility independent	r of State-licensed and Medicare-certified beds or eporting period beginning before October 1, 1997 TAG: C-0524, C-0724	Critical access hospitals are not permitted	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH. d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
the last day of the unit's last cost r §412.25(e)(2)(ii) (ii) The satellite facility independent	r of State-licensed and Medicare-certified beds or eporting period beginning before October 1, 1997 TAG: C-0524, C-0724 httly complies with— TAG: C-0524, C-0724	Critical access hospitals are not permitted	
the last day of the unit's last cost r §412.25(e)(2)(ii) (ii) The satellite facility independer §412.25(e)(2)(ii)(A) (A) For a rehabilitation unit, the rec	r of State-licensed and Medicare-certified beds or eporting period beginning before October 1, 1997 TAG: C-0524, C-0724 httly complies with— TAG: C-0524, C-0724	Critical access hospitals are not permitted Critical access hospitals are not permitted	
the last day of the unit's last cost r §412.25(e)(2)(ii) (ii) The satellite facility independer §412.25(e)(2)(ii)(A) (A) For a rehabilitation unit, the rec	r of State-licensed and Medicare-certified beds or eporting period beginning before October 1, 1997 TAG: C-0524, C-0724 httly complies with— TAG: C-0524, C-0724 quirements under §412.29; or	Critical access hospitals are not permitted Critical access hospitals are not permitted	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
the last day of the unit's last cost r §412.25(e)(2)(ii) (ii) The satellite facility independer §412.25(e)(2)(ii)(A) (A) For a rehabilitation unit, the red §412.25(e)(2)(ii)(B) (B) For a psychiatric unit, the requ	r of State-licensed and Medicare-certified beds or eporting period beginning before October 1, 1997 TAG: C-0524, C-0724 httly complies with— TAG: C-0524, C-0724 quirements under §412.29; or	Critical access hospitals are not permitted Critical access hospitals are not permitted Critical access hospitals are not permitted	d to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.

CFR Numbe §412.25(e)(2)(iii	I INDAICATA RAGIIITAMANTS	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	ed to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
not under the control of the in which it is located, and it	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	ed 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.	1	
§412.25(e)(2)(iii)(C)	TAG: C-0527, C-0727	Critical access hospitals are not permitte	ed 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	ed 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	ed 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	ed 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	ed 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 hospital to the same method of apportionment as the hospital to the same method of apportionment as the hospital to the same method of apportionment as the hospital to the same method of apportionment as the same method of apportion method of		
§412.25(e)(2)(iv)	TAG: C-0731		
requirements of paragraph (facility of a unit that is part of systems specified in §412.1 also used by another hospit 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 Number §412.25(e)(3)		Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.25(e)(3)	TAG: C-05	32, C-0732	Critical access hospitals are not perr	nitted to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
of paragraph (e)(2) of this section facility on September 30, 1999, and that date, to the extent the unit	on do not apply and excluded nit continues of r of beds and	nd (e)(5) of this section, the provisions y to any unit structured as a satellite from the prospective payment systems perating under the same terms and square footage considered to be part r 30, 1999.		
§412.25(e)(4)	TAG: C-05	33, C-0733	Critical access hospitals are not perr	nitted to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
as a satellite facility on Septemb footage of the satellite facility or	er 30, 1999, i may decreas he satellite fa	n(3) of this section, any unit structured may increase or decrease the square the number of beds in the satellite cility at any time, if these changes are		
§412.25(e)(4)(i)	TAG: C-05	33, C-0733	Critical access hospitals are not perr	nitted to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(i) To permit construction or reno Federal, State, or local law affect		sary for compliance with changes in cal facility; or		
§412.25(e)(4)(ii)	TAG: C-05	33, C-0733	Critical access hospitals are not perr	nitted to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(ii) Because of catastrophic ever	nts such as fir	es, floods, earthquakes, or tornadoes.		
§412.25(e)(5)	TAG: C-05	34, C-0734	Critical access hospitals are not perr	nitted to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
(5) For cost reporting periods be provisions of paragraph (e)(3) of		after October 1, 2006, in applying the		
§412.25(e)(5)(i)	TAG: C-05	34, C-0734	Critical access hospitals are not perr	nitted to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
the square footage of the unit on decrease the square footage or	nly at the begi number of be of paragraph	September 30, 1999, may increase nning of a cost reporting period or ds considered to be part of the satellite (b)(2) of this section, without affecting on; and		
§412.25(e)(5)(ii)	TAG: C-05	34, C-0734	Critical access hospitals are not perr	nitted to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
number of beds considered to be subject to the provisions of para- increase the number of beds at t	e part of the s graph (b)(2) c the beginning ds considered	ecreases its number of beds below the atellite facility on September 30, 1999, of this section, it may subsequently or a cost reporting period as long as to be part of the satellite facility does facility on September 30, 1999.		
§412.25(e)(6)	TAG: C-05	34, C-0734	Critical access hospitals are not perr	nitted to have satellite facilities per 485.610(e). See Appendix B of the CAMCAH.
rehabilitation facility that is subje	ect to the inpa P of this part,	s section do not apply to any inpatient tient rehabilitation facility prospective effective for cost reporting periods		

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CFR Numbe §412.25(f)		Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§412.25(f)	TAG: C	-0535, C-0735	See Appen	dix B of the CAMCAH.	
prospective payment syster	m under this se cost reporting	its. For purposes of exclusions from the ection, the classification of a hospital unit is period. Any change in the classification of a cost reporting period.			
§412.25(g)	TAG: C	-0535	See Appen	dix B of the CAMCAH.	
unit of a CAH does not mee reporting period, no paymer that unit for that period. Pay only after the start of the firs demonstrated to CMS that the start of the first demonstrated to CMS that the start of the first demonstrated to CMS that the start of	at the requirement may be made may be made ment to the Cost cost reporting the unit meets aric units: Addition the prospecter the prospect	contained in the following requirements. If a psychiatric or rehabilitation ents of §485.647 with respect to a cost let to the CAH for services furnished in AH for services in the unit may resume g period beginning after the unit has the requirements of §485.647. In the payment system as specified in the following requirements:			
§412.27(a)	TAG: C		PC.11.01.0 ¹		ss hospital accepts the patient for care, treatment, and services based on its
of an intensity that can be p of a psychiatric principal dia of the American Psychiatric	provided appro agnosis that is Association's rders") of the l	o the unit is required for active treatment, priately only in an inpatient hospital setting, listed in the Fourth Edition, Text Revision Diagnostic and Statistical Manual, or in nternational Classification of Diseases,	EP 3	For psychiatric distinct part uni in the American Psychiatric As Revision (DSM-IV-TR) or in Ch	its in critical access hospitals: Patients with a psychiatric principal diagnosis (listed association Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text mapter 5 of the International Classification of Diseases, 9th Revision (ICD-9-CM)) ensity of the active treatment can be provided only in an inpatient hospital setting.
§412.27(b)	TAG: C	** **	LD.13.03.01	The critical acce	ss hospital provides services that meet patient needs.
(b) Furnish, through the use work services, psychiatric n		, ,	EP 18	services, social work services, needs of its patients. Note 1: The therapeutic activiti 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 ries program is appropriate to the needs and interests of patients and is directed ng 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		nt Commission iivalent Number	Joint Commission Standards and Elements of Performance
3 (-)	AG: C-0549 rmit determination of the degree and intensity of	RC.11.01.01	The critical acce	ess hospital maintains complete and accurate medical records for each nt.
(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:		EP 6 F	of treatment and contains the History of findings and trea Identification data, including Provisional or admitting dia intercurrent diseases as we Reasons for admission, as Social service records, inclusives assessment of home plans When indicated, record of a examination Documentation of treatmen Discharge summary of the	tment provided for the psychiatric condition for which the patient is hospitalized g the patient's legal status agnosis for the patient at the time of admission that includes the diagnoses of ell as the psychiatric diagnoses stated by the patient and/or others significantly involved uding reports of interviews with patients, family members, and others; an family attitudes, and community resource contacts; and a social history a complete neurological examination, recorded at the time of the admission physical at received, including all active therapeutic efforts patient's hospitalization that includes a recapitulation of the patient's hospitalization as from appropriate services concerning follow-up or aftercare, and a brief summary
3 - 1 - 1 - (-) (-)	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 treatment and contains the History of findings and trea Identification data, including Provisional or admitting dia intercurrent diseases as we Reasons for admission, as Social service records, inclusives assessment of home plans When indicated, record of a examination Documentation of treatmen Discharge summary of the	tment provided for the psychiatric condition for which the patient is hospitalized g the patient's legal status gnosis for the patient at the time of admission that includes the diagnoses of ell as the psychiatric diagnoses stated by the patient and/or others significantly involved uding reports of interviews with patients, family members, and others; an a family attitudes, and community resource contacts; and a social history a complete neurological examination, recorded at the time of the admission physical at received, including all active therapeutic efforts patient's hospitalization that includes a recapitulation of the patient's hospitalization as from appropriate services concerning follow-up or aftercare, and a brief summary

CFR Number §412.27(c)(1)(i)	Medicare Rec	illirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.27(c)(1)(i) (i) The identification data must	TAG: C-0550 include the inpatient's legal status.	RC.11.01	.01 The critical accindividual patie	ess hospital maintains complete and accurate medical records for each nt.
(I) The Identification data files.	morodo tilo impattorit o logar otatus.	EP 6	of treatment and contains the History of findings and treat Identification data, includint Provisional or admitting dia intercurrent diseases as welliantercurrent diseases as welliant	atment provided for the psychiatric condition for which the patient is hospitalized ag the patient's legal status agnosis for the patient at the time of admission that includes the diagnoses of ell as the psychiatric diagnoses stated by the patient and/or others significantly involved luding reports of interviews with patients, family members, and others; an s, family attitudes, and community resource contacts; and a social history a complete neurological examination, recorded at the time of the admission physical ent received, including all active therapeutic efforts a patient's hospitalization that includes a recapitulation of the patient's hospitalization and form appropriate services concerning follow-up or aftercare, and a brief summary
§412.27(c)(1)(ii)	TAG: C-0551 agnosis must be made on every in	RC.11.01	.01 The critical accindividual patie	ess hospital maintains complete and accurate medical records for each nt.
1, , ,	the diagnoses of intercurrent dise		of treatment and contains the History of findings and treat Identification data, includin Provisional or admitting dia intercurrent diseases as we Reasons for admission, as Social service records, including assessment of home plans When indicated, record of examination Documentation of treatmen Discharge summary of the	atment provided for the psychiatric condition for which the patient is hospitalized ag the patient's legal status agnosis for the patient at the time of admission that includes the diagnoses of ell as the psychiatric diagnoses stated by the patient and/or others significantly involved luding reports of interviews with patients, family members, and others; an s, family attitudes, and community resource contacts; and a social history a complete neurological examination, recorded at the time of the admission physical ent received, including all active therapeutic efforts a patient's hospitalization that includes a recapitulation of the patient's hospitalization and form appropriate services concerning follow-up or aftercare, and a brief summary

CFR Number §412.27(c)(1)(iii)	Medicare Requirements	_	pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
3 : 1 = 1 (0)(1)(11)	clearly documented as stated by the	RC.11.01.0	The critical acce individual patier	ess hospital maintains complete and accurate medical records for each nt.
(iii) The reasons for admission must be clearly documented as stated by the inpatient or others significantly involved, or both.		For psychiatric distinct part units in critical access hospitals: The medical record reflects the degree and intensity of treatment and contains the following information: - History of findings and treatment provided for the psychiatric condition for which the patient is hospitalized ldentification data, including the patient's legal status - Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of 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 aftercare, and a brief summary of the patient's condition on discharge		
§412.27(c)(1)(iv) TAG (iv) The social service records, includir	: C-0553	RC.11.01.0		ess hospital maintains complete and accurate medical records for each
	ide an assessment of home plans and family	For psychiatric distinct part units in critical access hospitals: The medical record reflects the degree and interest of treatment and contains the following information: - History of findings and treatment provided for the psychiatric condition for which the patient is hospitalize lentification data, including the patient's legal status - Provisional or admitting diagnosis for the patient at the time of admission that includes the diagnoses of 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 phexamination - Documentation of treatment received, including all active therapeutic efforts - Discharge summary of the patient's hospitalization that includes a recapitulation of the patient's hospitaliz in the unit, recommendations from appropriate services concerning follow-up or aftercare, and a brief sur of the patient's condition on discharge		nits in critical access hospitals: The medical record reflects the degree and intensity following information: Itment provided for the psychiatric condition for which the patient is hospitalized go the patient's legal status agnosis for the patient at the time of admission that includes the diagnoses of ell as the psychiatric diagnoses stated by the patient and/or others significantly involved luding reports of interviews with patients, family members, and others; and a family attitudes, and community resource contacts; and a social history a complete neurological examination, recorded at the time of the admission physical introduced in the received, including all active therapeutic efforts patient's hospitalization that includes a recapitulation of the patient's hospitalization in sfrom appropriate services concerning follow-up or aftercare, and a brief summary
3	: C-0554	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) When indicated, a complete neurole time of the admission physical examination	ogical examination must be recorded at the ation.	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		oint Commission Juivalent 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.
		EP 6	of treatment and contains the History of findings and trea Identification data, including Provisional or admitting dia intercurrent diseases as we Reasons for admission, as Social service records, including assessment of home plans When indicated, record of a examination Documentation of treatment of bischarge summary of the	tment provided for the psychiatric condition for which the patient is hospitalized g the patient's legal status gnosis for the patient at the time of admission that includes the diagnoses of ell as the psychiatric diagnoses stated by the patient and/or others significantly involved uding reports of interviews with patients, family members, and others; an , family attitudes, and community resource contacts; and a social history a complete neurological examination, recorded at the time of the admission physical at received, including all active therapeutic efforts patient's hospitalization that includes a recapitulation of the patient's hospitalization as from appropriate services concerning follow-up or aftercare, and a brief summary
§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.
	,	EP 2	completed within 60 hours of a - Medical history - Record of mental status - Description of the onset of - Description of attitudes and - Estimation of intellectual fu	its in critical access hospitals: Each patient receives a psychiatric evaluation admission. The psychiatric evaluation includes the following: illness and the circumstances leading to admission behavior nctioning, memory functioning, and orientation seets in descriptive, not interpretative, fashion
§412.27(c)(2)(ii) TAG: C-	-0556	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.
(ii) Include a medical history;		EP 2	For psychiatric distinct part un completed within 60 hours of a - Medical history - Record of mental status - Description of the onset of - Description of attitudes and - Estimation of intellectual fu	its in critical access hospitals: Each patient receives a psychiatric evaluation admission. The psychiatric evaluation includes the following: illness and the circumstances leading to admission

CFR Number §412.27(c)(2)(iii)	Medicare Requirements	_	loint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§412.27(c)(2)(iii) TA (iii) Contain a record of mental status;	G: C-0557	PC.11.02.0		distinct part units in critical access hospitals: The critical access hospital eds of patients who receive treatment for emotional and behavioral disorders.
(w) Contain a 1950ra of montai dialog.		EP 2	completed within 60 hours of Medical history Record of mental status Description of the onset of Description of attitudes and Estimation of intellectual fu	ilts in critical access hospitals: Each patient receives a psychiatric evaluation admission. The psychiatric evaluation includes the following: illness and the circumstances leading to admission dephavior inctioning, memory functioning, and orientation seets in descriptive, not interpretative, fashion
§412.27(c)(2)(iv) TA (iv) Note the onset of illness and the o	G: C-0558	PC.11.02.0		distinct part units in critical access hospitals: The critical access hospital eds of patients who receive treatment for emotional and behavioral disorders.
(IV) Note the oriset of filless and the o	circumstances leading to admission,	EP 2	completed within 60 hours of Medical history Record of mental status Description of the onset of Description of attitudes and Estimation of intellectual fu	illness and the circumstances leading to admission d behavior inctioning, memory functioning, and orientation ssets in descriptive, not interpretative, fashion
§412.27(c)(2)(v) TA (v) Describe attitudes and behavior:	G: C-0559	PC.11.02.0		distinct part units in critical access hospitals: The critical access hospital seds of patients who receive treatment for emotional and behavioral disorders.
(v) Describe attitudes and behavior,		EP 2	completed within 60 hours of - Medical history - Record of mental status - Description of the onset of - Description of attitudes and - Estimation of intellectual fu	illness and the circumstances leading to admission debenavior interpretative, not interpretative, fashion
3 · · - · · · (•)(-)(· ·)	G: C-0560 memory functioning, and orientation; and	PC.11.02.0		distinct part units in critical access hospitals: The critical access hospital eds of patients who receive treatment for emotional and behavioral disorders.
(vi) Estimate intellectual functioning, i	memory renotioning, and onemation, and	EP 2	For psychiatric distinct part ur completed within 60 hours of Medical history Record of mental status Description of the onset of Description of attitudes and Estimation of intellectual fur	nits in critical access hospitals: Each patient receives a psychiatric evaluation admission. The psychiatric evaluation includes the following: illness and the circumstances leading to admission

CFR Numbe §412.27(c)(2)(Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
(vii) Include an inventory of the inpatient's assets in descriptive, not interpretative		PC.11.02.0		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.11.03.0°	1 The critical acce	ess hospital plans the patient's care.
(i) Each inpatient must have an individual comprehensive treatment plan that must be based on an inventory of the inpatient's strengths and disabilities. The written plan must include a substantiated diagnosis; short-term and long-term goals; the specific treatment modalities utilized; the responsibilities of each member of the treatment team; and adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out; and		EP 3	treatment plan that is based of the following: - Substantiated diagnosis - Short-term and long-term graphs of the specific treatment modalities. - Responsibilities of each metals.		
§412.27(c)(3)(ii)	TAG: C	-0567 must be documented in such a way as to	RC.11.01.0	The critical acce individual patier	ess hospital maintains complete and accurate medical records for each nt.
assure that all active therap			EP 6	of treatment and contains the History of findings and trea Identification data, including Provisional or admitting dia intercurrent diseases as we Reasons for admission, as Social service records, including assessment of home plans When indicated, record of a examination Documentation of treatmen Discharge summary of the	tment provided for the psychiatric condition for which the patient is hospitalized g the patient's legal status agnosis for the patient at the time of admission that includes the diagnoses of least the psychiatric diagnoses stated by the patient and/or others significantly involved uding reports of interviews with patients, family members, and others; an and, family attitudes, and community resource contacts; and a social history a complete neurological examination, recorded at the time of the admission physical at received, including all active therapeutic efforts patient's hospitalization that includes a recapitulation of the patient's hospitalization as from appropriate services concerning follow-up or aftercare, and a brief summary

CFR Number §412.27(c)(4)	Medicare Requirements		pint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§412.27(c)(4) TAG: 0 C-0573	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
(4) Recording progress. Progress notes must be recorded by the doctor of medicine or osteopathy responsible for the care of the inpatient, a nurse, social worker and, when appropriate, others significantly involved in active treatment modalities. The frequency of progress notes is determined by the condition of the inpatient but must be recorded at least weekly for the first two months and at least once a month thereafter and must contain recommendations for revisions in the treatment plan as indicated as well as precise assessment of the inpatient's progress in accordance with the original or revised treatment plan.			first two months of a patient's treatment of the patient: - Physician(s), psychologist(- Nurse - Social worker - Others involved in active treatment of the progress notes include reaccordance with the original of	evisions to the treatment plan and assessments of the patient's progress in or revised treatment plan.
	C-0575, C-0574, C-0576	RC.11.01.01	The critical acce individual patier	ess hospital maintains complete and accurate medical records for each
of the inpatient's hospitalization in the uni	rge summary that includes a recapitulation		For psychiatric distinct part un of treatment and contains the History of findings and trea Identification data, including Provisional or admitting dia intercurrent diseases as we Reasons for admission, as Social service records, inclussessment of home plans When indicated, record of a examination Documentation of treatmer Discharge summary of the	hits in critical access hospitals: The medical record reflects the degree and intensity following information: tree trongs for the psychiatric condition for which the patient is hospitalized go the patient's legal status agnosis for the patient at the time of admission that includes the diagnoses of lell as the psychiatric diagnoses stated by the patient and/or others significantly involved auding reports of interviews with patients, family members, and others; an and, family attitudes, and community resource contacts; and a social history a complete neurological examination, recorded at the time of the admission physical at received, including all active therapeutic efforts patient's hospitalization that includes a recapitulation of the patient's hospitalization as from appropriate services concerning follow-up or aftercare, and a brief summary
§412.27(d) TAG: 0	C-0577	NPG.12.03.	• •	distinct part units in critical access hospitals: The critical access hospital
(d) Meet special staff requirements in that the unit must have adequate numbers of qualified professional and supportive staff to evaluate inpatients, formulate written, individualized, comprehensive treatment plans, provide active treatment measures and engage in discharge planning, as follows:		EP 4	For psychiatric distinct part un professional, technical, and coregistered nurses, licensed professional patients Formulate written individual Provide active treatment menused particular provides active treatment menused provides active treatment menused particular provides active treatment active treatment particular professional, technical, and correspond to the professional particular professional, technical, and correspond to the professional particular professional particular professional profess	ing ecessary under each patient's active treatment program n each patient
§412.27(d)(1) TAG: (C-0578	Ì		
(1) Personnel. The unit must employ or u qualified professional, technical, and cons				

CFR Number §412.27(d)(1)(i)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
§412.27(d)(1)(i) TAG (i) Evaluate inpatients;	: C-0578	NPG.12.03	NPG.12.03.01 For psychiatric distinct part units in critical access hospitals: The critical access hospital develops and implements staffing plans according to law and regulation.				
(i) Evaluate inpatients,		EP 4	For psychiatric distinct part ur professional, technical, and coregistered nurses, licensed professional provides patients Formulate written individual Provide active treatment menused professional pr	nits 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: alized, comprehensive treatment plans reasures ing recessary under each patient's active treatment program in each patient			
• () ()	: C-0578	NPG.12.03		distinct part units in critical access hospitals: The critical access hospital nplements staffing plans according to law and regulation.			
(ii) Formulate written, individualized, co	mprenensive treatment plans;	EP 4	For psychiatric distinct part ur professional, technical, and coregistered nurses, licensed professional partients. Formulate patients. Formulate written individua. Provide active treatment more Engage in discharge plann	nits 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: alized, comprehensive treatment plans leasures leasures ling lecessary under each patient's active treatment program leach patient			
5 (*/(// ·	: C-0578	NPG.12.03		distinct part units in critical access hospitals: The critical access hospital nplements staffing plans according to law and regulation.			
(iii) Provide active treatment measures;	апи	EP 4	For psychiatric distinct part ur professional, technical, and coregistered nurses, licensed professional patients Formulate written individuated provide active treatment mediates.	nits 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: alized, comprehensive treatment plans reasures ing recessary under each patient's active treatment program reach patient			
• (////	: C-0578	NPG.12.03		distinct part units in critical access hospitals: The critical access hospital			
(iv) Engage in discharge planning.		EP 4	For psychiatric distinct part ur professional, technical, and coregistered nurses, licensed professional patients Formulate written individuated provide active treatment mediates.	ing ecessary under each patient's active treatment program n each patient			

CFR Numbe §412.27(d)(2	Medicare Reduirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
	112.27(d)(2) TAG: C-0579, C-0580) Director of inpatient psychiatric services: Medical staff. Inpatient psychiatric ervices must be under the supervision of a clinical director, service chief, or			ess hospital collects information regarding each physician's or other licensed urrent license status, training, experience, competence, and ability to perform rivilege.
equivalent who is qualified to provide the leadership required for an intensive treatment program. The number and qualifications of doctors of medicine and osteopathy must be adequate to provide essential psychiatric services.		EP 6	For psychiatric distinct part units in critical access hospitals: Inpatient psychiatric services are unit and supervision of a clinical director, service chief, or equivalent who is qualified to provide the for an intensive treatment program and who meets the training and experience requirements for the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology	
	§412.27(d)(2)(i) TAG: C-0581 (i) The clinical director, service chief, or equivalent must meet the training and experience requirements for examination by the American Board of Psychiatry and			ess hospital collects information regarding each physician's or other licensed urrent license status, training, experience, competence, and ability to perform rivilege.
Neurology or the American	Osteopathic Board of Neurology and Psychiatry.	EP 6	and supervision of a clinical differ an intensive treatment pro	nits in critical access hospitals: Inpatient psychiatric services are under the direction irector, service chief, or equivalent who is qualified to provide the leadership required gram and who meets the training and experience requirements for examination by latry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.
§412.27(d)(2)(ii) TAG: C-0582 (ii) The director must monitor and evaluate the quality and appropriateness of		MS.16.01.	MS.16.01.01 The organized medical staff oversees the quality of patient care, treatment, provided by physicians and other licensed practitioners privileged through process.	
services and adament pro	services and treatment provided by the medical staff.			hits in critical access hospitals: The clinical director, service chief, or equivalent for monitors and evaluates the medical staff's treatment and services for quality and
		MS.17.01.		ess hospital collects information regarding each physician's or other licensed urrent license status, training, experience, competence, and ability to perform rivilege.
		EP 9	the critical access hospital are - A hospital that is a member - A quality improvement orga Another appropriate and quality in the case of distant-sit hospital's patients under an accritical access hospital and a control of the	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: It of the network, when applicable anization or equivalent entity utilified 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 and by one of the entities listed in this element of performance.
§412.27(d)(3)	TAG: C-0583, C-0584	NPG.12.02	2.01 The nurse execu	utive 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's deg nursing accredited by the Nati the mentally ill. The director of	hits 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 ional League for Nursing or is qualified by education and experience in the care of f psychiatric nursing demonstrates competence to participate in interdisciplinary ment plans; to give skilled nursing care and therapy; and to direct, monitor, and vided.

CFR Number §412.27(d)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
		NPG.12.03.		distinct part units in critical access hospitals: The critical access hospital aplements staffing plans according to law and regulation.
		EP 4	professional, technical, and coregistered nurses, licensed professional professiona	ing ecessary under each patient's active treatment program n each patient
§412.27(d)(3)(i) TAG: C-	-0585, C-0586	NPG.12.02.	01 The nurse execu	utive directs the implementation of a nurse staffing plan(s).
(i) The director of psychiatric nursing servic 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 treatment 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	EP 6	nurse who has a master's deg nursing accredited by the Nati the mentally ill. The director of	hits 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 ground League for Nursing or is qualified by education and experience in the care of f psychiatric nursing demonstrates competence to participate in interdisciplinary ment plans; to give skilled nursing care and therapy; and to direct, monitor, and wided.
§412.27(d)(3)(ii) TAG: C- (ii) The staffing pattern must ensure the av	-0587, C-0588 vailability of a registered nurse 24 hours	NPG.12.03.		distinct part units in critical access hospitals: The critical access hospital aplements 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 registered professional nurse	nits in critical access hospitals: The critical access hospital makes certain a is available 24 hours a day.
each inpatient's active treatment program.		EP 4	professional, technical, and coregistered nurses, licensed pro- Evaluate patients Formulate written individua Provide active treatment m Engage in discharge plann	ing ecessary under each patient's active treatment program n each patient
§412.27(d)(4) TAG: C-	-0589, C-0590	LD.13.03.0 ⁴	The critical acce	ess 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 c established policies and procedures.	ts. The services must be furnished	EP 18	services, social work services needs of its patients. Note 1: The therapeutic activit 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 olicies 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- (5) Social services. There must be a direct	or of social services who monitors	NPG.12.03		distinct part units in critical access hospitals: The critical access hospital nplements staffing plans according to law and regulation.
and evaluates the quality and appropriateness of social services furnished. The services must be furnished in accordance with accepted standards of practice and established policies and procedures. Social service staff responsibilities must include, but are not limited to, participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of appropriate information with sources outside the hospital.		EP 6	 For psychiatric distinct part units in critical access hospitals: The critical access hospital has a direct services who monitors and evaluates the quality and appropriateness of social services provided. Staff responsibilities include but are not limited to the following: Participating in discharge planning Arranging for follow-up care Developing mechanisms for the exchange of appropriate information with sources outside the critical hospital Note: Social services are provided in accordance with accepted standards of practice and establish procedures. 	
§412.27(d)(6) TAG: C-	-0594	LD.13.03.0	1 The critical acco	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 hing optimal levels of physical and psychosocial functioning. Twices are provided in accordance with accepted standards of practice, service policies and procedures.
§412.27(d)(6)(i) TAG: C-	0595	LD.13.03.0	1 The critical acco	ess hospital provides services that meet patient needs.
(i) The program must be appropriate to the and be directed toward restoring and main psychosocial functioning.		EP 18	services, social work services needs of its patients. Note 1: The therapeutic activi toward restoring and maintain	nits in critical access hospitals: The critical access hospital provides psychological s, 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 ning optimal levels of physical and psychosocial functioning. Twices are provided in accordance with accepted standards of practice, service policies and procedures.
§412.27(d)(6)(ii) TAG: C-	-0596	NPG.12.01	.01 The critical acco	ess hospital's leadership team ensures that there is qualified ancillary staff
(ii) The number of qualified therapists, sup be adequate to provide comprehensive the	port personnel, and consultants must			et the needs of the population served and determine how they function within
inpatient's active treatment program.		EP 1	and services. Note 1: The number and mix Services may include but are Rehabilitation services Emergency services Outpatient services Respiratory services Pharmaceutical services, ii Diagnostic and therapeutic Note 2: Emergency services solute 3: For rehabilitation and first cost reporting period for vertices.	ncluding emergency pharmaceutical services 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			nt Commission iivalent Number	Joint Commission Standards and Elements of Performance
		NPG.12.03.0		distinct part units in critical access hospitals: The critical access hospital nplements staffing plans according to law and regulation.
		a		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 Appendi	x B of the CAMCAH.	
prospective payment system.	inpatient rehabilitation unit of a hospital			
§412.29(a) TAG:	C-0747	See Appendi	x B of the CAMCAH.	
(a) Have (or be part of a hospital that ha this chapter to participate as a hospital.	as) a provider agreement under part 489 of			
§412.29(b) TAG:	C-0748	See Appendi	x B of the CAMCAH.	
(c) of this section, an IRF must show that	"new" IRF beds, as defined in paragraph at, during its most recent, consecutive, and efined by CMS or the Medicare contractor), it ts the following criteria:			
§412.29(b)(1) TAG:	C-0748	See Appendi	x B of the CAMCAH.	
1, 2005, the IRF served an inpatient pop for cost reporting periods beginning on c inpatient population of whom at least 60 services for treatment of one or more of of this section. A patient with a comorbic	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 Appendi	x B of the CAMCAH.	
(i) The patient is admitted for inpatient rethe 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 Appendi	x 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			

CFR Number §412.29(b)(1)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.29(b)(1)(iii) TA	G: C-0748	See Appendix B of the CAMCAH.	
individual that, even in the absence o require the intensive rehabilitation tre- facilities paid under subpart P of this	(iii) The comorbidity has caused significant decline in functional ability in the individual that, even in the absence of the admitting condition, the individual would require the intensive rehabilitation treatment that is unique to inpatient rehabilitation facilities paid under subpart P of this part and that cannot be appropriately performed in another care setting covered under this title.		
§412.29(b)(2) TA	G: C-0748	See Appendix B of the CAMCAH.	
(2) List of conditions.			
§412.29(b)(2)(i) TA	G: C-0748	See Appendix B of the CAMCAH.	
(i) Stroke.			
§412.29(b)(2)(ii) TA	G: C-0748	See Appendix B of the CAMCAH.	
(ii) Spinal cord injury.			
§412.29(b)(2)(iii) TA	G: C-0748	See Appendix B of the CAMCAH.	
(iii) Congenital deformity.			
§412.29(b)(2)(iv) TA	G: C-0748	See Appendix B of the CAMCAH.	
(iv) Amputation.			
§412.29(b)(2)(v) TA	G: C-0748	See Appendix B of the CAMCAH.	
(v) Major multiple trauma.			
§412.29(b)(2)(vi) TA	G: C-0748	See Appendix B of the CAMCAH.	
(vi) Fracture of femur (hip fracture).			
§412.29(b)(2)(vii) TA	G: C-0748	See Appendix B of the CAMCAH.	
(vii) Brain injury.			
§412.29(b)(2)(viii) TA	G: C-0748	See Appendix B of the CAMCAH.	
(viii) Neurological disorders, including polyneuropathy, muscular dystrophy,	multiple sclerosis, motor neuron diseases, and Parkinson's disease.		
§412.29(b)(2)(ix) TA	G: C-0748	See Appendix B of the CAMCAH.	
(ix) Burns.			
§412.29(b)(2)(x) TA	G: C-0748	See Appendix B of the CAMCAH.	
arthropathies resulting in significant fu activities of daily living that have not i sustained course of outpatient therap rehabilitation settings immediately pre	rthritis, psoriatic arthritis, and seronegative unctional impairment of ambulation and other mproved after an appropriate, aggressive, and by services or services in other less intensive eceding the inpatient rehabilitation admission activation immediately before admission, but one intensive 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 activaliter an appropriate, aggressive, and susservices or services in other less intensival preceding the inpatient rehabilitation adm	ve rehabilitation settings immediately		
§412.29(b)(2)(xii) TAG:	C-0748	See Appendix B of the CAMCAH.	
involving two or more major weight beari but not counting a joint with a prosthesis) of range of motion, atrophy of muscles si impairment of ambulation and other activ after the patient has participated in an ap	urrounding the joint, significant functional rities of daily living that have not improved propriate, aggressive, and sustained services in other less intensive rehabilitation ient rehabilitation admission but have ive rehabilitation. (A joint replaced by a re 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 bo immediately preceding the inpatient reha the following specific criteria:	th, during an acute hospitalization bilitation stay and also meet one or more of		
§412.29(b)(2)(xiii)(A) TAG:	C-0748	See Appendix B of the CAMCAH.	
(A) The patient underwent bilateral knee during the acute hospital admission imme			
§412.29(b)(2)(xiii)(B) TAG:	C-0748	See Appendix B of the CAMCAH.	
(B) The patient is extremely obese with a 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 t	time of admission to the IRF.		
§412.29(c) TAG:	C-0749	See Appendix B of the CAMCAH.	
the end of the IRF's first full 12-month co	of this section), the IRF must provide opulation it intends to serve meets the ction. This written certification will apply until		

CFR Num §412.29(c		Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§412.29(c)(1)	TAG: C	-0750	See Appendix B of the CAMCAH.	
(1) New IRFs. An IRF hospital or IRF unit is considered new if it has not been paid under the IRF PPS in subpart P of this part for at least 5 calendar years. A new IRF will be considered new from the point that it first participates in Medicare as an IRF until the end of its first full 12-month cost reporting period.				
§412.29(c)(2)	TAG: C	-0750	See Appendix B of the CAMCAH.	
applicable State Certificate added one time at any new for the rest of that comust elapse between the hospital or IRF unit and tunit. Before an IRF can appropriate CMS RO, so reporting period has elapsed to the added to the second state of the second sec	te of Need and S y point during a cost reporting perior delicensing or d he addition of ne dd new beds, it i that the CMS R sed since the IR ed in the complia	added to an existing IRF must meet all state licensure laws. New IRF beds may ost reporting period and will be considered and a full 12-month cost reporting period eccertification of IRF beds in an IRF we IRF beds to that IRF hospital or IRF must receive written approval from the D can verify that a full 12-month cost F has had beds delicensed or decertified. Ince review calculations under paragraph are added to the IRF.		
§412.29(c)(3)	TAG: C	-0751	See Appendix B of the CAMCAH.	
change of ownership or I excluded status and will specified in §412.1(a)(3) the new owner(s) of the I provider agreement and payment under the IRF paccept assignment of the is considered to be volur participate in the Medica requirements for paymer loses its excluded status described in §412.1(a)(1	easing, as define continue to be pa before and after RF accept assign the IRF continue rospective paymer previous owners tarily terminated re program. If the trunder the IRF pand is paid accol.	RF hospital or IRF unit that undergoes a d in §489.18 of this chapter, retains its id under the prospective payment system the change of ownership or leasing if ment of the previous owners' Medicare is to meet all of the requirements for ent system. If the new owner(s) do not b' Medicare provider agreement, the IRF and the new owner(s) may re-apply to a IRF does not continue to meet all of the prospective payment system, then the IRF right of the prospective payment systems		
§412.29(c)(4)	TAG: C		See Appendix B of the CAMCAH.	
hospital and the owner(s hospital's provider agree IRF unit), then the IRF ho continue to be paid unde (3) before and after the n to meet all of the require system. If the owner(s) o hospital's provider agree unit), then the IRF hospit	of the merged hament (or the provospital or IRF united the prospective merger, as long a ments for payme of the merged hos ment (or the provoal or IRF unit is continued.)	tal with an IRF unit) merges with another to spital accept assignment of the IRF ider agreement of the hospital with the tretains its excluded status and will payment system specified in §412.1(a) is the IRF hospital or IRF unit continues intunder the IRF prospective payment pital do not accept assignment of the IRF ider agreement of the hospital with the IRF onsidered voluntarily terminated and the ply to the Medicare program to operate a		

CFR Numbe §412.29(d)	r	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§412.29(d) (d) Have in effect a preadmi	TAG: C	-0752 ng procedure under which each	PC.11.01.01		ess hospital accepts the patient for care, treatment, and services based on its ne 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.			a preadmission screening pro reviewed to determine whethe program. Note: This procedure makes of	tric distinct part units in critical access hospitals: The critical access hospital has cedure under which each prospective patient's condition and medical history are er the patient is likely to benefit significantly from an intensive inpatient hospital certain that the preadmission screening for each Medicare Part A fee-for-service wed by a rehabilitation physician prior to the patient's admission to the inpatient	
§412.29(e)		-0753, C-0754	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
supervision, as evidenced by physician with specialized transess the patient both med	y at least 3 factaining and explaining and fundingles	nat patients receive close medical ce-to-face visits per week by a licensed perience in inpatient rehabilitation to ctionally, as well as to modify the course atient's capacity to benefit from the		For rehabilitation distinct part implements a process to make three face-to-face visits per with rehabilitation, to assess the paneded to maximize the patien. Note: Beginning with the secon rehabilitation unit, a non-physis specialized training and experiments.	units in critical access hospitals: The critical access hospital develops and experience that patients receive close medical supervision, as evidenced by at least each by a licensed physician with specialized training and experience in inpatient atient both medically and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to benefit from the rehabilitation process. Individually and functionally and to modify the course of treatment as not's capacity to
\$412.29(f)	TAG: C		PC.12.01.01		ess hospital provides care, treatment, and services as ordered or prescribed ace with law and regulation.
(f) Furnish, through the use of qualified personnel, rehabilitation nursing, physical therapy, and occupational therapy, plus, as needed, speech-language pathology, social services, psychological services (including neuropsychological services), and orthotic and prosthetic services.			If the critical access hospital p pathology, or audiology servic standards of practice. Note: For rehabilitation distinc rehabilitation nursing, physica social services, psychological	trovides 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 I therapy, and occupational therapy, and, as needed, speech-language pathology, services (including neuropsychological services), and orthotic and prosthetic occordance with national accepted standards of practice.	
§412.29(g)	TAG: C	-0756			
(g) Have a director of rehab	ilitation who—				
§412.29(g)(1)	TAG: C		MS.17.01.03		ess hospital collects information regarding each physician's or other licensed
(1) Provides services to the the case of a rehabilitation u		nd its inpatients on a full-time basis or, in bours per week;		the requested p	•
				rehabilitation unit who fulfills a Provides services to the un Is a doctor of medicine or o Is licensed under state law Has had, after completing a	units in critical access hospitals: The critical access hospital has a director of the all of the following requirements: it and to its inpatients for at least 20 hours per week asteopathy to practice medicine or surgery a one-year hospital internship, at least two years of training or experience in the patients requiring rehabilitation services

CFR Numb §412.29(g)(Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§412.29(g)(2) TAG: C-0756 (2) Is a doctor of medicine or osteopathy;		MS.17.01.0	MS.17.01.03 The critical access hospital collects information regarding each physician's or other lice practitioner's current license status, training, experience, competence, and ability to per the requested privilege.			
			EP 7	rehabilitation unit who fulfills a - Provides services to the ur - Is a doctor of medicine or o - Is licensed under state law - Has had, after completing a	units in critical access hospitals: The critical access hospital has a director of the all of the following requirements: nit and to its inpatients for at least 20 hours per week esteopathy to practice medicine or surgery a one-year hospital internship, at least two years of training or experience in the patients requiring rehabilitation services	
§412.29(g)(3) TAG: C-0756 (3) Is licensed under State law to practice medicine or surgery; and		****	MS.17.01.0		ess hospital collects information regarding each physician's or other licensed urrent license status, training, experience, competence, and ability to perform rivilege.	
			EP 7	rehabilitation unit who fulfills a - Provides services to the ur - Is a doctor of medicine or o - Is licensed under state law - Has had, after completing a	units in critical access hospitals: The critical access hospital has a director of the all of the following requirements: hit and to its inpatients for at least 20 hours per week esteopathy to practice medicine or surgery a one-year hospital internship, at least two years of training or experience in the patients requiring rehabilitation services	
		nospital internship, at least 2 years	MS.17.01.0		ess hospital collects information regarding each physician's or other licensed urrent license status, training, experience, competence, and ability to perform rivilege.	
of training or experience in the medical-management of inpatients requiring rehabilitation services.		EP 7	rehabilitation unit who fulfills a - Provides services to the ur - Is a doctor of medicine or o - Is licensed under state law - Has had, after completing a	units in critical access hospitals: The critical access hospital has a director of the all of the following requirements: int and to its inpatients for at least 20 hours per week esteopathy to practice medicine or surgery a one-year hospital internship, at least two years of training or experience in the patients requiring rehabilitation services		
§412.29(h)	TAG: C	-0757	PC.11.03.0	The critical acce	ess hospital plans the patient's care.	
	nysician in consu	tient that is established, reviewed, and ultation with other professional personnel	EP 1	following: Needs identified by the pat The patient's goals and the Note 1: Nursing staff develops interdisciplinary plan of care, the Note 2: The hospital evaluate Note 3: For rehabilitation disti	evelops, implements, and revises a written individualized plan of care based on the cient's assessment, reassessment, and results of diagnostic testing 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. Incomparison of the patient of the patient of the patient of the patient.	

CFR Nu §412.2	29(i)	Medicare Requirements	E	loint Commission quivalent Number	Joint Commission Standards and Elements of Performance
inpatient, as document	ted by the periodic of	m approach in the rehabilitation of each clinical entries made in the patient's	PC.12.01.0 EP 1	services. The critical access hospital pr	rovides care, treatment, and services to the patient in an interdisciplinary,
medical record to note the patient's status in relationship to goal attainment and discharge plans, and that team conferences are held at least once per week to determine the appropriateness of treatment.			coordinated interdisciplinary to clinical entries made in the pa	ct 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 atient'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	
§412.29(j)	TAG: C		See Apper	ndix B of the CAMCAH.	
IRF) are excluded from (1) and paid under the cost reporting period u actually treated during of this section, we adju provisions in §412.130	n the prospective payme prospective payme inder paragraph (c) that period does no ust payments to the	or new beds that are added to an existing ayment systems specified in §412.1(a) and system specified in §412.1(a)(3) for a of this section, but the inpatient population of meet the requirements of paragraph (b) IRF retroactively in accordance with the			
§483.5	TAG: C	:-1610	The glossa	ary includes this Medicare defini	ition.
certified facility whether	er that bed is in the	nt of a resident to a bed outside of the same physical plant or not. Transfer t of a resident to a bed within the same			
§483.10					
§483.10 Resident right	ts.				
a court of competent ju	urisdiction, the rights	c-1608 competent under the laws of a State by sof the resident devolve to and are appointed under State law to act on	RI.12.01.0	their care, treat	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
	extent judged nece	resident representative exercises the essary by a court of competent jurisdiction,	EP 3	of proper jurisdiction, the right representative appointed by the exercises the resident's rights Note 1: If a resident represen- resident retains the right to man Note 2: The resident's wishes rights.	less hospitals: If a resident is adjudged incompetent under state law by a court its of the resident automatically transfer to and are exercised by a resident the 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. It tative's decision-making authority is limited by state law or court appointment, the ake those decisions outside the representative's authority. It is and preferences are considered by the representative when exercising the patient's table, the resident is provided with opportunities to participate in the care planning

CFR Number §483.10(b)(7)(i) Medicare Requirements		Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§483.10(b)(7)(i) TAG: C-1608 (i) In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decision outside the representative's authority.		RI.12.01.01	their care, treati	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	
		EP 3	For swing beds in critical access hospitals: If a resident is adjudged incompetent under state of proper jurisdiction, the rights of the resident automatically transfer to and are exercised by representative appointed by the court under state law to act on the resident's behalf. The resexercises the resident's rights to the extent allowed by the court in accordance with state lawnown to the first a resident representative's decision-making authority is limited by state law or couresident retains the right to make those decisions outside the representative's authority. Note 2: The resident's wishes and preferences are considered by the representative when rights. Note 3: To the extent practicable, the resident is provided with opportunities to participate in process.		
§483.10(b)(7)(ii) (ii) The resident's wishes a rights by the representativ		-1608 must be considered in the exercise of	RI.12.01.01	RI.12.01.01 The critical access hospital respects the patient's right to participate in their care, treatment, and services. Note: This right is not to be construted to demand the provision of treatment or services deemed medically uninappropriate.	
		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.	less hospitals: If a resident is adjudged incompetent under state law by a court it is of the resident automatically transfer to and are exercised by a resident in the 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. It is take those decision-making authority is limited by state law or court appointment, the lake those decisions outside the representative's authority. If a resident is provided with opportunities to participate in the care planning its of the resident is provided with opportunities to participate in the care planning	
§483.10(b)(7)(iii) (iii) To the extent practical participate in the care plan		-1608 must be provided with opportunities to	RI.12.01.01	their care, treati	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
			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.	less hospitals: If a resident is adjudged incompetent under state law by a court its of the resident automatically transfer to and are exercised by a resident incompetent 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. It tative's decision-making authority is limited by state law or court appointment, the lake those decisions outside the representative's authority. If an are identified and is a resident is adjudged incompetent under exercising the patient's law or court appointment, the law of the representative when exercising the patient's law or court appointment, the law of the representative when exercising the patient's law, the resident is provided with opportunities to participate in the care planning

CFR Number §483.10(c)	Medicare Requirements	1	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
(c) Planning and implementing care. The resident has the right to be informed of, and participate in, his or her treatment, including:		RI.12.01.01	their care, treati	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
		EP 1	decisions regarding their care care planning and treatment, the right to demand the provision	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 sion of treatment or services deemed medically unnecessary or inappropriate.
§483.10(c)(1) TAG: C (1) The right to be fully informed in langua		RI.11.02.01	The critical accepatient understa	ess hospital respects the patient's right to receive information in a manner the ands.
her total health status, including but not lir		EP 1	manner tailored to the patient Note: The critical access hosp	rovides 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.
§483.10(c)(2)				
(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to:]		
§483.10(c)(2)(iii) TAG: C	-1608	PC.11.03.0	The critical acce	ess hospital plans the patient's care.
(iii) The right to be informed, in advance, o	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
§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 dis or refuse to participate in experimental res directive.				ment, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or
		EP 4	treatment; to participate in or	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.
§483.10(d) TAG: C	-1608	RI.12.01.01	The critical acce	ess hospital respects the patient's right to participate in decisions about
(d) Choice of attending physician. The resident has the right to choose his or her attending physician.				ment, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or
		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 e 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.

CFR Num §483.10(d		Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.10(d)(1) TAG: C-1608 (1) The physician must be licensed to practice, and		their care, treatn		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	
		For swing beds in critical access hospitals: The critical access hospital supports the residents right to cholicensed attending physician. Note: If the physician chosen by the resident refuses to or does not meet the requirements for attending physicians at 42 CFR 483, the critical access hospital may seek alternative physician participation to assign provision of appropriate and adequate care and treatment. The critical access hospital informs the resident determines that the physician chosen by the resident is unlicensed or unable to serve as the attending physician access hospital also discusses alternative physician participation with the resident and honors resident's preferences, if any, among the options.			
specified in this part, the	TAG: C-1608 2) If the physician chosen by the resident refuses to or does not meet requirements pecified in this part, the facility may seek alternate physician participation s specified in paragraphs (d)(4) and (5) of this section to assure provision of		RI.12.01.01	their care, treati	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
appropriate and adequate care and treatment.		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 e 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.	
§483.10(d)(3)	TAG: C-	1608			
	ntacting the physic	ent remains informed of the name, ian and other primary care professionals			
§483.10(d)(4)	TAG: C-	1608	RI.12.01.01	The critical acce	ess hospital respects the patient's right to participate in decisions about
chosen by the resident is	The facility must inform the resident if the facility determines that the physician mosen by the resident is unable or unwilling to meet requirements specified in its part and the facility seeks alternate physician participation 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
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 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 e 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.	

CFR Number §483.10(d)(5)	Medicare Requirements	1	pint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§483.10(d)(5) TAG: C- (5) If the resident subsequently selects and requirements specified in this part, the faci	other attending physician who meets the	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.			
		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 e 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(e)					
(e) Respect and dignity. The resident has a 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 pos- 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 he the same facility and both spouses consen		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	
§483.10(f)(4)(ii) TAG: C-	1608	RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.	
(ii) The facility must provide immediate acc and other relatives of the resident, subject consent at any time;		EP 8	relatives immediate access to access hospital provides othe	ess hospitals: The critical access hospital provides immediate family and other the resident, except when the resident denies or withdraws consent. The critical ers who are visiting immediate access to the resident, except when reasonable pply or when the resident denies or withdraws consent.	
§483.10(f)(4)(iii) TAG: C-	1608	RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.	
(iii) The facility must provide immediate acc visiting with the consent of the resident, su restrictions and the resident's right to deny	bject to reasonable clinical and safety	EP 8	relatives immediate access to access hospital provides othe	ess 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 pply or when the resident denies or withdraws consent.	
§483.10(g)(8) TAG: 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 I packages and other materials delivered to means other than a postal service, including	the facility for the resident through a	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 hail and to receive letters, packages, and other materials delivered to the critical not 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(g)(8)(i) TAG: C-	1608	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.	
(i) Privacy of such communications consist	ent with this section; and	EP 3	promptly receive unopened m access hospital for the resider	less hospitals: The critical access hospital supports the resident's right to send and sail and to receive letters, packages, and other materials delivered to the critical and 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.	

CFR Number §483.10(g)(8)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.10(g)(8)(ii) TAG: C	-1608	RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.
(ii) Access to stationery, postage, and writing implements at the resident's own expense.		EP 3	promptly receive unopened maccess 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: C	-1608	ĺ		
(17) The facility must—				
§483.10(g)(17)(i) TAG: C	-1608	ĺ		
(i) Inform each Medicaid-eligible resident, nursing facility and when the resident becomes				
§483.10(g)(17)(i)(A) TAG: C	-1608	LD.13.02.0	1 Ethical principle	s guide the critical access hospital's business practices.
(A) The items and services that are includ State plan and for which the resident may		EP 2	of admission or when the residence of admission or when the residence of thems and services that the amount of charges for those	iss hospitals: Each Medicaid-eligible resident is informed in writing, either at the time dent becomes eligible for Medicaid, of the following: If in the state plan for which the resident may not be charged critical access hospital offers, those for which the resident may be charged, and the e services If it is a service it is informs the resident when changes are made to the items and services.
§483.10(g)(17)(i)(B) TAG: C	-1608	LD.13.02.0 ⁻	1 Ethical principle	es guide the critical access hospital's business practices.
(B) Those other items and services that the may be charged, and the amount of charged.		EP 2	of admission or when the residence of admission or when the residence of thems and services that the amount of charges for those	iss hospitals: Each Medicaid-eligible resident is informed in writing, either at the time dent becomes eligible for Medicaid, of the following: d in the state plan for which the resident may not be charged critical access hospital offers, those for which the resident may be charged, and the e services wital informs the resident when changes are made to the items and services.
§483.10(g)(17)(ii) TAG: C	-1608	LD.13.02.0 ⁻	1 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) a	9	EP 2	of admission or when the residue. Items and services included. Items and services that the amount of charges for those	iss hospitals: Each Medicaid-eligible resident is informed in writing, either at the time dent becomes eligible for Medicaid, of the following: d in the state plan for which the resident may not be charged critical access hospital offers, those for which the resident may be charged, and the e services ital informs the resident when changes are made to the items and services.
§483.10(g)(18) TAG: C	-1608	LD.13.02.0 ⁴	1 Ethical principle	es guide the critical access hospital's business practices.
(18) The facility must inform each resident periodically during the resident's stay, of s charges for those services, including any of Medicare/ Medicaid or by the facility's per	services available in the facility and of charges for services not covered under	EP 3	admission, and periodically du	ess hospitals: The critical access hospital informs residents before or at the time of pring the resident's stay, of services available in the critical access hospital and of the 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 personal privace and medical records.	cy and confidentiality of his or her personal	EP 1	confidentiality of health inform	evelops and implements policies and procedures addressing the privacy and ation. Il access hospitals: Policies and procedures also address the resident's personal

CFR Number §483.10(h)(1)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§483.10(h)(1) TAG: C-	1608	RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.
(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.				
§483.10(h)(2) 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 of the right to privacy in his or her oral (that is communications, including the right to send and other letters, packages and other materesident, including those delivered through	s, spoken), written, and electronic d and promptly receive unopened mail erials delivered to the facility for the		Note 1: This element of perfor of a patient's health informatic Note 2: For swing beds in criti written and telephone commu	espects the patient's right to personal privacy. Imance (EP) addresses a patient's personal privacy. For EPs addressing the privacy on, refer to Standard IM.12.01.01. Idical access hospitals: Personal privacy includes accommodations, medical treatment, unications, 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 hail and to receive letters, packages, and other materials delivered to the critical and 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 nation. 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.
(i) The resident has the right to refuse the except as provided at § 483.70(i)(2) or other	•		consent or as otherwise requi Note: For swing beds in critica	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
§483.10(h)(3)(ii) TAG: C-	1608	IM.12.01.01	The critical acce	ess hospital protects the privacy and confidentiality of health information.
(ii) The facility must allow representatives of Ombudsman to examine a resident's medi accordance with State law.			consent or as otherwise requi Note: For swing beds in critica	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
§483.12(a)				
(a) The facility must—				
§483.12(a)(1) TAG: C-(1) Not use verbal, mental, sexual, or phys		RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
involuntary seclusion;		EP 1	involuntary seclusion, and ver care, treatment, and services.	rotects the patient from harassment, neglect, exploitation, corporal punishment, rbal, mental, sexual, or physical abuse that could occur while the patient is receiving . ess hospitals: The critical access hospital also protects the resident from

CFR Number §483.12(a)(2)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.12(a)(2) TAG: Compared to the state of	nysical or chemical restraints imposed	PC.13.02.0 ²	or when warra	cess hospital uses restraint or seclusion only when it can be clinically justified nted by patient behavior that threatens the physical safety of the patient, staff, e: See Glossary for the definitions of restraint and seclusion.
		EP 3	restraints that are imposed f medical symptoms. When the	cess hospitals: The critical access hospital does not use physical or chemical or purposes of discipline or convenience and are not required to treat the resident's ne use of restraints is indicated, the critical access hospital uses the least restrictive unt of time and documents ongoing reevaluation of the need for restraints.
§483.12(a)(3) TAG: C	-1612			
(3) Not employ or otherwise engage individ	duals who—			
§483.12(a)(3)(i) TAG: C	-1612	HR.11.02.0	1 The critical ac	cess hospital defines and verifies staff qualifications.
(i) Have been found guilty of abuse, negler property, or mistreatment by a court of law		EP 4	been found guilty by a court residents or who have had a	cess hospitals: The critical access hospital does not employ individuals who have of law of abusing, neglecting, exploiting, misappropriating property, or mistreating a finding entered into the state nurse aide registry concerning abuse, neglect, fresidents, or misappropriation of residents' property.
§483.12(a)(3)(ii) TAG: C	-1612	HR.11.02.0	1 The critical ac	cess hospital defines and verifies staff qualifications.
(ii) Have had a finding entered into the Sta neglect, exploitation, mistreatment of resid or		EP 4	been found guilty by a court residents or who have had a	cess hospitals: The critical access hospital does not employ individuals who have of law of abusing, neglecting, exploiting, misappropriating property, or mistreating infinding entered into the state nurse aide registry concerning abuse, neglect, residents, or misappropriation of residents' property.
§483.12(a)(4) TAG: C		RI.13.01.01		s 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	employee, which would indicate unfitness	EP 2	licensing authorities any kno	cess hospitals: The critical access hospital reports to the state nurse aide registry or owledge it has of any actions taken by a court of law against an employee that would as as a nurse aide or other facility staff.
§483.12(b) TAG: C	-1612			
(b) The facility must develop and implement	nt written policies and procedures that:			
§483.12(b)(1) TAG: C	· · · · =	RI.13.01.01	The patient ha	s the right to be free from harassment, neglect, exploitation, and verbal, mental,
 Prohibit and prevent abuse, neglect, ar misappropriation of resident property, 	nd exploitation of residents and	EP 3	For critical access hospitals and procedures that prohibit	with swing beds: The critical access hospital develops and implements written policies and prevent mistreatment, neglect, and abuse of residents and misappropriation of es and procedures also address investigation of allegations related to these issues.
§483.12(b)(2) TAG: C	-1612	RI.13.01.01	The patient ha	s the right to be free from harassment, neglect, exploitation, and verbal, mental,
(2) Establish policies and procedures to in	vestigate any such allegations, and		physical, and	
		EP 3	and procedures that prohibit	with swing beds: The critical access hospital develops and implements written policies and prevent mistreatment, neglect, and abuse of residents and misappropriation of es and 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:	glect, exploitation, or mistreatment, the			

CFR Number §483.12(c)(1)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.12(c)(1) TAG: (RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.			For swing beds in critical accellicensing authorities any know	ess hospitals: The critical access hospital reports to the state nurse aide registry or wledge 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 4	The critical access hospital reports allegations, observations, and suspected cases of neglect, exploita abuse to appropriate authorities based on its evaluation of the suspected events or as required by law Note: For swing beds in critical access hospitals: Alleged violations involving abuse, neglect, exploitat mistreatment, including injuries of unknown source and misappropriation of resident property, are reported administrator of the facility and to other officials (including the state survey agency and adult protective where state law provides for jurisdiction in long-term care facilities) in accordance with state law and exprocedures. The alleged violations are reported in the following time frames: No later than 2 hours after the allegation is made if the allegation involves abuse or serious bodily in No later than 24 hours after the allegation is made if the allegation does not involve abuse or serious injury	
§483.12(c)(2) TAG: (2) Have evidence that all alleged violatic	C-1612	RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
(2) Trave evidence that all alleged violation	no die thoroughly investigateu.	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 in, 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 of agency, within five working days of the incident. If the alleged violation is verified, is taken.
6 11 (1)(1)	C-1612 oct, exploitation, or mistreatment while the	RI.13.01.01	The patient has physical, and se	the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
investigation is in progress.	o, o,p.o.ledon, or mededanon mile are	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 in, 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 of agency, within five working days of the incident. If the alleged violation is verified, is taken.
0 11 (1/A)	C-1612	RI.13.01.01	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 designated representative and to other o including to the State Survey Agency, wit the alleged violation is verified appropriate	fficials in accordance with State law, hin 5 working days of the incident, and if	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 in, or mistreatment are thoroughly investigated and that it prevents further abuse, eatment while the investigation is in progress. The results of all investigations are for 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,
§483.15(c)				
(c) Transfer and discharge—				
§483.15(c)(1) TAG: (C-1610			
(1) Facility requirements—				

CFR Number §483.15(c)(1)(i)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(1)(i) TAG:	C-1610	İ		
(i) The facility must permit each resident discharge the resident from the facility ur	to remain in the facility, and not transfer or nless—]		
§483.15(c)(1)(i)(A) TAG: (A) The transfer or discharge is necessar	C-1610 Ty for the resident's welfare and the	PC.14.01.03		in critical access hospitals: Residents are not transferred or discharged from ss hospital unless they meet specific criteria, in accordance with law and
resident's needs cannot be met in the facility;			regulation.	
		 For swing beds in critical access hospitals: The critical access hospital transfers or discharges residents under at least one of the following conditions: The resident's health has improved to the point where they no longer need the critical access hospital' services. The transfer or discharge is necessary for the resident's welfare, and the critical access hospital cannot the resident's needs. The safety of the individuals in the critical access hospital is endangered due to the resident's clinical obehavioral status. The health of individuals in the critical access hospital would otherwise be endangered. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medor Medicaid) a stay at the critical access hospital. Nonpayment applies if the resident does not submit necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, dithe claim and the resident refuses to pay for their stay. For a resident who becomes eligible for Medica admission to a critical access hospital, the critical access hospital may charge a resident only the allow charges under Medicaid. The critical access hospital ceases operation. Note: The critical access hospital cannot transfer or discharge a resident while an appeal is pending purs 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident individuals in the critical access hospital. The critical access hospital documents the danger that fail transfer or discharge would pose. 		
(B) The transfer or discharge is appropria	C-1610 ate because the resident's health has onger needs the services provided by the	PC.14.01.03		in critical access hospitals: Residents are not transferred or discharged from as hospital unless they meet specific criteria, in accordance with law and
facility;		under - The ser - The the - The bet - The or I nec the adr cha - The Note: 42 CF	at least one of the follower resident's health has invices. The transfer or discharge is resident's needs. The safety of the individual navioral status. The health of individuals in the resident has failed, afth Medicaid) a stay at the observe paperwork for the claim and the resident mission to a critical access under Medicaid. The critical access hospital The critical access hospital The critical access the face of the critical access hospital The critical access the face of the critical access the critical access the face of the critical access the face of the critical access t	s necessary for the resident's welfare, and the critical access hospital cannot meet is in the critical access hospital is endangered due to the resident's clinical or the critical access hospital would otherwise be endangered. The critical access hospital is endangered. The critical access hospital 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)(C)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§483.15(c)(1)(i)(C) TAG: (C) The safety of individuals in the facility behavioral status of the resident:	C-1610 y is endangered due to the clinical or	PC.14.01.0		in critical access hospitals: Residents are not transferred or discharged from ess hospital unless they meet specific criteria, in accordance with law and	
behavioral status of the resident;		EP 1			
o as attack to the same	C-1610	PC.14.01.0		in critical access hospitals: Residents are not transferred or discharged from	
(D) The health of individuals in the facility	y would otherwise be endangered;	EP 1	regulation. For swing beds in critical acceunder at least one of the follor The resident's health has i services. The transfer or discharge in the resident's needs. The safety of the individual behavioral status. The health of individuals in The resident has failed, aft or Medicaid) a stay at the concessary paperwork for the claim and the resident admission to a critical access charges under Medicaid. The critical access hospita Note: The critical access hospita 1.230, unless the following the fo	ess hospitals: The critical access hospital transfers or discharges residents only wing conditions: mproved to the point where they no longer need the critical access hospital's a necessary for the resident's welfare, and the critical access hospital cannot meet als in the critical access hospital is endangered due to the resident's clinical or at the critical access hospital would otherwise be endangered. The critical access hospital if the resident does not submit the critical access hospital who becomes eligible for Medicaid, denies refuses to pay for their stay. For a resident who becomes eligible for Medicaid after the sess hospital, the critical access hospital may charge a resident only the allowable all ceases operation. The critical access hospital 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	

CFR Number §483.15(c)(1)(i)(E)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(1)(i)(E) TAG: C- (E) The resident has failed, after reasonable to have paid under Medicare or Medicaid)	le and appropriate notice, to pay for (or	PC.14.01.0		in critical access hospitals: Residents are not transferred or discharged from ess hospital unless they meet specific criteria, in accordance with law and
to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or		 For swing beds in critical access hospitals: The critical access hospital transfers or discharges residents on under at least one of the following conditions: The resident's health has improved to the point where they no longer need the critical access hospital's services. The transfer or discharge is necessary for the resident's welfare, and the critical access hospital cannot the resident's needs. The safety of the individuals in the critical access hospital is endangered due to the resident's clinical or behavioral status. The health of individuals in the critical access hospital would otherwise be endangered. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medic or Medicaid) a stay at the critical access hospital. Nonpayment applies if the resident does not submit th necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, der the claim and the resident refuses to pay for their stay. For a resident who becomes eligible for Medicaid admission to a critical access hospital, the critical access hospital may charge a resident only the allowa charges under Medicaid. The critical access hospital ceases operation. Note: The critical access hospital cannot transfer or discharge a resident while an appeal is pending pursua 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident individuals in the critical access hospital. The critical access hospital documents the danger that failur transfer or discharge would pose. 		
§483.15(c)(1)(i)(F) TAG: C	1610	PC.14.01.0	the critical acce	in critical access hospitals: Residents are not transferred or discharged from ess hospital unless they meet specific criteria, in accordance with law and
		EP 1	under at least one of the follor The resident's health has in services. The transfer or discharge is the resident's needs. The safety of the individual behavioral status. The health of individuals in The resident has failed, aft or Medicaid) a stay at the onecessary paperwork for the claim and the resident admission to a critical acceecharges under Medicaid. The critical access hospital Note: The critical access hospital Versul Paper State 1.230, unless the following services.	In proved to the point where they no longer need the critical access hospital's as necessary for the resident's welfare, and the critical access hospital cannot meet als in the critical access hospital is endangered due to the resident's clinical or at the critical access hospital would otherwise be endangered. The critical access hospital is endangered. The critical access hospital is endangered. The critical access hospital 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)(ii)	Medicare Requirements	1	oint Commission uivalent Number	Joint Commission Standards and Elements of Performance			
§483.15(c)(1)(ii) TAG: (iii) The facility may not transfer or discharge partial and the second secon	ge the resident while the appeal is	PC.14.01.03	PC.14.01.03 For swing beds in critical access hospitals: Residents are not transferred or discharged from the critical access hospital unless they meet specific criteria, in accordance with law and regulation.				
or her right to appeal a transfer or dischal § 431.220(a)(3) of this chapter, unless the endanger the health or safety of the resid	tal. 230 of this chapter, when a resident exercises his transfer or discharge notice from the facility pursuant to chapter, unless the failure to discharge or transfer would safety of the resident or other individuals in the facility. The the danger that failure to transfer or discharge would pose.		For swing beds in critical access hospitals: The critical access hospital transfers or discharges residents only under at least one of the following conditions: - The resident's health has improved to the point where they no longer need the critical access hospital's services. - The transfer or discharge is necessary for the resident's welfare, and the critical access hospital cannot meet the resident's needs. - The safety of the individuals in the critical access hospital is endangered due to the resident's clinical or behavioral status. - The health of individuals in the critical access hospital would otherwise be endangered. - The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the critical access hospital. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for their stay. For a resident who becomes eligible for Medicaid after admission to a critical access hospital, the critical access hospital may charge a resident only the allowable charges under Medicaid. - The critical access hospital ceases operation. Note: The critical access hospital cannot transfer or discharge a resident while an appeal is pending pursuant to 42 CFR 431.230, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the critical access hospital. The critical access hospital documents the danger that failure to transfer or discharge would pose.				
§483.15(c)(2) TAG: 0	C-1610	RC.12.03.01	The patient's me	edical record contains discharge information.			
specified in paragraphs (c)(1)(i)(A) througensure that the transfer or discharge is do	a resident under any of the circumstances th (F) of this section, the facility must becumented in the resident's medical record ated to the receiving health care institution		provided to the resident and/or record when the resident is be be endangered. The resident improving and no longer need	less hospitals: Documentation in the medical record includes discharge information for to the receiving organization. A physician document in the resident's medical lesing transferred or discharged because the safety of other residents would otherwise is physician documents in the medical record when the transfer is due to the resident ding 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: 0	C-1610		'				
(i) Documentation in the resident's medical	al record must include:]					
§483.15(c)(2)(i)(A) TAG: 0	C-1610	RC.12.03.01	The patient's me	edical record contains discharge information.			
(A) The basis for the transfer per paragra	ph (c)(1)(i) of this section.	EP 2	 Reason for transfer, discha Treatment provided, diet, n Referrals provided to the re of the physician or other lic and treatment, if this perso Medical findings and diagn reached toward goals 	nedication orders, and orders for the resident's immediate care esident, the referring physician's or other licensed practitioner's name, and the name tensed practitioner who has agreed to be responsible for the resident's medical care in is someone other than the referring physician or other licensed practitioner loses; a summary of the care, treatment, and services provided; and progress lent's behavior, ambulation, nutrition, physical status, psychosocial status, and useful in the resident's care			

CFR Number §483.15(c)(2)(i)(B)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance	
§483.15(c)(2)(i)(B) TAG:	C-1610	RC.12.03.01	The patient's me	edical record contains discharge information.	
that cannot be met, facility attempts to n			For swing beds in critical access hospitals: When the resident is transferred or discharged because the cr access hospital cannot meet their needs, the critical access hospital documents which needs could not be the critical access hospital's attempts to meet the resident's needs, and the services available at the recei organization that will meet the resident's needs.		
§483.15(c)(2)(ii) TAG:	C-1610				
(ii) The documentation required by paragety—	graph (c)(2)(i) of this section must be made				
§483.15(c)(2)(ii)(A) TAG:	C-1610	RC.12.03.01	The patient's mo	edical record contains discharge information.	
(A) The resident's physician when transparagraph (c)(1)(A) or (B) of this section		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 is 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)(ii)(B) TAG:	C-1610	RC.12.03.01	The patient's me	edical record contains discharge information.	
(B) A physician when transfer or dischartor (D) of this section.	ge is necessary under paragraph (b)(1)(i)(C)	EP 1	provided to the resident and/or record when the resident is be be endangered. The resident improving and no longer needs	less 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 is 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 receiving following:	provider must include a minimum of the				
§483.15(c)(2)(iii)(A) TAG:	C-1610	PC.14.02.03		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, - Current course of illness ar - Postdischarge goals of car - Treatment preferences at to Note: For swing beds in critical following: - Contact information of the part of the p	nd treatment e he time of discharge al access hospitals: The information sent to the receiving provider also includes the physician or other licensed practitioner responsible for the care of the resident formation, including contact information ion recautions 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: C-1610 (B) Resident representative information including contact information.		PC.14.02.03	PC.14.02.03 When a patient is discharged or transferred, the critical access hospital gives information about the care, treatment, and services provided to the patient to other service providers will provide the patient with care, treatment, or services.			
		1 5 7 - - 1 5 - - -	The critical access hospital provides or transmits necessary medical information when discharging, transferring, or referring the patient to post–acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners who are responsible for the patient's follow-up or ancillary care. Necessary 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 includes the following: - Contact information of the physician or other licensed practitioner responsible for the care of the resident - Resident representative information, including contact information - Advance directive information - All special instructions or precautions for ongoing care, when appropriate - Comprehensive care plan goals - All other necessary information, including a copy of the residents discharge summary, consistent with 42 CFR 483.21(c)(2), and any other documentation, as applicable, to support a safe and effective transition of care			
§483.15(c)(2)(iii)(C) TAG: C- (C) Advance Directive information.	1610	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.		
		1 S S S S S S S S S S S S S S S S S S S	referring the patient to post—a service providers and practitic medical information includes, - Current course of illness ar - Postdischarge goals of car - Treatment preferences at the street of the services of the serv	nd treatment e the time of discharge al access hospitals: The information sent to the receiving provider also includes the ohysician or other licensed practitioner responsible for the care of the resident formation, including contact information for recautions for ongoing care, when appropriate		

CFR Number §483.15(c)(2)(iii)(D)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§483.15(c)(2)(iii)(D) TAG: C-1610 (D) All special instructions or precautions for ongoing care, as appropriate.		PC.14.02.03	PC.14.02.03 When a patient is discharged or transferred, the critical access hospital gives inform about the care, treatment, and services provided to the patient to other service provided to the patient to other service provided the patient with care, treatment, or services.		
			referring the patient to post–a service providers and practitic medical information includes, - Current course of illness ar - Postdischarge goals of car Treatment preferences at the Note: For swing beds in critical following: - Contact information of the particular inform	nd treatment end	
§483.15(c)(2)(iii)(E) TAG: C- (E) Comprehensive care plan goals,	1610	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.	
			referring the patient to post—a service providers and practitic medical information includes, - Current course of illness ar - Postdischarge goals of car Treatment preferences at the total course. For swing beds in critical following: - Contact information of the part of the par	nd treatment energy the time of discharge all access hospitals: The information sent to the receiving provider also includes the obscious or other licensed practitioner responsible for the care of the resident formation, including contact information on recautions for ongoing care, when appropriate	

CFR Number §483.15(c)(2)(iii)(F)	Medicare Requirements	Joint Commission Equivalent 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), and the summary of the s	ing a copy of the residents discharge	PC.14.02.03	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 service will provide the 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.			referring the patient to post—a service providers and practitic medical information includes, - Current course of illness ar - Postdischarge goals of car - Treatment preferences at to Note: For swing beds in critical following: - Contact information of the part of the p	nd treatment e he time of discharge al access hospitals: The information sent to the receiving provider also includes the physician or other licensed practitioner responsible for the care of the resident formation, including contact information ion recautions for ongoing care, when appropriate			
§483.15(c)(3) TAG: C	-1610						
(3) Notice before transfer. Before a facility transfers or discharges a I		PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.			
(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.			The patient, the patient's care psychologists, and staff who at 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 shote 3: For swing beds in critical family member or legal report 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			
		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 sage, language, and ability to understand. bital 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		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance		
§483.15(c)(3)(ii) TAG: (C-1610	RC.12.03.01	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.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.		
§483.15(c)(3)(iii) TAG: C-1610 (iii) Include in the notice the items described in paragraph (b)(5) of this section.		RI.11.02.01 EP 1	The patient, the patient's care 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 critical family member or legal representation of the notice is in writing, in a late 483.15(c)(5). The critical accessure that transfer or discharge sends a copy of the notice to a copy of the notice	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" to e 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 is shospital 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)(4) TAG: 0	C-1610					
(4) Timing of the notice.						
§483.15(c)(4)(i) TAG: (C-1610	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.		
	4)(ii) and (b)(8) of this section, the notice of section must be made by the facility at least I or discharged.		discharge at least 30 days bef 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. 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.		
§483.15(c)(4)(ii) TAG: 0	C-1610					
(ii) Notice must be made as soon as prac	ticable before transfer or discharge when—					
§483.15(c)(4)(ii)(A) TAG: (C-1610	PC.14.01.01	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 bef 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. 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)(Medicare	Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(4)(ii)(B)	TAG: C-1610		PC.14.01.01	The critical acce	ess 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;			discharge at least 30 days bef 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. 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)(C)	TAG: C-1610		PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
(C) The resident's health imp discharge, under paragraph (oves sufficiently to allow a more)(1)(ii)(B) of this section;	e immediate transfer or		discharge at least 30 days bef 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. 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.
§483.15(c)(4)(ii)(D)	TAG: C-1610		PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
(D) An immediate transfer or needs, under paragraph (b)(1	discharge is required by the res n(ii)(A) of this section; or	sident's urgent medical		discharge at least 30 days bef 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. 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)(E)	TAG: C-1610		PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
(E) A resident has not resided	in the facility for 30 days.			discharge at least 30 days bef 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. 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)(5)	TAG: C-1610				
(5) Contents of the notice. The written notice specified in following:	paragraph (b)(3) of this sectio	n must include the			

CFR Numb §483.15(c)(5		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.15(c)(5)(i)	TAG: C-1610		PC.14.01.0	The critical acce	ess hospital follows its process for discharging or transferring patients.
(i) The reason for transfer or discharge;		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)(ii)	TAG: C-1610		PC.14.01.0	The critical acce	ess hospital follows its process for discharging or transferring patients.
(ii) The effective date of tra	ansfer or discharge;		EP 13	483.15(c)(3) includes the follo Reason for transfer or discipled Effective date of transfer or Location to which the resident's number of the entity which find assistance in completine Name, address (mailing an ombudsman For a resident with intellect number of the agency resp C of the Developmental Dis For a resident with a mentanumber of the agency resp	harge

CFR Number §483.15(c)(5)(iii	Medicare Requirements	1	oint Commission Juivalent 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 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 Ill Individuals Act				
§483.15(c)(5)(iv)	TAG: C-1610	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.		
and email), and telephone nu	t's appeal rights, including the name, address (mailing mber of the entity which receives such requests; and an appeal form and assistance in completing the form aring request;		 483.15(c)(3) includes the follo Reason for transfer or discled Effective date of transfer or Location to which the resident's number of the entity which find assistance in completing an ombudsman For a resident with intellect number of the agency responder of the agency re	harge		

CFR Number §483.15(c)(5)(v)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§483.15(c)(5)(v)	TAG: C-1610	PC.14.01.0	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;		FC.14.01.01 The critical access hospital follows its process for discharging or transferring patients. 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 Ill Individuals Act			
§483.15(c)(5)(vi)	TAG: C-1610	PC.14.01.0	The critical acce	ess hospital follows its process for discharging or transferring patients.	
or related disabilities, the mailing of the agency responsible for the developmental disabilities establis	with intellectual and developmental disabilities and email address and telephone number protection and advocacy of individuals with shed under Part C of the Developmental Rights Act of 2000 (Pub. L. 106–402, codified at	EP 13	 483.15(c)(3) includes the follo Reason for transfer or disc Effective date of transfer or Location to which the resident's number of the entity which find assistance in completine Name, address (mailing an ombudsman For a resident with intellect number of the agency resp C of the Developmental Dist For a resident with a mentanumber of the agency resp 	harge	

CFR Number §483.15(c)(5)(vii)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§483.15(c)(5)(vii) TAG: C	-1610	PC.14.01.01	The critical acce	ess 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 CF 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 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 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 Protection and Advocacy for Mentally III Individuals Act		
§483.15(c)(7) TAG: C	-1610	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
(7) Orientation for transfer or discharge. A facility must provide and document suffi residents to ensure safe and orderly trans orientation must be provided in a form and		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 critia 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 stdischarge care. psychiatric distinct part units in critical access hospitals: The definition of "physician" he 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 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 arrepresentative of the office of the state's long-term care ombudsman.
§483.15(c)(8) TAG: C	-1610	PC.14.01.03		in critical access hospitals: Residents are not transferred or discharged from
	t provide written notification prior to the	EP 2	regulation. For critical access hospitals we the critical access hospital prothe office of the state's long-te	ss hospital unless they meet specific criteria, in accordance with law and 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' aplan 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 composite	part. part (as defined in §483.5) D(e)(7) and must be limited to moves within tresides, unless the resident voluntarily	EP 4	For swing beds in critical accedistinct 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.

CFR Number §483.20(b)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§483.20(b) TAG: C	:-1620		-		
(b) Comprehensive assessments –]			
				ess hospital assesses and reassesses the patient and the patient's condition	
(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:		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)(i) TAG: C		PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.	
(i) Identification and demographic informa	tion.	- Ide - Cu - Co - Vis - Ps - Mo - Ph - Co - Dis - De - Nu - Sk - Pu - Me - Ne - Ne - Ne - Ne - Ne	wing beds in critical acceptifying and demograph stomary routines gnitive patterns mmunication needs sion needs ychosocial well-being and and behavior pattern ysical functioning and stritinence sease(s), diagnoses, and that status (such as tritional status (such as tritional status diagnoses) and of activity edications are dor special treatments scharge planning.	ess hospitals: The comprehensive assessment of the resident includes the following: ic information is ructural problems is health conditions usual body weight or desirable body weight range, electrolyte balance)	

CFR Number §483.20(b)(1)(i		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.20(b)(1)(ii) TAG: C-1620 (ii) Customary routine.		PC.11.02.0		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.	
			EP 11	 Identifying and demograph Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and st Continence Disease(s), diagnoses, and Dental status Nutritional status (such as Skin Pursuit of activity Medications Need for special treatment Discharge planning Note: The critical access hosp 	ns tructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)
§483.20(b)(1)(iii)	TAG: C-1	620	PC.11.02.0		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
(iii) Cognitive patterns.			EP 11	For swing beds in critical acce - Identifying and demograph - Customary routines - Cognitive patterns - Communication needs - Vision needs - Psychosocial well-being - Mood and behavior pattern - Physical functioning and st - Continence - Disease(s), diagnoses, and - Dental status - Nutritional status (such as - Skin - Pursuit of activity - Medications - Need for special treatment - Discharge planning Note: The critical access hos	ess hospitals: The comprehensive assessment of the resident includes the following: iic information as irructural problems id health conditions usual body weight or desirable body weight range, electrolyte balance)

CFR Numbe §483.20(b)(1)		Medicare Requirements	-	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.20(b)(1)(iv) (iv) Communication.	TAG: C	-1620	PC.11.02.0		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
			EP 11	- Identifying and demograph - Customary routines - Cognitive patterns - Communication needs - Vision needs - Psychosocial well-being - Mood and behavior pattern - Physical functioning and st - Continence - Disease(s), diagnoses, and - Dental status - Nutritional status (such as - Skin - Pursuit of activity - Medications - Need for special treatment - Discharge planning Note: The critical access hosp	ns tructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)
§483.20(b)(1)(v) (v) Vision.	TAG: 0	C-1620	PC.11.02.0		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
(v) Vision.			EP 11	For swing beds in critical acce - Identifying and demograph - Customary routines - Cognitive patterns - Communication needs - Vision needs - Psychosocial well-being - Mood and behavior pattern - Physical functioning and st - Continence - Disease(s), diagnoses, and - Dental status - Nutritional status (such as - Skin - Pursuit of activity - Medications - Need for special treatment - Discharge planning Note: The critical access hos	ess hospitals: The comprehensive assessment of the resident includes the following: iic information as tructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)

CFR Number §483.20(b)(1)(vi)	Medicare Requirements		nt Commission uivalent Number	Joint Commission Standards and Elements of Performance
§483.20(b)(1)(vi) TAG: C-1620 (vi) Mood and behavior patterns.		PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
		- - - - - - - - - - - - - - - - - - -	Identifying and demograph Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and st Continence Disease(s), diagnoses, and Dental status Nutritional status (such as Skin Pursuit of activity Medications Need for special treatment Discharge planning Note: The critical access hos	ns ructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)
§483.20(b)(1)(vii) TAC	G: C-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
(VII) F Sychosocial well-beilig.		- - - - - - - - - - - - - - - - - - -	For swing beds in critical accellatifying and demograph Customary routines Cognitive patterns Communication needs Vision needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and standard Continence Disease(s), diagnoses, and Dental status Nutritional status (such as Skin Pursuit of activity Medications Need for special treatment Discharge planning Note: The critical access hos	ess hospitals: The comprehensive assessment of the resident includes the following: ic information is ructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)

CFR Number §483.20(b)(1)(viii)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance	
3	** * **=*	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition	
§483.20(b)(1)(viii) TAG: C-1620 (viii) Physical functioning and structural problems.		### according to defined time frames. EP 11 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 - 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.			
• (/////	G: C-1620	PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition efined time frames.	
(ix) Continence.		- - - - - - - - - - - - N	or swing beds in critical accordidentifying and demograph Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and standard continence Disease(s), diagnoses, and Dental status Nutritional status (such as Skin Pursuit of activity Medications Need for special treatment Discharge planning ote: The critical access hos	ess hospitals: The comprehensive assessment of the resident includes the following: nic information as tructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)	

CFR Number §483.20(b)(1)(x)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance	
3.00.0000000000000000000000000000000000		PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition	
§483.20(b)(1)(x) TAG: C-1620 (x) Disease diagnoses and health conditions.		### according to defined time frames. EP 11 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.			
• (/////	G: 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.		- - - - - - - - - - - - N	or swing beds in critical accordidentifying and demograph Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and standard continence Disease(s), diagnoses, and Dental status Nutritional status (such as Skin Pursuit of activity Medications Need for special treatment Discharge planning ote: The critical access hos	ess hospitals: The comprehensive assessment of the resident includes the following: iic information as tructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)	

CFR Numbe §483.20(b)(1)(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.11.02.0		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
			EP 11	 Identifying and demograph Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and st Continence Disease(s), diagnoses, and Dental status Nutritional status (such as Skin Pursuit of activity Medications Need for special treatment Discharge planning Note: The critical access hosp 	ns ructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)
§483.20(b)(1)(xiii) (xiii) Activity pursuit.	TAG: C-	1620	PC.11.02.0		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 acce - Identifying and demograph - Customary routines - Cognitive patterns - Communication needs - Vision needs - Psychosocial well-being - Mood and behavior pattern - Physical functioning and st - Continence - Disease(s), diagnoses, and - Dental status - Nutritional status (such as - Skin - Pursuit of activity - Medications - Need for special treatment - Discharge planning Note: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: ic information is ructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)

CFR Number §483.20(b)(1)(xiv)		Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§483.20(b)(1)(xiv) (xiv) Medications.	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 demograph Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and s Continence Disease(s), diagnoses, an Dental status Nutritional status (such as Skin Pursuit of activity Medications Need for special treatment Discharge planning Note: The critical access hos 	ns tructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)
§483.20(b)(1)(xv)	TAG: C-	1620	PC.11.02		ess hospital assesses and reassesses the patient and the patient's condition if ined time frames.
(xv) Special treatments and proc	edules.		EP 11	For swing beds in critical acc Identifying and demograph Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and s Continence Disease(s), diagnoses, an Dental status Nutritional status (such as Skin Pursuit of activity Medications Need for special treatment Discharge planning Note: The critical access hos	ess hospitals: The comprehensive assessment of the resident includes the following: nic information as tructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)

CFR Number §483.20(b)(1)(xvi)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§483.20(b)(1)(xvi) TAG: C-(xvi) Discharge planning.	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		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	 Identifying and demograph Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and st Continence Disease(s), diagnoses, and Dental status Nutritional status (such as Skin Pursuit of activity Medications Need for special treatment Discharge planning Note: The critical access hosp 	is ructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)			
§483.20(b)(1)(xvii) TAG: C-(xvii) Documentation of summary information		PC.11.02.0		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.			
performed on the care areas triggered by t (MDS).		EP 12		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		ess hospital assesses and reassesses the patient and the patient's condition fined 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		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.			
chapter, a facility must conduct a compreh accordance with the timeframes specified section. The timeframes prescribed in § 41 CAHs.	ensive assessment of a resident in in 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 perfe	ess hospitals: The critical access hospital completes the resident's comprehensive ar days after admission, excluding readmissions in which there is no significant ical or mental condition. ormance, the term "readmission" means a return to the critical access hospital e for hospitalization or for therapeutic leave.			
		EP 7	within 14 calendar days after mental condition. Note: For this element of perfethe resident's status that will r disease-related clinical intervet and that requires interdiscipling	pess 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 centions, that has an impact on more than one area of the resident's health status, nary review or revision of the care plan, or both.			
			than every 12 months.				

CFR Number §483.20(b)(2)(i)	Medicare Requirements		oint Commission uivalent 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.)		EP 6	PC.11.02.01 The critical access hospital assesses and reassesses the patient and the according to defined time frames. EP 6 For swing beds in critical access hospitals: The critical access hospital completes the resid assessment within 14 calendar days after admission, excluding readmissions in which ther change in the resident's physical or mental condition.		
§483.20(b)(2)(ii) TAG: C-	1620		following a temporary absence The critical acce	ormance, the term "readmission" means a return to the critical access hospital e for hospitalization or for therapeutic leave. ess 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.)	the resident's physical or mental 'significant change'' means a major atus that will not normally resolve itself aplementing standard disease-related a more than one area of the resident's		For swing beds in critical acce within 14 calendar days after i mental condition. Note: For this element of perfo the resident's status that will n disease-related clinical interve	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, nary review or revision of the care plan, or both.	
§483.20(b)(2)(iii) TAG: C-		PC.11.02.01		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.	
(iii) Not less often than once every 12 months.				ess hospitals: Each resident receives a comprehensive assessment no less often	
§483.21(b) TAG: C-	1620				
(b) Comprehensive care plans.					
§483.21(b)(1) TAG: C-	1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.	
(1) The facility must develop and implement plan for each resident, consistent with the rand § 483.10(c)(3), that includes measurable 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		representative in developing the Note 1: The treatment plan incomplete and resident review recommendations Resident's goals for admissionable and resident review recommendations Resident's preferences and the community was assessed this purpose Discharge plans Measurable objectives and needs Note 2: If not feasible for the resident in the resi	less hospitals: The interdisciplinary team involves the resident and the resident's the person-centered, comprehensive treatment plan. Cludes documentation of the following: ation services the critical access hospital will provide as a result of preadmission lew (PASARR) recommendations and any disagreement with PASARR sion and desired outcomes dispotential for future discharge, including whether the resident's desire to return to ed and any referrals to local contact agencies and/or other appropriate entities for 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)(i) TAG: C-	1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.	
(i) The services that are to be furnished to a practicable physical, mental, and psychoso 483.24, § 483.25, or § 483.40; and			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 Number §483.21(b)(1)(ii)	Medicare Requirements	1	oint Commission uivalent 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.
	rwise be required under § 483.24, § 483.25, or § to the resident's exercise of rights under § 483.10, tment under § 483.10(c)(6).		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 tare 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 PASAF	specialized rehabilitative services the nursing facility RR recommendations. If a facility disagrees with nust indicate its rationale in the resident's medical	For swing beds in critical access hospitals: The interdisciplinary team involves the resident and the resi 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 preadr 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 the community was assessed and any referrals to local contact agencies and/or other appropriate er this purpose - Discharge plans - Measurable objectives and time frames to meet a resident's medical, nursing, and mental and psych needs Note 2: If not feasible for the resident and the resident's representative to participate in the development		
§483.21(b)(1)(iv)	TAG: C-1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.
(iv) In consultation with the resid	lent and the resident's representative(s)—		representative in developing t Note 1: The treatment plan inc - Any specialized or rehabilit screening and resident rev recommendations - Resident's goals for admiss - Resident's preferences and the community was assess this purpose - Discharge plans - Measurable objectives and needs Note 2: If not feasible for the re	less hospitals: The interdisciplinary team involves the resident and the resident's the person-centered, comprehensive treatment plan. Includes documentation of the following: Itation services the critical access hospital will provide as a result of preadmission iew (PASARR) recommendations and any disagreement with PASARR ission and desired outcomes dispotential for future discharge, including whether the resident's desire to return to seed and any referrals to local contact agencies and/or other appropriate entities for a 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		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 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)(1)(iv)(B) TAG: C	-1620	PC.11.03.01	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	EP 6	representative in developing t Note 1: The treatment plan inc - Any specialized or rehabilit screening and resident revi recommendations - Resident's goals for admiss - Resident's preferences and the community was assess this purpose - Discharge plans - Measurable objectives and needs Note 2: If not feasible for the r	less hospitals: The interdisciplinary team involves the resident and the resident's he person-centered, comprehensive treatment plan. Cludes documentation of the following: ation services the critical access hospital will provide as a result of preadmission iew (PASARR) recommendations and any disagreement with PASARR ision and desired outcomes dispotential for future discharge, including whether the resident's desire to return to ed and any referrals to local contact agencies and/or other appropriate entities for 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)(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 paragraphs.		EP 6	representative in developing t Note 1: The treatment plan inc - Any specialized or rehabilit screening and resident revi recommendations - Resident's goals for admiss - Resident's preferences and the community was assess this purpose - Discharge plans - Measurable objectives and needs Note 2: If not feasible for the re	less hospitals: The interdisciplinary team involves the resident and the resident's the person-centered, comprehensive treatment plan. Cludes documentation of the following: ation services the critical access hospital will provide as a result of preadmission iew (PASARR) recommendations and any disagreement with PASARR sion and desired outcomes dispotential for future discharge, including whether the resident's desire to return to ed and any referrals to local contact agencies and/or other appropriate entities for 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.

CFR Number §483.21(b)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§483.21(b)(2)	TAG: C-1620			
(2) A comprehensive care plan m	ust be—			
§483.21(b)(2)(i)	TAG: C-1620	PC.11.03.0	1 The critical acce	ess hospital plans the patient's care.
(i) Developed within 7 days after of	completion of the comprehensive assessment.	EP 8		ess hospitals: The critical access hospital develops the resident's written s soon as possible after admission, but no later than seven calendar days after the essments are completed.
§483.21(b)(2)(ii)	TAG: C-1620			
(ii) Prepared by an interdisciplinar	y team, that includes but is not limited to—			
§483.21(b)(2)(ii)(A)	TAG: C-1620	PC.11.03.0	1 The critical acce	ess 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 exprofessionals involved in the resident's care, treatment, and services. At a the 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)	TAG: C-1620	PC.11.03.0 ⁴	1 The critical acce	ess hospital plans the patient's care.
(B) A registered nurse with responsibility 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 exprofessionals involved in the resident's care, treatment, and services. At a the 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)	TAG: C-1620	PC.11.03.0 ²	1 The critical acce	ess hospital plans the patient's care.
(C) A nurse aide with responsibilit	y 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 exprofessionals involved in the resident's care, treatment, and services. At a the 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)(D)	TAG: C-1620	PC.11.03.0 ²	1 The critical acce	ess hospital plans the patient's care.
(D) A member of food and nutritio	n services 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 exprofessionals 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.

CFR Number §483.21(b)(2)(ii)(E)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§483.21(b)(2)(ii)(E) TAG: C	-1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.
(E) To the extent practicable, the participal representative(s). An explanation must be the participation of the resident and their repracticable for the development of the res	included in a resident's medical record if esident representative is determined not ident's care plan.		representative in developing t Note 1: The treatment plan inc - Any specialized or rehabilit screening and resident revi recommendations - Resident's goals for admiss - Resident's preferences and the community was assess this purpose - Discharge plans - Measurable objectives and needs Note 2: If not feasible for the r treatment plan, an explanation	less hospitals: The interdisciplinary team involves the resident and the resident's the person-centered, comprehensive treatment plan. Cludes documentation of the following: ation services the critical access hospital will provide as a result of preadmission iew (PASARR) recommendations and any disagreement with PASARR sion and desired outcomes to potential for future discharge, including whether the resident's desire to return to ed and any referrals to local contact agencies and/or other appropriate entities for 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)(2)(ii)(F) TAG: C	-1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.
(F) Other appropriate staff or professional resident's needs or as requested by the re			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 the 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. Ewed and revised by the interdisciplinary team after each assessment.
§483.21(b)(2)(iii) TAG: C	-1620	PC.11.03.01	The critical acce	ess hospital plans the patient's care.
(iii) Reviewed and revised by the interdisc including both the comprehensive and qua			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 per professionals involved in the resident's care, treatment, and services. At a the 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	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(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.			competent and trauma-inform	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	ess hospital provides services that meet patient needs.
(ii) Be provided by qualified persons in according to the control of care.	cordance with each resident's written plan		competent and trauma-inform	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	The critical acce	ess hospital provides services that meet patient needs.
(iii) Be culturally-competent and trauma-in	formed.		competent and trauma-inform 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.
		i his regulat	ion is not effective until Novem	nder 28, 2019.

CFR Number §483.21(c)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
§483.21(c)(2) TAG:	C-1620						
(2) Discharge summary. When the facility have a discharge summary that includes							
§483.21(c)(2)(i) TAG:	C-1620	RC.12.03.01	The patient's m	edical 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.			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 discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's 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				
§483.21(c)(2)(ii) TAG:	C-1620	RC.12.03.01	The patient's m	edical record contains discharge information.			
§ 483.20, at the time of the discharge that	us to include items in paragraph (b)(1) of at is available for release to authorized of the resident or resident's representative.	EP 5	 resident, the discharge summ A summary of the resident' treatment or therapy, and p A final summary of the resi that is available for release representative. Reconciliation of all predisc and over-the-counter). A postdischarge plan of ca developed with the particip The postdischarge plan of 	less hospitals: When the critical access hospital anticipates the discharge of a lary includes but is not limited to the following: It is stay that includes at a minimum the resident's diagnosis, course of illness/ pertinent laboratory, radiology, and consultation results dent's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge it to authorized persons and agencies, with the consent of the resident or resident's charge medications with the resident's postdischarge medications (both prescribed re, which will assist the resident to adjust to his or her new living environment, that is ation of the resident and, with the resident's consent, the resident representative(s). care indicates where the individual plans to reside, any arrangements that have it's follow up care, and any postdischarge medical and nonmedical services			
§483.21(c)(2)(iii) TAG:	C-1620	RC.12.03.01	The patient's m	edical record contains discharge information.			
(iii) Reconciliation of all pre-discharge me medications (both prescribed and over-th	edications with the resident's post-discharge ne-counter).	EP 5	 resident, the discharge summ A summary of the resident' treatment or therapy, and p A final summary of the resi that is available for release representative. Reconciliation of all predisc and over-the-counter). A postdischarge plan of ca developed with the particip The postdischarge plan of 	less hospitals: When the critical access hospital anticipates the discharge of a lary includes but is not limited to the following: It is stay that includes at a minimum the resident's diagnosis, course of illness/ pertinent laboratory, radiology, and consultation results dent's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge it to authorized persons and agencies, with the consent of the resident or resident's charge medications with the resident's postdischarge medications (both prescribed re, which will assist the resident to adjust to his or her new living environment, that is ation of the resident and, with the resident's consent, the resident representative(s). care indicates where the individual plans to reside, any arrangements that have it's follow up care, and any postdischarge medical and nonmedical services			

CFR Number §483.21(c)(2)(iv)	Medicare Requirements	_	pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.21(c)(2)(iv) TAG:	C-1620	RC.12.03.0	1 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.			resident, the discharge summ - A summary of the resident' treatment or therapy, and p - A final summary of the resident that is available for release representative. - Reconciliation of all prediscular and over-the-counter). - A postdischarge plan of call developed with the participation of the postdischarge plan of the post	less hospitals: When the critical access hospital anticipates the discharge of a ary includes but is not limited to the following: s stay that includes at a minimum the resident's diagnosis, course of illness/pertinent laboratory, radiology, and consultation results dent's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge to authorized persons and agencies, with the consent of the resident or resident's charge medications with the resident's postdischarge medications (both prescribed re, which will assist the resident to adjust to his or her new living environment, that is ation of the resident and, with the resident's consent, the resident representative(s). care indicates where the individual plans to reside, any arrangements that have it's follow up care, and any postdischarge medical and nonmedical services
§483.25(g) TAG:	C-1626			
jejunostomy, and enteral fluids). Based the facility must ensure that a resident—	astrostomy and percutaneous endoscopic on a resident's comprehensive assessment,			
0 (0/(/	C-1626	PC.11.02.0		ess hospital assesses and reassesses the patient and the patient's condition fined time frames.
	nutritional status, such as usual body weight trolyte balance, unless the resident's clinical ossible or resident preferences indicate	EP 11	For swing beds in critical acces - Identifying and demograph - Customary routines - Cognitive patterns - Communication needs - Vision needs - Psychosocial well-being - Mood and behavior pattern - Physical functioning and street - Continence - Disease(s), diagnoses, and - Dental status - Nutritional status (such as a Skin - Pursuit of activity - Medications - Need for special treatment(- Discharge planning Note: The critical access hosp	ess hospitals: The comprehensive assessment of the resident includes the following: ic information is ructural problems is health conditions usual body weight or desirable body weight range, electrolyte balance)
0 (3/(/	C-1626	PC.12.01.09		ess hospital makes food and nutrition products available to its patients.
(2) Is offered sufficient fluid intake to ma	intain proper hydration and health; and	EP 3	For swing beds in critical accemaintain proper hydration and	ess hospitals: The critical access hospital offers the resident sufficient fluid intake to health.

CFR Number §483.40(d)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§483.40(d) TAG: (d) The facility must provide medically-re	C-1616 lated social services to attain or maintain	PC.14.02.0	1 The critical acce the patient's ne	ess hospital coordinates the patient's care, treatment, and services based on eds.
the highest practicable physical, mental a resident.		EP 2		ess hospitals: The critical access hospital provides medically related social services al physical, mental, and psychosocial well-being of each resident.
§483.55 TAG:	C-1624			
§483.55 Dental services. The facility must assist residents in obtai care.	ning routine and 24-hour emergency dental			
§483.55(a) TAG:	C-1624			
(a) Skilled nursing facilities. A facility				
§483.55(a)(2) TAG:	C-1624	PC.14.02.0		ess hospital coordinates the patient's care, treatment, and services based on
	dditional amount for routine and emergency		the patient's ne	
dental services;		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.
§483.55(a)(3) TAG:	C-1624	PC.14.02.0		ess hospital coordinates the patient's care, treatment, and services based on
	ircumstances when the loss or damage of damage a resident for the loss or	EP 4	the patient's ne	eds. ess hospitals: The critical access hospital develops and implements a policy
	dance with facility policy to be the facility's		identifying circumstances whe	charge a resident for the loss or damage of dentures.
§483.55(a)(4) TAG:	C-1624			
(4) Must if necessary or if requested, ass	ist the resident—			
	C-1624	PC.14.02.0	The critical acce	ess hospital coordinates the patient's care, treatment, and services based on
(i) In making appointments; 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)(4)(ii) TAG:		PC.14.02.0	The critical acceeds the patient's new	ess hospital coordinates the patient's care, treatment, and services based on
(ii) By arranging for transportation to 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:	C-1624	PC.14.02.0		ess hospital coordinates the patient's care, treatment, and services based on
	sidents with lost or damaged dentures for	ED C	the patient's ne	
documentation of what they did to ensure		EP 6	dentures for dental services w	with swing beds: The critical access hospital refers residents with lost or damaged within 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 led to the delay.
§483.55(b) TAG: (C-1624			
(b) Nursing facilities. The facility		1		

CFR Number §483.55(b)(1)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
0 · · · · · · · · · · · ·	G: C-1624			
	utside resource, in accordance with § 483.70(g) ces to meet the needs of each resident:			
§483.55(b)(1)(i) TA	G: C-1624	PC.14.02.0		cess hospital coordinates the patient's care, treatment, and services based on
(i) Routine dental services (to the extremergency dental services;	ent covered under the State plan); and (ii)	EP 7		cess hospitals: The critical access hospital provides or obtains from an outside ent covered under the state plan) and emergency dental services.
§483.55(b)(2) TA	G: C-1624			
(2) Must, if necessary or if requested,	, assist the resident—]		
§483.55(b)(2)(i) TA (i) In making appointments; and	G: C-1624	PC.14.02.0	1 The critical ac	cess hospital coordinates the patient's care, treatment, and services based on needs.
to making appointments, and		EP 5	For swing beds in critical ac	cess hospitals: If necessary or requested, the critical access hospital assists residents nts and arranging for transportation to and from the dental services location.
0 11 11(1)()()	AG: C-1624 and from the dental services locations;	PC.14.02.0	The critical active patient's i	cess hospital coordinates the patient's care, treatment, and services based on needs.
(v) = y arranging or manaparament		EP 5		cess hospitals: If necessary or requested, the critical access hospital assists residents nts and arranging for transportation to and from the dental services location.
3:00:00(0)(0)	G: C-1624	PC.14.02.0	The critical active patient's	cess hospital coordinates the patient's care, treatment, and services based on
(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;		EP 6	For critical access hospitals dentures for dental services	with swing beds: The critical access hospital refers residents with lost or damaged within three days. If referral does not occur within three days, the critical access as done to make sure that the resident could adequately eat and drink and any
3.00.00()()	G: C-1624	PC.14.02.0		cess hospital coordinates the patient's care, treatment, and services based on
dentures is the facility's responsibility	se circumstances when the loss or damage of and may not charge a resident for the loss or ccordance with facility policy to be the facility's	EP 4	identifying circumstances w	cess hospitals: The critical access hospital develops and implements a policy hen loss of or damage to a resident's dentures is the critical access hospital's t charge a resident for the loss or damage of dentures.
3:00:00(0)(0)	gible and wish to participate to apply for	PC.14.02.0	The critical ac	cess hospital coordinates the patient's care, treatment, and services based on needs.
1, ,	an incurred medical expense under the State	EP 3	For swing beds in critical act to apply for reimbursement	cess hospitals: The critical access hospital assists residents who are eligible and wish of dental services as an incurred medical expense under the state plan. The critical a Medicare resident an additional amount for routine and emergency dental services.
§483.65				
§483.65 Specialized rehabilitative ser	rvices.]		
§483.65(a) TA	G: C-1622	1		
to physical therapy, speech-language therapy, and rehabilitative services fo	ed rehabilitative services such as but not limited e pathology, occupational therapy, respiratory or a mental disorder and intellectual disability et forth at § 483.120(c), are required in the re, the facility must—			

CFR Number §483.65(a)(1)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
6 (-),	C-1622	PC.14.02.0		ess hospital coordinates the patient's care, treatment, and services based on	
(1) Provide the required services; or		EP 8	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:	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 the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act.		EP 8	EP 8 For swing beds in critical access hospitals: If a resident's comprehensive plan of care requires spe rehabilitative services, including but not limited to physical therapy, speech-language pathology, or therapy, respiratory therapy, and rehabilitative services for a mental disorder and intellectual disab of a lesser intensity, the critical access hospital provides or obtains the required services from a pr specialized rehabilitative services and is not excluded from participating in any federal or state heap programs pursuant to section 1128 and 1156 of the Social Security Act.		
3.0000()	C-1622	PC.12.01.0		ess hospital provides care, treatment, and services as ordered or prescribed nee 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 of and regulation; critical access Note 1: This includes but is not medicine services, and dietet Note 2: Patient diets, including responsible for the patient's coby the medical staff and acting requirement of 42 CFR 483.2 critical access hospital care.	there in the critical access hospital obtains or renews orders (verbal or there licensed practitioner in accordance with professional standards of practice; law hospital policies; and medical staff bylaws, rules, and regulations. In the professional standards of practice; law hospital policies; and medical staff bylaws, rules, and regulations. In the professional services, rehabilitation services, nuclear in the services, if provided. In the professional 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 professionals is met for inpatients receiving care at a skilled nursing facility subsequent to	
§485.601 TAG:	C-0800	Statutory b	asis and scope for designating	hospitals as critical access hospitals.	
§485.601 Basis and scope.					
§485.601(a) TAG:	C-0800	Statutory b	asis and scope for designating	hospitals as critical access hospitals.	
(a) Statutory basis. This subpart is base the conditions for designating certain ho	d on section 1820 of the Act which sets forth spitals as CAHs.				
§485.601(b) TAG:	C-0800	Statutory b	asis and scope for designating	hospitals as critical access hospitals.	
(b) Scope. This subpart sets forth the codesignated as a CAH.	onditions that a hospital must meet to be				
§485.603 TAG:	C-0802	LD.13.01.0		ess hospital complies with law and regulation.	
§485.603 Rural health network. A rural health network is an organization	n that meets the following specifications:	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.	
3		THE GIUSSA		uon.	

CFR Number §485.603(a)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.603(a) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	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 caid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.
		The glossa	ry includes this Medicare defini	tion.
§485.603(a)(1) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.
(1) At least one hospital that the State ha CAH; and	as designated or plans to designate as a	EP 6	Centers for Medicare & Medic Note: See the Glossary for a	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(a)(2) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.
(2) At least one hospital that furnishes ac	cute care services.	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) TAG: 0	C-0802	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.
(b) The members of the organization hav	re entered into agreements regarding—	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)(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;		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)(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 commur telemetry systems and systems for electr	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: (C-0802	LD.13.01.0		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 res with at least—	spect to credentialing and quality assurance	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.

CFR Number §485.603(c)(1)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§485.603(c)(1) TAG: (C-0802	LD.13.01.0	1 The critical ac	cess hospital complies with law and regulation.	
(1) One hospital that is a member of the	network when applicable;	EP 6	Centers for Medicare & Med	is a member of a rural health network, the network meets the criteria required by the icaid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.	
		The glossa	ry includes this Medicare defi	nition.	
§485.603(c)(2) TAG: 0	C-0802	LD.13.01.0	1 The critical ac	cess hospital complies with law and regulation.	
(2) One QIO or equivalent entity; or		EP 6	Centers for Medicare & Med	is a member of a rural health network, the network meets the criteria required by the icaid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.	
		The glossa	ry includes this Medicare defi	nition.	
§485.603(c)(3) TAG: 0	C-0802	LD.13.01.0	1 The critical ac	cess hospital complies with law and regulation.	
(3) One other appropriate and qualified e plan.	ntity identified in the State rural health care	EP 6	Centers for Medicare & Med	is a member of a rural health network, the network meets the criteria required by the icaid Services' (CMS) regulations at 42 CFR 485.603. definition of rural health network.	
		The glossa	ry includes this Medicare defi	nition.	
§485.604 TAG: (§485.604 Personnel qualifications.	C-0804	NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff et the needs of the population served and determine how they function within on.	
Staff that furnish services in a CAH must meet the applicable requirements of this section.		EP 2	Medicare & Medicaid Servic	ment, and services meet the personnel qualifications required by the Centers for es' (CMS) regulations at 42 CFR 485.604. e defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	
§485.604(a) TAG: 0	C-0804	NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff	
(a) Clinical nurse specialist. A clinical nur	rse specialist must be a person who—		required to me the organization	et the needs of the population served and determine how they function within on.	
		EP 2	Medicare & Medicaid Service	ment, and services meet the personnel qualifications required by the Centers for es' (CMS) regulations at 42 CFR 485.604.	
			Note: The following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, physassistant.		
§485.604(a)(1) TAG: 0		NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff	
(1) Is a registered nurse and is licensed the clinical nurse specialist services are particles.	o practice nursing in the State in which performed in accordance with State nurse		the organization		
licensing laws and regulations; and		EP 2	Medicare & Medicaid Service	ment, and services meet the personnel qualifications required by the Centers for es' (CMS) regulations at 42 CFR 485.604.	
			assistant.	he following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, physiciar nt.	
§485.604(a)(2) TAG: (C-0804	NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff	
(2) Holds a master's or doctoral level deg from an accredited educational institution	,		the organization		
		EP 2	Medicare & Medicaid Service	ment, and services meet the personnel qualifications required by the Centers for es' (CMS) regulations at 42 CFR 485.604.	
			assistant.	e defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	

CFR Number §485.604(b		Medicare Requirements	I	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
§485.604(b) TAG: C-0804 (b) Nurse practitioner. A nurse practitioner must be a registered professional		NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff eet the needs of the population served and determine how they function within on.		
	e qualification o	in the State, who meets the State's of nurse practitioners, and who meets one	EP 2	 Staff that provide care, treatment, and services meet the personnel qualifications required by the Centers Medicare & Medicaid Services' (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(b)(1) (1) Is currently certified as	TAG: C	-0804 nurse practitioner by the American	NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff set the needs of the population served and determine how they function within on.	
		ard of Pediatric Nurse Practitioners	EP 2	Staff that provide care, treatment, and services meet the personnel qualifications required by the Cer Medicare & Medicaid Services' (CMS) regulations at 42 CFR 485.604. Note: The following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, physicistant.		
§485.604(b)(2) (2) Has successfully complete.	TAG: C	****	NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff et the needs of the population served and determine how they function within on.	
			EP 2	Medicare & Medicaid Service	ment, and services meet the personnel qualifications required by the Centers for es' (CMS) regulations at 42 CFR 485.604. The defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	
§485.604(b)(2)(i) (i) Prepares registered nurs	TAG: C	-0804 an expanded role in the delivery of primary	NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff set the needs of the population served and determine how they function within on.	
			EP 2	Medicare & Medicaid Service	ment, and services meet the personnel qualifications required by the Centers for es' (CMS) regulations at 42 CFR 485.604. The defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	
§485.604(b)(2)(ii) (ii) Includes at least 4 monto	, 00	egate) of classroom instruction and a	NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff set the needs of the population served and determine how they function within on.	
Composition of our positions of	oai praesies,		EP 2	Medicare & Medicaid Service	ment, and services meet the personnel qualifications required by the Centers for es' (CMS) regulations at 42 CFR 485.604. re defined in the Glossary: clinical nurse specialist, nurse practitioner, physician	
§485.604(b)(2)(iii) (iii) Awards a degree, diplo the program.	TAG: C	-0804 te to persons who successfully complete	NPG.12.01		cess hospital's leadership team ensures that there is qualified ancillary staff set the needs of the population served and determine how they function within on.	
ine program.		EP 2	Medicare & Medicaid Service	ment, and services meet the personnel qualifications required by the Centers for es' (CMS) regulations at 42 CFR 485.604. re defined in the Glossary: clinical nurse specialist, nurse practitioner, physician		

CFR Number §485.604(b)(3		Medicare Requirements	Joint Commis Equivalent Nu			Joint Commission Standards and Elements of Performance
	TAG: C-0804 Is successfully completed a formal educational program (for preparing ered nurses to perform an expanded role in the delivery of primary care) that		NPG.12.01	.12.01.01 The critical access hospital's leadership team ensures that there is qualified and required to meet the needs of the population served and determine how they fur the organization.		t the needs of the population served and determine how they function within
	e in the delive	aph (a)(2) of this section, and has been ry of primary care for a total of 12 months receding June 25, 1993.	EP 2	 Staff that provide care, treatment, and services meet the personnel qualifications required by the Ce Medicare & Medicaid Services' (CMS) regulations at 42 CFR 485.604. Note: The following terms are defined in the Glossary: clinical nurse specialist, nurse practitioner, ph assistant. 		
		ant must be a person who meets the	NPG.12.01	requ		ess hospital's leadership team ensures that there is qualified ancillary staff of the needs of the population served and determine how they function within n.
applicable State requirements governing the qualifications for assistants to primary care physicians, and who meets at least one of the following conditions:			EP 2			s' (CMS) regulations at 42 CFR 485.604.
§485.604(c)(1) (1) Is currently certified by the Assistants to assist primary (ommission on Certification of Physician	NPG.12.01			ess hospital's leadership team ensures that there is qualified ancillary staff of the needs of the population served and determine how they function within a.
	primary care physicians.		EP 2	EP 2 Staff that provide care, treatment, and services meet the personnel qualifications required by the Medicare & Medicaid Services' (CMS) regulations at 42 CFR 485.604. Note: The following terms are defined in the Glossary: clinical nurse specialist, nurse practition assistant.		s' (CMS) regulations at 42 CFR 485.604.
§485.604(c)(2) (2) Has satisfactorily comple	TAG: C	-0804 for preparing physician assistants that—	NPG.12.01	requ		ess hospital's leadership team ensures that there is qualified ancillary staff at the needs of the population served and determine how they function within 1.
			EP 2	Medicare & Medic	caid Service	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) (i) Was at least one academi	TAG: C		NPG.12.01	requ		ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within n.
			EP 2	Medicare & Medi	caid Service	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
	B5.604(c)(2)(ii) TAG: C-0804 NI Consisted of supervised clinical practice and at least 4 months (in the aggregate) classroom instruction directed toward preparing students to deliver health care;		NPG.12.01	requ		ess hospital's leadership team ensures that there is qualified ancillary staff to the needs of the population served and determine how they function within n.
and		, , , , , , , , , , , , , , , , , , ,	EP 2	Medicare & Medic	caid Service	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

CFR Number §485.604(c)(2)(iii)	Medicare Requirements	Joint Commission Equivalent Number			Joint Commission Standards and Elements of Performance
§485.604(c)(2)(iii) TAG: C-0804 (iii) Was accredited by the American Medical Association's Committee on Allied Health Education and Accreditation.		NPG.12.0	1.01		ess hospital's leadership team ensures that there is qualified ancillary staff t the needs of the population served and determine how they function within 1.
Treatiff Education and Accreditation.		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.			s' (CMS) regulations at 42 CFR 485.604.
3 100100 1(0)(0)	: C-0804	NPG.12.0	1.01		ess hospital's leadership team ensures that there is qualified ancillary staff
(3) Has satisfactorily completed a form				the organization	t the needs of the population served and determine how they function within
physician assistants) that does not meet the requirements of paragraph (c)(2) of this section and has been assisting primary care physicians for a total of 12 months during the 18-month period immediately preceding June 25, 1993.		EP 2	Medicare	orovide care, treatm & Medicaid Service	nent, 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	:: C-0808	This is the	e responsibilit	ty of the State and 0	CMS.
§485.606 Designation and certification	of CAHs.				
§485.606(a) TAG	: C-0808	This is the	e responsibilit	ty of the State and 0	CMS.
(a) Criteria for State designation.			<u> </u>	· ,	
§485.606(a)(1) TAG	i: C-0808	This is the	e responsibili	ty of the State and 0	CMS.
(1) A State that has established a Med described in section 1820(c) of the Act may design facility meets the CAH conditions of pa	gnate one or more facilities as CAHs if each				
§485.606(a)(2) TAG	s: C-0808	This is the	e responsibili	ty of the State and 0	CMS.
as a CAH under this paragraph (a) sole	tal that is otherwise eligible for designation ely because the hospital has entered into I may provide post hospital SNF care as				
§485.606(b) TAG	:: C-0808	This is the	e responsibilit	ty of the State and 0	CMS.
(b) Criteria for CMS certification.					
CMS certifies a facility as a CAH if—					
§485.606(b)(1) TAG	i: C-0808	This is the	e responsibili	ty of the State and 0	CMS.
(1) The facility is designated as a CAH has been surveyed by the State survey conditions of participation in this Part a participation in Part 489 of this chapter	y agency or by CMS and found to meet all and all other applicable requirements for				

CFR Number §485.606(b)(2)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§485.606(b)(2) TAG: C-0808		This is the responsibility of the State and CMS.					
(2) The facility is a medical assis primary care hospital designated eligible to be designated as a CA	d by CMS before	August 5, 1997, and is otherwise					
§485.608	TAG: C-0810		LD.13.01.0	The critical ac	cess hospital complies with law and regulation.		
§485.608 Condition of Participati Laws and Regulations	ion: Compliance	With Federal, State, and Local	EP 1	The critical access hospital federal, state, and local laws	provides care, treatment, and services in accordance with licensure requirements and s, rules, and regulations.		
The CAH and its staff are in com laws and regulations.	npliance with app	licable Federal, State and local					
§485.608(a)	TAG: C-0812		LD.13.01.0	The critical ac	cess hospital complies with law and regulation.		
§485.608(a) Standard: Complian	nce With Federa	Laws and Regulations	EP 1	The critical access hospital federal, state, and local laws	provides care, treatment, and services in accordance with licensure requirements and s, rules, and regulations.		
The CAH is in compliance with a the health and safety of patients.		al laws and regulations related to					
§485.608(b)	TAG: C-0814		LD.13.01.0	The critical ac	cess hospital complies with law and regulation.		
§485.608(b) Standard: Complian	nce With State a	nd Local Laws and Regulations	EP 1	The critical access hospital federal, state, and local laws	provides care, treatment, and services in accordance with licensure requirements and s, rules, and regulations.		
All patient care services are furn laws and regulations.	ished in accorda	nce with applicable State and local					
§485.608(c)	TAG: C-0816		LD.13.01.0	The critical ac	cess hospital complies with law and regulation.		
§485.608(c) Standard: Licensure The CAH is licensed in accordan		ole Federal, State and local laws	EP 2	services for which the critica Note: For rehabilitation or pa	s licensed in accordance with law and regulation to provide the care, treatment, or access hospital is seeking accreditation from The Joint Commission. Sychiatric distinct part units in critical access hospitals: The critical access hospital is eting the standards for licensing established by the state or responsible locality.		
and regulations.							
§485.608(d)	TAG: C-0818		HR.11.01.0	03 The critical ac	cess hospital determines how staff function within the organization.		
§485.608(d) Standard: Licensure	e, Certification o	Registration of Personnel	EP 1	All staff who provide patient or registration, in accordance	care, treatment, and services are qualified and possess a current license, certification e with law and regulation.		
Staff of the CAH are licensed, ce Federal, State, and local laws an		ered in accordance with applicable	MS.17.01.		cess hospital collects information regarding each physician's or other licensed current license status, training, experience, competence, and ability to perform privilege.		
			EP 3	source whenever feasible, o applicant:	equires that the critical access hospital verifies in writing and from the primary r from a credentials verification organization (CVO), the following information for the me of initial granting, renewal, and revision of privileges and at the time of license		

CFR Number §485.608(d)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
			o grant or deny a privilege(s) and/or to renew an existing privilege(s) is an lence-based process.
			nsed practitioners that provide care, treatment, and services possess a current stration, as required by law and regulation.
§485.610 TAC	G: C-0822	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
§485.610 Condition of Participation: S	tatus and Location		
§485.610(a) TAC	G: C-0824	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
§485.610(a) Standard: Status			
The facility is			
§485.610(a)(1) TAC	G: C-0824	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
(1) A currently participating hospital th in this subpart;	at meets all conditions of participation set forth		
§485.610(a)(2) TAC	G: C-0824	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
(2) A recently closed facility, provided	that the facility		
§485.610(a)(2)(i) TAC	G: C-0824	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
(i) Was a hospital that ceased operation November 29, 1999; and	ons on or after the date that is 10 years before		
§485.610(a)(2)(ii) TAC	G: C-0824	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
(ii) Meets the criteria for designation u designation; or	nder this subpart as of the effective date of its		
§485.610(a)(3) TAC	G: C-0824	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
(3) A health clinic or a health center (a	as defined by the State) that		
§485.610(a)(3)(i) TAC	G: C-0824	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
(i) Is licensed by the State as a health	clinic or a health center;		
§485.610(a)(3)(ii) TAC	G: C-0824	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
(ii) Was a hospital that was downsized	to a health clinic or a health center; and		
§485.610(a)(3)(iii) TAC	G: C-0824	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
(iii) As of the effective date of its desig forth in this subpart.	nation, meets the criteria for designation set		
§485.610(b) TAC	G: C-0826	This CoP is determined by CMS at the ti	me the hospital applies for CAH designation.
§485.610(b) Standard: Location in a rumeets the requirements of either paragrequirements of paragraph (b)(3), (b)(4)	ural area or treatment as rural. The CAH graph (b)(1) or (b)(2) of this section or the 4), or (b)(5) of this section.		

CFR Number §485.610(b)(1)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.610(b)(1) TAG: (C-0826	This CoP is determined by CMS at the tim	ne the hospital applies for CAH designation.
The CAH meets the following requirements:			
§485.610(b)(1)(i) TAG: (C-0826	This CoP is determined by CMS at the time	ne the hospital applies for CAH designation.
(i) The CAH is located outside any area to defined by the Office of Management and urban under §412.64(b), excluding parage	Budget, or that has been recognized as		
§485.610(b)(1)(ii) TAG: (C-0826	This CoP is determined by CMS at the time	ne the hospital applies for CAH designation.
(ii) The CAH has not been classified as a standardized payment amount by CMS o Review Board under §412.230(e) of this chospitals that have been redesignated to this chapter.	r the Medicare Geographic Classification		
§485.610(b)(2) TAG: (C-0826	This CoP is determined by CMS at the tim	ne the hospital applies for CAH designation.
(2) The CAH is located within a Metropolitan Statistical Area, as defined by the Office of Management and Budget, but is being treated as being located in a rural area in accordance with §412.103 of this chapter.			
§485.610(b)(3) TAG: (C-0826	This CoP is determined by CMS at the tim	ne the hospital applies for CAH designation.
Area as defined by the Office of Manager included as part of such a Metropolitan S	paragraph (b)(1) or (b)(2) of this section 4, was not part of a Metropolitan Statistical ment and Budget, but as of FY 2005 was tatistical Area as a result of the most recent ew Metropolitan Statistical Area definitions		
§485.610(b)(4) TAG: 0	C-0826	This CoP is determined by CMS at the time	ne the hospital applies for CAH designation.
Area as defined by the Office of Manager included as part of such a Metropolitan S	paragraph (b)(1) or (b)(2) of this section 9, was not part of a Metropolitan Statistical ment and Budget, but, as of FY 2010, was tatistical Area as a result of the most recent ew Metropolitan Statistical Area definitions		
§485.610(b)(5) TAG: 0		This CoP is determined by CMS at the time	ne the hospital applies for CAH designation.
(5) Effective on or after October 1, 2014, the effective date of the most recent Offic standards for delineating statistical areas meets the location requirements in either and is located in a county that, prior to the delineating statistical areas adopted by C data, was located in a rural area as define OMB standards for delineating statistical recent Census Bureau data, is located in	the of Management and Budget (OMB) adopted by CMS, the CAH no longer paragraph (b)(1) or (b)(2) of this section the most recent OMB standards for the most recent Census Bureau the by OMB, but under the most recent areas adopted by CMS and the most		

CFR Number §485.610(c)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.610(c) TAG: C	-0830		
§485.610(c) Standard: Location Relative t Certification	o Other Facilities or Necessary Provider		
§485.610(c)(1) TAG: C	-0830	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
(1) The CAH is located more than a 35-mile drive (or, in the case of mountainous terrain or in areas with only secondary roads available, a 15-mile drive) from a hospital or another CAH, or before January 1, 2006, the CAH is certified by the State as being a necessary provider of health care services to residents in the area. A CAH that is designated as a necessary provider on or before December 31, 2005, will maintain its necessary provider designation after January 1, 2006.			
§485.610(c)(2) TAG: C	-0830		
(2) Primary roads of travel for determining proximity to other providers is defined as:	the driving distance of a CAH and its		
§485.610(c)(2)(i) TAG: C	-0830	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
(i) A numbered Federal highway, including any other numbered federal highway with			-
§485.610(c)(2)(ii) TAG: C	-0830	This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
(ii) A numbered State highway with 2 or m	ore lanes each way.		
§485.610(d) TAG: C	-0832	This CoP is determined by CMS at the time	e the hospital applies for CAH designation.
to meet the location requirement of paragranecessary provider designation only if the	ignation from the State that was in effect facility after January 1, 2006, can continue raph (c) of this section based on the relocated facility meets the requirements		
as specified in paragraph (d)(1) of this sec	ction.		
§485.610(d)(1) TAG: C		This CoP is determined by CMS at the tim	e the hospital applies for CAH designation.
a new location, the CAH can continue to n	its facility and begins providing services in neet the location requirement of paragraph 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 same relocation;	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 the sam relocation; and	ne services that it provided prior to the		

CFR Number §485.610(d)(1)(iii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.610(d)(1)(iii) TAG: C-0832		This CoP is determined by CMS at the tin	ne the hospital applies for CAH designation.
(iii) Is staffed by 75 percent of the same staff (including medical staff, contracted staff, and employees) that were on staff at the original location.			
§485.610(d)(2) TAG	G: C-0832	This CoP is determined by CMS at the tin	ne the hospital applies for CAH designation.
providing services at another location	d as a necessary provider by the State begins after January 1, 2006, and does not meet of this section, the action will be considered a §489.52(b)(3).		
§485.610(e) TAC	G: C-0834	See Appendix A of the CAMCAH.	
§485.610(e) Standard: Off-campus an	nd co-location requirements for CAHs		
A CAH may continue to meet the loca section only if the CAH meets the follo	tion requirements of paragraph (c) of this owing:		
§485.610(e)(1) TAG	G: C-0834	See Appendix A of the CAMCAH.	
CAH), the necessary provider CAH ca of paragraph (c) of this section only if before January 1, 2008, and the type located with the necessary provider C) of this chapter, with another hospital or an continue to meet the location requirement the co-location arrangement was in effect and scope of services offered by the facility co-AH do not change. A change of ownership of arrangement that was in effect before January a new co-location arrangement.		
§485.610(e)(2) TAG	G: C-0836	See Appendix A of the CAMCAH.	
location, excluding an RHC as defined a department or remote location, as doff-campus distinct part psychiatric or that was created or acquired by the Continue to meet the location requirem off-campus provider-based location or than a 35-mile drive (or, in the case of	CAH operates an off-campus provider-based d in §405.2401(b) of this chapter, but including lefined in §413.65(a)(2) of this chapter, or an rehabilitation unit, as defined in §485.647, AH on or after January 1, 2008, the CAH can nent of paragraph (c) of this section only if the r off-campus distinct part unit is located more f mountainous terrain or in areas with only drive) from a hospital or another CAH.		
	G: C-0836, C-0834	See Appendix A of the CAMCAH.	
the State does not meet the requirement co-locating with another hospital or C/Or acquires an off-campus provider-based on or after January 1, 2008, that does (2) of this section, the CAH's provider accordance with the provisions of §48	been designated as a necessary provider by ents in paragraph (e)(1) of this section, by AH on or after January 1, 2008, or creates ased location or off-campus distinct part unit not meet the requirements in paragraph (e) agreement will be subject to termination in 19.53(a)(3) of this subchapter, unless the CAH ent or the co-location arrangement, or both.		

CFR Number §485.612	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
§485.612 TAG	: C-0840	This CoP	is determined by CMS at the tim	e the hospital applies for CAH designation.
Time of Application Except for recently closed facilities as or health centers as described in §485. provider agreement to participate in the the hospital applies for designation as a	mpliance With CAH Requirements at the lescribed in §485.610(a)(2), or health clinics 610(a)(3), the facility is a hospital that has a Medicare program as a hospital at the time a CAH.			
§485.614		RI.11.01.0		ess hospital respects, protects, and promotes patient rights.
§ 485.614 Condition of participation: Pa A CAH must protect and promote each §485.614(a)	Ğ	EP 1	The critical access hospital de	evelops and implements written policies to protect and promote patient rights.
(a) Standard: Notice of rights.		1		
§485.614(a)(1)		RI.11.01.0	The critical acce	ess hospital respects, protects, and promotes patient rights.
(1) A hospital must inform each patient, representative (as allowed under State furnishing or discontinuing patient care	law), of the patient's rights, in advance of	EP 2	•	forms each patient, or when appropriate, the patient's representative (as allowed, 's rights in advance of providing or discontinuing care, treatment, or services
§485.614(a)(2)		LD.11.01.	01 The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
and must inform each patient whom to governing body must approve and be re grievance process and must review and responsibility in writing to a grievance of The grievance process must include a re concerns regarding quality of care or present the concerns regarding quality of care or present the care of the concerns regarding quality of care or present quality of care or present quality of care or present quality or quality of care or present quality or qu	mechanism for timely referral of patient	EP 2	 Reviews and resolves grieved For rehabilitation and psychia following: Determines, in accordance appointment to the medica Appoints members of the nomedical staff Makes certain that the medical staff bylation Makes certain that the medical staff bylation Makes certain that the medical staff bylation Makes certain that the critical staff bylation Makes certain that the critical staff bylation Makes certain that under not the critical access hospital society Makes certain that the medical staff bylation M	le for the effective operation of the grievance process vances, unless it delegates responsibility in writing to a grievance committee tric distinct part units in critical access hospitals: The governing body also does the with state law, which categories of practitioners are eligible candidates for a staff nedical staff after considering the recommendations of the existing members of the dical staff has bylaws away and other medical staff rules and regulations dical staff is accountable to the governing body for the quality of care provided to the gria for selection to the medical staff are based on individual character, competence, adgment of circumstances is the accordance of staff membership or professional privileges in dependent solely upon certification, fellowship, or membership in a specialty body or dical staff develops and implements written policies and procedures for appraisal tement, and referral of patients at the locations without emergency services when of provided at the critical access

CFR Number §485.614(a)(2)	Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
		RI.14.01.01	The patient and hospital.	their family have the right to have grievances reviewed by the critical access
		EP 1		vances includes a mechanism for timely referral of patient concerns regarding ischarge to the appropriate Utilization and Quality Control Quality Improvement
		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.
§485.614(a)(2)(i) (i) The hospital must establish a clearly ext		RI.11.02.01	The critical accepatient understa	ess hospital respects the patient's right to receive information in a manner the ands.
	(i) The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.		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 sets 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 ly 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 time		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.	, , ,		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)(iii)		RI.14.01.01	The patient and hospital.	their family have the right to have grievances reviewed by the critical access
(iii) In its resolution of the grievance, the howitten notice of its decision that contains the steps taken on behalf of the patient to ithe grievance process, and the date of contains the grievance process.	he name of the hospital contact person, investigate the grievance, the results of	EP 3	In its resolution of grievances, which contains the following: -Name of the critical access h	individual to investigate the grievances
§485.614(b)				
(b) Standard: Exercise of rights				
§485.614(b)(1)		PC.11.03.01	The critical acce	ess hospital plans the patient's care.
(1) The patient has the right to participate i their plan of care.	n the development and implementation of	EP 2		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

CFR Number §485.614(b)(2)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
to make informed decisions regarding their	(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		RI.12.01.01 The critical access hospital respects the patient's right to participate in decis their care, treatment, and services. Note: This right is not to be construed as to demand the provision of treatment or services deemed medically unneces inappropriate.		
being able to request or refuse treatment.			decisions regarding their care care planning and treatment,	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 sion of treatment or services deemed medically unnecessary or inappropriate.	
§485.614(b)(3)		RI.12.01.01		ess hospital respects the patient's right to participate in decisions about	
(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,			ment, 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	of this part (Effective dates).	EP 5	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)		RI.12.01.01		ess hospital respects the patient's right to participate in decisions about	
(4) The patient has the right to have a family member or representative of their choice and their own physician notified promptly of their admission to the hospital.			their care, treatr	ment, and services. Note: This right is not to be construed as a mechanism provision of treatment or services deemed medically unnecessary or	
		EP 2	other licensed practitioner not promptly notifies the identified Note: The patient is informed, established primary care pract as all applicable post–acute of documenting a patient's refus inpatient unit, or discharge or	sks the patient whether they want a family member, representative, or physician 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.					
§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 pri	ivacy.	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. 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.	
§485.614(c)(2)		PE.01.01.01	The critical acce	ess hospital has a safe and adequate physical environment.	
(2) The patient has the right to receive care	e in a safe setting.	EP 1	the safety and well-being of particles of the Note 1: Diagnostic and therap Note 2: When planning for new regulations or the current Guid Institute. If the state rules and	building is constructed, arranged, and maintained to allow safe access and to protect atients. Deutic facilities are located in areas appropriate for the services provided. We were allowed and construction of Hospitals published by the Facility Guidelines or the Guidelines do not address the design needs of the critical access butable standards and guidelines that provide equivalent design criteria.	

CFR Number §485.614(c)(3)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.614(c)(3) (3) The patient has the right to be free from	n all forms of abuse or harassment.	RI.13.01.01 The patient has the right to be free from harassment, neglect, exploitation, physical, and sexual abuse.		the right to be free from harassment, neglect, exploitation, and verbal, mental, exual abuse.
		EP 1	EP 1 The critical access hospital protects the patient from harassment, neglect, exploitation, corporal punis involuntary seclusion, and verbal, mental, sexual, or physical abuse that could occur while the patient care, treatment, and services. For swing beds in critical access hospitals: The critical access hospital also protects the resident from misappropriation of property.	
§485.614(d)				
(d) Standard: Confidentiality of patient reco	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 confider	ntiality of their clinical records.	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
§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 thei medical records, upon an oral or written re by the individual, if it is readily producible in electronic form or format when such medic or, if not, in a readable hard copy form or so by the facility and the individual, and within must not frustrate the legitimate efforts of it 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 eal records are maintained electronically); such other form and format as agreed to a reasonable time frame. The hospital individuals to gain access to their own	EP 6	including past and current rec available). If electronic is unau- 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 state and quickly as its recordkeeping system permits).
§485.614(e) (e) Standard: Restraint or seclusion. All pa		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.
be free from restraint or seclusion, of any f discipline, convenience, or retaliation by st imposed to ensure the immediate physical	hysical or mental abuse, and corporal punishment. All patients have the right to e free from restraint or seclusion, of any form, imposed as a means of coercion, iscipline, convenience, or retaliation by staff. Restraint or seclusion may only be apposed to ensure the immediate physical safety of the patient, a staff member, or there and must be discontinued at the earliest possible time.		The critical access hospital do 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 be length of time specified in the order.
		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—				

CFR Number §485.614(e)(1)(i)(A)	Medicare Requirements	l	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
	§485.614(e)(1)(i)(A) (A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move their arms, legs, body, or		PC.13.02.01 The critical access hospital uses restraint or seclusion only when it can be clinically or when warranted by patient behavior that threatens the physical safety of the patie or others. Note: See Glossary for the definitions of restraint and seclusion.		
		EP 4	The critical access hospital restraint policies are followed when any manual method, physical or device, material, or equipment that immobilizes or reduces the ability of a patient to move his or body, or head freely; or when a drug or medication is used as a restriction to manage the patient restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient Note: A restraint does not include devices, such as orthopedically prescribed devices, surgical d bandages, protective helmets, or other methods that involve the physical holding of a patient for conducting routine physical examinations or tests, or to protect the patient from falling out of bed patient to participate in activities without the risk of physical harm (this does not include a physic		
§485.614(e)(1)(i)(B)		PC.13.02.01		ess hospital uses restraint or seclusion only when it can be clinically justified	
(B) A drug or medication when it is used as				ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.	
behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.		EP 4	The critical access hospital re device, material, or equipmen body, or head freely; or when restrict the patient's freedom of Note: A restraint does not include bandages, protective helmets conducting routine physical exp	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. Used devices, such as orthopedically prescribed devices, surgical dressings or or other methods that involve the physical holding of a patient for the purpose of training 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)(C) (C) A restraint does not include devices, so		PC.13.02.01		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,	
surgical dressings or bandages, protective the physical holding of a patient for the pur examinations or tests, or to protect the pat the patient to participate in activities without include a physical escort).	helmets, or other methods that involve pose of conducting routine physical ient from falling out of bed, or to permit	EP 4	The critical access hospital re device, material, or equipmen body, or head freely; or when restrict the patient's freedom on Note: A restraint does not include bandages, protective helmets conducting routine physical expenses.	See Glossary for the definitions of restraint and seclusion. Instraint 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. Under devices, such as orthopedically prescribed devices, surgical dressings or 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 es without the risk of physical harm (this does not include a physical escort).	
§485.614(e)(1)(ii)		PC.13.02.01		ess hospital uses restraint or seclusion only when it can be clinically justified	
(ii) Seclusion is the involuntary confinemen	•			ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.	
which the patient is physically prevented from leaving. Seclusion may only be used or the management of violent or self-destructive behavior.		EP 5	The critical access hospital se or area from which the patient	clusion policies are followed when a patient is involuntarily confined alone in a room is physically prevented from leaving. or the management of violent or self-destructive behavior.	
§485.614(e)(2)		PC.13.02.01		ess hospital uses restraint or seclusion only when it can be clinically justified	
(2) Restraint or seclusion may only be use been determined to be ineffective to protect				ted by patient behavior that threatens the physical safety of the patient, staff, See Glossary for the definitions of restraint and seclusion.	
been determined to be ineffective to protect the patient, a staff member, or others from harm.		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, in. 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 the length of time specified in the order.	

CFR Number §485.614(e)(3)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.614(e)(3) (3) The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others		PC.13.02.0	PC.13.02.01 The critical access hospital uses restraint or seclusion only when it can be clinical or when warranted by patient behavior that threatens the physical safety of the patient or others. Note: See Glossary for the definitions of restraint and seclusion.	
from harm.			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)		PC.13.02.0	9 The critical according or seclusion.	ess hospital has written policies and procedures that guide the use of restraint
(4) The CAH must have written policies and procedures regarding the use of restraint and seclusion that are consistent with current standards of practice.		The critical access hospital's policies and procedures regarding the use of restraint or seclusion that are consistent with current standards of practice. For rehabilitation and psychiatric distinct part units in critical access hospitals: The policies and procedures include the following: Definitions for restraint and seclusion that are consistent with state and federal law and regulation Physician and other licensed practitioner training requirements Staff training requirements Who has authority to order restraint or seclusion Who has authority to discontinue the use of restraint or seclusion Circumstances under which restraint or seclusion is discontinued Requirement that restraint or seclusion is discontinued as soon as is safely possible Who can assess and monitor patients in restraint or seclusion Time frames for assessing and monitoring patients in restraint or seclusion		
§485.614(f)		PC.13.02.0	3 The critical acce	ess hospital uses restraint or seclusion safely.
(f) Standard: Restraint or seclusion: Staff tright to safe implementation of restraint or	training requirements. The patient has the seclusion by trained staff.	EP 1	- In accordance with a writte	use of restraint or seclusion meets the following requirements: en modification to the patient's plan of care aff using safe techniques identified by the critical access hospital's policies and with law and regulation
§485.614(f)(1)		PC.13.02.1	7 The critical acce	ess 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 contract restraint and seclusion.	and staff, including medical staff, and,	EP 2		nformed, competency-based training and education on the use of restraint and g medical staff and, as applicable, staff providing contract services
§485.614(f)(2)		PC.13.02.1	7 The critical acce	ess hospital trains staff to safely implement the use of restraint or seclusion.
(2) The training must include alternatives t	to the use of restraint/seclusion.	EP 2	Staff education and training in Patient-centered, trauma-ir seclusion for staff, including Alternatives to the use of re	nformed, competency-based training and education on the use of restraint and g medical staff and, as applicable, staff providing contract services

CFR Number §485.614(g)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.614(g)	§485.614(g)		The critical acco	ess 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.		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 of used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indicate to the patient's death Note 1: This reporting requirement includes all restraints except soft wrist restraints. For more information of 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.		ile a patient is in restraint or seclusion hin 24 hours after the patient has been removed from restraint or seclusion writical access hospital that occurs within one week after restraint or seclusion was to assume that the use of the restraint or seclusion contributed directly or indirectly ment includes all restraints except soft wrist restraints. For more information on oft wrist restraints, refer to EP 3 in this standard. formance "reasonable to assume" includes but is not limited to deaths related to
§485.614(g)(1)		PC.13.02.19		ess hospital reports deaths associated with the use of restraint or seclusion.
(1) With the exception of deaths described under paragraph (g)(2) of this section, the hospital must report the following information to CMS by telephone, facsimile, or electronically, as determined by CMS, no later than the close of business on the next business day following knowledge of the patient's death:			telephone, by facsimile, or ele	13.02.19, EP 1, are reported to the Centers for Medicare & Medicaid Services by extronically 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 acco	ess 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.		regarding deaths related to re - Each death that occurs wh - Each death that occurs wit - Each death known to the c used when it is reasonable to the patient's death Note 1: This reporting require deaths related to the use of so Note 2: In this element of perf	sports the following information to the Centers for Medicare & Medicaid Services estraint or seclusion: ile a patient is in restraint or seclusion hin 24 hours after the patient has been removed from restraint or seclusion estical access hospital that occurs within one week after restraint or seclusion was to assume that the use of the restraint or seclusion contributed directly or indirectly ement includes all restraints except soft wrist restraints. For more information on off wrist restraints, refer to EP 3 in this standard. formance "reasonable to assume" includes but is not limited to deaths related to prolonged periods of time or deaths related to chest compression, restriction of
§485.614(g)(1)(ii)		PC.13.02.19	The critical acco	ess hospital reports deaths associated with the use of restraint or seclusion.
(ii) Each death that occurs within 24 hours restraint or seclusion.	after the patient has been removed from		regarding deaths related to re - Each death that occurs wh - Each death that occurs wit - Each death known to the cused when it is reasonable to the patient's death Note 1: This reporting require deaths related to the use of so	eports the following information to the Centers for Medicare & Medicaid Services estraint or seclusion: ile a patient is in restraint or seclusion hin 24 hours after the patient has been removed from restraint or seclusion writical access hospital that occurs within one week after restraint or seclusion was to assume that the use of the restraint or seclusion contributed directly or indirectly ment includes all restraints except soft wrist restraints. For more information on oft wrist restraints, refer to EP 3 in this standard. formance "reasonable to assume" includes but is not limited to deaths related to prolonged periods of time or deaths related to chest compression, restriction of

CFR Number §485.614(g)(1)(iii)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
§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 occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death, regardless of the type(s) of restraint used on the patient during this time. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing, or asphyxiation.		reg - - - - No dea No res	garding deaths related to re Each death that occurs whi Each death that occurs with Each death known to the coused when it is reasonable to the patient's death te 1: This reporting requirer aths related to the use of so te 2: In this element of perfe	ports the following information to the Centers for Medicare & Medicaid Services straint or seclusion: le a patient is in restraint or seclusion nin 24 hours after the patient has been removed from restraint or seclusion ritical access hospital that occurs within one week after restraint or seclusion was to assume that the use of the restraint or seclusion contributed directly or indirectly ment includes all restraints except soft wrist restraints. For more information on off wrist restraints, refer to EP 3 in this standard. formance "reasonable to assume" includes but is not limited to deaths related to rolonged periods of time or deaths related to chest compression, restriction of
§485.614(g)(2)				
(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 follow	the patient's wrist(s), and which are e 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.	sol - - - -	ely of soft, nonrigid, cloth-lil Records in a log or other sy recorded within seven days Records in a log or other sy such restraints. The information becoments in the patient reducements in the log or other physician or other licensed diagnosis(es).	used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: vstem any death that occurs while a patient is in restraint. The information is of the date of death of the patient. vstem any death that occurs within 24 hours after a patient has been removed from ation is recorded within seven days of the date of death of the patient. ecord the date and time that the death was recorded in the log or other system. Her system the patient's name, date of birth, date of death, name of attending practitioner responsible for the patient's care, medical record number, and primary the log or other system available to the Centers for Medicare & Medicaid Services, riting, immediately upon request.
§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 a such restraints.	fter a patient has been removed from	sol - - - -	ely of soft, nonrigid, cloth-lil Records in a log or other sy recorded within seven days Records in a log or other sy such restraints. The information Documents in the patient re Documents in the log or other physician or other licensed diagnosis(es). Makes the information in the	used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: vstem any death that occurs while a patient is in restraint. The information is of the date of death of the patient. vstem any death that occurs within 24 hours after a patient has been removed from ation is recorded within seven days of the date of death of the patient. ecord the date and time that the death was recorded in the log or other system. The responsible for the patient's care, medical record number, and primary the log or other system available to the Centers for Medicare & Medicaid Services, riting, immediately upon request.
§485.614(g)(3)		ļ		
(3) The staff must document in the patient death was:	s medical record the date and time the			

CFR Number §485.614(g)(3)(i)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§485.614(g)(3)(i)		PC.13.02.1	9 The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.		
			The deaths addressed in PC.13.02.19, EP 1, are reported to the Centers for Medicare & Medicaid Services by telephone, by facsimile, or electronically no later than the close of the next business day following knowledge of the patient's death. The date and time that the patient's death was reported is documented in the patient's medicard.			
§485.614(g)(3)(ii)		PC.13.02.1	9 The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.		
C NON TO		EP 3	 solely of soft, nonrigid, cloth-lil Records in a log or other sy recorded within seven days Records in a log or other sy such restraints. The information of the patient results in the patient results in the log or other physician or other licensed diagnosis(es). Makes the information in the 	used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: ystem any death that occurs while a patient is in restraint. The information is of the date of death of the patient. ystem any death that occurs within 24 hours after a patient has been removed from ation is recorded within seven days of the date of death of the patient. ecord the date and time that the death was recorded in the log or other system. her system the patient's name, date of birth, date of death, name of attending practitioner responsible for the patient's care, medical record number, and primary the log or other system available to the Centers for Medicare & Medicaid Services, riting, immediately upon request.		
§485.614(g)(4)			· · · · · · · · · · · · · · · · · · ·			
(4) For deaths described in paragraph (g)(2) of this section, entries into the internal log or other system must be documented as follows:						
§485.614(g)(4)(i)		PC.13.02.1	9 The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.		
(i) Each entry must be made not later than patient.	seven days after the date of death of the	EP 3	 solely of soft, nonrigid, cloth-lil Records in a log or other sy recorded within seven days Records in a log or other sy such restraints. The information of the patient results in the patient results in the log or other physician or other licensed diagnosis(es). Makes the information in the either electronically or in with the results in the log or other licensed diagnosis (es). 	used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: ystem any death that occurs while a patient is in restraint. The information is of the date of death of the patient. ystem any death that occurs within 24 hours after a patient has been removed from ation is recorded within seven days of the date of death of the patient. ecord the date and time that the death was recorded in the log or other system. her system the patient's name, date of birth, date of death, name of attending practitioner responsible for the patient's care, medical record number, and primary the log or other system available to the Centers for Medicare & Medicaid Services, riting, immediately upon request.		
§485.614(g)(4)(ii)		PC.13.02.1	9 The critical acce	ess hospital reports deaths associated with the use of restraint or seclusion.		
(ii) Each entry must document the patient's of attending physician or other licensed pra of the patient, medical record number, and	actitioner who is responsible for the care	EP 3	 solely of soft, nonrigid, cloth-lil Records in a log or other sy recorded within seven days Records in a log or other sy such restraints. The information of the patient results in the patient results in the log or other physician or other licensed diagnosis(es). Makes the information in the 	used and when the only restraints used on the patient are wrist restraints composed ke material, the critical access hospital does the following: ystem any death that occurs while a patient is in restraint. The information is of the date of death of the patient. ystem any death that occurs within 24 hours after a patient has been removed from ation is recorded within seven days of the date of death of the patient. ecord the date and time that the death was recorded in the log or other system. her system the patient's name, date of birth, date of death, name of attending practitioner responsible for the patient's care, medical record number, and primary the log or other system available to the Centers for Medicare & Medicaid Services, ritting, immediately upon request.		

CFR Number §485.614(g)(4)(iii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§485.614(g)(4)(iii)		PC.13.02.19		ess hospital reports deaths associated with the use of restraint or seclusion.	
(iii) The information must be made available in either written or electronic form to CMS immediately upon request.			 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 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 removed 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 pri diagnosis(es). Makes the information in the log or other system available to the Centers for Medicare & Medicaid Service either electronically or in writing, immediately upon request. 		
§485.614(h)		RI.11.01.01	The critical acce	ess hospital respects, protects, and promotes patient rights.	
(h) Standard: Patient visitation rights. A CAH must have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the CAH may need to place on such rights and the reasons for the clinical restriction or limitation. A CAH must meet the following requirements:		EP 7	The critical access hospital develops and implements policies and procedures for patient visitation rights. Visitation rights include the right to receive visitors designated by the patient, including but not limited to a sporal adomestic partner (including a same-sex domestic partner), another family member, or a friend. The patient has the right to withdraw or deny consent for visitors at any time. Note 1: The critical access hospital's written policies and procedures include any restrictions or limitations that clinically necessary or reasonable that need to be placed on visitation rights and the reasons for the restriction limitation. Note 2: The critical access hospital informs the patient (or support person, where appropriate) of the patient's visitation rights, including any clinical restriction or limitation on such rights.		
§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.			The critical access hospital develops and implements policies and procedures for patient visitation rights. Visitation rights include the right to receive visitors designated by the patient, including but not limited to a span domestic partner (including a same-sex domestic partner), another family member, or a friend. The patien has the right to withdraw or deny consent for visitors at any time. Note 1: The critical access hospital's written policies and procedures include any restrictions or limitations the clinically necessary or reasonable that need to be placed on visitation rights and the reasons for the restricti limitation. Note 2: The critical access hospital informs the patient (or support person, where appropriate) of the patient visitation rights, including any 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, to his or her consent, to receive the visitors but not limited to, a spouse, a domestic pa partner), another family member, or a frien such consent at any time.	s whom he or she designates, including, rtner (including a same-sex domestic		Visitation rights include the rig a domestic partner (including 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. In the receive 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. In 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)(3)	Medicare Requirements	1	int Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§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 visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.		- -	EP 4 The critical access hospital prohibits discrimination based on age, race, ethnicity, religion, cultur physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity Note: This includes prohibiting discrimination through restricting, limiting, or otherwise denying value The critical access hospital allows all visitors to have full and equal visitation privileges consistent preferences.		
§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 expatient preferences.	qual visitation privileges consistent with	, 1	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. g discrimination through restricting, limiting, or otherwise denying visitation privileges. lows all visitors to have full and equal visitation privileges consistent with patient	
§485.616 TAG: C	-0860				
§485.616 Condition of Participation: Agree	ements	1			
§485.616(a) TAG: C	-0862				
§485.616(a) Standard: Agreements With N	Network Hospitals				
In the case of a CAH that is a member of a §485.603 of this chapter, the CAH has in a hospital that is a member of the network for	effect an agreement with at least one				
§485.616(a)(1) TAG: C-	-0864	LD.13.03.03	Care, treatment effectively.	, and services provided through contractual agreement are provided safely and	
(1) Patient referral and transfer;		t	If the critical access hospital is that is a member of the network. Patient referral and transference bevelopment and use of not telemetry, and medical recommendations.		
§485.616(a)(2) TAG: C		LD.13.03.03		, and services provided through contractual agreement are provided safely and	
(2) The development and use of communithe network's system for the electronic shamedical records, if the network has in open	aring of patient data, and telemetry and	t -	If the critical access hospital is that is a member of the network. Patient referral and transference bevelopment and use of not telemetry, and medical recommendations.		
§485.616(a)(3) TAG: C	-0868	LD.13.03.03		, and services provided through contractual agreement are provided safely and	
(3) The provision of emergency and non-e facility and the hospital.	mergency transportation between the	t - -	that is a member of the netwo Patient referral and transfe Development and use of no telemetry, and medical rec		

CFR Number §485.616(b)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§485.616(b) Standard: Agreemen Each CAH that is a member of a respect to credentialing and qualit					
\$485.616(b)(1) TAG: C-0870 (1) One hospital that is a member of the network;		EP 9	Care, treatment, and services provided through contractual agreement are provided safely and effectively. EP 9 If the critical access hospital is a member of a rural health network, it has an agreement with respect to credentialing and quality assurance with at least one of the following organizations: - Hospital that is a member of the network - Quality improvement organization (QIO) or equivalent entity - Other appropriate and qualified entity in the state rural health care plan		
§485.616(b)(2) (2) One QIO or equivalent entity;	TAG: C-0870 or	LD.13.03.03	effectively. If the critical access hospital is credentialing and quality assurument - Hospital that is a member of Quality improvement organ	and services provided through contractual agreement are provided safely and is a member of a rural health network, it has an agreement with respect to rance with at least one of the following organizations: of the network ization (QIO) or equivalent entity ified entity in the state rural health care plan	
3 : 5 : 5 : 5 (12)(12)	TAG: C-0870 Alified entity identified in the State rural health care	LD.13.03.03	effectively. If the critical access hospital is credentialing and quality assurument - Hospital that is a member of Quality improvement organ	and services provided through contractual agreement are provided safely and a member of a rural health network, it has an agreement with respect to rance with at least one of the following organizations: of the network ization (QIO) or equivalent entity ified entity in the state rural health care plan	
3 (-)	TAG: C-0872 dentialing and privileging of telemedicine				

CFR Number §485.616(c)(1)	Medicare Requirements		Joint Commission equivalent Number	Joint Commission Standards and Elements of Performance
3	C-0872 ensure that, when telemedicine services	LD.13.03.0	Care, treatment effectively.	, and services provided through contractual agreement are provided safely and
(1) 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 hospital, the agreement is written and specifies that it is the responsibility of the governing body of the distant-site hospital to meet the following requirements with regard to its physicians or practitioners providing telemedicine services:		 When telemedicine services are provided to the critical access hospital's patients through an agreement will 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 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 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 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 privileging the critical access hospital dependent solely upon certification, fellowship or membership in a specialty be society 		
0 (-)(-)(-)	C-0872	LD.13.03.0	Care, treatment, effectively.	, and services provided through contractual agreement are provided safely and
(i) Determine, in accordance with State Is eligible candidates for appointment to the		EP 4	When telemedicine services a a distant-site hospital, the criti specifies that it is the respons to its physicians or other licen - Determine, in accordance of appointment to the medical - Appoint members of the memorical staff - Assure that the medical staff - Assure that the medical staff - Approve medical staff bylan - Make certain that the medical staff - Make certain that the criter competence, training, expense.	edical staff after considering the recommendations of the existing members of the aff has bylaws ws and other medical staff rules and regulations cal staff is accountable to the governing body for the quality of care provided to ria for selection for appointment to the medical staff are individual character,

CFR Number §485.616(c)(1)(ii)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.616(c)(1)(ii)	TAG: C-		LD.13.03.	Care, treatment effectively.	, and services provided through contractual agreement are provided safely and
(ii) Appoint members of the medical staff after considering the recommendations of		EP 4	a distant-site hospital, the crit specifies that it is the respons to its physicians or other licen - Determine, in accordance appointment to the medica - Appoint members of the medical staff - Assure that the medical staff byla - Make certain that the medi patients - Make certain that the criter competence, training, experiments - Make certain that under no	edical staff after considering the recommendations of the existing members of the aff has bylaws ws and other medical staff rules and regulations ical staff is accountable to the governing body for the quality of care provided to ria for selection for appointment to the medical staff are individual character,	
§485.616(c)(1)(iii)	TAG: C-		LD.13.03.	03 Care, treatment effectively.	, and services provided through contractual agreement are provided safely and
(iii) Assure that the medical state	iii nas bylaw	5.	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 medical - Appoint members of the medical staff - Assure that the medical staff - Approve medical staff byla - Make certain that the medi patients - Make certain that the criter competence, training, expertance - Make certain that under no	edical staff after considering the recommendations of the existing members of the aff has bylaws ws and other medical staff rules and regulations ical staff is accountable to the governing body for the quality of care provided to ria for selection for appointment to the medical staff are individual character,

CFR Number §485.616(c)(1)(iv)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
0			LD.13.03.03 Care, treatment, and services provided through contractual agreement are pro 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 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	
(v) Ensure that the medical staff is according to the control of care provided to patients.	ountable to the governing body for the quality	EP 4 \	When telemedicine services as a distant-site hospital, the critical specifies that it is the respons to its physicians or other licen. Determine, in accordance of appointment to the medical Appoint members of the medical staff. Assure that the medical staff Approve medical staff bylan Make certain that the medical patients. Make certain that the criteric competence, training, experiments.	edical staff after considering the recommendations of the existing members of the lift has bylaws we and other medical staff rules and regulations cal staff is accountable to the governing body for the quality of care provided to it for selection for appointment to the medical staff are individual character,	

CFR Number §485.616(c)(1)(vi)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.616(c)(1)(vi)	TAG: C-0872 on are individual character, competence, training,	LD.13.03.0	Care, treatment, effectively.	, and services provided through contractual agreement are provided safely and
experience, and judgment.		EP 4	a distant-site hospital, the criti specifies that it is the respons to its physicians or other licen - Determine, in accordance of appointment to the medical - Appoint members of the memodical staff - Assure that the medical staff - Approve medical staff byland - Make certain that the medical patients - Make certain that the criter competence, training, expert - Make certain that under no	edical staff after considering the recommendations of the existing members of the aff has bylaws ws and other medical staff rules and regulations cal staff is accountable to the governing body for the quality of care provided to ria for selection for appointment to the medical staff are individual character,
§485.616(c)(1)(vii)	TAG: C-0872 stances is the accordance of staff membership or	LD.13.03.0	Care, treatment effectively.	, and services provided through contractual agreement are provided safely and
	pital dependent solely upon certification, fellowship	EP 4	a distant-site hospital, the criti specifies that it is the respons to its physicians or other licen Determine, in accordance of appointment to the medical Appoint members of the memodical staff Assure that the medical staff byland is a particular that the medical staff patients Make certain that the criter competence, training, expendiced is a distance of the competence of the criter competence of the criter competence of the criter of the criter competence of the criter of the crite	edical staff after considering the recommendations of the existing members of the aff has bylaws ws and other medical staff rules and regulations cal staff is accountable to the governing body for the quality of care provided to ria for selection for appointment to the medical staff are individual character,

CFR Number §485.616(c)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.616(c)(2) §485.616(c)(2) (2) When telemedicine services are furnis agreement with a distant-site hospital, the	F-0872 hed to the CAH's patients through an CAH's governing body or responsible edentialing and privileging decisions made acspital regarding individual distant-site everning body or responsible individual	Equivalent MS.20.01.01 EP 1 When tele a distant-s choose to entity for t access ho site hospit - The dis consist - The dis consist - The dis consist - The inc telement provide telement - The inc state in - For dist the original cense evaluat telement hospita other lie Note 1: In critical accetal consist and telement consist of the original consist of the origina	Physicians or o services of the processes of the processes of the emedicine services a site hospital or telen rely upon the crede the individual distantial or telemedicine stant site telemedicine that the critical estant-site hospital produced in the critical of the company of the critical and	ther 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 furnished to the critical access hospital's patients through an agreement with predicine entity, the governing body of the originating critical access hospital may entialing and privileging decisions made by the distant-site hospital or telemedicine the traitient physicians and other licensed practitioners providing such services if the critical access hospital or telemedicine the entity provides services in accordance with contract service requirements. The entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. The entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. The entity is medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. The entity is medical staff credentialing and privileging process and standards is access hospital. The entity is medical staff credentialing and privileging process and standards is access hospital or other licensed practitioner is privileged at the distant-site hospital or telemedicine entity in the distant-site hospital or privileges at the distant-site hospital or physician or other licensed practitioner privileges at the distant-site physician or other ends the distant-site hospital or telemedicine entity information for use in the periodic er. At a minimum, this information includes adverse events that result from the rided by the distant-site physician or other licensed practitioner to the critical access applaints the critical access hospital has received about the distant-site physician or other licensed practitioner to the critical access applaints the critical access hospital has received about the distant-site physician or other licensed practitioner to the crit
		Note 2: Fo telemedici at 42 CFR	ine entity's medical	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		mmission nt 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 Physicians or other licensed practitioners who are responsible for the care, treatment, a services of the patient via telemedicine link are subject to the credentialing and privileg processes of the originating site.					
		a distar choose entity for access site hos - The - The cons - The - The teler prov teler - The state - For or the or licen evalu teler hosp othe Note 1: critical or telemed provide Note 2: telemed at 42 C	nt-site hospital or teler to rely upon the crede to rely upon the crede or the individual distant hospital's governing be spital or telemedicine edistant site telemedici distant-site telemedici distant-site telemedici istent with the critical distant-site hospital prindividual distant-site nedicine entity providi ides a current list of the edicine entity. Individual distant-site in which the critical addistant-site physicians originating critical accessed practitioner and suation of the practition nedicine services provital's patients and corr licensed practitioner. In the case of distant access hospital's patients and corr supplier. For rehabilitation and dicine entity's medical	ne entity provides services in accordance with contract service requirements. In entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. In roviding the telemedicine services is a Medicare-participating hospital. Physician or other licensed practitioner is privileged at the distant-site hospital or ing the telemedicine services, and the distant-site hospital or telemedicine entity in the distant-site physician's or practitioner's privileges at the distant-site hospital or physician or other licensed practitioner holds a license issued or recognized by the access hospital whose patients are receiving the telemedicine services is located. For other licensed practitioners privileged by the originating critical access hospital, as hospital internally reviews services provided by the distant-site physician or other lends the distant-site hospital or telemedicine entity information for use in the periodic internal that is the physician or other licensed practitioner to the critical access inplaints the critical access hospital has received about the distant-site physician or in-site physicians and licensed practitioners providing telemedicine services to the lents 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 up (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				
§485.616(c)(2)(ii) TAG: C-0872 (ii) The individual distant-site physician or practitioner is privileged at the distant-site hospital providing the telemedicine services, which provides a current list of the		MS.20.01.01	MS.20.01.01 Physicians or other licensed practitioners who are responsible for the care, treatment services of the patient via telemedicine link are subject to the credentialing and pri processes of the originating site.					
distant-site physician s or practitioner's p		a distant- choose to entity for a access he site hospi - The dis - The dis consist - The in teleme provide teleme - The in state ir - For dis the orig license evalua teleme hospita other il Note 1: In critical ac telemedic provider of Note 2: Fe telemedic at 42 CFF	site hospital or telema rely upon the crede the individual distant ospital's governing betal or telemedicine estant site telemedicine tent with the critical astant-site hospital providing a current list of the dicine entity providing as a current list of the dicine entity. dividual distant-site physicians ginating critical actant-site physicians ginating critical accept practitioner and set ton of the practition dicine services providing services providing the case of distant-cess hospital's patients and complete the case of distant	the entity provides services in accordance with contract service requirements. The entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. Oviding the telemedicine services is a Medicare-participating hospital. Only sician or other licensed practitioner is privileged at the distant-site hospital or 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 only sician or other licensed practitioner holds a license issued or recognized by the coses hospital whose patients are receiving the telemedicine services is located. Or other licensed practitioners privileged by the originating critical access hospital, as hospital internally reviews services provided by the distant-site physician or other ends the distant-site hospital or telemedicine entity information for use in the periodic ter. At a minimum, this information includes adverse events that result from the rided by the distant-site physician or other licensed practitioner to the critical access applaints the critical access hospital has received about the distant-site physician or 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)(iii)	Medicare Requirements		mmission nt 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		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.					
g		a distar choose entity for access site hose. The cons. The cons. The teler prove teler. The state. For the cons. Note 1: critical telement provide Note 2: telement at 42 Cons.	nt-site hospital or telent to rely upon the crede to rely upon the crede or the individual distant hospital's governing be spital or telemedicine edistant site telemedici distant-site telemedici distant-site telemedici sistent with the critical distant-site hospital prindividual distant-site nedicine entity providicides a current list of the nedicine entity. Individual distant-site in which the critical adistant-site physicians originating critical accessed practitioner and suation of the practition nedicine services proviatal's patients and control ricensed practitioner. In the case of distant-access hospital's patient and control control in the case of distant or or supplier. For rehabilitation and dicine entity's medical	ne entity provides services in accordance with contract service requirements. ne entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. roviding the telemedicine services is a Medicare-participating hospital. physician or other licensed practitioner is privileged at the distant-site hospital or ng the telemedicine services, and the distant-site hospital or telemedicine entity le distant-site physician's or practitioner's privileges at the distant-site hospital or physician or other licensed practitioner holds a license issued or recognized by the access hospital whose patients are receiving the telemedicine services is located. Or other licensed practitioners privileged by the originating critical access hospital, as hospital internally reviews services provided by the distant-site physician or other lends the distant-site hospital or telemedicine entity information for use in the periodic lender. At a minimum, this information includes adverse events that result from the priviled by the distant-site physician or other licensed practitioner to the critical access inplaints the critical access hospital has received about the distant-site physician or seite physicians and licensed practitioners providing telemedicine services to the lents 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	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.616(c)(2)(iv) §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 of services of the		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.
the CAH has evidence of an internal rev practitioner's performance of these privil such information for use in the periodic a	iew of the distant-site physician's or eges and sends the distant-site hospital appraisal of the individual distant-site this information must include all adverse services provided by the distant-site tients and all complaints the CAH has		When telemedicine services a a distant-site hospital or telem choose to rely upon the crede entity for the individual distant access hospital's governing b site hospital or telemedicine e - The distant site telemedicine - The distant-site telemedicine consistent with the critical a - The distant-site hospital proposition of the individual distant-site provides a current list of the telemedicine entity. The individual distant-site provides a current list of the telemedicine entity. The individual distant-site provides a current list of the telemedicine entity. The individual distant-site provides a current list of the telemedicine entity. The individual distant-site provides a current list of the telemedicine entity. The individual distant-site provides a current list of the telemedicine services provides provides protectioner and sevaluation of the practitioner telemedicine services provides access hospital's patients and comother licensed practitioner. 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 services as a size of the distant provider or supplier.	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 the site 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-intity: The entity provides services in accordance with contract service requirements. The entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. To access hospital's process and standards, at a minimum. To access hospital's process and standards, at a minimum. To access hospital's process and standards, at a minimum. To access hospital or other licensed practitioner is privileged at the distant-site hospital or any the telemedicine services, and the distant-site hospital or telemedicine entity entities at the distant-site hospital or constitution or other licensed practitioner holds a license issued or recognized by the access hospital whose patients are receiving the telemedicine services is located. For other licensed practitioners privileged by the originating critical access hospital, as hospital internally reviews services provided by the distant-site physician or other ends the distant-site hospital or telemedicine entity information for use in the periodic error. At a minimum, this information includes adverse events that result from the ided by the distant-site physician or other licensed practitioner to the critical access applaints the critical access hospital has received about the distant-site physician or site physicians and licensed practitioners providing telemedicine services to the nts under a written agreement between the critical access hospital and a distant-site thesite telemedicine entity is not required to be a Medicare participating psychiatric distinct part units in critical acce
3	C-0874	LD.11.01.03		ess hospital identifies the responsibilities of its leaders.
are furnished to the CAH's patients throutelemedicine entity, the agreement is wr site telemedicine entity is a contractor of accordance with §485.635(c)(4)(ii), furni	tten and specifies that the distant- services to the CAH and as such, in shes the contracted services in a manner applicable conditions of participation for the nited to, the requirements in this section		responsible for the following: - Services provided in the cr agreements - Ensuring that contractors of services that enable the cri	e operation of the critical access hospital under 42 CFR 485.627(b)(2) is also itical access hospital whether or not they are furnished under arrangements or of services (including contractors for shared services and joint ventures) provide itical access hospital to comply with all applicable Centers for Medicare & Medicaid ipation 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
		LD.13.03.03	Care, treatment effectively.	, and services provided through contractual agreement are provided safely and
		writte - Tr - Tr - all - 48 - Tr - cr - 48 Note - www - If the - provi - Tr - cr - M - Tr - pr - by - The v	en agreement with the di- ne distant site is a contra- ne distant site furnishes s- applicable Medicare Co- 15.635(c)(4)(ii). ne originating site makes edentialing and privilegir 15.616(c)(1)(i) through (c) 16.616(c)(1)(i) through (c)(1)(i) through (c) 1	Medicare Conditions of Participation pertaining to telemedicine, refer to https:// to use the credentialing and privileging decision of the distant-site telemedicine equirements apply: distant site is responsible for having a process that is consistent with the grequirements in the "Medical Staff" (MS) chapter (Standards MS.17.01.01 through originating site grants privileges to a distant-site physician or other licensed originating site's medical staff recommendations, which rely on information provided es that it is the responsibility of the governing body of the distant-site hospital to meet

CFR Number §485.616(c)(4)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.616(c)(4) (4) When telemedicine services are furnisl agreement with a distant-site telemedicine responsible individual may choose to rely decisions made by the governing body of regarding individual distant-site physicians body or responsible individual must ensure distant-site telemedicine entity, that the fol	need to the CAH's patients through an entity, the CAH's governing body or upon the credentialing and privileging the distant-site telemedicine entity or practitioners. The CAH's governing e, through its written agreement with the	a distal choose entity for access site hose. The cons. T	services of the processes of the elemedicine services and the state hospital or telemedicine to rely upon the crede or the individual distant hospital's governing be spital or telemedicine edistant site telemedici distant-site telemedici distant-site telemedici distant-site hospital or individual distant-site individual distant-site medicine entity providing ides a current list of the medicine entity. Individual distant-site in which the critical addistant-site physicians originating critical accessed practitioner and suation of the practition medicine services provoital's patients and control in the case of distant-access hospital's patiedicine entity, the distanter or supplier. For rehabilitation and dicine entity's medical	ne entity provides services in accordance with contract service requirements. The entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. To oviding the telemedicine services is a Medicare-participating hospital. Physician or other licensed practitioner is privileged at the distant-site hospital or 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 physician or other licensed practitioner holds a license issued or recognized by the cocess hospital whose patients are receiving the telemedicine services is located. Or other licensed practitioners privileged by the originating critical access hospital, has hospital internally reviews services provided by the distant-site physician or other lends the distant-site hospital or telemedicine entity information for use in the periodic er. At a minimum, this information includes adverse events that result from the rided by the distant-site physician or other licensed practitioner to the critical access hoplaints the critical access hospital has received about the distant-site physician or resite 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)(i)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
I Medicare Redilirements		EP 1 When to a distant choose entity for access site hose - The cons - The telen provi	Physicians or conservices of the processes of the process	other licensed practitioners who are responsible for the care, treatment, and patient via telemedicine link are subject to the credentialing and privileging the originating site. are furnished to the critical access hospital's patients through an agreement with medicine entity, the governing body of the originating critical access hospital may entialing and privileging decisions made by the distant-site hospital or telemedicine it-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-
		- The state - For control the control the control telement - The con	in which the critical a distant-site physicians originating critical accessed practitioner and suation of the practition nedicine services provital's patients and conflicensed practitioner. In the case of distant-access hospital's patients in conflictione entity, the distant or or supplier.	resite 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			
§485.616(c)(4)(ii) §485.616(c)(4)(ii) (ii) The individual distant-site physician telemedicine entity providing the teleme	Medicare Requirements C-0874 or practitioner is privileged at the distant-site edicine services, which provides a current list is or practitioner's privileges at the distant-site	Equivalent MS.20.01.01 EP 1 When tele a distant-choose to entity for access ho site hospi - The disconsist - The disconsist - The disconsist - The inconsist	P1 When telemedicine services are furnished to the critical access hospital's patients through an agreement witl a distant-site hospital or telemedicine entity, the governing body of the originating such ascess hospital's governing body in the individual distant-site physicians and other licensed practitioners providing such services if the distant-site hospital or telemedicine entity. The distant-site telemedicine entity is medical staff credentialing and privileging process and standards is consistent with the critical access hospital's process and standards is consistent with the critical access hospital's process and standards, at a minimum. The distant-site hospital providing the telemedicine services is a Medicare-participating hospital. The individual distant-site physician or other licensed practitioner is privileged at the distant-site hospital or telemedicine entity provides services, and the distant-site hospital or telemedicine entity provides access hospital's process and standards, at a minimum. The distant-site hospital providing the telemedicine services is a Medicare-participating hospital. The individual distant-site physician or other licensed practitioner is privileged at the distant-site hospital or telemedicine entity provides a current list of the distant-site physician's or practitioner's privileges at the distant-site hospital or telemedicine entity. The individual distant-site physician or other licensed practitioner holds a license issued or recognized by state in which the critical access hospital whose patients are receiving the telemedicine services is located				
		- For dis the originates of the line of th	tant-site physicians ginating critical accelled practitioner and sition of the practition dicine services proval's patients and concensed practitioner. If the case of distantcess hospital's patie entity, the distantor supplier. For rehabilitation and tine entity's medical	or other licensed practitioners privileged by the originating critical access hospital, as hospital internally reviews services provided by the distant-site physician or other ends the distant-site hospital or telemedicine entity information for use in the periodic er. At a minimum, this information includes adverse events that result from the rided by the distant-site physician or other licensed practitioner to the critical access applaints the critical access hospital has received about the distant-site physician or existe physicians and licensed practitioners providing telemedicine services to the ents under a written agreement between the critical access hospital and a distant-site att-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)(iii)	Medicare Requirements		mmission nt Number	Joint Commission Standards and Elements of Performance
§485.616(c)(4)(iii) TAG: C-0874 (iii) The individual distant-site physician or practitioner holds a license issued or recognized by the State in which the CAH whose patients are receiving the telemedicine services is located.		a distar	services of the processes of the elemedicine services a tt-site hospital or telen	patient via telemedicine link are subject to the credentialing and privileging the originating site. are furnished to the critical access hospital's patients through an agreement with medicine entity, the governing body of the originating critical access hospital may postaling and privileging decisions made by the distant site hospital or telemedicine.
		entity for access site hose - The - The cons - The - The teler prov teler - The state - For or the or licen evaluteler hosp othe Note 1: critical telement provide Note 2: telement at 42 C	or the individual distant hospital's governing be spital or telemedicine edistant site telemedici distant-site telemedici distant-site telemedici distant-site telemedici distant-site hospital proposition of the predicine entity providual distant-site medicine entity. Individual distant-site in which the critical adistant-site physicians originating critical accessed practitioner and suation of the practition medicine services providual's patients and contributed in the case of distant-access hospital's patients and contributed in the case of distant-access hospital's patients ror supplier. For rehabilitation and dicine entity's medical	ne entity provides services in accordance with contract service requirements. ne entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. roviding the telemedicine services is a Medicare-participating hospital. physician or other licensed practitioner is privileged at the distant-site hospital or ng the telemedicine services, and the distant-site hospital or telemedicine entity le distant-site physician's or practitioner's privileges at the distant-site hospital or physician or other licensed practitioner holds a license issued or recognized by the access hospital whose patients are receiving the telemedicine services is located. Or other licensed practitioners privileged by the originating critical access hospital, as hospital internally reviews services provided by the distant-site physician or other lends the distant-site hospital or telemedicine entity information for use in the periodic lender. At a minimum, this information includes adverse events that result from the priviled by the distant-site physician or other licensed practitioner to the critical access inplaints the critical access hospital has received about the distant-site physician or distant-site physicians and licensed practitioners providing telemedicine services to the lents 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 physician or 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	pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance	
§485.616(c)(4)(iv) TAG: C-0874 (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	0.01.01 Physicians or other licensed practitioners who are responsible for the care, treatment, ar services of the patient via telemedicine link are subject to the credentialing and privilegir processes of the originating site.		
the CAH has evidence of an internal review or practitioner's performance of these privile telemedicine entity such information for use site physician or practitioner. At a minimum adverse events that result from the telemedite physician or practitioner to the CAH's preceived about the distant-site physician or	or of the distant-site physician's eges and sends the distant-site in the periodic appraisal of the distantion, this information must include all dicine services provided by the distantiatients and all complaints the CAH has	EP 1	a distant-site hospital or telemechoose to rely upon the crederentity for the individual distant access hospital's governing be site hospital or telemedicine error and the distant site telemedicine. The distant-site telemedicine consistent with the critical accession and the distant-site hospital periodicine entity providing provides a current list of the telemedicine entity. The individual distant-site provides a current list of the telemedicine entity. The individual distant-site provides a current list of the telemedicine entity. The individual distant-site provides a current list of the telemedicine entity. The individual distant-site provides a current list of the telemedicine entitical accession between the distant-site physicians the originating critical accession telemedicine services provider or supplier. Note 2: For rehabilitation and telemedicine entity's medical	ne entity provides services in accordance with contract service requirements. The entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. Solviding the telemedicine services is a Medicare-participating hospital. Solviscian or other licensed practitioner is privileged at the distant-site hospital or angular 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 solviscian or other licensed practitioner holds a license issued or recognized by the cocess hospital whose patients are receiving the telemedicine services is located. Or other licensed practitioners privileged by the originating critical access hospital, as hospital internally reviews services provided by the distant-site physician or other lends the distant-site hospital or telemedicine entity information for use in the periodic er. At a minimum, this information includes adverse events that result from the ided by the distant-site physician or other licensed practitioner to the critical access applaints the critical access hospital has received about the distant-site physician or site physicians and licensed practitioners providing telemedicine services to the intention of the entity is not required to be a Medicare participating physician 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).	
§485.618 TAG: C-	0880	LD.13.03.01	The critical acc	ess hospital provides services that meet patient needs.	
§485.618 Condition of Participation: Emerg	gency Services	EP 6	outpatients as a first response	rovides emergency medical services that meet the needs of its inpatients and et o common life-threatening injuries and acute illnesses. e available 24-hours a day, 7 days a week.	
The CAH provides emergency care necess and outpatients.	eary to meet the needs of its inpatients				
§485.618(a) TAG: C-	0882	LD.13.03.01	The critical acc	ess hospital provides services that meet patient needs.	
§485.618(a) Standard: Availability Emergency services are available on a 24-	houre a day basis	EP 6	outpatients as a first response	rovides emergency medical services that meet the needs of its inpatients and e to common life-threatening injuries and acute illnesses. e available 24-hours a day, 7 days a week.	
Emorgonity services are available off a 24-	nouis a day basis.				

CFR Number §485.618(b)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§485.618(b) TAG: C- §485.618(b) Standard: Equipment, Supplie		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 does 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:		The critical access hospital maintains equipment, supplies, and drugs and biologicals commonly us saving procedures. These items are kept at the critical access hospital and are available for treating cases. Note 1: The drugs and biologicals commonly used in life-saving procedures include but are not limit to analgesics, local anesthetics, antibiotics, anticonvulsants, antidotes and emetics, serums and to antiarrythmics, cardiac glycosides, antihypertensives, diuretics, and electrolytes and replacement s Note 2: Equipment and supplies commonly used life-saving procedures include but are not limited the endotracheal tubes, ambu bag/valve/mask, oxygen, tourniquets, immobilization devices, nasogastrisplints, IV therapy supplies, suction machine, defibrillator, cardiac monitor, chest tubes, and indwell catheters.				
§485.618(b)(1) TAG: C- (1) Drugs and biologicals commonly used i analgesics, local anesthetics, antibiotics, a serums and toxoids, antiarrythmics, cardia	in life-saving procedures, including inticonvulsants, antidotes and emetics,	PC.12.01.07	Note: Critical ac emergency tean	ess hospital recognizes and responds to changes in a patient's condition. cess hospitals are not required to create rapid response teams or medical ns in order to meet this standard. The existence of these types of teams does Il of the elements of performance are automatically achieved.		
and electrolytes and replacement solutions	S.	EP 1	saving procedures. These iter cases. Note 1: The drugs and biologi to analgesics, local anesthetic antiarrythmics, cardiac glycos Note 2: Equipment and suppliendotracheal tubes, ambu bag	aintains equipment, supplies, and drugs and biologicals commonly used in life- ins are kept at the critical access hospital and are available for treating emergency cals commonly used in life-saving procedures include but are not limited is, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, ides, antihypertensives, diuretics, and electrolytes and replacement solutions. es commonly used life-saving procedures include but are not limited to airways, g/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, uction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary		
§485.618(b)(2) TAG: C- (2) Equipment and supplies commonly use airways, endotracheal tubes, ambu bag/va immobilization devices, nasogastric tubes,	ed in life-saving procedures, including live/mask, oxygen, tourniquets,	PC.12.01.07	Note: Critical ac emergency tean	ess hospital recognizes and responds to changes in a patient's condition. cess hospitals are not required to create rapid response teams or medical ns in order to meet this standard. The existence of these types of teams does Il of the elements of performance are automatically achieved.		
machine, defibrillator, cardiac monitor, che	est tubes, and indwelling urinary catheters.	EP 1	saving procedures. These iter cases. Note 1: The drugs and biologi to analgesics, local anesthetic antiarrythmics, cardiac glycos Note 2: Equipment and suppliendotracheal tubes, ambu bag	aintains equipment, supplies, and drugs and biologicals commonly used in life- ms are kept at the critical access hospital and are available for treating emergency cals commonly used in life-saving procedures include but are not limited es, antibiotics, anticonvulsants, antidotes and emetics, serums and toxoids, ides, antihypertensives, diuretics, and electrolytes and replacement solutions. es commonly used life-saving procedures include but are not limited to airways, g/valve/mask, oxygen, tourniquets, immobilization devices, nasogastric tubes, uction machine, defibrillator, cardiac monitor, chest tubes, and indwelling urinary		
§485.618(c) TAG: C- §485.618(c) Standard: Blood and Blood Pr						
The facility provides, either directly or under						

CFR Number §485.618(c)(1)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.618(c)(1) TAG: (C-0890	LD.13.03.0	1 The critical acce	ess hospital provides services that meet patient needs.
(1) Services for the procurement, safekee the availability of blood products needed	eping, and transfusion of blood, including for emergencies on a 24-hours a day basis.	EP 16		ovides services, directly or by arrangement, for the procurement, safekeeping, and des services for making blood products available for emergencies on a 24-hour
§485.618(c)(2) TAG: (C-0892	LD.13.03.0	1 The critical acce	ess hospital provides services that meet patient needs.
K, and are under the control and supervisidoctor of medicine or osteopathy. If blood	sion of a pathologist or other qualified d banking services are provided under an ed by the facility's medical staff and by the	EP 17	requirements of 42 CFR part 4 qualified doctor of medicine of Note: If blood banking service	ovides 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 osteopathy. s are provided under an arrangement, the arrangement is approved by the critical f and by the persons directly responsible for the operation of the critical access
§485.618(d) TAG: 0	C-0894			
§485.618(d) Standard: Personnel]		
§485.618(d)(1) TAG: (1) Except as specified in paragraph (d)(3) of medicine or osteopathy, a physician as	B) of this section, there must be a doctor			ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within it.
nurse specialist, with training or experien immediately available by telephone or rad following timeframes:	ce in emergency care, on call and dio contact, and available on site within the	EP 5	training or experience in emer they are available on site with Note: If all of the following crit - The critical access hospital residents per square mile barea that meets the criteria by the Centers for Medican - The state has determined than 30 minutes is the only critical access hospital The state maintains docum	pathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist with gency 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: is located in an area designated as a frontier (that is, an area with fewer than six eased on the latest population data published by the US Census Bureau) or in an for a remote location adopted by the state in its rural health care plan and approved ex Medicaid Services (CMS) under section 1820(b) of the Social Security Act. under criteria in its rural health plan that allowing an emergency response time longer feasible method for providing emergency care to residents of the area served by the entation showing that the response time of up to 60 minutes at a particular nospital is justified because other available alternatives would increase the time at in an emergency.
§485.618(d)(1)(i) TAG: (i) Within 30 minutes, on a 24-hour a day other than an area described in paragrap	basis, if the CAH is located in an area	NPG.12.01		ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within it.
		EP 5	training or experience in emer they are available on site with Note: If all of the following crit - The critical access hospital residents per square mile be area that meets the criteria by the Centers for Medican - The state has determined than 30 minutes is the only critical access hospital The state maintains documents of the state maintains documents available of the state maintains documents are available of the state maintains documents.	pathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist with gency care is on call and immediately available by telephone or radio contact, and in 30 minutes, 24 hours a day, 7 days a week. Beria are met, these practitioners are available on site within 60 minutes: Bis located in an area designated as a frontier (that is, an area with fewer than six based on the latest population data published by the US Census Bureau) or in an a for a remote location adopted by the state in its rural health care plan and approved as & Medicaid Services (CMS) under section 1820(b) of the Social Security Act. Bunder criteria in its rural health plan that allowing an emergency response time longer feasible method for providing emergency care to residents of the area served by the entation showing that the response time of up to 60 minutes at a particular hospital is justified because other available alternatives would increase the time at in an emergency.

CFR Number §485.618(d)(1)(ii)	Medicare Requirements	Joint Commission Equivalent Number	Joint Commission Standards and Flements of Performance		
§485.618(d)(1)(ii) TAG: C (ii) Within 60 minutes, on a 24-hour a day are met:			·		
§485.618(d)(1)(ii)(A) TAG: C-0894 (A) The CAH is located in an area designated as a frontier area (that is, an area with fewer than six residents per square mile based on the latest population data published by the Bureau of the Census) or in an area that meets criteria for a remote location adopted by the State in its rural health care plan, and approved by CMS, under section 1820(b) of the Act.		PG.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 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.			
§485.618(d)(1)(ii)(B) TAG: C (B) The State has determined under criterian emergency response time longer than	ia in its rural health care plan, that allowing	requir	itical access hospital's leadership team ensures that there is qualified ancillary staff ed to meet the needs of the population served and determine how they function within ganization.		
providing emergency care to residents of t		training or experient they are available of Note: If all of the form of the critical accersidents per squarea that meets by the Centers for the state has determined access for the state maintage of the content of	e or osteopathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist with ce in emergency care is on call and immediately available by telephone or radio contact, and in site within 30 minutes, 24 hours a day, 7 days a week. Ilowing criteria are met, these practitioners are available on site within 60 minutes: as hospital is located in an area designated as a frontier (that is, an area with fewer than six uare mile based on the latest population data published by the US Census Bureau) or in an the criteria for a remote location adopted by the state in its rural health care plan and approved or Medicare & Medicaid Services (CMS) under section 1820(b) of the Social Security Act. Intermined under criteria in its rural health plan that allowing an emergency response time longer is the only feasible method for providing emergency care to residents of the area served by the ospital. Social Security Act. In the only feasible method for providing emergency care to residents of the area served by the ospital. Social Security Act. In the only feasible method for providing emergency care to residents of the area served by the ospital. Social Security Act. In the original services of the area served by the ospital. Social Security Act. In the original services of the area served by the ospital.		

CFR Number §485.618(d)(1)(ii)(C)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
(C) The State maintains documentation showing that the response time of up to 60 minutes at a particular CAH it designates is justified because other available				ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within i.
		· · ·		
§485.618(d)(2) TAG:	C-0894			
(2) A registered nurse with training and outilized to conduct specific medical screen				
§485.618(d)(2)(i) TAG: (i) The registered nurse is on site and im		HR.11.01.01	The critical accessory	ess hospital has the necessary staff to support the care, treatment, and ides.
patient requests medical care; and	internately available at the CATT when a		 screening examinations only i The registered nurse is on medical care. The patient's request for m 	g and experience in emergency care is allowed to conduct specific medical f both of the following conditions are met: site and immediately available at the critical access hospital when a patient requests edical care is within the scope of practice of a registered nurse and consistent with the critical access hospital's bylaws and rules and regulations.
0 (·// // /	C-0894 r medical care is within the scope of practice	HR.11.01.01	The critical acce services it provi	ess hospital has the necessary staff to support the care, treatment, and ides.
of a registered nurse and consistent with bylaws or rules and regulations.		EP 2	 screening examinations only i The registered nurse is on medical care. The patient's request for m 	g and experience in emergency care is allowed to conduct specific medical f both of the following conditions are met: site and immediately available at the critical access hospital when a patient requests edical care is within the scope of practice of a registered nurse and consistent with ne critical access hospital's bylaws and rules and regulations.
§485.618(d)(3) TAG:	C-0894			
(3) A registered nurse satisfies the person (1) of this section for a temporary period	onnel requirement specified in paragraph (d) if			

CFR Numbe §485.618(d)(3		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.618(d)(3)(i)	TAG: C-	0894	NPG.12.02.01	The nurse exec	utive directs the implementation of a nurse staffing plan(s).
§485.618(d)(3)(i) TAG: C-0894 (i) The CAH has no greater than 10 beds;		PPG.12.02.01 The nurse executive directs the implementation of a nurse staffing plan(s). A registered nurse satisfies the personnel availability requirements in 42 CFR 485.618(d)(1) for a temporary period 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 and 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 provide 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)(3)(ii)	TAG: C-	0894	NPG.12.02.01	The nurse exec	utive directs the implementation of a nurse staffing plan(s).
(ii) The CAH is located in an described in paragraph (d)(ed as a frontier area or remote location as section;	per	iod if all of the following co The critical access hospital The critical access hospital In 42 CFR 485.618(d)(1)(ii) The state in which the critic Services (CMS) signed by emporary basis as part of accordance with state law, be included in the list of pe they have consulted with the quality of emergency service duration of the temporary of 485.618(d)(1). Once the governor submits agency demonstrating that adequate coverage as spe- te: The critical access hosp	I has no more than 10 beds. I is located in an area designated as a frontier area or remote location as described

CFR Number §485.618(d)(3)(iii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§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).
		EP 8 A registered nurse satisfies the personnel availability requirements in 42 CFR 485.618(d)(1) for a temporary period 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 and 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 provide 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)(3)(iv) TAG: C	-0894	NPG.12.02.01	The nurse execu	utive directs the implementation of a nurse staffing plan(s).
(iv) Once a Governor submits a letter, as this section, a CAH must submit documer demonstrating that it has been unable, du area, to provide adequate coverage as sp	tation to the State survey agency e to the shortage of such personnel in the	period - Th - Th in - Th Se ter acc be the qu du 48 - Or ag ad Note:	d if all of the following co e critical access hospital e critical access hospital e critical access hospital 42 CFR 485.618(d)(1)(ii) e state in which the critic rvices (CMS) signed by imporary basis as part of icordance with state law, included in the list of peey have consulted with thality of emergency servicitation of the temporary resolution of the temporary resolution of the governor submits ency demonstrating that equate coverage as specific access hospital access h	I has no more than 10 beds. I is located in an area designated as a frontier area or remote location as described

CFR Number §485.618(d)(4)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.618(d)(4) TAG: C	0894	NPG.12.02.0	The nurse execu	utive directs the implementation of a nurse staffing plan(s).
(4) The request, as specified in paragraph(d)(3)(iii) of this section, and the withdrawal of the request, may be submitted to us at any time, and are effective upon submission.		A registered nurse satisfies the personnel availability requirements in 42 CFR 485.618(d)(1) for a temporary period 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 desc 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 & M Services (CMS) signed by the governor, following consultation on the issue of using registered nurses of temporary basis as part of its state rural health care plan with the state boards of medicine and nursing a accordance with state law, requesting that a registered nurse with training and experience in emergency be included in the list of personnel specified in 42 CFR 485.618(d)(1). The letter from the governor attest they have consulted with the state boards of medicine and nursing about issues related to access to and quality of emergency services in the state. The letter from the governor also describes the circumstances duration of the temporary request to include the registered nurses on the list of personnel specified in 42 485.618(d)(1). Once the governor submits a letter, the critical access hospital submits documentation to the state surve agency demonstrating that it has been unable, due to the shortage of such personnel in the area, to provadequate 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 withdraw this request can be submitted to CMS at any time and is effective upon submission.		had itions are met: has no more than 10 beds. is located in an area designated as a frontier area or remote location as described (A). all access hospital is located submits a letter to the Centers for Medicare & Medicaid the governor, following consultation on the issue of using registered nurses on a state rural health care plan with the state boards of medicine and nursing and in requesting that a registered nurse with training and experience in emergency care resonnel specified in 42 CFR 485.618(d)(1). The letter from the governor attests that the state boards of medicine and nursing about issues related to access to and the ease in the state. The letter from the governor also describes the circumstances and equest to include the registered nurses on the list of personnel specified in 42 CFR a letter, the critical access hospital submits documentation to the state survey it has been unable, due to the shortage of such personnel in the area, to provide cified in 42 CFR 485.618(d). ital's request for using registered nurses on a temporary basis or its withdrawal of
§485.618(e) TAG: C	-0898	LD.13.01.09	The critical acce	ess hospital has policies and procedures that guide and support patient care, lervices
§485.618(e) Standard: Coordination With Emergency Response Systems The CAH must, in coordination with emergency response systems in the area, establish procedures under which a doctor of medicine or osteopathy is immediately available by telephone or radio contact on a 24-hours a day basis to receive emergency calls, provide information on treatment of emergency patients, and refer patients to the CAH or other appropriate locations for treatment.		EP 8	In coordination with area emewhich a doctor of medicine or 7 days a week, to receive eme	rgency response systems, 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 nospital or other appropriate locations for treatment.
§485.620 TAG: C	-0900			
§485.620 Condition of Participation: Numb	er of Beds and Length of Stay	1		
§485.620(a) TAG: C	-0902	LD.13.01.01	The critical acce	ess hospital complies with law and regulation.
§485.620(a) Standard: Number of Beds Except as permitted for CAHs having distirmaintains no more than 25 inpatient beds. inpatient or swing-bed services.		EP 3	access hospital maintains no services. Note: Any bed in a unit of the	I 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: Length of Stay The CAH provides acute inpatient care for annual average basis, 96 hours per patien	•	EP 5	The critical access hospital probasis, 96 hours per patient.	ovides acute inpatient care for a period that does not exceed, on an annual average

CFR Number §485.623	Medicare Re	quirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.623	TAG: C-0910				
§485.623 Condition of Participat	on: Physical Plant and Environ	nent			
§485.623(a)	TAG: C-0912	PE	E.01.01.01	The critical acce	ess hospital has a safe and adequate physical environment.
§485.623(a) Standard: Construction The CAH is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of services.		vices.		the safety and well-being of pa Note 1: Diagnostic and therape Note 2: When planning for new regulations or the current Guid Institute. If the state rules and hospital, then it uses other rep	eutic facilities are located in areas appropriate for the services provided.
		EP		the diagnosis and treatment of served.	is adequate space and facilities for the services it provides, including facilities for f patients and for any special services offered to meet the needs of the community ity of facilities is determined by the services offered.
§485.623(b)	TAG: C-0914				
§485.623(b) Standard: Maintena	nce				
The CAH has housekeeping and	preventive maintenance progra	ms to ensure that			
§485.623(b)(1)	TAG: C-0914		E.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
(1) All essential mechanical, ele safe operating condition;	ctrical, and patient-care equipme	ent is maintained in EP		The critical access hospital ma operating condition.	aintains essential mechanical, electrical, and patient care equipment in safe
		PE	E.04.01.05		ess hospital has a water management program that addresses Legionella and e pathogens. Note: The water management program is in accordance with law
		EP			am has an individual or a team responsible for the oversight and implementation of limited to development, management, and maintenance activities.
		EP		 A basic diagram that maps and end-use points Note: An example would be a so forth. A water risk management p conditions of each step of th may occur (these conditions Note: Refer to the Centers for (WICRA) for Healthcare Settin A plan for addressing the us of time (for example, unocc An evaluation of the patient Monitoring protocols and act Note: Critical access hospitals management programs that in protocols should include speci 	sible for the water management program develops the following: all water supply sources, treatment systems, processing steps, control measures, flow chart with symbols showing sinks, showers, water fountains, ice machines, and plan based on the diagram that includes an evaluation of the physical and chemical the water flow diagram to identify any areas where potentially hazardous conditions are most likely to occur in areas with slow or stagnant water). Disease Control and Prevention's "Water Infection Control Risk Assessment ags" tool as an example for conducting a water-related risk assessment. See of water in areas of buildings where water may have been stagnant for a period suppled or temporarily closed areas) appulations served to identify patients who are immunocompromised exceptable ranges for control measures a should consider incorporating basic practices for water monitoring within their water could monitoring of water temperature, residual disinfectant, and pH. In addition, ifficity around the parameters measured, locations where measurements are made, ions taken when parameters are out of range.

CFR Number §485.623(b)(1)	Medicare Requirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	 Documenting results of all Corrective actions and prowhen a probable or confirm Documenting corrective actions 	sible for the water management program manages the following: monitoring activities cedures to follow if a test result outside of acceptable limits is obtained, including ned waterborne pathogen(s) indicates action is necessary tions taken when control limits are not maintained for the process of monitoring, reporting, and investigating utility system issues.
		EP 4	the following occurs: - Changes have been made - New equipment or an at-ris source for Legionella. This Note 1: The Joint Commissior for Legionella or other waterb unless required by law or regu Note 2: Refer to ASHRAE Sta the Centers for Disease Conti Legionella Growth and Spread	to the water system that would add additional risk. k water system(s) has been added that could generate aerosols or be a potential includes the commissioning of a new wing or building. In and the Centers for Medicare & Medicaid Services (CMS) do not require culturing orne pathogens. Testing protocols are at the discretion of the critical access hospital ulation. Indard 188-2018 "Legionellosis: Risk Management for Building Water Systems" and rol and Prevention Toolkit "Developing a Water Management Program to Reduce d in Buildings" for guidance on creating a water management plan. For additional RAE Guideline 12-2020 "Managing the Risk of Legionellosis Associated with Building
§485.623(b)(2) TAG	: 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;	EP 6	The critical access hospital har 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	ately stored;	EP 2	a secured area and locked wh Note 1: Scheduled medication Prevention and Control Act of	rmance is also applicable to sample medications.
§485.623(b)(4) TAG	: C-0924	PE.01.01.	.01 The critical acce	ess hospital has a safe and adequate physical environment.
(4) The premises are clean and orderly	; and	EP 3	Note: Clean and orderly mear	premises are clean and orderly. It is an uncluttered physical environment where patients and staff can function. This toring equipment and supplies in their proper spaces, attending to spills, and keeping
§485.623(b)(5) TAG	: C-0926	PE.04.01.	.01 The critical acce	ess hospital addresses building safety and facility management.
(5) There is proper ventilation, lighting, pharmaceutical, patient care, and food		EP 3	The critical access hospital hacare, and food preparation are	as proper ventilation, lighting, and temperature control in all pharmaceutical, patient eas.
§485.623(c) TAG	: C-0930			
§485.623(c) Standard: Life Safety From	n Fire	7		
§485.623(c)(1) TAG	: C-0930			
(1) Except as otherwise provided in this	s section –			

CFR Number §485.623(c)(1)(i)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.623(c)(1)(i) TAG: C (i) The CAH must meet the applicable pro		PE.03.01.01	The critical acce	ess hospital designs and manages the physical environment to comply with Code.
(i) The CAH must meet the applicable provisions and must proceed in accordance with the Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12–1, TIA 12–2, TIA 12–3, and TIA 12–4.)		The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 ar 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 occup 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 & Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in craccess hospitals. Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or discretion of the Secretary for the US Department of Health & Human Services, CMS may waive, for pe deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable ha upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the Note 4: After consideration of state survey agency findings, CMS may waive specific provisions of the L Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but or 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; invented devices, equipment, or other items; required frequency; name and contact information of person who per the activity; NFPA standard(s) referenced for the activity; and results of the activity.		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 l, 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 could result in unreasonable hardship on the critical access hospital, but only if the eact the health and safety of patients. It is a reduced that the name of the activity; date of the activity; inventory of tems; required frequency; name and contact information of person who performed
§485.623(c)(1)(ii) TAG: C (ii) Notwithstanding paragraph (c)(1)(i) of		PE.03.01.01	The critical acce	ess hospital designs and manages the physical environment to comply with Code.
	ole materials must be provided with positive		Regardless of the provisions of	of the Life Safety Code, corridor doors and doors to rooms containing flammable or ositive latching hardware. Roller latches are prohibited on these doors.
§485.623(c)(2) TAG: C	by the State survey agency or Accrediting	PE.03.01.01	The critical acce	ess hospital designs and manages the physical environment to comply with Code.
Organization or at the discretion of the Se appropriate, specific provisions of the Life unreasonable hardship upon a CAH, but the health and safety of the patients.	ecretary, may waive, for periods deemed safety Code, which would result in		Tentative Interim Amendments Note 1: Outpatient surgical de regardless of the number of particles (CMS) finds that a fir access hospitals. Note 3: In consideration of a rediscretion of the Secretary for deemed appropriate, specific upon a critical access hospital Note 4: After consideration of Code that, if rigidly applied, we waiver does not adversely affe Note 5: All inspecting activities devices, equipment, or other in	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 bould result in unreasonable hardship on the critical access hospital, but only if the eact 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 or referenced for the activity; and results of the activity.

CFR Number §485.623(c)(3)		Medicare Requirements		oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§485.623(c)(3) (3) After consideration of Stat	TAG: C-0		PE.03.01.01	The critical acce the Life Safety 0	ess hospital designs and manages the physical environment to comply with code.
specific provisions of the Life	Safety Code t e CAH, but onl	nat, if rigidly applied, would result in y if the waiver does not adversely affect	EP 3 The critical access hospital meets the applicable provisions of the Life Safety Code (NFP		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 ext 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
§485.623(c)(4)	TAG: C-0		PE.03.01.01	The critical acce the Life Safety (ess hospital designs and manages the physical environment to comply with
or local fire control agencies.		regular inspection and approval by State	EP 5		aintains written evidence of regular inspection and approval by state or local fire
§485.623(c)(5)	TAG: C-0	936 ub dispensers in its facility if the	PE.03.01.01	The critical acce the Life Safety (ess hospital designs and manages the physical environment to comply with Code.
		equately protects against inappropriate	EP 7	When the critical access hosp that protects against inapprop	ital installs alcohol-based hand rub dispensers, it installs the dispensers in a manner riate access.
§485.623(c)(6)	TAG: C-0	938			
(6) When a sprinkler system i	is shut down fo	r more than 10 hours, the CAH must:			
§485.623(c)(6)(i)	TAG: C-0	938 illding affected by the system outage	PE.03.01.01	The critical acce	ess hospital designs and manages the physical environment to comply with Code.
until the system is back in ser		morny anected by the system outage		When a sprinkler system is sh building or portion of the build	the 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.03.01.01	The critical acce	ess hospital designs and manages the physical environment to comply with
(ii) Establish a fire watch until	I the system is	back in service.		When a sprinkler system is sh building or portion of the build	out 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.

CFR Number §485.623(c)(7)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.623(c)(7) TAG: C-		PE.03.01.01	The critical acc	ess hospital designs and manages the physical environment to comply with Code.
and for any building constructed after July 5, 2016 the sill height must not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows for the purposes of this requirement.			Buildings have an outside window or outside door in every sleeping room. For any building constructed at 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 requirement. Note 2: The sill height requirement does not apply to newborn nurseries and rooms intended for occupanless than 24 hours. Note 3: The sill height in special nursing care areas of new occupancies does not exceed 60 inches.	
§485.623(c)(7)(i) TAG: C		PE.03.01.01		ess hospital designs and manages the physical environment to comply with
(i) The sill height requirement does not appintended for occupancy for less than 24 ho		EP 9	5, 2016, the sill height does n Note 1: Windows in atrium wa Note 2: The sill height require less than 24 hours.	ndow or outside door in every sleeping room. For any building constructed after July not exceed 36 inches above the floor. alls are considered outside windows for the purposes of this requirement. ement does not apply to newborn nurseries and rooms intended for occupancy for cial nursing care areas of new occupancies does not exceed 60 inches.
§485.623(c)(7)(ii) TAG: C-		PE.03.01.01	The critical acc	ess hospital designs and manages the physical environment to comply with
(ii) Special nursing care areas of new occupancies shall not exceed 60 inches.		EP 9	5, 2016, the sill height does n Note 1: Windows in atrium wa Note 2: The sill height require less than 24 hours.	ndow or outside door in every sleeping room. For any building constructed after July not exceed 36 inches above the floor. alls are considered outside windows for the purposes of this requirement. ement does not apply to newborn nurseries and rooms intended for occupancy for cial nursing care areas of new occupancies does not exceed 60 inches.
§485.623(d) TAG: C-	0944	PE.04.01.01	The critical acc	ess hospital addresses building safety and facility management.
§485.623(d) Standard: Building Safety Except as otherwise provided in this section provisions and must proceed in accordance (NFPA 99 and Tentative Interim Amendment 12–5 and TIA 12–6).	e with the Health Care Facilities Code	EP 1	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 activitie devices, equipment, or other	neets 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 d 13 of the Health Care Facilities Code do not apply. It is east to care Facilities Code would result in unreasonable hardship for the critical for Medicare & Medicaid Services may waive specific provisions of the Health Care is waiver does not adversely affect the health and safety of patients. The activity inventory of items; required frequency; name and contact information of person who performed is preferenced for the activity; and results of the activity.
§485.623(d)(1) TAG: C-	-0944	PE.04.01.01	The critical acc	ess hospital addresses building safety and facility management.
(1) Chapters 7, 8, 12, and 13 of the adopte apply to a CAH.	ed Health Care Facilities Code do not	EP 1	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 activitie devices, equipment, or other	neets 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). d 13 of the Health Care Facilities Code do not apply. lealth 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. Less 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 to referenced for the activity; and results of the activity.

CFR Number §485.623(d)(2)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.623(d)(2) TAG: (C-0944	PE.04.01.01	The critical acc	ess hospital addresses building safety and facility management.
(2) If application of the Health Care Facilities Code required under paragraph (d) of this section would result in unreasonable hardship for the CAH, CMS may waive specific provisions of the Health Care Facilities Code, but only if the waiver does not adversely affect the health and safety of patients.		EP 1	Facilities Code (NFPA 99-20 Note 1: Chapters 7, 8, 12, and Note 2: If application of the Haccess hospital, the Centers Facilities Code, but only if the Note 3: All inspecting activitie devices, equipment, or other	neets 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. In 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 is waiver does not adversely affect the health and safety of patients. In the same of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed or performed of the activity; and results of the activity.
§485.623(e)]		
§485.623(e) The standards incorporated by reference incorporation by reference by the Directo accordance with 5 U.S.C. 552(a) and 1 C the CMS Information Resource Center, 7 or at the National Archives and Records on the availability of this material at NARA www.archives.gov/federal_register/code_If any changes in this edition of the Code publish a document in the Federal Regist §485.623(e)(1) (1) National Fire Protection Association, 2 www.nfpa.org, 1.617.770.3000.	r of the Office of the Federal Register in FR part 51. You may inspect a copy at 500 Security Boulevard, Baltimore, MD Administration (NARA). For information A, call 202–741–6030, or go to: http://.of_federal_regulations/ibr_locations.html. are incorporated by reference, CMS will er to announce the changes.			
§485.623(e)(1)(i)		PE.04.01.01	The critical acc	ess hospital addresses building safety and facility management.
(i) NFPA 99, Standards for Health Care F Protection Association 99, 2012 edition, i		EP 1	The critical access hospital m Facilities Code (NFPA 99-20' Note 1: Chapters 7, 8, 12, an Note 2: If application of the H access hospital, the Centers Facilities Code, but only if the Note 3: All inspecting activitie devices, 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). dd 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 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.
§485.623(e)(1)(ii)		PE.04.01.01	The critical acc	ess hospital addresses building safety and facility management.
(ii) TIA 12–2 to NFPA 99, issued August	11, 2011.	EP 1	Facilities Code (NFPA 99-20' Note 1: Chapters 7, 8, 12, and Note 2: If application of the H access hospital, the Centers Facilities Code, but only if the Note 3: All inspecting activitie devices, equipment, or other	neets 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. In 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. 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 of the referenced for the activity; and results of the activity.

CFR Number §485.623(e)(1)(iii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§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.		EP 1	The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Car 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 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 perfor the activity; NFPA standard(s) referenced for the activity; and results of the activity.		
§485.623(e)(1)(iv)		PE.04.01.01		ess hospital addresses building safety and facility management.	
(iv) TIA 12-4 to NFPA 99, issued 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 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 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)(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.	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 all the 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 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.	
§485.623(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	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 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(e)(1)(vii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§485.623(e)(1)(vii) (vii) NEPA 101 Life Safety Code, 2012 ed			The critical acceeds the Life Safety (ess hospital designs and manages the physical environment to comply with Code.	
(vii) NFPA 101, Life Safety Code, 2012 edition, 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 occupan 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 & Mr. Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in critic access hospitals. Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or at discretion of the Secretary for the US Department of Health & Human Services, CMS may waive, for period deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hards upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the pa Note 4: After consideration of state survey agency findings, CMS may waive specific provisions of the Life Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but only i 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 devices, equipment, or other items; required frequency; name and contact information of person who performs the activity; NFPA standard(s) referenced for the activity; and results of the activity.		
§485.623(e)(1)(viii) (viii) TIA 12–1 to NFPA 101, issued Augus	et 11 2011	PE.03.01.01	The critical acceeds	ess hospital designs and manages the physical environment to comply with Code.	
		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 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 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 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 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)(ix)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§485.623(e)(1)(ix)	5		The critical acce	ess hospital designs and manages the physical environment to comply with Code.	
(ix) TIA 12–2 to NFPA 101, issued October 30, 2012.			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 occupated 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 & 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 a discretion of the Secretary for the US Department of Health & Human Services, CMS may waive, for periodeemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable hard upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the Note 4: After consideration of state survey agency findings, CMS may waive specific provisions of the Life Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but only 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; invento devices, equipment, or other items; required frequency; name and contact information of person who per 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 Octobo	ar 22 2013	PE.03.01.01	The critical account the Life Safety (ess hospital designs and manages the physical environment to comply with Code.	
			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 finaccess 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 is [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 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. s 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 §485.623(e)(1)(xi)	Medicare Requirements	1	oint Commission uivalent 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.				
		EP 3	The critical access hospital meets the applicable provisions of the Life Safety Code (NFPA 101-2012 an 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 occup 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 & Services (CMS) finds that a fire and safety code imposed by state law adequately protects patients in cr access hospitals. Note 3: In consideration of a recommendation by the state survey agency or accrediting organization or discretion of the Secretary for the US Department of Health & Human Services, CMS may waive, for pe deemed appropriate, specific provisions of the Life Safety Code, which would result in unreasonable had upon a critical access hospital, but only if the waiver will not adversely affect the health and safety of the Note 4: After consideration of state survey agency findings, CMS may waive specific provisions of the Li Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but on 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; invento devices, equipment, or other items; required frequency; name and contact information of person who pethe activity; NFPA standard(s) referenced for the activity; and results of the activity.				
§485.625 TAG: E-	-0001	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 I preparedness requirements. The CAH mu emergency preparedness program, utilizin emergency preparedness plan must include elements:	Federal, State, and local emergency ast develop and maintain a comprehensive ag an all-hazards approach. The	EP 1	 hazards approach. The progra Leadership structure and p Hazard vulnerability analys Mitigation and preparednes 	sis ss activities n and policies and procedures			
		EP 3	The critical access hospital coand regulations.	omplies with all applicable federal, state, and local emergency preparedness laws			

CFR Number §485.625(a)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§485.625(a) TAG: E (a) Emergency plan. The CAH must deve	lop and maintain an emergency	EM.12.01.0	EM.12.01.01 The critical access hospital develops an emergency operations plan bas approach. Note: The critical access hospital considers its prioritized haz of its hazards vulnerability analysis when developing an emergency ope		
preparedness plan that must be reviewed and updated at least every 2 years. The plan must do all of the following:		EP 1	and procedures that provides incidents. The EOP and polici - Mobilizing incident comman - Communications plan	rtailing, or closing operations and infrastructure nenting resources pandemic plans) ent areas or locations plete) or relocating services	
		EM.17.01.0	EM.17.01.01 The critical access hospital evaluates its emergency management program, er operations plan, and continuity of operations plans.		
		EP 3	•	orogram n, policies, and procedures an	
§485.625(a)(1) TAG: E		EM.11.01.0	The critical acce	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	The critical access hospital co approach that includes the fol - Hazards that are likely to in population - A community-based risk as - Separate HVAs for its othe The findings are documented. Note: A separate HVA is only	npact the critical access hospital's geographic region, community, facility, and patient issessment (such as those developed by external emergency management agencies) raccredited facilities if they significantly differ from the main site	
	EP 2		 Natural hazards (such as fl Human-caused hazards (su Technological hazards (such Hazardous materials (such 	nazard vulnerability analysis includes the following: ooding, wildfires) uch as bomb threats or cyber/information technology crimes) ch as utility or information technology outages) as radiological, nuclear, chemical) es (such as the Ebola, Zika, or SARS-CoV-2 viruses)	

CFR Numl §485.625(a		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
(2) Include strategies for addressing emergency events identified by the risk		EM.11.01.0	The critical according 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 slihood 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 services or functions.
		ut not limited to, persons at-risk; the type	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.
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, 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, n, supervision, and maintaining independence.	
			EM.13.01.0	hospital consid	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 administrative/vital records, in telecommunications, and build	as 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 all for maintaining operations. Identical access hospital will continue to perform its essential essential or critical services. Essential business functions to consider include aformation technology, financial services, security systems, communications/ding 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 emer Note: Example of options to c	continuity of operations plan identifies in writing how and where it will continue ses 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 zation, 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 authority sufficiently detailed to make c	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. are an essential part of an organization's continuity program and should be certain the critical access hospital can perform its essential functions. Delegations of lar function that an individual is authorized to perform and includes restrictions and at authority.

CFR Numb §485.625(a)	Medicare Requirements	1	oint Commission puivalent 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.		EP 6	EM.12.01.01 The critical access hospital develops an emergency operations plan based on an a approach. Note: The critical access hospital considers its prioritized hazards ident of its hazards vulnerability analysis when developing an emergency operations plan includes a process for cooperating and colla with other health care facilities; health care coalitions; and local, tribal, regional, state, and federal empreparedness officials' efforts to leverage support and resources and to provide an integrated response.				
preparedness policies and paragraph (a) of this section and the communication pla	TAG: E-0013 The CAH must develop and implement emergency procedures, based on the emergency plan set forth in n, risk assessment at paragraph (a)(1) of this section, n at paragraph (c) of this section. The policies and ed and updated at least every 2 years. At a minimum, set address the following:	EM.12.01.0 EP 1	approach. Note of its hazards v The critical access hospital ha and procedures that provides incidents. The EOP and polici - Mobilizing incident comma - Communications plan - Maintaining, expanding, cu - Protecting critical systems - Conserving and/or supplen - Surge plans (such as flu or - Identifying alternate treatm - Sheltering in place	ess hospital develops an emergency operations plan based on an all-hazards :: The critical access hospital considers its prioritized hazards identified as part rulnerability analysis when developing an emergency operations plan. as a written all-hazards emergency operations plan (EOP) with supporting policies iguidance to staff and volunteers on actions to take during emergency or disaster ites and procedures include, but are not limited to, the following: and urtailing, or closing operations and infrastructure menting resources or pandemic plans) hent areas or locations plete) or relocating services			
		EM.17.01.0	operations plan The critical access hospital re	program			
§485.625(b)(1) (1) The provision of subsis or shelter in place, include	TAG: E-0015 ence needs for staff and patients, whether they evacua	te	 Communications plan Continuity of operations pla Education and training pro Testing program 				

CFR Number §485.625(b)(1)(i)	Medicare Requirements	1	pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
· ()()()	Food, water, medical, and pharmaceutical supplies;		EM.12.01.01 The critical access hospital develops an emergency operations plan based on approach. Note: The critical access hospital considers its prioritized hazards in of its hazards vulnerability analysis when developing an emergency operations.	
			The emergency operations plan includes written procedures for how the critical access hospital will provide essential needs for its staff, volunteers, and patients, whether they shelter in place or evacuate, that includes 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	
0 (-)()()	AG: E-0015	1		
(ii) Alternate sources of energy to ma	iintain:			
§485.625(b)(1)(ii)(A) TAG: E-0015 (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;		EM.12.02.1	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 ment.
		EP 4	following: - Temperatures to protect pa - Emergency lighting - Fire detection, extinguishin - Sewage and waste disposa Note: It is important for critical a level that protects the health	
§485.625(b)(1)(ii)(B) TA	G: E-0015	EM.12.02.1		ess hospital has a plan for managing essential or critical utilities during an
(B) Emergency lighting;				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	following: - Temperatures to protect pa - Emergency lighting - Fire detection, extinguishin - Sewage and waste disposa 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 Number		Joint Commission Standards and Elements of Performance	
§485.625(b)(1)(ii)(C) TAG: E-0015 (C) Fire detection, extinguishing, and alarm systems; and		EM.12.02.1	EM.12.02.11 The critical access hospital has a plan for managing essential or critical utilities durin emergency or disaster incident. Note: The critical access hospital considers its prioric hazards identified as part of its hazard vulnerability analysis when developing a plan utilities management.		
		The critical access hospital's plan for managing utilities includes alternate sources for maintaini following: Temperatures to protect patient health and safety and for the safe and sanitary storage of presence 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 to a level that protects the health and safety of all persons within the facility. For example, when so levels cannot be maintained, the critical access hospital considers partial or full evacuation or consider alternative.		g, and alarm systems al access hospitals to consider alternative means for maintaining temperatures at 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.	0015	emergency or disaster incident. Note: The critical acces		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	following: - Temperatures to protect pa - Emergency lighting - Fire detection, extinguishin - Sewage and waste disposa Note: It is important for critica a level that protects the health	•	
§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	y staff and sheltered patients in the CAH's and sheltered patients are relocated	EM.12.02.0	emergency or d	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	on-duty staff and volunteers a volunteers and patients are re name and location of the rece	colan for safety and security measures includes a system to track the location of its nd patients when sheltered in place, relocated, or evacuated. If on-duty staff and elocated during an emergency, the critical access hospital documents the specific iving facility or evacuation location. Seed for tracking purposes include the use of established technology or tracking at defined intervals.	
§485.625(b)(3) TAG: E-	**=*	EM.12.01.0		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 in treatment needs of evacuees; staff response				ulnerability analysis when developing an emergency operations plan.	
evacuation location(s); and primary and alt external sources of assistance.		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. 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	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EM.12.02.0	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 5	with staff and relevant authori The plan includes procedures - How and when alternate/ba - Verifying that its communic authorities the critical acce - Testing the functionality of Note: Examples of alternate/ba	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: ackup communication methods are used rations systems are compatible with those of community partners and relevant ses hospital plans to communicate with the critical access hospital's alternate/backup communication systems or equipment ackup 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.
lacility.		EP 3	The critical access hospital's shelter in place or evacuate (place 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. I 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 acco	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 are mergencies and other interruptions to information management systems, including itent records to support continuity of care. Sedures 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		EP 2	needs during the duration of a following: - Methods for contacting off Acquisition of staff from its - Use of volunteer staffing, s of the disaster medical ass Note: If the critical access hos in its plan. The critical access hospital's and the critical access hospital's acc	other health care facilities uch as staffing agencies, health care coalition support, and those deployed as part istance 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:
			 Roles and responsibilities f Integration of staffing agen and responsibilities 	or essential functions cies, volunteer staffing, or deployed medical assistance teams into assigned roles

CFR Numb §485.625(b)	Wedicare Redilirements	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
\$485.625(b)(7) TAG: E-0025 (7) The development of arrangements with other CAHs or other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to CAH patients.		_	EM.12.02.05 The critical access hospital has a plan for providing patient care and clin an emergency or disaster incident. Note: The critical access hospital cor hazards identified as part of its hazard vulnerability analysis when developatient care and clinical support. EP 1 The critical access hospital's plan for providing patient care and clinical support includes with the critical access hospital's plan for providing patient care and clinical support includes with the critical access hospital's plan for providing patient care and clinical support includes with the critical access hospital includes with the critic	
\$40E \$2E/\\\\0\	TAC: E 0000	EM.12.01.	documentation and how it wil	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.
	TAG: E-0026 der a waiver declared by the Secretary, in accordance at, in the provision of care and treatment at an alternate	EMI.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.
	gency management officials.	EP 7	address the role of the critica section 1135 of the Social Se emergency management offic Note 1: This element of perfo Medicaid, or Children's Healt Note 2: For more information response/how-can-we-help/w	nust develop and implement emergency preparedness policies and procedures that I access hospital under a waiver declared by the Secretary, in accordance with ecurity Act, in the provision of care and treatment at an alternate care site identified by cials. Immance is applicable only to critical access hospitals that receive Medicare, h Insurance Program reimbursement. on 1135 waivers, visit https://www.cms.gov/about-cms/what-we-do/emergency-vaivers-flexibilities and https://www.cms.gov/about-cms/agency-information/blidated_medicare_ffs_emergency_qsas.pdf.
§485.625(c)	TAG: E-0029 he CAH must develop and maintain an emergency	EM.09.01.		ess hospital has a comprehensive emergency management program that azards approach.
preparedness communication and must be reviewed and	ion plan that complies with Federal, State, and local law updated at least every 2 years. The communication plan		The critical access hospital coand regulations.	omplies with all applicable federal, state, and local emergency preparedness laws
must include all of the follo	wing:	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.
		EP 1	and procedures that provides incidents. The EOP and polic Mobilizing incident comma Communications plan Maintaining, expanding, cuprotecting critical systems Conserving and/or suppler Surge plans (such as flu o Identifying alternate treatm Sheltering in place	urtailing, or closing operations and infrastructure menting resources r pandemic plans) nent areas or locations plete) or relocating services

CFR Number §485.625(c)	Medicare Requirements	Joint Commiss Equivalent Nur	Joint Commission Standards and Flements of Performance
			The critical access hospital evaluates its emergency management program, emergency operations plan, and continuity of operations plans.
		for improveme - Hazard vulr - Emergency - Emergency - Communica - Continuity o	of operations plan and training program
§485.625(c)(1) TAG: E			
(1) Names and contact information for the	e following:		
§485.625(c)(1)(i) TAG: E (i) Staff.	E-0030	m pi	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.
		an emergency - Staff - Physicians a - Volunteers - Other health - Entities provisupplies - Relevant co - Relevant au - Other source Note: The type	ccess hospital maintains a contact list of individuals and entities that are to be notified in response to y. The list of contacts includes the following: and other licensed practitioners th care organizations oviding services under arrangement, including suppliers of essential services, equipment, and community partners (such as fire, police, local incident command, public health departments) authorities (federal, state, tribal, regional, and local emergency preparedness staff) reces of assistance (such as health care coalitions) be of emergency will determine what organizations/individuals need to be contacted to assist with the r disaster incident.
§485.625(c)(1)(ii) TAG: E (ii) Entities providing services under arran	****	m pi	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.
		an emergency - Staff - Physicians a - Volunteers - Other health - Entities provisupplies - Relevant co - Relevant au - Other source Note: The type	ccess hospital maintains a contact list of individuals and entities that are to be notified in response to y. The list of contacts includes the following: and other licensed practitioners th care organizations oviding services under arrangement, including suppliers of essential services, equipment, and community partners (such as fire, police, local incident command, public health departments) authorities (federal, state, tribal, regional, and local emergency preparedness staff) roces of assistance (such as health care coalitions) be of emergency will determine what organizations/individuals need to be contacted to assist with the r disaster incident.

CFR Number §485.625(c)(1)(Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§485.625(c)(1)(iii) TAG: E-0030 (iii) Patients' physicians.		EM.12.02.0	EM.12.02.01 The critical access hospital has a communications plan that addresses how it will initi maintain communications during an emergency. Note: The critical access hospital corprioritized hazards identified as part of its hazard vulnerability analysis when developi emergency response communications plan.				
			EP 1	 an emergency. The list of con Staff Physicians and other licens Volunteers Other health care organiza Entities providing services supplies Relevant community partner Relevant authorities (federation) Other sources of assistance 	sed practitioners tions under arrangement, including suppliers of essential services, equipment, and ers (such as fire, police, local incident command, public health departments) al, state, tribal, regional, and local emergency preparedness staff) e (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 hospita	TAG: E-0030		EM.12.02.0	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 bonse communications plan.		
			EP 1	 an emergency. The list of con Staff Physicians and other licens Volunteers Other health care organiza Entities providing services supplies Relevant community partner Relevant authorities (federate) Other sources of assistance 	sed practitioners tions under arrangement, including suppliers of essential services, equipment, and ers (such as fire, police, local incident command, public health departments) al, state, tribal, regional, and local emergency preparedness staff) e (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the		

CFR Number §485.625(c)(1)(v)	Medicare Requirements		nt Commission uivalent Number	Joint Commission Standards and Elements of Performance	
§485.625(c)(1)(v) TAG: E-0030 (v) Volunteers.		EM.12.02.01	EM.12.02.01 The critical access hospital has a communications plan that addresses how it will initial maintain communications during an emergency. Note: The critical access hospital con prioritized hazards identified as part of its hazard vulnerability analysis when developing emergency response communications plan.		
		- - - - - - - N	an emergency. The list of con- Staff Physicians and other licens Volunteers Other health care organizat Entities providing services supplies Relevant community partner Relevant authorities (federa Other sources of assistance	tions under arrangement, including suppliers of essential services, equipment, and ers (such as fire, police, local incident command, public health departments) al, state, tribal, regional, and local emergency preparedness staff) e (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 commo prioritized hazaı	ess hospital has a communications plan that addresses how it will initiate and unications during an emergency. Note: The critical access hospital considers did identified as part of its hazard vulnerability analysis when developing an onse communications plan.	
		- - - - - - - - N	an emergency. The list of con- Staff Physicians and other licens Volunteers Other health care organizat Entities providing services supplies Relevant community partner Relevant authorities (federa Other sources of assistance	tions under arrangement, including suppliers of essential services, equipment, and ers (such as fire, police, local incident command, public health departments) al, state, tribal, regional, and local emergency preparedness staff) e (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		t Commission valent 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.				
		ar - - - - - - No	n emergency. The list of constaff Physicians and other licens Volunteers Other health care organizat Entities providing services a supplies Relevant community partner Relevant authorities (federa Other sources of assistance	sed practitioners tions under arrangement, including suppliers of essential services, equipment, and ers (such as fire, police, local incident command, public health departments) al, state, tribal, regional, and local emergency preparedness staff) e (such as health care coalitions) will determine what organizations/individuals need to be contacted to assist with the		
§485.625(c)(3) TAG	G: E-0032					
(3) Primary and alternate means for co	ommunicating with the following:	7				
§485.625(c)(3)(i) TAC (i) CAH's staff.	G: E-0032	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.		
		wi Tr - - - No	ith staff and relevant authorithe plan includes procedures. How and when alternate/baverifying that its communic authorities the critical access. Testing the functionality of the 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: ackup communication methods are used ations systems are compatible with those of community partners and relevant as hospital plans to communicate with the critical access hospital's alternate/backup communication systems or equipment ackup communication systems include amateur radios, portable radios, text-based phones, and reverse 911 notification systems.		
• (/ / / /	G: E-0032 I local emergency management agencies.	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 eonse communications plan.		
		wi Tr - - - No	ith staff and relevant authorithe plan includes procedures How and when alternate/ba Verifying that its communic authorities the critical acces Testing the functionality of ote: 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: ackup communication methods are used ations systems are compatible with those of community partners and relevant as hospital plans to communicate with the critical access hospital's alternate/backup communication systems or equipment ackup communication systems include amateur radios, portable radios, text-based phones, and reverse 911 notification systems.		

CFR Numb §485.625(c	Medicare Redilirements		nt Commission livalent Number	Joint Commission Standards and Elements of Performance	
(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	EM.12.02.01 The critical access hospital has a communications plan that addresses how it will initi maintain communications during an emergency. Note: The critical access hospital corprioritized hazards identified as part of its hazard vulnerability analysis when developi emergency response communications plan.		
		fo to - - -	In the event of an emergency or evacuation, the critical access hospital's communications plan inclu for sharing and/or releasing location information and medical documentation for patients under the h 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)(ii) and (b)		
		EM.12.02.05	an emergency of hazards identifi	ess hospital has a plan for providing patient care and clinical support during or disaster incident. Note: The critical access hospital considers its prioritized ied as part of its hazard vulnerability analysis when developing a plan for d clinical support.	
		а	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.	
§485.625(c)(5) (5) A means, in the event permitted under 45 CFR 1	TAG: E-0033 of an evacuation, to release patient information as 64.510(b)(1)(ii).	EM.12.02.01	maintain comm prioritized haza	ess hospital has a communications plan that addresses how it will initiate and nunications during an emergency. Note: The critical access hospital considers ards identified as part of its hazard vulnerability analysis when developing an ponse communications plan.	
		fo to - - -	or sharing and/or releasing lo the following individuals or Patient's family, represent Disaster relief organizatior Other health care provider		
	TAG: E-0033 Information about the general condition and location of scare as permitted under 45 CFR 164.510(b)(4).	EM.12.02.01	maintain comm prioritized haza	ess hospital has a communications plan that addresses how it will initiate and nunications during an emergency. Note: The critical access hospital considers ards identified as part of its hazard vulnerability analysis when developing an ponse communications plan.	
		fo to - - -	or sharing and/or releasing loo the following individuals or Patient's family, represent Disaster relief organizatior Other health care provider		

CFR Number §485.625(c)(7)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
§485.625(c)(7) TAG: E-0034 (7) A means of providing information about the CAH's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.		EM.12.02	maintain com prioritized haz	cess hospital has a communications plan that addresses how it will initiate and munications during an emergency. Note: The critical access hospital considers tards identified as part of its hazard vulnerability analysis when developing an apponse communications plan.	
		EP 3	and report information abou relevant authorities. Note: Examples of critical ac	s communication plan describes how the critical access hospital will communicate with t its organizational needs, available occupancy, and ability to provide assistance to coess hospital needs include shortages in personal protective equipment, staffing unsfer of patients, and temporary loss of part or all organization function.	
§485.625(d)	TAG: E-0036	EM.15.01	.01 The critical ac	cess hospital has an emergency management education and training program.	
	must develop and maintain an emergency program that is based on the emergency plan			ical access hospital considers its prioritized hazards identified as part of its ability analysis when developing education and training.	
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	on the critical access hospit operations plan, communica Note: If the critical access h	has a written education and training program in emergency management that is based al's prioritized risks identified as part of its hazard vulnerability analysis, emergency ations plan, and policies and procedures. ospital has developed multiple hazard vulnerability analyses based on the location of education and training for those facilities are specific to their needs.	
		EM.16.01	plan and resp	cess hospital plans and conducts exercises to test its emergency operations onse procedures. Note: The critical access hospital considers its prioritized ified as part of its hazard vulnerability analysis when developing emergency	
		EP 1	emergency operations plan Likely emergencies or dis EOP and policies and pro After-action reports (AAR Six critical areas (communassets, utilities) Note 1: The planned exercise assess how prepared the crexperiences. Note 2: An AAR is a detailed planned and unplanned ever	ocedures	
		EM.17.01		The critical access hospital evaluates its emergency management program, emergency operations plan, and continuity of operations plans.	
		EP 3	for improvement to the follor - Hazard vulnerability anal - Emergency management	t program an, policies, and procedures plan	
§485.625(d)(1)	TAG: E-0037				
(1) Training program. The CAH m	ust 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.15.01.01	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.
			existing staff, individuals provi and responsibilities in an eme - Activation and deactivation - Communications plan - Emergency response polici - Evacuation, shelter-in-place	ovides initial education and training in emergency management to all new and iding services under arrangement, and volunteers that are consistent with their roles irgency. The initial education and training include the following: of the emergency operations plan lies and procedures e, lockdown, and surge procedures esources and supplies for emergencies (such as procedure manuals or equipment)
		PE.03.01.01	The critical acce the Life Safety (ess hospital designs and manages the physical environment to comply with Code.
				as 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	-0037	EM.15.01.01		ess hospital has an emergency management education and training program.
(ii) Provide emergency preparedness train	ing at least every 2 years.			al access hospital considers its prioritized hazards identified as part of its bility analysis when developing education and training.
			under arrangement, and volur education and training occur a - At least every two years - When roles or responsibiliti - When there are significant - When procedural changes and training. Documentation is required. Note 1: Staff demonstrate knowell as post-training tests, par methods determined and doct Note 2: Critical access hospite choose to provide education a program.	ies change revisions to the emergency operations plan, policies, and/or procedures are made during an emergency or disaster incident requiring just-in-time education owledge of emergency procedures through participation in drills and exercises, as a tricipation in instructor-led feedback (for example, questions and answers), or other umented by the organization. als are not required to retrain staff on the entire emergency operations plan but can and training specific to the new or revised elements of the emergency management
§485.625(d)(1)(iii) TAG: E- (iii) Maintain documentation of the training		EM.15.01.01	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
			The critical access hospital prexisting staff, individuals provious and responsibilities in an emetal Activation and deactivation Communications plan Emergency response policies Evacuation, shelter-in-place	ovides initial education and training in emergency management to all new and iding services under arrangement, and volunteers that are consistent with their roles irgency. The initial education and training include the following: of the emergency operations plan ies and procedures e, lockdown, and surge procedures esources and supplies for emergencies (such as procedure manuals or equipment)

CFR Number §485.625(d)(1)(iii)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EP 3	under arrangement, and volur education and training occur at a tleast every two years When roles or responsibilit. When there are significant. When procedural changes and training. Documentation is required. Note 1: Staff demonstrate knowll as post-training tests, par methods determined and doc Note 2: Critical access hospita	ies change revisions to the emergency operations plan, policies, and/or procedures are made during an emergency or disaster incident requiring just-in-time education by by ledge of emergency procedures through participation in drills and exercises, as rticipation in instructor-led feedback (for example, questions and answers), or other
§485.625(d)(1)(iv) TAG: E-	0037	EM.15.01.0		ess hospital has an emergency management education and training program.
(iv) Demonstrate staff knowledge of emerg	gency procedures.			al access hospital considers its prioritized hazards identified as part of its bility analysis when developing education and training.
		EP 2	existing staff, individuals proviand responsibilities in an eme - Activation and deactivation - Communications plan - Emergency response polic - Evacuation, shelter-in-plac	rovides initial education and training in emergency management to all new and iding services under arrangement, and volunteers that are consistent with their roles ergency. The initial education and training include the following: a of the emergency operations plan ies and procedures e, lockdown, and surge procedures esources and supplies for emergencies (such as procedure manuals or equipment)
		EP 3	under arrangement, and volur education and training occur a - At least every two years - When roles or responsibilit - When there are significant - When procedural changes and training. Documentation is required. Note 1: Staff demonstrate knowell as post-training tests, pare methods determined and document of the staff of the	ies change revisions to the emergency operations plan, policies, and/or procedures are made during an emergency or disaster incident requiring just-in-time education by by ledge of emergency procedures through participation in drills and exercises, as rticipation in instructor-led feedback (for example, questions and answers), or other

CFR Numbe §485.625(d)(1)		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.625(d)(1)(v) TAG: E-0037 If the emergency preparedness policies and procedures are significantly updated, the CAH must conduct training on the updated policies and procedures.		EM.15.01.	EM.15.01.01 The critical access hospital has an emergency management education and traini Note: The critical access hospital considers its prioritized hazards identified as p hazard vulnerability analysis when developing education and training.		
the CAH must conduct training on the updated policies and procedures.		EP 3	under arrangement, and volueducation and training occur At least every two years When roles or responsibil When there are significan When procedural changes and training. Documentation is required. Note 1: Staff demonstrate kn well as post-training tests, pamethods determined and do Note 2: Critical access hospi	· ·	
§485.625(d)(2) (2) Testing. The CAH must twice per year. The CAH must		s to test the emergency plan at least	EM.16.01.	plan and respo	cess hospital plans and conducts exercises to test its emergency operations onse procedures. Note: The critical access hospital considers its prioritized fied as part of its hazard vulnerability analysis when developing emergency
			EP 2	- One of the annual exercis - Full-scale, communi - Functional, facility-b - The other annual exercise - Full-scale, communi - Functional, facility-b - Mock disaster drill; c - Tabletop, seminar, c clinically relevant en questions designed Exercises and actual emerge Note 1: The critical access h if it experiences an actual en exemption). An exemption of emergency operations plan.	ased exercise when a community-based exercise is not possible must consist of either an operations-based or discussion-based exercise as follows: ty-based exercise; or ased exercise; or

CFR Number §485.625(d)(2)(i)	N	ledicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§485.625(d)(2)(i) TAG: E-0039 (i) Participate in an annual full-scale exercise that is community-based; or		EM.16.01.01 The critical access hospital plans and conducts exercises to test its emergency oper plan and response procedures. Note: The critical access hospital considers its prior hazards identified as part of its hazard vulnerability analysis when developing emergences.				
			EP 2			
§485.625(d)(2)(i)(A) (A) When a community-based exe individual, facility-based functional		ssible, conduct an annual	EM.16.01	plan and respor	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 exercise - Full-scale, community - Functional, facility-ba - The other annual exercise - Full-scale, community - Functional, facility-ba - Mock disaster drill; or - Tabletop, seminar, or clinically relevant emequestions designed to Exercises and actual emerger Note 1: The critical access ho if it experiences an actual emexemption). An exemption on emergency operations plan.	wised exercise when a community-based exercise is not possible must consist of either an operations-based or discussion-based exercise as follows: y-based exercise; or used exercise; or	

CFR Number §485.625(d)(2)(i)(B)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.625(d)(2)(i)(B) TAG: E- (B) If the CAH experiences an actual natural activation of the emergency plan, the CAH required full-scale community-based or incommunity-based or	ral or man-made emergency that requires	EM.16.01.01	plan and respor	ess hospital plans and conducts exercises to test its emergency operations ase procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency
required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.		The critical access hospital is required to conduct two exercises per year to test the emergency operation 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 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 clinically relevant emergency scenarios and a set of problem statements, directed messages, or 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 exemption). An exemption only applies if the critical access hospital provides documentation that it activatemergency 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	ļ		
(ii) Conduct an additional exercise that ma 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 conbased 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 exercise - Full-scale, communit - Functional, facility-ba - The other annual exercise - Full-scale, communit - Functional, facility-ba - Mock disaster drill; or - Tabletop, seminar, or - clinically relevant em - questions designed to - Exercises and actual emerger - Note 1: The critical access ho - fit experiences an actual emergency operations plan.	sed exercise when a community-based exercise is not possible must consist of either an operations-based or discussion-based exercise as follows: y-based exercise; or ised exercise; or

CFR Number §485.625(d)(2)(ii)(B)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance	
§485.625(d)(2)(ii)(B) TAG: (B) A mock disaster drill; or	E-0039	EM.16.01.0	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.		
		EP 2	- One of the annual exercise - Full-scale, community - Functional, facility-ba - The other annual exercise - Full-scale, community - Functional, facility-ba - Mock disaster drill; or - Tabletop, seminar, or clinically relevant em questions designed to Exercises and actual emerger Note 1: The critical access ho if it experiences an actual eme exemption). An exemption onlemergency operations plan.	sed exercise when a community-based exercise is not possible must consist of either an operations-based or discussion-based exercise as follows: y-based exercise; or sed exercise; or	
§485.625(d)(2)(ii)(C) TAG: (B) A tabletop exercise or workshop that facilitator, using a narrated, clinically-rel of problem statements, directed messages.	levant emergency scenario, and a set	EM.16.01.0	plan and respor	ess hospital plans and conducts exercises to test its emergency operations are procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency	
challenge an emergency plan.		EP 2	- One of the annual exercise - Full-scale, community - Functional, facility-ba - The other annual exercise - Full-scale, community - Functional, facility-ba - Mock disaster drill; or - Tabletop, seminar, or clinically relevant emequestions designed to Exercises and actual emerger Note 1: The critical access ho if it experiences an actual eme exemption). An exemption onlemergency operations plan.	sed exercise when a community-based exercise is not possible must consist of either an operations-based or discussion-based exercise as follows: y-based exercise; or sed exercise; or	

CFR Number §485.625(d)(2)(i		Medicare Requirements	1	pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.625(d)(2)(iii)	TAG: E-0039		EM.17.01.0		ess hospital evaluates its emergency management program, emergency n, 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 evaluall exercises and actual emergency or disaster incidents. The committee reviews after-action reports (A identifies opportunities for improvement, and recommends actions to take to improve the emergency m program. The AARs and improvement plans are documented. Note 1: The review and evaluation address the effectiveness of its emergency response procedure, cor of operations plans (if activated), training and exercise programs, evacuation procedures, surge respon procedures, and activities related to communications, resources and assets, security, staff, utilities, and Note 2: An AAR provides a detailed critical summary or analysis of a planned exercise or an actual emeror disaster incident. The report summarizes what took place during the event, analyzes the actions take participants, and provides areas needing improvement.		
		EP 3	for improvement to the following analysis - Emergency management p	orogram n, policies, and procedures an	
	,	CAH must implement emergency lency plan set forth in paragraph (a)	EM.12.02.1	emergency or d	ess hospital has a plan for managing essential or critical utilities during an disaster incident. Note: The critical access hospital considers its prioritized died as part of its hazard vulnerability analysis when developing a plan for dement.
or this section.			EP 1	essential or critical to provide Note: Essential or critical utilit vertical and horizontal transpo	plan for managing utilities describes in writing the utility systems that it considers as care, treatment, and services. ties to consider may include systems for electrical distribution; emergency power; ort; heating, ventilation, and air conditioning; plumbing and steam boilers; medical n; 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 uch as water supply, emergency power supply systems, fuel storage tanks, and

CFR Numbe §485.625(e)	I IVIEOTICAL	re Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.625(e)(1) (1) Emergency generator le	TAG: E-0041		PE.03.01.01	The critical acce	ess hospital designs and manages the physical environment to comply with Code.
(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.		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 patient Note 4: After consideration of state survey agency findings, CMS may waive specific provisions of the Life Safet Code that, if rigidly applied, would result in unreasonable hardship on the critical access hospital, but only if the waiver does not adversely affect the health and safety of patients. Note 5: All inspecting activities are documented with the name of the activity; date of the activity; inventory of devices, equipment, or other items; required frequency; name and contact information of person who performed the activity. NFPA standard(s) referenced for the activity; and results of the activity.			
			PE.04.01.01	The critical acce	ess hospital addresses building safety and facility management.
			 	Facilities Code (NFPA 99-201 Note 1: Chapters 7, 8, 12, and Note 2: If application of the Heaccess hospital, the Centers fracilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other ithe 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). 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 items; required frequency; name and contact information of person who performed perferenced for the activity; and results of the activity.
			PE.04.01.03		ess hospital manages utility systems.
			9	The critical access hospital ma 99-2012 Health Care Facilities NFPA 101-2012 Life Safety C	eets the emergency power system and generator requirements found in NFPA s 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 acce	ess hospital manages utility systems.
emergency power system	spection and testing. The CAH nspection and testing requireme and the Life Safety Code.	ents found in the Health	,		eets the emergency power system and generator requirements found in NFPA s Code, NFPA 110-2010 Standard for Emergency and Standby Power Systems, and code requirements.

CFR Number §485.625(e)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance		
§485.625(e)(3) TAG: E-004* (3) Emergency generator fuel. CAHs that maintenance emergency generators must have a plan for hosystems operational during the emergency, unlike the emergency.	tain an onsite fuel source to power w it will keep emergency power	EM.12.02.	EM.12.02.09 The critical access hospital has a plan for managing resources and assets du emergency or disaster incident. Note: The critical access hospital considers it hazards identified as part of its hazard vulnerability analysis when developing resources and assets.			
systems operational during the emergency, unless it evacuates.		EP 2	track, monitor, and locate the emergency or disaster incider - Medications and related surplies - Medical/surgical supplies - Medical gases, including of - Potable or bottled water ar - Non-potable water - Laboratory equipment and - Personal protective equipment - Fuel for operations - Equipment and nonmedical Note: The critical access hospital's allocate, mobilize, replenish, a incident, including the following	axygen and supplies and nutrition supplies ment all supplies to sustain operations oital should be aware of the resources and assets it has readily available and what a 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		
			 Coordinating with local sup Coordinating with local, sta Coordinating with regional Managing donations (such Note: High priority should be 	oply chains or vendors ate, or federal agencies for additional resources health care coalitions for additional resources as food, water, equipment, materials) given to resources that are known to deplete quickly and are extremely competitive 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 lisaster 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 ich as water supply, emergency power supply systems, fuel storage tanks, and		
§485.625(f) TAG: E-0042	2					
(f) Integrated healthcare systems. If a CAH is p of multiple separately certified healthcare facilit integrated emergency preparedness program, the healthcare system's coordinated emergency the unified and integrated emergency prepared following:	ies that elects to have a unified and the CAH may choose to participate in y preparedness program. If elected,					

CFR Number §485.625(f)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
3	AG: E-0042 y certified facility within the system actively	EM.09.01.01		ess hospital has a comprehensive emergency management program that azards approach.
participated in the development of the preparedness program.		- - - - - -	nanagement program and it of coordinated emergency mana Each separately certified on the unified and integrated of The program is developed access hospital's unique of Each separately certified or emergency management p Documented community-ba Documented individual, face	critical access hospital within the system actively participates in the development of emergency management program and maintained in a manner that takes into account each separately certified critical recumstances, patient population, and services offered ritical access hospital is capable of actively using the unified and integrated rogram and is in compliance with the program ased risk assessment utilizing an all-hazards approach cility-based risk assessment utilizing an all-hazards approach for each separately pital within the health care system argency plan cedures n plan
0 11 1 1()()	AG: E-0042 a manner that takes into account each	EM.09.01.01		ess hospital has a comprehensive emergency management program that azards approach.
	circumstances, patient populations, and services	- - - - -	nanagement program and it of coordinated emergency mana Each separately certified or the unified and integrated of The program is developed access hospital's unique or Each separately certified or emergency management p Documented community-bas Documented individual, fac	citical access hospital within the system actively participates in the development of emergency management program and maintained in a manner that takes into account each separately certified critical recumstances, patient population, and services offered ritical access hospital is capable of actively using the unified and integrated rogram and is in compliance with the program ased risk assessment utilizing an all-hazards approach cility-based risk assessment utilizing an all-hazards approach for each separately pital within the health care system argency plan cedures n plan

CFR Number §485.625(f)(3)	Medicare Requirements		nt Commission valent Number	Joint Commission Standards and Elements of Performance
0 ()(-)	5: E-0042 certified facility is capable of actively using the	EM.09.01.01		ess hospital has a comprehensive emergency management program that azards approach.
	certified facility is capable of activery using the paredness program and is in compliance with	EP 2 If m cc	the critical access hospital is anagement program and it of cordinated emergency mana Each separately certified counties and integrated of the unified and integrated access hospital's unique of Each separately certified counties access hospital's	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: ritical access hospital within the system actively participates in the development of emergency management program and maintained in a manner that takes into account each separately certified critical incumstances, patient population, and services offered ritical access hospital is capable of actively using the unified and integrated program and is in compliance with the program ased risk assessment utilizing an all-hazards approach for each separately epital within the health care system argency plan cedures on plan
§485.625(f)(4) TA	6: E-0042	EM.09.01.01		ess hospital has a comprehensive emergency management program that
§485.625(f)(4) TAG: E-0042 (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—			the critical access hospital is anagement program and it of cordinated emergency mana. Each separately certified on the unified and integrated of the program is developed access hospital's unique of Each separately certified on emergency management procumented community-barrows Documented individual, faccertified critical access hospital's unique of the programment of the	ritical access hospital within the system actively participates in the development of emergency management program and maintained in a manner that takes into account each separately certified critical recumstances, patient population, and services offered ritical access hospital is capable of actively using the unified and integrated program and is in compliance with the program assed risk assessment utilizing an all-hazards approach collity-based risk assessment utilizing an all-hazards approach for each separately spital within the health care system ergency plan cedures on plan
		EM.11.01.01	approach.	ess hospital conducts a hazard vulnerability analysis utilizing an all-hazards
		w of	hat presents the highest like 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.
		in		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		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		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 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, n, 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 ant.
		EM.13.01.0	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. Idence 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 ictivities 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 co	continuity of operations plan identifies in writing how and where it will continue ss 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 zation, 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 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 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. 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 lar function that an individual is authorized to perform and includes restrictions and it 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-0042		EM.09.01.01 The critical access hospital has a comprehensive emergency management program that utilizes an all-hazards approach.				
(i) A documented community–based risk assessment, utilizing an all-hazards approach.		ma coc	nagement program and it ordinated emergency mana Each separately certified of the unified and integrated The program is developed access hospital's unique of Each separately certified of emergency management procumented community-brocumented individual, far	critical access hospital within the system actively participates in the development of emergency management program I and maintained in a manner that takes into account each separately certified critical 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 cased risk assessment utilizing an all-hazards approach cility-based risk assessment utilizing an all-hazards approach for each separately spital within the health care system ergency plan accedures on plan		
§485.625(f)(4)(ii)	TAG: E-0	sk assessment for each separately	EM.09.01.01		ess hospital has a comprehensive emergency management program that azards approach.	
		lizing an all-hazards approach.	ma coc	nagement program and it ordinated emergency mana Each separately certified of the unified and integrated The program is developed access hospital's unique of Each separately certified of the program is developed access hospital's unique of Each separately certified of the program of procumented community-boccumented individual, far	critical access hospital within the system actively participates in the development of emergency management program I and maintained in a manner that takes into account each separately certified critical 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 cased risk assessment utilizing an all-hazards approach cility-based risk assessment utilizing an all-hazards approach for each separately spital within the health care system ergency plan ocedures on plan	

CFR Number §485.625(f)(5)	Medicare Requirements		Joint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.625(f)(5) TAG: E		EM.09.01.0		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 EP 3	management program and it coordinated emergency mana - Each separately certified of the unified and integrated of the unified and integrated of the program is developed access hospital's unique of the certified of the emergency management of the program and the program of the critical access hospital of the critical access hospital of the critical access hospital of the program	ritical access hospital within the system actively participates in the development of emergency management program and maintained in a manner that takes into account each separately certified critical crcumstances, patient population, and services offered ritical access hospital is capable of actively using the unified and integrated program and is in compliance with the program assed risk assessment utilizing an all-hazards approach collity-based risk assessment utilizing an all-hazards approach for each separately spital within the health care system ergency plan cedures on plan
		LIVI. 12.01.	approach. Note	: 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 policicidents. The EOP and policicident comma. - Communications plan - Maintaining, expanding, curve protecting critical systems. - Conserving and/or suppler. - Surge plans (such as flu or ldentifying alternate treatm. - Sheltering in place.	artailing, or closing operations and infrastructure menting resources r pandemic plans) ment areas or locations plete) or relocating services
		EM.15.01.0	Note: The critic	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	The critical access hospital had on the critical access hospital operations plan, communicati Note: If the critical access hospital access hospital plan is access hospital had been access hospital access hospital had been access hospital operations.	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		pint 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 as procedures. Note: The critical access hospital considers its prioritized ed as part of its hazard vulnerability analysis when developing emergency
			emergency operations plan (E - Likely emergencies or disa - EOP and policies and proc - After-action reports (AAR) - Six critical areas (communiassets, 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	edures
			The critical access hospital re	orogram n, policies, and procedures an
§485.625(g) TAG: E-00	041	_	01 0	
(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 insperse Resource 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 a). For information on the availability or go to: http://www.archives.gov/s/ibr_locations.html. If any changes in reference, CMS will publish a document	t		
§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 quivalent Number	Joint Commission Standards and Elements of Performance
§485.625(g)(1)(i)	TAG: E-004	11	PE.04.01.0	1 The critical acce	ess hospital addresses building safety and facility management.
		2 edition, 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 for Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other if 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 the Amendments are also 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 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.
§485.625(g)(1)(ii)	TAG: E-004	11	PE.04.01.0	1 The critical acce	ess hospital addresses building safety and facility management.
(ii) Technical interim amendr	ment (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 for Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other it	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 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 the activity is a reduced 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-004	11	PE.04.01.0	1 The critical acce	ess hospital addresses building safety and facility management.
(iii) TIA 12-3 to NFPA 99, iss	sued August 9, 20	12.	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 for Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other it	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 the activity is a reduced 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-004	11	PE.04.01.0	1 The critical acce	ess hospital addresses building safety and facility management.
(iv) TIA 12-4 to NFPA 99, iss	sued March 7, 20 ²	3.	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 for Facilities Code, but only if the Note 3: All inspecting activities devices, equipment, or other it	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 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 the activity is a reduced 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 §485.625(g)(1)(v	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance			
§485.625(g)(1)(v)	TAG: E-0041	PE.04.01.01	The critical acc	ess hospital addresses building safety and facility management.			
(v) TIA 12-5 to NFPA 99, issued August 1, 2013.		Fa No No ac Fa No de	The critical access hospital meets the applicable provisions and proceeds in accordance with the Health Car 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.				
§485.625(g)(1)(vi)	TAG: E-0041	PE.04.01.01	The critical acc	ess hospital addresses building safety and facility management.			
(vi) TIA 12-6 to NFPA 99, issu	ed March 3, 2014.	Fa No No ac Fa No de	acilities Code (NFPA 99-201 ote 1: Chapters 7, 8, 12, and ote 2: If application of the He cess hospital, the Centers to acilities Code, but only if the ote 3: All inspecting activities evices, 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 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 preferenced for the activity; and results of the activity.			
§485.625(g)(1)(vii) (vii) NEPA 101 Life Safety Co	TAG: E-0041 de, 2012 edition, issued August 11, 2011.	PE.03.01.01	The critical acc	ess hospital designs and manages the physical environment to comply with Code.			
		Te No rep No Se ac No dis de up No Co wa No dis	entative Interim Amendment of the 1: Outpatient surgical de- gardless of the number of pote 2: The provisions of the ervices (CMS) finds that a fi- ccess hospitals. of the 3: In consideration of a re- scretion of the Secretary for eemed appropriate, specific toon a critical access hospital of the 4: After consideration of ode that, if rigidly applied, we haiver does not adversely afforts 5: All inspecting activities evices, equipment, or other in	leets the applicable provisions of the Life Safety Code (NFPA 101-2012 and its [TIA] 12-1, 12-2, 12-3, and 12-4). Separtments 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 but only if the waiver will not adversely affect the health and safety of the patients. It is 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. It is a redocumented with the name of the activity; date of the activity; inventory of items; required frequency; name and contact information of person who performed of 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 (5/(// /	121111		The critical acce	ess hospital designs and manages the physical environment to comply with Code.	
(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.		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 & Medicare 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(g)(1)(ix) (ix) TIA 12-2 to NFPA 101, issued O	AG: E-0041	PE.03.01.01	The critical acce	ess hospital designs and manages the physical environment to comply with Code.	
(IX) TIA 12-2 to NI FA TUT, ISSUED O	Clobel 30, 2012.		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 affe 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). 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 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. 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.	

CFR Number §485.625(g)(1)(x)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance	
§485.625(g)(1)(x) TAG: E-		PE.03.01.01	The critical acce	ess hospital designs and manages the physical environment to comply with code.	
(x) TIA 12-3 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 & Medic 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 Saf 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 performs the activity; NFPA standard(s) referenced for the activity; and results of the activity.			
§485.625(g)(1)(xi) TAG: E-		PE.03.01.01		ess hospital designs and manages the physical environment to comply with	
(xi) TIA 12-4 to NFPA 101, issued October	22, 2013.	Te No reg No Se ac No dis de up No Co wa No de	entative Interim Amendments of the 1: Outpatient surgical de gardless of the number of pate 2: The provisions of the lervices (CMS) finds that a firecess hospitals. The consideration of a rescretion of the Secretary for the services appropriate, specific poin a critical access hospital of the 4: After consideration of ode that, if rigidly applied, we have does not adversely after 5: All inspecting activities evices, 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,	
§485.625(g)(1)(xii) TAG: E-	0041	PE.04.01.03	The critical acce	ess hospital manages utility systems.	
(xii) NFPA 110, Standard for Emergency a including TIAs to chapter 7, issued August		99		eets the emergency power system and generator requirements found in NFPA s 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				
§485.627 Condition of Participation: Organ	izational Structure				

CFR Number §485.627(a)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.627(a) TAG	G: C-0962	LD.11.01.0	The governing b services.	ody is ultimately accountable for the safety and quality of care, treatment, and
for determining, implementing and mo	individual that assumes full legal responsibility nitoring policies governing the CAH's total policies are administered so as to provide	EP 1	determining, implementing, an	s a governing body or an individual that assumes full legal responsibility for d monitoring policies governing the critical access hospital's total operation and for provide quality health care in a safe environment.
§485.627(b) TAC	G: C-0964			
§485.627(b) Standard: Disclosure				
The CAH discloses the names and ad	dresses of			
§485.627(b)(1) TAG	G: C-0964	LD.13.02.0	1 Ethical principle	s guide the critical access hospital's business practices.
(1) The person principally responsible	for the operation of the CAH; and	EP 1	- Person principally responsil	closes the names and addresses of the following: ble for the operation of the critical access hospital lical direction of the critical access hospital
§485.627(b)(2) TAG	G: C-0966	LD.13.02.0	1 Ethical principle	s guide the critical access hospital's business practices.
(2) The person responsible for medical	ll direction.	EP 1	- Person principally responsil	closes the names and addresses of the following: ole for the operation of the critical access hospital lical direction of the critical access hospital
§485.631 TAG	G: C-0970			
§485.631 Condition of Participation: S	taffing and Staff Responsibilities			
§485.631(a) TAG	G: C-0971			
§485.631(a) Standard: Staffing				
(1) The CAH has a professional health	G: C-0971 In care staff that includes one or more doctors aclude one or more physician assistants, nurse	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 .
practitioners, or clinical nurse specialis		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	G: C-0972	HR.11.01.0	The critical acce	ss hospital determines how staff function within the organization.
(2) Any ancillary personnel are superv	ised 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 of Services may include but are in the Property of t	ncluding emergency pharmaceutical services radiology services taff 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 spital 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	rse practitioner, clinical nurse specialist, or	NPG.12.01.		ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within i.			
operates.		EP 4		pathy, physician's assistant, nurse practitioner, or clinical nurse specialist is available mes when the critical access hospital is in operation.			
§485.631(a)(5) TAG: C	-0978	NPG.12.02.	.01 The nurse execu	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	alist, or licensed practical nurse is on duty ents.	EP 3	A registered nurse, clinical nur hospital has one or more inpa	rse specialist, or licensed practical nurse is on duty whenever the critical access tients.			
§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		MS.16.01.0		nt and coordination of each patient's care, treatment, and services is the factorial appropriate privileges.			
for, and medical supervision of, the health		EP 6		eopathy provides medical direction for the critical access hospital's health care and medical staff supervision of, the health care staff.			
§485.631(b)(1)(ii) TAG: C		LD.13.01.09	9 The critical acce treatment, and s	ess hospital has policies and procedures that guide and support patient care, services.			
(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	The doctor of medicine or oste	eopathy, in conjunction with the physician assistant, nurse practitioner, or clinical n 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 oste	f a physician or other licensed practitioner with appropriate privileges. eopathy, 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	1	Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance
		EP 10		steopathy, in conjunction with the physician assistant, the nurse practitioner, and/or nbers of the critical access hospital staff, periodically review the patients' records.
§485.631(b)(1)(iv) TAG: (iv) Periodically reviews and signs the rec		MS.16.01	• • • • • • • • • • • • • • • • • • • •	ent and coordination of each patient's care, treatment, and services is the of a physician or other licensed practitioner with appropriate privileges.
practitioners, clinical nurse specialists, ce assistants.		EP 11		steopathy periodically reviews and signs the records of all inpatients cared for by nurse specialists, certified nurse midwives, or physician assistants.
§485.631(b)(1)(v) TAG: (v) Periodically reviews and signs a samp		MS.16.01		ent and coordination of each patient's care, treatment, and services is the of a physician or other licensed practitioner with appropriate privileges.
for by nurse practitioners, clinical nurse s physician assistants only to the extent re- requires record reviews or co-signatures,	specialists, certified nurse midwives, or quired under State law where State law	EP 12	cared for by nurse practition Note: Outpatient records are	steopathy periodically reviews and signs a sample of outpatient records of patients ers, clinical nurse specialists, certified nurse midwives, or physician assistants. e reviewed to the extent required by state law where state law requires outpatient s, or both by a collaborating physician.
§485.631(b)(2) TAG: (MS.16.01		ent and coordination of each patient's care, treatment, and services is the of a physician or other licensed practitioner with appropriate privileges.
(2) A doctor of medicine or osteopathy is provide medical direction, consultation, a in the CAH, and is available through directle electronic communication for consultation patient referral.	nd supervision for the services provided	EP 13	A doctor of medicine or oste consultation, and supervisio	copathy is present for sufficient periods of time to provide medical direction, in 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			
§485.631(c) Standard: Physician Assistal Specialist Responsibilities	nt, Nurse Practitioner, and Clinical Nurse			
§485.631(c)(1) TAG: (C-0991	i		
(1) The physician assistant, the nurse pramembers of the CAH'S staff	actitioner, or clinical nurse specialist			
§485.631(c)(1)(i) TAG: (* ***	LD.13.01	.09 The critical ac treatment, and	cess hospital has policies and procedures that guide and support patient care,
(i) Participate in the development, execut policies governing the services the CAH to		EP 2	The doctor of medicine or os	steopathy, in conjunction with the physician assistant, nurse practitioner, or clinical s in developing, executing, and periodically reviewing the critical access hospital's
§485.631(c)(1)(ii) TAG: 0	C-0993	MS.16.01	• • • • • • • • • • • • • • • • • • • •	ent and coordination of each patient's care, treatment, and services is the
(ii) Participate with a doctor of medicine of	or osteopathy in a periodic review of the	ED 40		of a physician or other licensed practitioner with appropriate privileges.
patients' health records.		EP 10		steopathy, in conjunction with the physician assistant, the nurse practitioner, and/or nbers of the critical access hospital staff, periodically review the patients' records.
§485.631(c)(2) TAG: 0	C-0995			
(2) The physician assistant, nurse practiti the following functions to the extent they medicine or osteopathy:	ioner, or clinical nurse specialist performs are not being performed by a doctor of			

CFR Number §485.631(c)(2)(i)	Medicare Requirements		Joint Commission Equivalent Number	Joint Commission Standards and Elements of Performance	
§485.631(c)(2)(i) TAG: C		MS.16.01.0	MS.16.01.03 The management and coordination of each patient's care, treatment, and service responsibility of a physician or other licensed practitioner with appropriate priving		
		EP 9	If not being performed by a doctor of medicine or osteopathy, the physician assistant, nurse practitic 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 - Maintains and transfers patient records when patients are referred		
§485.631(c)(2)(ii) TAG: C		MS.16.01.0		nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with 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			
§485.631(c)(3) TAG: C		MS.16.01.0		nt and coordination of each patient's care, treatment, and services is the f a physician or other licensed practitioner with appropriate privileges.	
(3) Whenever a patient is admitted to the Cassistant, or clinical nurse specialist, a doc of the CAH is notified of the admission.		EP 7	Whenever a patient is admitte	d to the critical access hospital by a nurse practitioner, physician assistant, or tor of medicine or osteopathy on the staff is notified of the admission.	
§485.631(d) TAG: C	-0999				
(d) Standard: Periodic review of clinical pri requires that—	vileges and performance. The CAH				
(1) The quality and appropriateness of the	§485.631(d)(1) TAG: C-0999 (1) The quality and appropriateness of the diagnosis and treatment furnished by nurse practitioners, clinical nurse specialist, and physician assistants at the CAH are			ess hospital collects information regarding each physician's or other licensed urrent 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		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	-0999				
(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.17.01.0		ess hospital collects information regarding each physician's or other licensed urrent license status, training, experience, competence, and ability to perform rivilege.	
		EP 9	The quality and appropriatene the critical access hospital are - A hospital that is a membe - A quality improvement orga - Another appropriate and quality in the case of distant-sithospital's patients under an accritical access hospital and a control of the con	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: r of the network, when applicable	

CFR Number §485.631(d)(2)(ii)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
§485.631(d)(2)(ii) TAG: C (ii) One Quality Improvement Organization		MS.17.01.0	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.				
			 The quality and appropriateness of the diagnosis and treatment provided by doctors of medic the critical access hospital are evaluated by one of the following: A hospital that is a member of the network, when applicable A quality improvement organization or equivalent entity Another appropriate and qualified entity identified in the state's rural health care plan Note: In the case of distant-site physicians and practitioners providing telemedicine services hospital's patients under an agreement between the critical access hospital and a distant hos critical access hospital and a distant-site telemedicine entity, the quality and appropriateness treatment provided is evaluated by one of the entities listed in this element of performance. 				
§485.631(d)(2)(iii) TAG: C (iii) One other appropriate and qualified er plan;		MS.17.01.0		ess hospital collects information regarding each physician's or other licensed urrent license status, training, experience, competence, and ability to perform rivilege.			
		EP 9	the critical access hospital are - A hospital that is a membe - A quality improvement orga - Another appropriate and quality in the case of distant-sit hospital's patients under an accritical access hospital and a control of the co	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: In of the network, when applicable anization or equivalent entity utilified entity identified in the state's rural health care plan are 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 ed 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 a services to the CAH's patient under an ag	nd practitioners providing telemedicine	MS.17.01.0	MS.17.01.03 The critical access hospital collects information regarding each physician's or practitioner's current license status, training, experience, competence, and abil the requested privilege.				
site hospital, the distant-site hospital; or	reement between the CAT and a distant	EP 9	The quality and appropriatene the critical access hospital are - A hospital that is a membel - A quality improvement orgalized Another appropriate and quality in the case of distant-sith hospital's patients under an accritical access hospital and a second control of the control of the case of the control of the case of the ca	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: r of the network, when applicable			
§485.631(d)(2)(v) TAG: C (v) In the case of distant-site physicians ar services to the CAH's patients under a wri	nd practitioners providing telemedicine tten agreement between the CAH and	MS.17.01.0		ess hospital collects information regarding each physician's or other licensed urrent 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 membe - A quality improvement orga - Another appropriate and quality in the case of distant-sit hospital's patients under an accritical access hospital and a critical access hospital are a critical access hospital and a critical access hospital are a critical access hospital and a critical access hospital acce	ess of the diagnosis and treatment provided by doctors of medicine or osteopathy at evaluated by one of the following: of the network, when applicable anization or equivalent entity ualified entity identified in the state's rural health care plan be 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		
§485.631(d)(3) TAG: C-0999 (3) The CAH staff consider the findings of the evaluation and make the necessary changes as specified in paragraphs (b) through (d) of this section.		MS.17.01.03	MS.17.01.03 The critical access hospital collects information regarding each physician's or other lic practitioner's current license status, training, experience, competence, and ability to pe the requested privilege.			
			The critical access hospital's medical staff reviews the findings from the evaluations of doctors of medicine or osteopathy, including any findings or recommendations of the quality improvement organization, and makes the 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 of CAHs, and/or REHs, and the system elstaff for its member hospitals, CAHs, ar	edical staff for a CAH in a multifacility system. of multiple separately certified hospitals, ects 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) (1) The medical staff members of each	senarately certified CAH in the system (that	MS.14.03.0		ystems can choose to establish a unified and integrated medical staff in the 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 emerg staff, in accordance with stat hospital demonstrates that its practice at that specific hosp	part of a multihospital system with separately accredited hospitals, critical access lency hospitals, and the system chooses to establish a unified and integrated medical e and local laws, the following occurs: Each separately accredited critical access is medical staff members (that is, all medical staff members who hold privileges to ital) have voted by majority, in accordance with medical staff bylaws, either to accept edical staff structure or to opt out of such a structure and maintain a separate and critical access hospital.		
§485.631(e)(2)	staff has bylaws, rules, and requirements that	MS.14.03.0 ⁷	•	ystems can choose to establish a unified and integrated medical staff in the state and local laws.		
describe its processes for self-governar and oversight, as well as its peer review and which include a process for the me certified CAH (that is, all medical staff n practice at that CAH) to be advised of the	nce, appointment, credentialing, privileging, w policies and due process rights guarantees, embers of the medical staff of each separately members who hold specific privileges to heir rights to opt out of the unified and a majority vote by the members to maintain a	EP 4	hospitals, and/or rural emerg staff, the unified and integrat - Process for self-governan policies and due process - Description of the process all medical staff members opt out of the unified and	part of a multihospital system with separately accredited hospitals, critical access lency hospitals, and the system chooses to establish a unified and integrated medical ed medical staff bylaws, rules, and requirements include the following: ce, appointment, credentialing, privileging, and oversight, as well as its peer review rights guarantees by which medical staff members at each separately accredited hospital (that is, who hold privileges to practice at that specific hospital) are advised of their right to integrated medical staff structure after a majority vote by the members to maintain a lical staff for their respective critical access hospital		
§485.631(e)(3)	staff is established in a manner that takes into	MS.14.03.0		ystems can choose to establish a unified and integrated medical staff in th state and local laws.		
account each member CAH's unique ci	staff is established in a manner that takes into rcumstances and any significant differences red in each hospital, CAH, and REH; and	EP 2	If a critical access hospital is hospitals, and/or rural emerg staff, the following occurs: The hospital's unique circumstan	part of a multihospital system with separately accredited hospitals, critical access part of a multihospital system chooses to establish a unified and integrated medical ne unified and integrated medical staff takes into account each member critical access ces and any significant differences in patient populations and services offered in each ital, 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)	staff establishes and implements policies	MS.14.03.01		systems can choose to establish a unified and integrated medical staff in ith state and local laws.
and procedures to ensure that the need of the medical staff, at each of its separ REHs, regardless of practice or location the unified and integrated medical staff	ds and concerns expressed by members	hos me pro sta	critical access hospital is pitals, and/or rural emergical staff, the following coedures and mechanism of at each of its separately	s part of a multihospital system with separately accredited hospitals, critical access gency hospitals, and the system chooses to establish a unified and integrated occurs: 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 y accredited hospitals, critical access hospitals, and/or rural emergency hospitals, ation, are duly considered and addressed.
§485.635 TAG:	: C-1004			
§485.635 Condition of Participation: Pro	ovision of Services	1		
§485.635(a) TAG:	: C-1006			
§485.635(a) Standard: Patient Care Po	licies]		
(1) The CAH'S health care services are written policies that are consistent with		ser - - - No crit	treatment, and a critical access hospital of vices. The policies and process possible of the services agreement or arrangeme agreement or arrangeme emergency medical service on sultation and/or patient eview and evaluation of Rules for the storage, has a Guidelines for addressing et 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: as furnished by the critical access hospital, including those provided through not access all management of health problems that include the conditions requiring medical not referral, the maintenance of health care records, and procedures for the periodic the services provided by the critical access hospital and ding, dispensation, and administration of drugs and biologicals grost—acute care needs of the patients receiving critical access hospital services are dor discharged to a provider for which there is no agreement or arrangement, the est that the patient has been accepted and treated.
(2) The policies are developed with the professional healthcare staff, including	one or more doctors of medicine or assistants, nurse practitioners, or clinical	pro	treatment, and e critical access hospital fessional health care stat	cess hospital has policies and procedures that guide and support patient care, I services. develops health care service policies and procedures with the advice of members of iff, including one or more doctors of medicine or osteopathy and one or more physicia rs, or clinical nurse specialists if they are on staff.
§485.635(a)(3) TAG:	: C-1010	1		
(3) The policies include the following:		1		

CFR Number §485.635(a)(3)(i)	Me	dicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.635(a)(3)(i)	TAG: C-1010		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.			services. The policies and pro Description of the services agreement or arrangement Emergency medical service Guidelines for the medical consultation and/or patient review and evaluation of th Rules for the storage, hand Guidelines for addressing p Note: If patients are transferre critical access hospital verifies	management of health problems that include the conditions requiring medical referral, the maintenance of health care records, and procedures for the periodic e services provided by the critical access hospital lling, dispensation, and administration of drugs and biologicals post—acute care needs of the patients receiving critical access hospital services and or discharged to a provider for which there is no agreement or arrangement, the sthat the patient has been accepted and treated.	
0 (-)(-)(-)	TAG: C-1012		LD.13.01.09	The critical acce	ess hospital has policies and procedures that guide and support patient care, services.
(ii) Policies and procedures for emergency medical services.			services. The policies and pro Description of the services agreement or arrangement Emergency medical service Guidelines for the medical consultation and/or patient review and evaluation of th Rules for the storage, hand Guidelines for addressing p Note: If patients are transferre		
§485.635(a)(3)(iii) (iii) Guidelines for the medical mar	TAG: C-1014	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 consulor health care records, and proced services furnished by the CAH.	ultation and/or patie	ent referral, the maintenance		services. The policies and pro Description of the services agreement or arrangement Emergency medical service Guidelines for the medical consultation and/or patient review and evaluation of th Rules for the storage, hand Guidelines for addressing p Note: If patients are transferre	

CFR Number §485.635(a)(3)(iv)	Medicare Requirements	I	oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.635(a)(3)(iv) TAG: (iv) Rules for the storage, handling, disposed	C-1016 ensation, and administration of drugs	LD.13.01.09	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.			services. The policies and pro- Description of the services agreement or arrangement Emergency medical services Guidelines for the medical consultation and/or patient review and evaluation of the Rules for the storage, hand Guidelines for addressing Note: If patients are transferred critical access hospital verifies	
		MM.13.01.0	1 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
			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.
			Note 1: An immediately admir takes directly to a patient, and	eled whenever medications are prepared but not immediately administered. nistered medication is one that an authorized staff member prepares or obtains, administers to that patient without any break in the process. mance is also applicable to sample medications.
0 11 11 (1/(1/(1/	C-1018 g 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.	g		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 tional needs of inpatients are met in	PC.12.01.01		ess hospital provides care, treatment, and services as ordered or prescribed ace 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.			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 co 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.12.01.0	9 The critical acce	ess hospital makes food and nutrition products available to its patients.	
		EP 1	recognized dietary practices. Note 1: Diet menus meet the Rote 2: For swing beds in criti	dividual patient are met in accordance with clinical practice guidelines and needs of the patients. ical 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.13.01.0	9 The critical acce	ess hospital has policies and procedures that guide and support patient care,	
(viii) Policies and procedures that address the post-acute care needs of patients receiving CAH services.		EP 1	The critical access hospital develops and implements written policies and procedures that guide 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 verifies that the patient has been accepted and treated.		
. , , ,	1008, C-1022	LD.13.01.0		ess hospital has policies and procedures that guide and support patient care,	
(4) These policies are reviewed at least bie personnel required under paragraph (a)(2) by the CAH.		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		ı		
§485.635(b) Standard: Patient Services					
§485.635(b)(1)(i) TAG: C	1024	LD.13.03.0	1 The critical acce	ess hospital provides services that meet patient needs.	
(1) General: (i) The CAH provides those di supplies that are commonly furnished in a point into the health care delivery system, department or emergency department. The physical examination, specimen collection, treatment for a variety of medical condition	physician's office or at another entry such as a low intensity hospital outpatient ese CAH services include medical history, 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.13.03.0	1 The critical acce	ess hospital provides services that meet patient needs.	
(1)(ii) The CAH furnishes acute care inpati	ent services.	EP 3	The critical access hospital pr	ovides acute care inpatient services.	
§485.635(b)(2) TAG: C	1028				
(2) Laboratory Services The CAH provides basic laboratory service and treatment of the patient that meet the the Public Health Service Act (42 U.S.C. 2	standards imposed under section 353 of				
specified in part 493 of this chapter.) The s					

CFR Number §485.635(b)(2)		Medicare Requirements	-	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.635(b)(2)(i)	TAG: C	-1028	LD.13.03.0	The critical acc	ess hospital provides services that meet patient needs.
(i) Chemical examination of urine ketones).	urine by stick	or tablet method or both (including	EP 12 The critical access hospital provides the following basic laboratory services essential to the immand treatment of the patient: - Chemical examination of urine by the stick method, the tablet method, or both (including urine 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 Set 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 has laboratory services available, either directly or through a contractual agreement with a Clinic Improvement Amendments (CLIA)—certified laboratory that meets the requirements of 42 CFR 4		rine by the stick method, the tablet method, or both (including urine ketones) tests mens for occult blood mittal 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 lable, either directly or through a contractual agreement with a Clinical Laboratory
§485.635(b)(2)(ii)	TAG: C	:-1028	LD.13.03.0	The critical acc	ess hospital provides services that meet patient needs.
(ii) Hemoglobin or hematocri	t.		EP 12	and treatment of the patient: Chemical examination of u Hemoglobin or hematocrit Blood glucose tests Examination of stool speci Pregnancy tests Primary culturing for transr Note 1: The laboratory meets U.S.C. 263a). (Refer to the la Note 2: For rehabilitation and has laboratory services availa	mens for occult blood
§485.635(b)(2)(iii)	TAG: C	-1028	LD.13.03.0	1 The critical acc	ess hospital provides services that meet patient needs.
(iii) Blood glucose.			EP 12	and treatment of the patient: - Chemical examination of u - Hemoglobin or hematocrit - Blood glucose tests - Examination of stool speci - Pregnancy tests - Primary culturing for transr Note 1: The laboratory meets U.S.C. 263a). (Refer to the la Note 2: For rehabilitation and has laboratory services availa	mens for occult blood

CFR Number §485.635(b)(2)(iv)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§485.635(b)(2)(iv) TAG: C-	1028	LD.13.03.01	1 The critical acco	ess hospital provides services that meet patient needs.	
(iv) Examination of stool specimens for occult blood.		EP 12			
§485.635(b)(2)(v) TAG: C-	1028	LD.13.03.01	1 The critical acco	ess hospital provides services that meet patient needs.	
(v) Pregnancy tests.		EP 12	The state of the s		
§485.635(b)(2)(vi) TAG: C-	1028	LD.13.03.01	1 The critical acco	ess hospital provides services that meet patient needs.	
(vi) Primary culturing for transmittal to a ce	rtified laboratory.	EP 12	and treatment of the patient: Chemical examination of u Hemoglobin or hematocrit Blood glucose tests Examination of stool specin Pregnancy tests Primary culturing for transr Note 1: The laboratory meets U.S.C. 263a). (Refer to the lai Note 2: For rehabilitation and has laboratory services availation	mens for occult blood	

CFR Number §485.635(b)(3)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.635(b)(3) TAG: C	:-1030	LD.13.03.01	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.		- - - - - - - -	or other agreements that meet complexity of services offered out are not limited to the follow Outpatient Emergency Medical records Diagnostic and therapeutic Nuclear medicine Surgical Anesthesia Laboratory Respiratory Dietetic	radiology
		NPG.12.01.0		ess hospital's leadership team ensures that there is qualified ancillary staff the needs of the population served and determine how they function within i.
		- - - - - - - - - - - - - - - - - - -	and services. Note 1: The number and mix of Services may include but are noted to the Rehabilitation services. Rehabilitation services. Coutpatient services. Respiratory services. Pharmaceutical services, in Diagnostic and therapeutic. Note 2: Emergency services solve 3: For rehabilitation and pirits cost reporting period for ward is capable of providing hon patients in the unit on that definition and patients in the unit on that definition in the services in the unit on that definition in the services in the unit on that definition in the services.	ncluding emergency pharmaceutical services radiology services taff 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 spital inpatient psychiatric or rehabilitation care regardless of whether there are any ate.
		PE.02.01.01		ess hospital manages risks related to hazardous materials and waste.
		- - - - - 1	exposure to hazardous materi Minimizing risk when select hazardous chemicals, and l Disposal of hazardous med Minimizing risk when select Periodic inspection of radio Precautions to follow and p spills or exposure Note 1: Hazardous energy is p and nonionizing equipment (fo Note 2: Hazardous gases and generated by glutaraldehyde; aboratory rooftop exhaust. (Fo	ting and using hazardous energy sources, including the use of proper shielding logy equipment and prompt correction of hazards found during inspection ersonal protective equipment to wear in response to hazardous material and waste 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 or full text, refer to NFPA 99-2012: 9.3.8; 9.3.9)
			Radiation workers are checked exposure.	d periodically, using exposure meters or badge tests, for the amount of radiation

CFR Number §485.635(b)(4) Medicare Requirements		1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§485.635(b)(4)	TAG: C	-1032	LD.13.03.0 ⁴	1 The critical acce	ess hospital provides services that meet patient needs.
		e with the requirements of §485.618, the response to common life-threatening	EP 6	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: Se	rvices Provided	Through Agreements or Arrangements	1		
§485.635(c)(1)	TAG: C	-1034			
		nents (as appropriate) with one or more Medicare to furnish other services to its			
§485.635(c)(1)(i)	TAG: C	-1036	LD.13.03.03	•	and services provided through contractual agreement are provided safely and
(i) Services of doctors of n	nedicine or oste	opathy;	EP 7	effectively.	as agreements or arrangements, as appropriate, with one or more providers or
			patients, including but not limi - Services of doctors of med - Additional or specialized di		
§485.635(c)(1)(ii)	TAG: C	:-1038 d clinical laboratory services that are not	LD.13.03.03	3 Care, treatment effectively.	and services provided through contractual agreement are provided safely and
available at the CAH; and		u cililical laboratory services that are not	EP 7	suppliers participating under Nationals, including but not limiting - Services of doctors of med - Additional or specialized di	•
§485.635(c)(1)(iii)	TAG: C	14.14	LD.13.03.03	Care, treatment effectively.	and services provided through contractual agreement are provided safely and
services are not provided		ients' nutritional needs to the extent these CAH.	EP 7	The critical access hospital has suppliers participating under not patients, including but not limiting a Services of doctors of med Additional or specialized di	

CFR Number §485.635(c)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.635(c)(2) (2) If the agreements or arrangements are		LD.13.01.09	The critical acce treatment, and s	ess hospital has policies and procedures that guide and support patient care, services.
(2) If the agreements or arrangements are not in writing, the CAH is able to present evidence that patients referred by the CAH are being accepted and treated.		The critical access hospital develops and implements written policies and procedures that guide health care 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 through agreement or arrangement - Emergency medical services - Guidelines for the medical management of health problems that include the conditions requiring medical consultation and/or patient referral, the maintenance of health care records, and procedures for the periodic 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 services Note: If patients are transferred or discharged to a provider for which there is no agreement or arrangement, the critical access hospital verifies that the patient has been accepted and treated.		
§485.635(c)(3) TAG: C-		LD.13.03.03	Care, treatment, effectively.	, 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 a		EP 1	The critical access hospital ma	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 the §485.627(b)(2) of this chapter is also responsible.				
§485.635(c)(4)(i) TAG: C-	1044	LD.11.01.03	The critical acce	ess hospital identifies the responsibilities of its leaders.
(i) Services furnished in the CAH whether of arrangements or agreements.	or not they are furnished under	EP 1	responsible for the following: - Services provided in the cri agreements - Ensuring that contractors of services that enable the crit	e operation of the critical access hospital under 42 CFR 485.627(b)(2) is also itical access hospital whether or not they are furnished under arrangements or if services (including contractors for shared services and joint ventures) provide tical access hospital to comply with all applicable Centers for Medicare & Medicaid ipation and standards for the contracted services
§485.635(c)(4)(ii) TAG: C-		LD.11.01.03		ess hospital identifies the responsibilities of its leaders.
(ii) Ensuring that a contractor of services (ii joint ventures) furnishes services that enable conditions of participation and standards for	ole the CAH to comply with all applicable	EP 1	responsible for the following: - Services provided in the cri agreements - Ensuring that contractors or services that enable the crit	e operation of the critical access hospital under 42 CFR 485.627(b)(2) is also itical access hospital whether or not they are furnished under arrangements or if services (including contractors for shared services and joint ventures) provide tical access hospital to comply with all applicable Centers for Medicare & Medicaid ipation and standards for the contracted services

CFR Number §485.635(c)(5)	Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance			
(5) In the case of distant-site physicians	: C-1034 s and practitioners providing telemedicine written agreement between the CAH and a	MS.20.01.01	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.				
•	ant-site telemedicine entity is not required to			nedicine entity, the governing body of the originating critical access hospital may entialing and privileging decisions made by the distant-site hospital or telemedicine testie 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: The entity provides services in accordance with contract service requirements. The entity's medical staff credentialing and privileging process and standards is access hospital's process and standards, at a minimum. To oviding the telemedicine services is a Medicare-participating hospital. The objection or other licensed practitioner is privileged at the distant-site hospital or 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 oblysician or other licensed practitioner holds a license issued or recognized by the crease hospital whose patients are receiving the telemedicine services is located. Or other licensed practitioners privileged by the originating critical access hospital, as hospital internally reviews services provided by the distant-site physician or other ends the distant-site hospital or telemedicine entity information for use in the periodic ter. At a minimum, this information includes adverse events that result from the ided by the distant-site physician or other licensed practitioner to the critical access applaints the critical access hospital has received about the distant-site physician or site physicians and licensed practitioners providing telemedicine services to the internal under a written agreement between the critical access hospital and a distant-site internal physician or required to be a Medicare participating physician and privileging process and standards at least meet the standards			
§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 Service Nursing services must meet the needs		d N	elineation of responsibility fo lote: For rehabilitation and pa	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.			
Transing Scribes must meet the needs	or pariotics.	<u> </u>	granted under	72 OF IT 700.07(0) are not required to have 24-hour fluiding dervices.			
§485.635(d)(1) TAG	: C-1046	NPG.12.02.01	The nurse exec	utive directs the implementation of a nurse staffing plan(s).			
of each patient, including patients at a	SNF level of care in a swing-bed CAH. The vith the patient's needs and the specialized	s th N p c	killed nursing facility level of ne patient's needs and the sp lote 1: For rehabilitation and rovides or supervises the nu ritical access hospital has a lote 2: For rehabilitation and	or assign to other staff) the nursing care of each patient, including patients at a care in a swing-bed critical access hospital. The care is provided in accordance with pecialized 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-under 42 CFR 488.54(c) are not required to have 24-hour nursing services.			

CFR Number §485.635(d)(2)		Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.635(d)(2)	TAG: Co	1048 by State law, a physician assistant, must	NR.11.01.0		utive directs the implementation of nursing policies and procedures, nursing a nurse staffing plan(s).
1 ,	ng care fo	r each patient, including patients at a SNF	EP 4		ian assistant, when permitted by state law) supervises and evaluates the nursing ng patients at a skilled nursing facility-level of care in a swing-bed critical access
§485.635(d)(3)	TAG: C	1049	MM.11.01.0	The critical acc	ess hospital safely manages pharmaceutical services.
under the supervision of a registe	red nurse	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 pr	ocured, stored, controlled, and distributed, in accordance with federal and state laws ractice.
	•	assistant, in accordance with written and	MM.16.01.0	The critical acc	ess hospital safely administers medications.
signed orders, accepted standards of practice, and Federal and State laws.		EP 2	nurse, a doctor of medicine of Note: For rehabilitation and padministered by, or under sup	enous medications are administered by, or under the supervision of, a registered r 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 ble licensing requirements, and in accordance with the approved medical staff	
§485.635(d)(4)	TAG: C	1050	PC.11.03.0	1 The critical acc	ess hospital plans the patient's care.
(4) A nursing care plan must be developed and kept current for each inpatient.			- The patient's goals and the Note 1: Nursing staff develop- interdisciplinary plan of care, Note 2: The hospital evaluate Note 3: For rehabilitation disti	tient's assessment, reassessment, and results of diagnostic testing e time frames, settings, and services required to meet those goals s and keeps current a nursing plan of care, which may be a part of an for each inpatient. It is the patient's progress and revises the plan of care based on the patient's progress. Inct part units in critical access hospitals: The plan is reviewed and revised as sultation with other professional staff who provide services to the patient.	
§485.635(e)	TAG: C	1052	HR.11.02.0	1 The critical acc	ess hospital defines and verifies staff qualifications.
furnished at the CAH, if provided,	erapy, an are prov	apy Services. d speech-language pathology services ided by staff qualified under State law, lerapy services in §409.17 of this subpart.	EP 1	Note 1: Qualifications for infer certification (such as that offer 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	efines staff qualifications specific to their job responsibilities. ction control may be met through ongoing education, training, experience, and/or pred by the Certification Board for Infection Control). psychiatric distinct part units in critical access hospitals: Qualified physical assistants, occupational therapists, occupational therapy assistants, speech-diologists, as defined in 42 CFR 484, provide physical therapy, occupational therapy, or audiology services, if these services are provided by the critical access hospital. of physical therapist, physical therapist assistant, occupational therapist, occupational aguage 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 adures is designated in writing.
§485.638	TAG: C	1100			
§485.638 Condition of Participation	on: Clinic	al Records]		
§485.638(a)	TAG: C	1102	<u> </u>		
§485.638(a) Standard: Records S	System]		

CFR Number §485.638(a)(1)	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.638(a)(1) TAC	i: C-1102	RC.11.01.0	The critical acce individual patier	ess hospital maintains complete and accurate medical records for each nt.
(1) The CAH maintains a clinical recor and procedures.	ds system in accordance with written policies	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.
3 1 3 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	accurately documented, readily accessible,	RC.11.01.0	The critical acce	ess hospital maintains complete and accurate medical records for each
and systematically organized.	accurately 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
§485.638(a)(3) TAC	:: C-1106	RC.11.01.0		ess hospital maintains complete and accurate medical records for each
(3) A designated member of the professional staff is responsible for maintaining the records and for ensuring that they are completely and accurately documented, readily accessible, and systematically organized.		individual patient. EP 7 The critical access hospital develops and implements policies and procedures for the maintenance of its medic records system(s). A designated member of the professional staff is responsible for maintaining the records.		
§485.638(a)(4) TAG	: C-1110			
(4) For each patient receiving health c includes, as applicable	are services, the CAH maintains a record that]		
§485.638(a)(4)(i) TAC	i: C-1110	RC.12.01.0		ord contains information that reflects the patient's care, treatment, and
forms, pertinent medical history, asses	nce of properly executed informed consent sment of the health status and health summary of the episode, disposition, and	EP 1	 Name, address, and date of Sex Communication needs, incl Race and ethnicity Note: If the patient is a minor, 	he following demographic information for the patient: If birth, and the name of any legally authorized representative uding 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, treat Any allergies to food and notes Any findings of assessment Results of all consultative of the patient Treatment goals, plan of case an esthesia All practitioners' orders Nursing notes, reports of the patient's condition Medication records, including medication, administration Note: When rapid titration of a emergent situations in which is a further explanation of block Administration of each self support person where apping records of radiology and roughly and physic Discharge plan and dischability and physic Discharge summary with o including any medications Any diagnoses or condition 	ats and reassessments evaluations of the patient and findings by clinical and other staff involved in the care are, and revisions to the plan of care ations, health care—acquired infections, and adverse reactions to drugs and reatment, laboratory reports, vital signs, and other information necessary to monitor ing the strength, dose, route, date and time of administration, access site for 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. -administered medication, as reported by the patient (or the patient's caregiver or ropriate) nuclear medicine services, including signed interpretation reports rvices provided to the patient treatment, and services al examination, including any conclusions or impressions drawn from the information
		EP 3	state law or regulation. Note: The properly executed in the emergencies. A properly executed 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
0 (·/(// /	C-1114 agnostic and laboratory test results, including		e medical red vices.	cord contains information that reflects the patient's care, treatment, and
clinical laboratory services, and consult		EP 2 The medical red - Admitting dia - Any emerger - Any allergies - Any findings - Results of all of the patient - Treatment go - Documentati anesthesia - All practitions - Nursing note the patient's - Medication redication, a Note: When rap emergent situat a further explan - Administratic support pers - Records of red All care, trea - Patient's res - Medical history - Discharge pl - Discharge suincluding any - Any diagnose	gnosis cy care, treat to food and r of assessmer consultative als, plan of c on of complica ars' orders s, reports of tre condition acords, includ dministration of titration of s ons in which ation of block on deach self on where app diology and r ment, and se onse to care ry and physic an and discha mmary with of medications as or condition	nts and reassessments evaluations of the patient and findings by clinical and other staff involved in the care are, and revisions to the plan of care ations, health care—acquired infections, and adverse reactions to drugs and reatment, laboratory reports, vital signs, and other information necessary to monitor ing the strength, dose, route, date and time of administration, access site for 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. f-administered medication, as reported by the patient (or the patient's caregiver or

CFR Number §485.638(a)(4)(iii)	Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§485.638(a)(4)(iii) TAG: C-		RC.12.01.01	The medical rec	cord contains information that reflects the patient's care, treatment, and
(iii) All orders of doctors of medicine or ost treatments and medications, nursing notes and other pertinent information necessary temperature graphics, progress notes descand	and documentation of complications,		The medical record contains to Admitting diagnosis Any emergency care, treated Any allergies to food and more Any findings of assessmento Results of all consultative of the patient Treatment goals, plan of care Documentation of complication anesthesia All practitioners' orders Nursing notes, reports of the patient's condition Medication records, including medication, administration Note: When rapid titration of a femergent situations in which is a further explanation of block. Administration of each self-support person where apport Records of radiology and more All care, treatment, and self-support personse to care, Medical history and physical Discharge plan and dischable Discharge summary with or including any medications. Any diagnoses or condition	ats and reassessments evaluations of the patient and findings by clinical and other staff involved in the care are, and revisions to the plan of care ations, health care—acquired infections, and adverse reactions to drugs and eatment, laboratory reports, vital signs, and other information necessary to monitor and the strength, dose, route, date and time of administration, access site for devices used, and rate of administration and amedication 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. -administered medication, as reported by the patient (or the patient's caregiver or ropriate) suclear medicine services, including signed interpretation reports rvices provided to the patient treatment, and services all examination, including any conclusions or impressions drawn from the information
§485.638(a)(4)(iv) TAG: C-		RC.11.02.01		edical record are authenticated.
(iv) Dated signatures of the doctor of medi professional.	cine or osteopathy or other health care	EP 1	practitioner who is responsible	ders, are dated, timed, and authenticated by the ordering physician or other licensed be 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			
§485.638(b) Standard: Protection of Recor	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 o safeguards against loss, destruction, or un		EP 1	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		EP 3	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		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		IM.12.01.03	The critical acce	ess hospital maintains the security and integrity of health information.
		EP 1	information, including the folloration - Access and use Integrity of health information accidental destruction Intentional destruction of health when and by whom the result of the control of the contro	on against loss, damage, unauthorized alteration or use, unintentional change, and
§485.638(b)(3) TAG: C	-1124	IM.12.01.01	The critical acce	ess hospital protects the privacy and confidentiality of health information.
(3) The patient's written consent is require by law.	d for release of information not required	EP 2	consent or as otherwise requi Note: For swing beds in critica	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
§485.638(c) TAG: C	-1126	RC.11.03.0	1 The critical acce	ess hospital retains its medical records.
§485.638(c) Standard: Retention of Recor	ds	EP 2		d for at least six years from the date of its last entry and longer if required by state led in any pending proceeding.
The records are retained for at least 6 year if required by State statute, or if the record proceeding.				
§485.638(d) TAG: C	-1127			
§485.638(d) Standard: Electronic notification of the CAH utilizes an electronic medical readministrative system, which is conformar 45 CFR 170.205(d)(2), then the CAH mus	ecords system or other electronic at with the content exchange standard at			
§485.638(d)(1) TAG: C	-1127	IM.13.01.05	The critical acce	ess hospital meets requirements for the electronic exchange of patient health
(1) The system's notification capacity is fu accordance with all State and Federal stat CAH's exchange of patient health informa	tutes and regulations applicable to the		electronic healt	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 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.13.01.05		ess hospital meets requirements for the electronic exchange of patient health
(2) The system sends notifications that mu practitioner name, and sending institution	,	Calliu I		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 2		emonstrates 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	1	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance			
(3) To the extent permissible under applica and not inconsistent with the patient's expi	§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		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).				
health information, at the time of:		EP 3	In accordance with the patient's expressed privacy preferences and applicable laws and regulation access hospital's electronic health records system (or other electronic administrative system) send directly, or through an intermediary that facilitates exchange of health information, at the following applicable: The patient's emergency department registration The patient's inpatient admission				
§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 healtl	te: This standard only applies to critical access hospitals that utilize an hecords system or other electronic administrative system that conforms with hange 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 in	npatient services (if applicable).		electronic healtl	te: This standard only applies to critical access hospitals that utilize an hecords system or other electronic administrative system that conforms with hange 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		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 healtl	te: This standard only applies to critical access hospitals that utilize an hecords system or other electronic administrative system that conforms with hange 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 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 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).			electronic healtl	te: This standard only applies to critical access hospitals that utilize an hecords system or other electronic administrative system that conforms with hange 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 Number §485.638(d)(4)(ii)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.638(d)(4)(ii) TAG: C-1127 (ii) The patient's discharge or transfer from the CAH's inpatient services (if applicable).		IM.13.01.05	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 records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2).
		EP 4	access hospital's electronic he directly, or through an interme	i'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
(5) The CAH has made a reasonable e notifications to all applicable post- acut	: C-1128 ffort to ensure that the system sends the e care services providers and suppliers, tippers and entities, which need to receive	IM.13.01.05	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 records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2).
, , , , , , , , , , , , , , , , , , , ,	s well as to any of the following practitioners and entities, which need to receive otification of the patient's status for treatment, care coordination, or quality nprovement purposes:		The critical access hospital makes a reasonable effort to confirm that its electronic health relectronic administrative system) sends the notifications to all applicable post—acute care suppliers, as well as any of the following who need to receive notification of the patient's succoordination, 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 responsible for the patient's care Note: The term "reasonable effort" means that the critical access hospital has a process to notifications while working within the constraints of its technology infrastructure. There may which the critical access hospital (or its intermediary) cannot identify an applicable recipier notification despite establishing processes for identifying recipients. In addition, some recipier to receive patient event notifications in a manner consistent with the critical access hospital.	
§485.638(d)(5)(i) TAG (i) The patient's established primary ca	: C-1128 re practitioner;	IM.13.01.05	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 records system or other electronic administrative system that conforms with hange standard at 45 CFR 170.205(d)(2).
		EP 5	electronic administrative systesuppliers, as well as any of the coordination, or quality improvements. Patient's established prima - Patient's established prima - Other licensed practitioners responsible for the patient's Note: The term "reasonable enotifications while working with which the critical access hosp notification despite establishing the coordinate of the co	ry care licensed practitioner ry care practice group or entity s, or other practice groups or entities, identified by the patient as primarily

CFR Number §485.638(d)(5)(ii)	Medicare Requirements		pint Commission quivalent Number	Joint Commission Standards and Elements of Performance		
§485.638(d)(5)(ii) TAG: C (ii) The patient's established primary care		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).				
			The critical access hospital mare electronic administrative systes suppliers, as well as any of the coordination, or quality improves Patient's established prima Patient's established prima Other licensed practitioners responsible for the patient's Note: The term "reasonable elenotifications while working with which the critical access hospinotification despite establishing."	akes a reasonable effort to confirm that its electronic health records system (or other im) sends the notifications to all applicable post—acute care service providers and a following who need to receive notification of the patient's status for treatment, care rement purposes: ry care licensed practitioner ry care practice group or entity s, or other practice groups or entities, identified by the patient as primarily		
§485.638(d)(5)(iii) TAG: C (iii) Other practitioner, or other practice gr the practitioner, or practice group or entity	roup or entity, identified by the patient as	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 nange standard at 45 CFR 170.205(d)(2).		
			electronic administrative syste suppliers, as well as any of the coordination, or quality improvous Patient's established prima Patient's established prima Other licensed practitioners responsible for the patient's Note: The term "reasonable et notifications while working with which the critical access hosp notification despite establishing primary of the critical access hosp notification despite establishing suppliers."	ry care licensed practitioner ry care practice group or entity s, or other practice groups or entities, identified by the patient as primarily		
§485.639 TAG: 0	C-1140	LD.13.03.01	The critical acce	ess hospital provides services that meet patient needs.		
§485.639 Condition of Participation: Surg If a CAH provides surgical services, surgisafe manner by qualified practitioners whithe governing body, or responsible individualism and the paragrap	cal procedures must be performed in a o have been granted clinical privileges by dual, of the CAH in accordance with the	EP 1	or other agreements that mee			

CFR Number §485.639	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
		EP 10	If the critical access hospital p inpatient surgical care.	provides outpatient surgical services, the services are consistent with the quality of			
		MS.17.02.0	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.				
			appropriate policies and proce by the following:				
§485.639(a) TAG	6: C-1142	MS.17.02.0		grant or deny a privilege(s) and/or to renew an existing privilege(s) is an nce-based process.			
§485.639(a) Standard: Designation of Qualified Practitioners The CAH designates the practitioners who are allowed to perform surgery for CAH patients, in accordance with its approved policies and procedures, and with State scope of practice laws. Surgery is performed only by		EP 6	appropriate policies and proce by the following:				
• () ()	e: C-1142	MS.17.02.0		grant or deny a privilege(s) and/or to renew an existing privilege(s) is an			
(1) A doctor of medicine or osteopathy, including an osteopathic practitioner recognized under section 1101(a)(7) of the Act;		EP 6	The critical access hospital de appropriate policies and proceed by the following:				
§485.639(a)(2) TAG	e: 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 denta	I medicine; or	EP 6	The critical access hospital de appropriate policies and proces by the following:				
6 (-)(-)	9: C-1142	MS.17.02.0		grant or deny a privilege(s) and/or to renew an existing privilege(s) is an nce-based process.			
(3) A doctor of podiatric medicine.		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 eopathy, including an osteopathic practitioner recognized under section 1101(a)(7) or dental medicine			

CFR Numb §485.639(I	Medicare Requirer	nents	loint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.639(b)	TAG: C-1144			
§485.639(b) Standard: An	esthetic Risk and Evaluation			
§485.639(b)(1)	TAG: C-1144	PC.13.01.0		cess hospital provides the patient with care before and after operative or other
	as specified in paragraph (a) of this section, liately before surgery to evaluate the risk of t			r licensed practitioner, in accordance with 42 CFR 485.639(a), reevaluates the patient to evaluate the risk of the procedure to be performed.
§485.639(b)(2)	TAG: C-1144	PC.13.01.0		cess hospital provides the patient with care before and after operative or other
	as specified in paragraph (c) of this section, re surgery to evaluate the risk of anesthesia.	must EP 1		r licensed practitioner, in accordance with 42 CFR 485.639(c), conducts a sment to evaluate the risk of anesthesia.
§485.639(b)(3)	TAG: C-1144	PC.13.01.0		cess hospital provides the patient with care before and after operative or other
	he CAH, each patient must be evaluated for jualified practitioner, as specified in paragrap			r licensed practitioner evaluates the patient for proper anesthesia recovery, as (c), before discharging the patient from the recovery area or from the critical access
§485.639(c)	TAG: C-1145	MS.17.02.		o grant or deny a privilege(s) and/or to renew an existing privilege(s) is an ence-based process.
	ninistration of Anesthesia erson who is allowed to administer anesthesi n its approved policies and procedures and w		governing body, develops ar allowed to provide patient ca of all of the following are incl - Current licensure and/or of - Specific relevant training, - Evidence of physical ability - Data from professional pro- - Peer and/or faculty recom	certification, as appropriate, verified with the primary source verified with the primary source by to perform the requested privilege actice review by an organization(s) that currently privileges the applicant (if available)
§485.639(c)(1)	TAG: C-1145			
(1) Anesthesia must be ad	ministered by only			

CFR Number §485.639(c)(1)(i)	Medicare Requirements		Commission Joint Commission Standards and Elements of Performance lent Number	
§485.639(c)(1)(i) (i) A qualified anesthesiologist;	TAG: C-1145	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.
		- A qu - A do recc - A do - A do - A do - A do - A ce by th supe - An a - A su Note 1: is a pla recogn Commi Commi Note 2 assista Note 3 from th access the gov doctor consult anesth the cur law. Th at any	palified anesthesiology octor of medicine or or organized under section octor of dental surgery octor of podiatric medicified registered nursure operating practition ervision are straightful accordance with a need program of studized national professionsion. The CoP at 42 CFR or requirement for document of the copy	steopathy other than an anesthesiologist, including an osteopathic practitioner 1101(a)(7) of the Social Security Act yor dental medicine, who is qualified to administer anesthesia under state law icine, who is qualified to administer anesthesia under state law icine, who is qualified to administer anesthesia under state law se anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised her, except as provided in 42 CFR 485.639(e) regarding the state exemption for this distant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist in approved educational program 42 CFR 413.85(e), an approved nursing and allied health education program 42 CFR 413.85(e), an approved nursing is not required, is accredited by a sional organization. Such national accrediting bodies include, but are not limited to, the not Allied Health Education Programs and the National League of Nursing Accrediting 485.639(e) for state exemption states: A critical access hospital may be exempted actor 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 sultation with the state's boards of medicine and nursing, requesting exemption from pathy supervision for CRNAs. The letter from the governor must attest that they have a rds of medicine and nursing about issues related to access to and the quality of tate and has concluded that it is in the best interests of the state's citizens to opt out the or osteopathy supervision requirement and that the opt-out is consistent with state ion and recognition of state laws and the withdrawal of the request may be submitted in and recognition of state laws and the withdrawal of the request may be submitted in and recognition of state laws and the withdrawal of the request may be submitted in and recognition of state laws and the withdrawal of the request may be submitted.

CFR Numb §485.639(c)(-	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.639(c)(1)(ii)	TAG: C-114	5 an an anesthesiologist; including an	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.
osteopathic practitioner re	, ,	5 .	- A qu - A do reco - A do - A do - A do - A ce by th supe - An a - A su Note 1: is a pla recogn Commi Commi Note 2: assista Note 3: from th access the gov doctor consult anesth the cur law. Th	palified anesthesiologic tor of medicine or	steopathy other than an anesthesiologist, including an osteopathic practitioner 1101(a)(7) of the Social Security Act or dental medicine, who is qualified to administer anesthesia under state law sciene, who is qualified to administer anesthesia under state law see anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised her, except as provided in 42 CFR 485.639(e) regarding the state exemption for this istant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist in approved educational program 42 CFR 413.85(e), an approved nursing and allied health education program 42 CFR 413.85(e), an approved nursing and allied health education program 43 that is licensed by state law, or if licensing is not required, is accredited by a sonal organization. Such national accrediting bodies include, but are not limited to, the not Allied Health Education Programs and the National League of Nursing Accrediting 485.639(e) for state exemption states: A critical access hospital may be exempted attor of medicine or osteopathy supervision of CRNAs if the state in which the critical abmits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by sultation with the state's boards of medicine and nursing, requesting exemption from the program and the state's that they have reds of medicine and nursing about issues related to access to and the quality of that and has concluded that it is in the best interests of the state's citizens to opt out the or osteopathy supervision requirement and that the opt-out is consistent with state it is not and recognition of state laws and the withdrawal of the request may be submitted to 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;				cess hospital plans operative or other high-risk procedures. Note: Equipment e elements of performance is available to the operating room suites.
, zzatał or domai ourgory or doma		- A qu - A do reco - A do - A do - A do - A ce by th supe - An a - A su Note 1: is a pla recogn Commi Commi Note 2: assista Note 3: from th access the gov doctor consult anesth the cur law. Th	alified anesthesiolog ctor of medicine or o gnized under section ctor of dental surgery ctor of podiatric med rtified registered nurse operating practition ervision nesthesiologist's asspervised trainee in an In accordance with Anned program of stuczed national professission on Accreditations accordance with Anned program of stuczed national professission. See Glossary for the nt. The CoP at 42 CFR er equirement for doc hospital is located suernor, following consof medicine or osteoped with the state boasesia services in the strent doctor of medicine request for exemptime and are effective	steopathy other than an anesthesiologist, including an osteopathic practitioner in 1101(a)(7) of the Social Security Act by or dental medicine, who is qualified to administer anesthesia under state law licine, who is qualified to administer anesthesia under state law see 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 distant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist of 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 sional organization. Such national accrediting bodies include, but are not limited to, the or of Allied Health Education Programs and the National League of Nursing Accrediting and definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted and the cort of medicine or osteopathy supervision of CRNAs if the state in which the critical aubmits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by sultation with the state's boards of medicine and nursing, requesting exemption from pathy supervision for CRNAs. The letter from the governor must attest that they have ards of medicine and nursing about issues related to access to and the quality of tate and has concluded that it is in the best interests of the state's citizens to opt out the or osteopathy supervision requirement and that the opt-out is consistent with state it is an and recognition of state laws and the withdrawal of the request may be submitted to an 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 (iv) A doctor of podiatric 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.
(IV) A doctor or podiatric medicine,		- A qu - A do recc - A do - A do - A do - A ce by th supe - An a - A sa Note 1: is a pla recogn Commi Commi Note 2 assista Note 3 from th access the gov doctor consult anesth the cur law. Th at any	esia is administered of pallified anesthesiologis octor of medicine or ossignized under section octor of dental surgery octor of podiatric medicartified registered nurse ne operating practitione ervision anesthesiologist's assist pervised trainee in an an accordance with 42 naned program of study ized national profession is See Glossary for the nt. The CoP at 42 CFR 4 e requirement for doct thospital is located subvernor, following consultation of medicine or osteopated with the state board erequest for exemptication and are effective in the state and are effective	Inly by the following individuals: It teopathy other than an anesthesiologist, including an osteopathic practitioner (1101(a)(7)) of the Social Security Act (1001(a)(7)) of the Social Security Act (1001(a)

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 nesthetist (CRNA), as defined in Sec. 410.69(b) of	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.
this chapter;		- A quadrate - A documents - A documents - A documents - A documents - An au - A support - An au -	alified anesthesiologistor of medicine or ost prized under section of the control of dental surgery ctor of dental surgery ctor of podiatric medicitified registered nurse experience operating practition resthesiologist's assistervised trainee in an an accordance with 42 and program of study and program of study and national professionsion. See Glossary for the accordance with 42 arequirement for doct and program of study are for destination of the control of the con	teopathy other than an anesthesiologist, including an osteopathic practitioner 1101(a)(7) of the Social Security Act or dental medicine, who is qualified to administer anesthesia under state law cine, who is qualified to administer anesthesia under state law expenses an earthesist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised er, except as provided in 42 CFR 485.639(e) regarding the state exemption for this estant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist 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 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 comits a 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 the earth 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)(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		PC.13.01.01		cess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites.
		EP 1 Anesth - A qu - A do reco - A do - A do - A do - A ce by th supe - An a - A su Note 1: is a pla recogni Commi Commi Note 2: assista Note 3: from th access the goo doctor consult anesth the cur law. Th at any th	palified anesthesiologis actor of medicine or os gnized under section poter of dental surgery poter of podiatric medicine operating practition experies of medicine operating practition existion and program of study ized national profession. See Glossary for the nt. The CoP at 42 CFR 4 er requirement for doct hospital is located sulfernor, following consumer of medicine or osteoped with the state boar esia services in the state that the core request for exemptic time and are effective	steopathy other than an anesthesiologist, including an osteopathic practitioner 1101(a)(7) of the Social Security Act or dental medicine, who is qualified to administer anesthesia under state law cine, who is qualified to administer anesthesia under state law e anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised iter, except as provided in 42 CFR 485.639(e) regarding the state exemption for this stant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist 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 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		ommission nt Number	Joint Commission Standards and Elements of Performance
§485.639(c)(1)(vii)	TAG: C-1145 approved educational program, as described in	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.
§413.85 or §§ 413.76 through		- A qui - A do recci - A do recci - A do - A	palified anesthesiology octor of medicine or or organized under section octor of dental surgery octor of podiatric medicified registered nursure operating practition ervision anesthesiologist's assurpervised trainee in an another in a coordance with a consideration of the coordance with a coordance of the coordance of the coordance of the coordance of the coordance with the state boardance with the state boardance of medicine or osteopied with the state boardance or osteopied with the state boardance of medicine or osteopied with the state boardance or osteopied with the	steopathy other than an anesthesiologist, including an osteopathic practitioner 1101(a)(7) of the Social Security Act or dental medicine, who is qualified to administer anesthesia under state law icine, who is qualified to administer anesthesia under state law see anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervised her, except as provided in 42 CFR 485.639(e) regarding the state exemption for this distant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist in approved educational program at 2 CFR 413.85(e), an approved nursing and allied health education program day 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 a definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted attor 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 sultation with the state's boards of medicine and nursing, requesting exemption from bothy 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 tate and has concluded that it is in the best interests of the state's citizens to opt out one or osteopathy supervision requirement and that the opt-out is consistent with state ion and recognition of state laws and the withdrawal of the request may be submitted

CFR Numl §485.639(c		Medicare Requirements		nt Commission ivalent Number	Joint Commission Standards and Elements of Performance		
§485.639(c)(2)			PC.13.01.01 The critical access hospital plans operative or other high-risk procedures. Note: Equipment identified in the elements of performance is available to the operating room suites.				
(2) In those cases in which a CRNA administers the anesthesia, the anesthetist must be under the supervision of the operating practitioner except as provided in paragraph (e) of this section. An anesthesiologist's assistant who administers anesthesia must be under the supervision of an anesthesiologist.		- - - - - N iss re C C N aa N fr ak dc can th	EP 1 Anesthesia is administered only by the following individuals: - A qualified anesthesiologist - A doctor of medicine or osteopathy other than an anesthesiologist, including an osteopathic practitioner recognized under section 1101(a)(7) of the Social Security Act - A doctor of dental surgery or dental medicine, who is qualified to administer anesthesia under state law - A doctor of podiatric medicine, who is qualified to administer anesthesia under state law - A certified registered nurse anesthetist (CRNA), as defined in 42 CFR 410.69(b) of this chapter, supervise by the operating practitioner, except as provided in 42 CFR 485.639(e) regarding the state exemption for the supervision - An anesthesiologist's assistant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist - A supervised trainee in an approved educational program Note 1: In accordance with 42 CFR 413.85(e), an approved nursing and allied health education program is a planned program of study that is licensed by state law, or if licensing is not required, is accredited by a recognized national professional organization. Such national accrediting bodies include, but are not limited to Commission on Accreditation of Allied Health Education Programs and the National League of Nursing Accre Commission. Note 2: See Glossary for the definition of certified registered nurse anesthetist (CRNA) and anesthesiologist assistant. Note 3: The CoP at 42 CFR 485.639(e) for state exemption states: A critical access hospital may be exempted from the requirement for doctor of medicine or osteopathy supervision of CRNAs if the state in which the criticacces hospital is located submits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by the governor, following consultation with the state's boards of medicine and nursing, requesting exemption for doctor of medicine or osteopathy supervision requirement and that the opt-out is consistent with s law. The request for exemption and recognition of state laws and the withdrawal of the				
§485.639(d)	TAG: C-1	149	PC.13.01.03	The critical acc	cess hospital provides the patient with care before and after operative or other edures.		
§485.639(d) Standard: Discharge All patients are discharged in the company of a responsible adult, except those exempted by the practitioner who performed the surgical procedure.		a	he 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-1	150					
§485.639(e) Standard: St	ate Exemption						

CFR Number §485.639(e)(1)	Medicare Requirements		ommission ent Number	Joint Commission Standards and Elements of Performance
§485.639(e)(1) (1) A CAH may be exempted from the reconsultation with the State's Boards of Moreon MD/DO supervision for CRNAs. The that he or she has consulted with the States related to access to and the qual has concluded that it is in the best interest.	C-1150 equirement for MD/DO supervision of) of this section, if the State in which MS signed by the Governor, following Medicine and Nursing, requesting exemption	PC.13.01.01 EP 1 Anestr - A q - A d recc - A d - A d - A c by t	The critical account identified in the mesia is administered or ualified anesthesiologis octor of medicine or ostognized under section 1 octor of dental surgery octor of podiatric medicertified registered nurse	ess hospital plans operative or other high-risk procedures. Note: Equipment elements of performance is available to the operating room suites. All by the following individuals:
iaw.		- An - A s Note 1 is a pla recogr Comm Comm Note 2 assista Note 3	anesthesiologist's assisupervised trainee in an : In accordance with 42 anned program of study nized national professionission on Accreditationission. E See Glossary for the cant. The CoP at 42 CFR 4	stant, as defined in 42 CFR 410.69(b), supervised by an anesthesiologist approved educational program 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 nal 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 85.639(e) for state exemption states: A critical access hospital may be exempted
		access the go doctor consul anesth the cu law. Ti at any	s hospital is located sub- vernor, following consul- of medicine or osteopa- ted with the state board lesia services in the sta- prent doctor of medicine the request for exemption time and are effective u	or of medicine or osteopathy supervision of CRNAs if the state in which the critical omits a letter to the Centers for Medicare & Medicaid Services (CMS) signed by ltation with the state's boards of medicine and nursing, requesting exemption from the 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 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 upon submission.

CFR Number §485.639(e)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.639(e)(2)	TAG: C-1150 and recognition of State laws and the withdrawal of	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.
. ,	at any time, and are effective upon submission.	- A qu - A do reco - A do - A do - A do - A ce by th supe - An a - A su Note 1: is a pla recogni Commi Commi Note 2: assista Note 3: from th access the gov doctor consult anesth the cur law. Th	palified anesthesiologicator of medicine or	steopathy other than an anesthesiologist, including an osteopathic practitioner 1101(a)(7) of the Social Security Act or dental medicine, who is qualified to administer anesthesia under state law cine, who is qualified to administer anesthesia under state law cine, who is qualified to administer anesthesia under state law cine, who is qualified to administer anesthesia under state law cine, who is qualified to administer anesthesia under state law cine, who is qualified to administer anesthesia under state law cine, who is qualified to administer anesthesia under state law cine, who is qualified to administer anesthesia under state law cine, who is qualified in 42 CFR 410.69(b), supervised by of this chapter, supervised her, except as provided in 42 CFR 410.69(b), supervised by an anesthesiologist 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 and certified registered nurse anesthetist (CRNA) and anesthesiologist definition of certified registered nurse anesthetist (CRNA) and anesthesiologist 485.639(e) for state exemption states: A critical access hospital may be exempted attor of medicine or osteopathy supervision of CRNAs if the state in which the critical abmits 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 eathy 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 ton and recognition of state laws and t

CFR Number §485.640	Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance			
§485.640 TAG: C-		IC.04.01.01	C.04.01.01 The critical access hospital has a hospitalwide infection prevention and control pro the surveillance, prevention, and control of health care–associated infections (HAIs infectious diseases.				
§485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs. The CAH must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.		EP 2	 Development and impleme procedures that adhere to I Documentation of the infect activities Competency-based training staff and, as applicable, perevention and control guid Prevention and control of staff adherence to infection Communication and collaborevention and control activity processing department, and Communication and collaborevention and co	or infection control professional(s) is responsible for the following: Intation of hospitalwide infection surveillance, prevention, and control policies and aw and regulation and nationally recognized guidelines tion prevention and control program and its surveillance, prevention, and control g and education of critical access hospital personnel and staff, including medical resonnel providing contracted services in the critical access hospital, on infection lelines, policies and procedures and their application ealth care—associated infections and other infectious diseases, including auditing revention and control policies and procedures oration with all components of the critical access hospital involved in infection vities, including but not limited to the antibiotic stewardship program, sterile d water management program oration with the critical access hospital's quality assessment and performance oddress 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 orrectly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1).			
		EP 3	guide its activities and method access hospital and between procedures are in accordance a. Applicable law and regulation b. Manufacturers' instructions c. Nationally recognized evide Control and Prevention's (CDC in All Settings or, in the absendocumented 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.	for use. Ince-based guidelines and standards of practice, including the Centers for Disease C) Core Infection Prevention and Control Practices for Safe Healthcare Delivery ce of such guidelines, expert consensus or best practices. The guidelines are			
		EP 5	•	control program reflects the scope and complexity of the critical access hospital ng all locations, patient populations, and staff.			

CFR Number §485.640	Medicare Requirements		pint 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, 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 trers' 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.	gram reflects the scope and complexity of the critical access hospital services
		EP 3	 Development and implemenationally recognized guide All documentation, written Communication and collaboritical access hospital's int Competency-based training staff, and, as applicable, per 	stewardship program is responsible for the following: ntation a critical access hospitalwide antibiotic stewardship program, based on elines, to monitor and improve the use of antibiotics. or electronic, of antibiotic stewardship program activities. oration with medical staff, nursing, and pharmacy leadership, as well as with the fection prevention and control and QAPI programs, on antibiotic use issues. g and education of critical access hospital personnel and staff, including medical ersonnel providing contracted services in the critical access hospital, on the practical ewardship guidelines, policies, and procedures.
		PE.04.01.01	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 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 or 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 the referenced for the activity; and results of the activity.
§485.640(a) TAG: C-	1204			
(a) Standard: Infection prevention and con The CAH must demonstrate that:	trol program organization and policies.			

CFR Number §485.640(a)(1)	Medicare Requirements	E	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.640(a)(1) TAG: (1) An individual (or individuals), who is	C-1204 qualified through education, training.	HR.11.02.0 EP 1		ess hospital defines and verifies staff qualifications. efines staff qualifications specific to their job responsibilities.
experience, or certification in infection p the governing body, or responsible indiv infection control professional(s) respons	revention and control, is appointed by		Note 1: Qualifications for infecting certification (such as that offet Note 2: For rehabilitation and therapists, physical therapists language pathologists, or aud speech-language pathology, of See Glossary for definitions of therapy assistant, speech-language pathology. Note 3: For rehabilitation and are provided, staff qualified to to carry out the specific process.	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, 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. psychiatric distinct part units in critical access hospitals: If respiratory care services perform specific respiratory care procedures and the amount of supervision required
		NPG.12.01		ess hospital's leadership team ensures that there is qualified ancillary staff t the needs of the population served and determine how they function within 1.
		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 ol program.
6 11 1 1(1)(1)	C-1206 program, as documented in its policies and nting and controlling the transmission of	IC.04.01.01		ess hospital has a hospitalwide infection prevention and control program for e, prevention, and control of health care—associated infections (HAIs) and other uses.
infections within the CAH and between t	he CAH and other healthcare settings;	EP 3	guide its activities and method access hospital and between procedures are in accordance a. Applicable law and regulatib. Manufacturers' instructions c. Nationally recognized evide Control and Prevention's (CDI in All Settings or, in the absendocumented within the policie Note 1: Relevant federal, state Medicare & Medicaid Services reprocessing single-use medicated and 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 ace of such guidelines, expert consensus or best practices. The guidelines are

CFR Number §485.640(a)(2)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		EP 4	The critical access hospital's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following: - Cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spaulding classification system and manufacturers' instructions - Use of disinfectants registered by the Environmental Protection Agency for noncritical devices and equipment according to the directions on the product labeling, including but not limited to indication, specified use dilutior contact time, and method of application - Use of FDA-approved liquid chemical sterilants for the processing of critical devices and high-level disinfectar for the processing of semicritical devices in accordance with FDA-cleared label and device manufacturers' instructions - Required documentation for device reprocessing cycles, including but not limited to sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration for chemicals used in high-level disinfection - Resolution of conflicts or discrepancies between a medical device manufacturer's instructions and manufacturers' instructions for automated high-level disinfection or sterilization equipment - Criteria and process for the use of immediate-use steam sterilization - Actions to take in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use Note 1: The Spaulding classification system classifies medical and surgical devices as critical, semicritical, or noncritical based on risk to the patient from contamination on a device and establishes the levels of germicidal activity (sterilization, high-level disinfection, intermediate-level disinfection, and low-level disinfection) to be used for the three classes of devices. Note 2: Depending on the nature of the incident, examples of actions may inc	
§485.640(a)(3) TAG: C-		IC.06.01.01		ess hospital implements its infection prevention and control program through evention, and control activities.
and control of HAIs, including maintaining a 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 presurveillance or public healt - Reporting an outbreak in a - Investigating an outbreak	replements its policies and procedures for infectious disease outbreaks, including the vention and control activities when an outbreak is first recognized by internal
		EP 5	exposure and acquisition amo address the following: - Screening and medical eva - Immunizations - Staff education and training	pplements policies and procedures to minimize the risk of communicable disease ong its staff, in accordance with law and regulation. The policies and procedures aluations for infectious diseases g potentially infectious exposures or communicable illnesses

CFR Number §485.640(a)(3)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
		PE.01.01.01	The critical acce	ss hospital has a safe and adequate physical environment.
			the safety and well-being of pa Note 1: Diagnostic and therap Note 2: When planning for nev regulations or the current Guid Institute. If the state rules and hospital, then it uses other rep	ouilding is constructed, arranged, and maintained to allow safe access and to protect atients. eutic 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. The sess hospital has a water management program that addresses Legionella and the pathogens. Note: The water management program is in accordance with law
				am has an individual or a team responsible for the oversight and implementation of limited to development, management, and maintenance activities.
			 A basic diagram that maps and end-use points Note: An example would be a so forth. A water risk management p conditions of each step of t may occur (these condition Note: Refer to the Centers for (WICRA) for Healthcare Settir A plan for addressing the u of time (for example, unoccur). An evaluation of the patient. Monitoring protocols and at Note: Critical access hospitals management programs that in protocols should include species. 	sible for the water management program develops the following: all water supply sources, treatment systems, processing steps, control measures, flow chart with symbols showing sinks, showers, water fountains, ice machines, and plan based on the diagram that includes an evaluation of the physical and chemical the water flow diagram to identify any areas where potentially hazardous conditions is are most likely to occur in areas with slow or stagnant water). Disease Control and Prevention's "Water Infection Control Risk Assessment igs" tool as an example for conducting a water-related risk assessment, see of water in areas of buildings where water may have been stagnant for a period upied or temporarily closed areas) is populations served to identify patients who are immunocompromised exceptable ranges for control measures should consider incorporating basic practices for water monitoring within their water clude monitoring of water temperature, residual disinfectant, and pH. In addition, ficity around the parameters measured, locations where measurements are made, ions taken when parameters are out of range.
§485.640(a)(4) TAG: C- (4) The infection prevention and control proof 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.
				control program reflects the scope and complexity of the critical access hospital ng all locations, patient populations, and staff.
§485.640(b) TAG: C-	1212			
(b) Standard: Antibiotic stewardship programust demonstrate that:	m organization and policies. The CAH			
§485.640(b)(1) TAG: C- (1) An individual (or individuals), who is qua		MM.18.01.0		ess hospital establishes antibiotic stewardship as an organizational priority of its antibiotic stewardship program.
experience in infectious diseases and/or an the governing body, or responsible individu stewardship program and that the appointm medical staff leadership and pharmacy lead	tibiotic stewardship, is appointed by al, as the leader(s) of the antibiotic nent is based on the recommendations of		training, or experience in infection responsible individual, as the	monstrates that an individual (or individuals), who is qualified through education, tious diseases and/or antibiotic stewardship, is appointed by the governing body, or eader(s) of the antibiotic stewardship program and that the appointment is based on cal staff leadership and pharmacy leadership.

CFR Number §485.640(b)(2)	Medicare Requirements		t Commission valent Number	Joint Commission Standards and Elements of Performance
3	G: C-1218			
(2) The facility-wide antibiotic steward	dship program:			
0 11 1 1(1)/()/()	G: C-1218	MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority tof its antibiotic stewardship program.
(i) Demonstrates coordination among all components of the CAH responsible for antibiotic use and resistance, including, but not limited to, the infection prevention and control program, the QAPI program, the medical staff, nursing services, and pharmacy services;		- ;	de antibiotic stewardship program: among all components of the critical access hospital responsible for antibiotic use but not limited to, the infection prevention and control program, the QAPI program, ervices, and pharmacy services. ased use of antibiotics in all departments and services of the critical access hospital. ents, including sustained improvements, in proper antibiotic use.	
§485.640(b)(2)(ii) TA	G: C-1219	MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority
(ii) Documents the evidence-based use of the CAH; and	se of antibiotics in all departments and services	- :	e critical access hospitalwic Demonstrates coordination and resistance, including, b the medical staff, nursing s Documents the evidence-b	t of its antibiotic stewardship program. de antibiotic stewardship program: among all components of the critical access hospital responsible for antibiotic use out not limited to, the infection prevention and control program, the QAPI program, ervices, and pharmacy services. ased use of antibiotics in all departments and services of the critical access hospital. ents, including sustained improvements, in proper antibiotic use.
3	G: C-1220	MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority
(iii) Documents any improvements, in antibiotic use;	cluding sustained improvements, in proper	- : :	e critical access hospitalwic Demonstrates coordination and resistance, including, b the medical staff, nursing s Documents the evidence-b	t of its antibiotic stewardship program. de antibiotic stewardship program: among all components of the critical access hospital responsible for antibiotic use out not limited to, the infection prevention and control program, the QAPI program, ervices, and pharmacy services. ased use of antibiotics in all departments and services of the critical access hospital. ents, including sustained improvements, in proper antibiotic use.
3	G: C-1221	MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority t of its antibiotic stewardship program.
as well as best practices, for improvir	m adheres to nationally recognized guidelines, ag antibiotic use; and			ogram adheres to nationally recognized guidelines, as well as best practices, for
3		MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority t of its antibiotic stewardship program.
(4) The antibiotic stewardship programservices provided.	n reflects the scope and complexity of the CAH			gram reflects the scope and complexity of the critical access hospital services
§485.640(c) TA	G: C-1225			
(c) Standard: Leadership responsibilit	iles.			
§485.640(c)(1) TA	G: C-1225		·	
(1) The governing body, or responsib	le individual, must ensure all of the following:			

CFR Number §485.640(c)(1)(i)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
(i) Systems are in place and operational	c: C-1225 al for the tracking of all infection surveillance, use activities, in order to demonstrate the	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
implementation, success, and sustainability of such activities.		EP 1	performance, and sustainabilii 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, 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 trers' instructions for use; and guidelines used to inform policies.
		MM.18.01.0		ess hospital establishes antibiotic stewardship as an organizational priority t of its antibiotic stewardship program.
		EP 7		nsible individual, ensures that systems are in place and operational for the tracking order to demonstrate the implementation, success, and sustainability of such
(ii) All HAIs and other infectious diseas	i: C-1229 les identified by the infection prevention lic use issues identified by the antibiotic	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
and control program as well as antibiotic use issues identified by the antibiotic stewardship program are addressed in collaboration with CAH QAPI leadership.		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 t 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)/infect	ion 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.04.01.01	C.04.01.01 The critical access hospital has a hospitalwide infection prevention and control p the surveillance, prevention, and control of health care—associated infections (HA infectious diseases.		
revention, and control policies and procedures that adhere to nationally recognized uidelines.		EP 2	 Development and impleme procedures that adhere to I Documentation of the infect activities Competency-based training staff and, as applicable, per prevention and control guid Prevention and control of h staff adherence to infection Communication and collabor prevention and control active processing department, and Communication and collabor improvement program to active processing department program to active processing department, and Communication and collabor improvement program to active processing department processing department processing department processing department processing	or infection control professional(s) is responsible for the following: ntation of hospitalwide infection surveillance, prevention, and control policies and aw and regulation and nationally recognized guidelines tion prevention and control program and its surveillance, prevention, and control grand education of critical access hospital personnel and staff, including medical resonnel providing contracted services in the critical access hospital, on infection delines, policies and procedures and their application ealth care—associated infections and other infectious diseases, including auditing a prevention and control policies and procedures oration with all components of the critical access hospital involved in infection wities, including but not limited to the antibiotic stewardship program, sterile disease management program oration 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 less. Examples of competencies may include donning/doffing of personal protective perfectly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1).	
§485.640(c)(2)(ii) TAG: C (ii) All documentation, written or electronic program and its surveillance, prevention, a	, of the infection prevention and control	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 impleme procedures that adhere to I Documentation of the infect activities Competency-based training staff and, as applicable, per prevention and control guid Prevention and control of h staff adherence to infection Communication and collabor prevention and control active processing department, and Communication and collabor improvement program to active processing department and Note: The outcome of compet to their roles and responsibilities 	or infection control professional(s) is responsible for the following: ntation of hospitalwide infection surveillance, prevention, and control policies and aw and regulation and nationally recognized guidelines tion prevention and control program and its surveillance, prevention, and control g and education of critical access hospital personnel and staff, including medical resonnel providing contracted services in the critical access hospital, on infection lelines, policies and procedures and their application ealth care—associated infections and other infectious diseases, including auditing a prevention and control policies and procedures oration with all components of the critical access hospital involved in infection wities, including but not limited to the antibiotic stewardship program, sterile dowater management program oration with the critical access hospital's quality assessment and performance oddress infection prevention and control issues ency-based training is the staff's ability to demonstrate the skills and tasks specific less. Examples of competencies may include donning/doffing of personal protective 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		ess hospital has a hospitalwide infection prevention and control program for , prevention, and control of health care–associated infections (HAIs) and other ses.
			 Development and implement procedures that adhere to lead to be activities Competency-based training staff and, as applicable, perprevention and control guid Prevention and control of hestaff adherence to infection Communication and collabor prevention and control active processing department, and Communication and collabor improvement program to active processing department and control active processing department and communication and collabor improvement program to active processing department and control active processing department and	or infection control professional(s) is responsible for the following: Intation of hospitalwide infection surveillance, prevention, and control policies and aw and regulation and nationally recognized guidelines tion prevention and control program and its surveillance, prevention, and control grand education of critical access hospital personnel and staff, including medical resonnel providing contracted services in the critical access hospital, on infection telines, policies and procedures and their application ealth care—associated infections and other infectious diseases, including auditing prevention and control policies and procedures oration with all components of the critical access hospital involved in infection wities, including but not limited to the antibiotic stewardship program, sterile di water management program oration 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 perfectly 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	ess hospital provides orientation, education, and training to their staff.
medical staff, and, as applicable, personn				ucation and training to maintain or increase their competency and, as needed, when Staff participation is documented.
CAH, on the practical applications of infection policies, and procedures.	tion prevention and control guidelines,	HR.11.04.01	The critical acce	ess hospital evaluates staff competence and performance.
policies, and procedures.				sessed and documented as part of orientation and once every three years, or more all access hospital policy or in accordance with law and regulation.

CFR Number §485.640(c)(2)(iv)	Medicare Requirements		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 e, prevention, and control of health care—associated infections (HAIs) and other ises.
		EP 2	 Development and impleme procedures that adhere to be procedures that adhere to be activities Competency-based training staff and, as applicable, perevention and control guident of the prevention and control of the staff adherence to infection. Communication and collab prevention and control activation processing department, and communication and collab improvement program to an of their roles and responsibilities. 	or infection control professional(s) is responsible for the following: Intation of hospitalwide infection surveillance, prevention, and control policies and law and regulation and nationally recognized guidelines stion prevention and control program and its surveillance, prevention, and control grand education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on infection delines, policies and procedures and their application pealth care—associated infections and other infectious diseases, including auditing an prevention and control policies and procedures oration with all components of the critical access hospital involved in infection vities, including but not limited to the antibiotic stewardship program, sterile divided water management program oration with the critical access hospital's quality assessment and performance didress infection prevention and control issues tency-based training is the staff's ability to demonstrate the skills and tasks specific ies. Examples of competencies may include donning/doffing of personal protective orrectly perform the processes for high-level disinfection. (For more information on fer to HR.11.04.01 EP 1).
§485.640(c)(2)(v) TAG: C- (v) The prevention and control of HAIs, included prevention and control policies and proced	uding auditing of adherence to infection	IC.04.01.01		ess hospital has a hospitalwide infection prevention and control program for e, prevention, and control of health care—associated infections (HAIs) and other uses.
		EP 2	 Development and impleme procedures that adhere to be procedures that adhere to be activities Competency-based training staff and, as applicable, perevention and control guident prevention and control of his staff adherence to infection Communication and collab prevention and control activation processing department, and Communication and collab improvement program to an Note: The outcome of compet to their roles and responsibilities 	or infection control professional(s) is responsible for the following: Intation of hospitalwide infection surveillance, prevention, and control policies and law and regulation and nationally recognized guidelines stion prevention and control program and its surveillance, prevention, and control grand education of critical access hospital personnel and staff, including medical personnel providing contracted services in the critical access hospital, on infection delines, policies and procedures and their application pealth care—associated infections and other infectious diseases, including auditing a prevention and control policies and procedures oration with all components of the critical access hospital involved in infection vities, including but not limited to the antibiotic stewardship program, sterile divater management program oration with the critical access hospital's quality assessment and performance didress infection prevention and control issues tency-based training is the staff's ability to demonstrate the skills and tasks specific ies. Examples of competencies may include donning/doffing of personal protective orrectly 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)(vi)	Medicare Requirements	1	nt Commission uivalent Number	Joint Commission Standards and Elements of Performance		
§485.640(c)(2)(vi) TAG: Control (vi) Communication and collaboration with		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). 				
§485.640(c)(3) TAG: C	-1244	1				
(3) The leader(s) of the antibiotic stewards	ship program is responsible for:]				
§485.640(c)(3)(i) TAG: C		MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority tof its antibiotic stewardship program.		
program, based on nationally recognized of antibiotics.	guidelines, to monitor and improve the use	-	Development and impleme nationally recognized guide All documentation, written of Communication and collaboritical access hospital's inf Competency-based training staff, and, as applicable, pe	stewardship program is responsible for the following: Intation a critical access hospitalwide antibiotic stewardship program, based on elines, to monitor and improve the use of antibiotics. For electronic, of antibiotic stewardship program activities. For electronic and improve the use of antibiotics. For electronic, of antibiotic stewardship program activities. For electronic and improve the use of antibiotics. For electronic, of antibiotic stewardship program activities. For electronic, of antibiotic stewardship program activities. For electronic, of antibiotic stewardship program activities. For electronic, of antibiotic stewardship program, based on selection stewardship program activities. For electronic, of antibiotic stewardship program, based on selectronic stewardship program, based on selectronic stewardship program activities. For electronic, of antibiotic stewardship program activities. For electronic, of antibiotic stewardship program, based on selectronic stewardship program activities. For electronic, of antibiotic stewardship program activities. For electronic, of antibiotic stewardship program activities. For electronic, to make the selectronic stewardship program activities. For electronic, to make the selectronic stewardship program activities. For electronic, to make the selectronic stewardship program activities. For electronic, to make the selectronic stewardship program activities. For electronic, to make the selectronic stewardship program activities. For electronic, to make th		
§485.640(c)(3)(ii) TAG: C- (ii) All documentation, written or electronic		MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority tof its antibiotic stewardship program.		
activities.	, or annibide stewardship program	EP 3 -	The leader(s) of the antibiotic Development and impleme nationally recognized guide All documentation, written of Communication and collaboritical access hospital's inf Competency-based training staff, and, as applicable, pe	stewardship program is responsible for the following: ntation a critical access hospitalwide antibiotic stewardship program, based on elines, to monitor and improve the use of antibiotics. or electronic, of antibiotic stewardship program activities. oration with medical staff, nursing, and pharmacy leadership, as well as with the ection prevention and control and QAPI programs, on antibiotic use issues. oration deducation of critical access hospital personnel and staff, including medical ersonnel providing contracted services in the critical access hospital, on the practical erwardship guidelines, policies, and procedures.		

CFR Number §485.640(c)(3)(iii)	Medicare Requirements		nt Commission iivalent Number	Joint Commission Standards and Elements of Performance		
§485.640(c)(3)(iii) TAG: C- (iii) Communication and collaboration with		MM.18.01.01 The critical access hospital establishes antibiotic stewardship as an organizational priority through support of its antibiotic stewardship program.				
leadership, as well as with the CAH's infection prevention and control and QAPI programs, on antibiotic use issues.		 The leader(s) of the antibiotic stewardship program is responsible for the following: Development and implementation a critical access hospitalwide antibiotic stewardship program, based on nationally recognized guidelines, to monitor and improve the use of antibiotics. All documentation, written or electronic, of antibiotic stewardship program activities. Communication and collaboration with medical staff, nursing, and pharmacy leadership, as well as with the critical access hospital's infection prevention and control and QAPI programs, on antibiotic use issues. Competency-based training and education of critical access hospital personnel and staff, including medical staff, and, as applicable, personnel providing contracted services in the critical access hospital, on the practical applications of antibiotic stewardship guidelines, policies, and procedures. 				
§485.640(c)(3)(iv) TAG: C		MM.18.01.01		ess hospital establishes antibiotic stewardship as an organizational priority tof its antibiotic stewardship program.		
(iv) Competency-based training and educa medical staff, and, as applicable, personne CAH, on the practical applications of antibi procedures.	el providing contracted services in the		The leader(s) of the antibiotic Development and impleme nationally recognized guide All documentation, written a Communication and collaboritical access hospital's inf Competency-based training staff, and, as applicable, pe	stewardship program is responsible for the following: ntation a critical access hospitalwide antibiotic stewardship program, based on elines, to monitor and improve the use of antibiotics. or electronic, of antibiotic stewardship program activities. oration with medical staff, nursing, and pharmacy leadership, as well as with the ection prevention and control and QAPI programs, on antibiotic use issues. oration of critical access hospital personnel and staff, including medical ersonnel providing contracted services in the critical access hospital, on the practical ewardship guidelines, policies, and procedures.		
§485.640(g)		LD.11.01.01	The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and		
(g) Standard: Unified and integrated infect stewardship programs for a CAH in a multi system consisting of multiple separately cousing a system governing body that is legar 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 loresponsible 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 gover	-facility system. If a CAH is part of a critified 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 or determining that such a decision is in a least laws. The system governing body is that each of its separately certified CAHs on. Each separately certified CAH subject	P	f a critical access hospital is prospitals, and/or rural emerges conduct of two or more hospit body can elect to have unified or all of its member facilities a egulation. Each separately certified critical inified and integrated infection ollowing: Account for each member of patient populations and ser Establish and implement poseparately certified critical and the emechanisms in place considered and addressed Designate a qualified indivicentrol and in antibiotic stematocontrol and and antibiotic segoverning infection prevent prevention and control and practical applications of infestaff Note: The system governing be	part of a multihospital system with separately accredited hospitals, critical access ancy hospitals using a system governing body that is legally responsible for the als, critical access hospitals, and/or rural emergency hospitals, the system governing and integrated infection prevention and control and antibiotic stewardship programs after determining that such a decision is in accordance with applicable law and sal access hospital subject to the system governing body demonstrates that the prevention and control program and the antibiotic stewardship program do the critical access hospital's unique circumstances and any significant differences in vices offered blicies and procedures to make certain that the needs and concerns of each access hospital, regardless of practice or location, are given due consideration to ensure that issues localized to particular critical access hospitals are duly dual(s) at the critical access hospital with expertise in infection prevention and wardship as responsible for communicating with the unified infection prevention tewardship programs, implementing and maintaining the policies and procedures ion and control and antibiotic stewardship (as directed by the unified infection antibiotic stewardship programs), and providing education and training on the action prevention and control and antibiotic stewardship to critical access hospital body is responsible and accountable for making certain that each of its separately als meet all of the requirements at 42 CFR 485.640(g).		

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 prevention and control and antibiotic		LD.11.01.01	LD.11.01.01 The governing body is ultimately accountable for the safety and quality of care, treatreservices.					
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 I any significant differences in patient	hospita conduct body of for all of regula Each of unified followi - Acc pati - Est ocon - Des con and gov pre pra staf Note: conduct conduct contined contin	als, and/or rural emergict of two or more hospican elect to have unified of its member facilities tion. separately certified critical and integrated infection. sount for each member ent populations and separately certified critical are mechanisms in place sidered and addressed signate a qualified indivitrol and in antibiotic step certified and antibiotic step certified and control and control and control and control and control and control and for the system governing infections of integrations of the system governing	policies and procedures to make certain that the needs and concerns of each access hospital, regardless of practice or location, are given due consideration to to ensure that issues localized to particular critical access hospitals are duly didual(s) at the critical access hospital with expertise in infection prevention and ewardship as responsible for communicating with the unified infection prevention stewardship programs, implementing and maintaining the policies and procedures attion and control and antibiotic stewardship (as directed by the unified infection and antibiotic stewardship programs), and providing education and training on the fection 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 Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.640(g)(2) (2) The unified and integrated infection prestawardship programs establish and imple		LD.11.01.01 EP 10 If a criti	services.	body is ultimately accountable for the safety and quality of care, treatment, and
stewardship programs establish and imple that the needs and concerns of each of its practice or location, are given due conside	separately certified CAHs, regardless of	hospita conduct body ca for all o regulati Each se unified followin - Accc patie - Esta sepa - Have cons - Desi cont and gove prev prac staff Note: T certified	ls, and/or rural emerged to f two or more hospit in elect to have unified in elect to have unified fits member facilities con. Exparately certified critical and integrated infection go and the populations and separately certified critical in the populations and separately certified critical expectation and addressed gnate a qualified individual and in antibiotic steparately certified individual and in antibiotic steparately and antibiotic steparately anti	policies and procedures to make certain that the needs and concerns of each access hospital, regardless of practice or location, are given due consideration et to ensure that issues localized to particular critical access hospitals are duly didual(s) at the critical access hospital with expertise in infection prevention and ewardship as responsible for communicating with the unified infection prevention stewardship programs, implementing and maintaining the policies and procedures attion and control and antibiotic stewardship (as directed by the unified infection and antibiotic stewardship programs), and providing education and training on the fection 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)(3)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.640(g)(3) (3) The unified and integrated infection pre	vention 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 have mechanisms in particular CAHs are duly considered and a	n place to ensure that issues localized to	hospita conduct body cr for all cr regulat Each s unified followir - Accorpatie - Esta sepa - Hav cons - Des cont and gove prace staff Note: T certifiee	als, and/or rural emerged to few or more hospit an elect to have unified an elect to have unified of its member facilities ion. eparately certified critical and integrated infections: ount for each member ent populations and seablish and implement populations and seablish and implement per emechanisms in places idered and addressed ignate a qualified indiversion and in antibiotic step control and antibiotic step in an emergency and control and control and in antibiotic step in an emergency and control and control and in antibiotic step in and control and control and in an emergency in and control and control and in an emergency in and control and in an emergency in the system governing governing in the system governing governing governing governing governing gov	colicies and procedures to make certain that the needs and concerns of each access hospital, regardless of practice or location, are given due consideration to to ensure that issues localized to particular critical access hospitals are duly didual(s) at the critical access hospital with expertise in infection prevention and ewardship as responsible for communicating with the unified infection prevention stewardship programs, implementing and maintaining the policies and procedures and control and antibiotic stewardship (as directed by the unified infection and antibiotic stewardship programs), and providing education and training on the fection 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)(4)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.640(g)(4) (4) A qualified individual (or individuals) with	th expertise in infection prevention	LD.11.01.01	The governing be services.	pody 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.		FP 10 If a critical access hospital is part of a multihospital system with separately accredited hospitals, critical access hospitals, 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 governing body can elect to have unified and integrated infection prevention and control and antibiotic stewardship program for all of its member facilities after determining that such a decision is in accordance with applicable law and regulation. Each separately certified critical access hospital subject to the system governing body demonstrates that the unified and integrated infection prevention and control program and the antibiotic stewardship program do the following: - Account for each member critical access hospital's unique circumstances and any significant differences in patient populations and services offered - Establish and implement policies and procedures to make certain that the needs and concerns of each separately certified critical access hospital, regardless of practice or location, are given due consideration - Have mechanisms in place to ensure that issues localized to particular critical access hospitals are duly considered and addressed - Designate a qualified individual(s) at the critical access hospital with expertise in infection prevention and control and in antibiotic stewardship as responsible for communicating with the unified infection prevention and control and antibiotic stewardship programs, implementing and maintaining the policies and procedures governing infection prevention and control and antibiotic stewardship programs), and providing education and training on the practical applications of infection prevention and accountable for making certain that each of its separately certified critical access hospitals meet all of the requirements at 42 CFR 485.640(g). (See also IC.04.01.01, EP 5)		
§485.641 TAG: C-	1300	LD.12.01.01	Leaders establis Improvement" [i	sh priorities for performance improvement. (Refer to the "Performance PI] chapter.)
§485.641 Condition of Participation: Qualit Improvement Program The CAH must develop, implement, and m	aintain an effective, ongoing, CAH-wide,		hospitalwide quality assessme Note: For rehabilitation and ps	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.
data-driven quality assessment and perform The CAH must maintain and demonstrate of program.				
§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 Adverse event means an untoward, undes that causes death or serious injury or the ri	irable, and usually unanticipated event			
Error means the failure of a planned action use of a wrong plan to achieve an aim. Erroroducts, 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) TA	G: C-1302				
(b) Standard: QAPI Program Design a	and scope. The CAH's QAPI program must:				
§485.641(b)(1) TAG: C-1302		LD.11.01.01	LD.11.01.01 The governing body is ultimately accountable for the safety and quality of care, treatme		
(1) Be appropriate for the complexity of the CAH's organization and services provided.		The governing body or designated individual is responsible and accountable for the quality assessment and performance improvement program. The governing body makes sure that performance improvement activities reflect the complexity of the critical access hospital's organization and services; are ongoing and comprehensive involve all departments and services, including those services provided under contract or arrangement; and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors are objective measures to evaluate its organizational processes, functions, and services. (For more information on contracted services, see Standard LD.14.03.03) Note: For rehabilitation and psychiatric distinct part units in critical access hospitals: If the hospital does not have governing body, it identifies the leadership structure that is responsible for these activities.			
9 ()()	G: C-1306	LD.11.01.01	The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and	
(2) Be ongoing and comprehensive.		EP 8	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 the its organizational processes, functions, and services. (For more information on dard LD.14.03.03) sychiatric distinct part units in critical access hospitals: If the hospital does not have a see leadership structure that is responsible for these activities.	
• () ()	AG: C-1306 H and services (including those services	LD.11.01.01	The governing to services.	pody is ultimately accountable for the safety and quality of care, treatment, and	
furnished under contract or arrangem	nent).	EP 8	performance improvement pro- reflect the complexity of the co- involve all departments and se focuses on indicators related to objective measures to evaluat contracted services, see Stan Note: For rehabilitation and ps 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.	
	AG: C-1309	LD.11.01.01	The governing by services.	pody is ultimately accountable for the safety and quality of care, treatment, and	
(4) Use objective measures to evalua services.	ate its organizational processes, functions and	EP 8	The governing body or design performance improvement pro reflect the complexity of t	lated 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 the its organizational processes, functions, and services. (For more information on dard LD.14.03.03) sychiatric distinct part units in critical access hospitals: If the hospital does not have a see leadership structure that is responsible for these activities.	

CFR Numbe §485.641(b)(Medicare Requirements		pint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§485.641(b)(5) (5) Address outcome indicate	§485.641(b)(5) TAG: C-1311 (5) Address outcome indicators related to improved health outcomes and the		PI.11.01.01	The critical acce improvement pr	ess hospital has an ongoing quality assessment and performance ogram.
		EP 1	The performance improvemer Improved health outcomes Adverse events Sentinel events Health care—acquired cond Transitions of care, includir		
§485.641(c)	TAG: C	1313 The CAH's governing body or responsible	LD.11.01.01	The governing be services.	pody is ultimately accountable for the safety and quality of care, treatment, and
individual is ultimately resp	onsible for the 0		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 Stand Note: For rehabilitation and ps	pated 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.14.03.03) sychiatric distinct part units in critical access hospitals: If the hospital does not have a see leadership structure that is responsible for these activities.
§485.641(d)	TAG: C	1315			
(d) Standard: Program actisection, the CAH must:	vities. For each	of the areas listed in paragraph (b) of this			
§485.641(d)(1)	TAG: C-	1315 I health outcomes that are shown to be	LD.12.01.01	Leaders establis Improvement" [I	sh priorities for performance improvement. (Refer to the "Performance
predictive of desired patien	•			As part of performance improv - Set priorities for performand predictive of desired patien - Give priority to high-volume consider the incidence, pre	wement, leaders (including the governing body) do the following: ce improvement activities related to improved health outcomes that are shown to be t outcomes, patient safety, and quality of care e, high-risk, or problem-prone processes for performance improvement activities and valence, and severity of problems in those areas detail of data collection for performance improvement activities
§485.641(d)(2) (2) Use the measures to ar	TAG: C-		LD.12.01.01	Leaders establis Improvement" [I	sh priorities for performance improvement. (Refer to the "Performance PI] chapter.)
(, , , , , , , , , , , , , , , , , , ,	,	,	EP 2	 Set priorities for performand predictive of desired patien Give priority to high-volume consider the incidence, pre 	vement, leaders (including the governing body) do the following: ce improvement activities related to improved health outcomes that are shown to be t outcomes, patient safety, and quality of care e, high-risk, or problem-prone processes for performance improvement activities and valence, and severity of problems in those areas detail of data collection for performance improvement activities and track performance

CFR Number §485.641(d)(3)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance			
0 (-)(-)	TAG: C-1321) Set priorities for performance improvement, considering either high-volume, high-		LD.12.01.01 Leaders establish priorities for performance improvement. (Refer to the "Performance Improvement" [PI] chapter.)				
(3) Set priorities for performance improvement, considering eitner nign-volume, nign-risk services, or problem-prone areas.		EP 2	 Set priorities for performan predictive of desired patien Give priority to high-volume consider the incidence, pre 	vement, leaders (including the governing body) do the following: ce improvement activities related to improved health outcomes that are shown to be t outcomes, patient safety, and quality of care e, high-risk, or problem-prone processes for performance improvement activities and valence, and severity of problems in those areas detail of data collection for performance improvement activities and track performance			
0 (-)	end analysis. The program must incorporate	PI.11.01.01	The critical acce improvement pr	ess hospital has an ongoing quality assessment and performance ogram.			
(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.			shows measurable improvement outcomes and aid in the ident data, including patient care da Note: For rehabilitation and pasubmitted to or received from	is an ongoing quality assessment and performance improvement program that ent for indicators that are selected based on evidence that they will improve health ification 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		ess hospital improves performance.			
			The critical access hospital ac	· · · ·			
§485.641(f) (f) Standard: Unified and integrated QA	API 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 a responsible for the conduct of two or m system governing body can elect to ha all of its member facilities after determi with all applicable State and local laws and accountable for ensuring that each	nore hospitals, CAHs, and/or REHs, the ve a unified and integrated QAPI program for ning that such a decision is in accordance. The system governing body is responsible to fits separately certified CAHs meets all the separately certified CAH subject to the		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 member patient populations and ser - Establishes and implement its separately certified hosp unified and integrated prog access hospitals are duly on the conduction of the conductio	s policies and procedures to make certain that the needs and concerns of each of bitals, regardless of practice or location, are given due consideration, and that the ram has mechanisms in place to ensure that issues localized to particular critical			

CFR Number §485.641(f)(1)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance			
		LD.11.01.01	LD.11.01.01 The governing body is ultimately accountable for the safety and quality of care, treservices.				
(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 achospitals, 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 located laws. Each separately certified critical access hospital subject to the system governing body demonstrates the unified and integrated quality assessment and performance improvement program does the following: Accounts for each member critical access hospital's unique circumstances and any significant differences 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 the unified and integrated program has mechanisms in place to ensure that issues localized to particular critical access hospitals are duly considered and addressed Note: The system governing body is responsible and accountable for making certain that each of its separated certified critical access hospitals meets the requirements for quality assessment and performance improvement acceptable acceptable. 					
§485.641(f)(2)		LD.11.01.01		body is ultimately accountable for the safety and quality of care, treatment, and			
and procedures to ensure that the needs certified CAHs, regardless of practice or	location, are given due consideration, and gram has mechanisms in place to ensure	hospit condu body o all of it laws. I unifice - Acc pat its s unit acc Note: certifie	als, and/or rural emergency of two or more hospit can elect to have a unificate member facilities after and integrated quality counts for each member eat populations and separately certified hospitals are duly of the system governing by	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 ed and integrated quality assessment and performance improvement program for or determining that such decision is in accordance with all applicable state and local discription of critical access hospital subject to the system governing body demonstrates that the assessment and performance improvement program does the following: recritical access hospital's unique circumstances and any significant differences in ricitical access and procedures to make certain that the needs and concerns of each of pitals, regardless of practice or location, are given due consideration, and that the gram has mechanisms in place to ensure that issues localized to particular critical 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 §485.642	Medicare Requirements	Eq	oint Commission Juivalent Number	Joint Commission Standards and Elements of Performance
§485.642 TAG:	C-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		EP 1	the patient's goals and treatm the critical access hospital to hospital and hospital readmiss Note: The critical access hosp condition to identify changes to needed to reflect these change	oital's discharge planning process requires regular reevaluation of the patient's that require modification of the discharge plan. The discharge plan is updated as jes.
		The patient, the patient's caregiver(s) or support person(s), physicians, other licensed practitioners, clinical psychologists, and staff who are involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer. The patient and their caregiver(s) or support person(s) are included as active partners when planning for postdischarge care. Note 1: For rehabilitation and psychiatric distinct part units in critical access hospitals: The definition of "physician" is the same as that used by the Centers for Medicare & Medicaid Services (refer to the Glossary). Note 2: For psychiatric distinct part units in critical access hospitals: Social service staff responsibilities include but are not limited to participating in discharge planning, arranging for follow-up care, and developing mechanisms for exchange of information with sources outside the critical access hospital. Note 3: For swing beds in critical access hospitals: The critical access hospital notifies the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and reasons for the move. The notice is in writing, in a language and manner they understand, and includes the items described in 42 CFR 483.15(c)(5). The critical access hospital also provides sufficient preparation and orientation to residents to make sure that transfer or discharge from the critical access hospital is safe and orderly. The critical access hospital sends a copy of the notice to a representative of the office of the state's long-term care ombudsman.		
5 ()	C-1404	PC.14.01.01		ess hospital follows its process for discharging or transferring patients.
must identify, at an early stage of hospi	alization, those patients who are likely to	EP 2	The critical access hospital be treatment, and services.	egins the discharge planning process early in the patient's episode of care,
discharge planning and must provide a	on discharge in the absence of adequate discharge planning evaluation for those r patients upon the request of the patient, sician.	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 I 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, and evaluation is completed in a timely manner so that appropriate arrangements for before discharge and unnecessary delays in discharge are avoided. In a evaluation is performed and subsequent discharge plan is created by, or under an unrecessary delays in unservice plan is created by.
§485.642(a)(1) TAG	C-1406	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
	nust be made on a timely basis to ensure CAH care will be made before discharge and ge.	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 I 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, and evaluation is completed in a timely manner so that appropriate arrangements for before discharge and unnecessary delays in discharge are avoided. In a evaluation is performed and subsequent discharge plan is created by, or under the drurse, social worker, or other qualified person.

CFR Number §485.642(a)(2)	Medicare Requirements		int Commission uivalent 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.
(2) A discharge planning evaluation must include an evaluation of a patient's likely need for appropriate post-CAH services, including, but not limited to, hospice care services, post-CAH extended care services, home health services, and non-health care services and community based care providers, and must also include a determination of the availability of the appropriate services as well as of the patient's access to those services.		a (appropriate post-critical accer care services, home health se	ning evaluation, the critical access hospital evaluates the patient's need for as hospital services, including but not limited to hospice care services, extended ervices, and non-health care services and community-based care providers. The valuates the availability of the appropriate services and the patient's access to those rge planning evaluation.
§485.642(a)(3)	TAG: C-1410	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
record for use in establishing	valuation must be included in the patient's medical an appropriate 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 discussed	with the patient (or the patient's representative).	RC.12.01.01	The medical rec	cord contains information that reflects the patient's care, treatment, and
			 Admitting diagnosis Any emergency care, treating Any allergies to food and means and findings of assessment Results of all consultative of the patient Treatment goals, plan of care an esthesia All practitioners' orders Nursing notes, reports of the patient's condition Medication records, including medication, administration Note: When rapid titration of a emergent situations in which is a further explanation of block Administration of each self-support person where apprent and care, treatment, and sered patient's response to care, medical history and physical Discharge plan and dischabilish processing and medications of any diagnoses or condition 	ats and reassessments evaluations of the patient and findings by clinical and other staff involved in the care are, and revisions to the plan of care ations, health care—acquired infections, and adverse reactions to drugs and eatment, laboratory reports, vital signs, and other information necessary to monitor and the strength, dose, route, date and time of administration, access site for 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. -administered medication, as reported by the patient (or the patient's caregiver or ropriate) success medicine services, including signed interpretation reports revices provided to the patient treatment, and services all examination, including any conclusions or impressions drawn from the information

CFR Number §485.642(a)(4)	Medicare Requirements	_	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.642(a)(4)	TAG: 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 I 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 perfore discharge and unnecessary delays in discharge are avoided. ng evaluation is performed and subsequent discharge plan is created by, or under d nurse, social worker, or other qualified person.
§485.642(a)(5)	TAG: C-1417	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.
	ion or discharge plan required under this or under the supervision of, a registered nurse, y 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 disting are not limited to participating exchange of information with Note 3: For swing beds in criti a family member or legal repr 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 estdischarge care. psychiatric distinct part units in critical access hospitals: The definition of "physician" he 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 is included to 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 are representative of the office of the state's long-term care ombudsman.
§485.642(a)(6)	ГАG: C-1420	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.
patient's condition to identify change	process must require regular re-evaluation of the ges that require modification of the discharge plar ed, as needed, to reflect these changes.		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 hat require modification of the discharge plan. The discharge plan is updated as
§485.642(a)(7)	ΓAG: C-1422	PC.14.01.0	1 The critical acce	ess hospital follows its process for discharging or transferring patients.
assessment must include ongoing, of discharge plans, including those	arge planning process on a regular basis. The periodic review of a representative sample patients who were readmitted within 30 days that the plans are responsive to patient post-	EP 14	access hospital. The assessm plans, including plans for patie	seesses 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)	TAG: 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 provide is not limited to, HHA, SNF, IRF, or resource use measures. The CAH	their families, or the patient's representative in by using and sharing data that includes, but LTCH data on quality measures and data on must ensure that the post-acute care data on urce use measures is relevant and applicable to tment 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
(b) Standard: Discharge of the patient a patient's necessary medical information also transfer or refer the patient where a information pertaining to the patient's compostdischarge goals of care, and treatment the appropriate post-acute care service	. The CAH must discharge the patient, and applicable, along with all necessary medical	about the care, will provide the EP 1 The critical access hospital p referring the patient to post—a service providers and practitis medical information includes, - Current course of illness a - Postdischarge goals of ca - Treatment preferences at Note: For swing beds in critic following: - Contact information of the - Resident representative in - Advance directive informa - All special instructions or p - Comprehensive care plan - All other necessary inform	and treatment tre the time of discharge al access hospitals: The information sent to the receiving provider also includes the physician or other licensed practitioner responsible for the care of the resident formation, including contact information tion precautions for ongoing care, when appropriate
§485.643 TAG	C-1500		
§485.643 Condition of Participation: Ore The CAH must have and implement wri	•		

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		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.
of this chapter, under which it must notif party designated by the OPO of individu died in the CAH. The OPO determines r the absence of alternative arrangements suitability for tissue and eye donation, us	y, in a timely manner, the OPO or a third als whose death is imminent or who have nedical suitability for organ donation and, in by the CAH, the OPO determines medical sing the definition of potential tissue and eye oped in consultation with the tissue and eye	res - - - No No be se No Th ap No or, No or or, No or or, No or, No or or or or or or or or or or or or or	sponsibilities that include the A written agreement with at to notify, in a timely manne is imminent or who have didetermine medical suitability. A written agreement with a processing, preserving, sto and eyes are obtained from procurement. Designation of an individua a tissue or eye bank, or a control of the family when discussing the family	n organ procurement organization (OPO) that requires the critical access hospital or, the OPO or a third party designated by the OPO of individuals whose death ed in the critical access hospital, and that includes the OPO's responsibility to try for organ donation the least one tissue bank and at least one eye bank to cooperate in retrieving, oring, and distributing tissues and eyes to make certain that all usable tissues in potential donors, to the extent that the agreement does not interfere with organ all, who is an organ procurement representative, an organizational representative of designated requestor, to notify the family regarding the option to donate or decline to

CFR Number §485.643(b)	Medicare Requirements		nt Commission iivalent Number	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 retri- distribution of tissues and eyes, as ma	eval, processing, preservation, storage and by be appropriate to assure that all usable otential donors, insofar as such an agreement		The critical access hospital desponsibilities that include the A written agreement with a to notify, in a timely manner is imminent or who have determine medical suitabil. A written agreement with a processing, preserving, storand eyes are obtained from procurement. Designation of an individual a tissue or eye bank, or a donate organs, tissues, or Procedures for informing the organs, tissues, or eyes, in Education and training of sthe family when discussing Note 1: The critical access howe satisfied through a single apparate agreement with anounce 3: A designated request This course is designed in comproaching potential donor for the family when discussing the	evelops and implements written policies and procedures for organ procurement ne following: an organ procurement organization (OPO) that requires the critical access hospital er, the OPO or a third party designated by the OPO of individuals whose death lied in the critical access hospital, and that includes the OPO's responsibility to lity for organ donation at least one tissue bank and at least one eye bank to cooperate in retrieving, oring, and distributing tissues and eyes to make certain that all usable tissues in potential donors, to the extent that the agreement does not interfere with organ al, who is an organ procurement representative, an organizational representative of designated requestor, to notify the family regarding the option to donate or decline to

CFR Number §485.643(c)	Medicare Requirements	1	pint Commission quivalent Number	Joint Commission Standards and Elements of Performance
3.00.0.0(0)	G: C-1507 with 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 it tissues, or eyes. The individual desig the family must be a designated requ who has completed a course offered in conjunction with the tissue and eye	soption to either donate or not donate organs, nated by the CAH to initiate the request to estor. A designated requestor is an individual or approved by the OPO and designed bank community in the methodology for and requesting organ or tissue donation;	EP 1	responsibilities that include the A written agreement with a to notify, in a timely manner is imminent or who have determine medical suitabilities. A written agreement with a processing, preserving, sto and eyes are obtained from procurement. Designation of an individual a tissue or eye bank, or a conducted organs, tissues, or eyes, in the family when discussing the fa	an organ procurement organization (OPO) that requires the critical access hospital er, the OPO or a third party designated by the OPO of individuals whose death ied in the critical access hospital, and that includes the OPO's responsibility to ity for organ donation at least one tissue bank and at least one eye bank to cooperate in retrieving, oring, and distributing tissues and eyes to make certain that all usable tissues in potential donors, to the extent that the agreement does not interfere with organ al, who is an organ procurement representative, an organizational representative of designated requestor, to notify the family regarding the option to donate or decline to
		LF 3		the childran access hospital documents that the patient of family accepts of declines 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
§485.643(d) TA	G: C-1509	TS.11.01.01		
§485.643(d) Encourage discretion and views, and beliefs of the family of potentials.			The critical access hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs, tissues, and eyes. The critical access hospital develops and implements written policies and procedures for organ procurement responsibilities that include the following: A written agreement with an organ procurement organization (OPO) that requires the critical access hospital to notify, in a timely manner, the OPO or a third party designated by the OPO of individuals whose death is imminent or who have died in the critical access hospital, and that includes the OPO's responsibility to determine medical suitability for organ donation A written agreement with at least one tissue bank and at least one eye bank to cooperate in retrieving, processing, preserving, storing, and distributing tissues and eyes to make certain that all usable tissues and eyes are obtained from potential donors, to the extent that the agreement does not interfere with organ procurement Designation of an individual, who is an organ procurement representative, an organizational representative of a tissue or eye bank, or a designated requestor, to notify the family regarding the option to donate or decline to donate organs, tissues, or eyes Procedures for informing the family of each potential donor about the option to donate or decline to donate organs, tissues, or eyes, in collaboration with the designated OPO Education and training of staff in the use of discretion and sensitivity to the circumstances, views, and beliefs of the family when discussing potential organ, tissue, or eye donations Note 1: The critical access hospital has an agreement with an OPO designated under 42 CFR part 486. Note 2: The requirements for a written agreement with an en organ tissue bank and at least one eye bank may be satisfied through a single agreement with an OPO that provides services for organ, tissue, and eye, or by a separate agreement with another tissue and/or eye bank outside the O	
G (-)	G: C-1511 rks 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 educating records to improve identification of po	staff on donation issues, reviewing death tential donors, and maintaining potential lacement of potential donated organs, tissues,		procurement organization (OFReview death records in orMaintain potential donors w	evelops and implements policies and procedures for working with the organ PO) and tissue and eye banks to do the following: der to improve identification of potential donors while the necessary testing and placement of potential donated organs, tissues, and or maximize the viability of donor organs for transplant surrounding donation

CFR Number §485.643(f)	•	Medicare Requirements		Commission lent Number	Joint Commission Standards and Elements of Performance
§485.643(f) §485.643(f) For purpose of t	TAG: C	s, 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, par	ncreas, or inte	stines (or multivisceral organs).	EP 1 The critical access hospital develops an responsibilities that include the following - A written agreement with an organ property to notify, in a timely manner, the OPC is imminent or who have died in the determine medical suitability for orgater. A written agreement with at least one processing, preserving, storing, and contained and eyes are obtained from potential procurement. Designation of an individual, who is at a tissue or eye bank, or a designated donate organs, tissues, or eyes. Procedures for informing the family of organs, tissues, or eyes, in collaborated. Education and training of staff in the state of the family when discussing potential of the family when discussing potential of the family when discussing potential of the statisfied through a single agreement separate agreement with another tissue of the statisfied through a single agreement separate agreement with another tissue of the statisfied through and the contained of the statisfied through and the statisfied through a single agreement separate agreement with another tissue of the statisfied through a single agreement separate agreement with another tissue of the statisfied through a single agreement separate agreement with another tissue of the statisfied through a single agreement with another tissue of the statisfied through a single agreement with another tissue of the statisfied through a single agreement separate agreement with another tissue of the statisfied through a single agreement separate agreement with another tissue of the statisfied through a single agreement separate agreement with another tissue of the statisfied through a single agreement separate agreement with another tissue of the statisfied through a single agreement separate agreement with another tissue of the statisfied through a single agreement with another tissue of the statisfied through a single agreement with another tissue of the statisfied through a single agreement with another tissue of the statisfied through a single agreement with another tiss		elops and implements written policies and procedures for organ procurement collowing: organ procurement organization (OPO) that requires the critical access hospital the OPO or a third party designated by the OPO of individuals whose death in the critical access hospital, and that includes the OPO's responsibility to for organ donation east one tissue bank and at least one eye bank to cooperate in retrieving, go, and distributing tissues and eyes to make certain that all usable tissues otential donors, to the extent that the agreement does not interfere with organ who is an organ procurement representative, an organizational representative of dignated requestor, to notify the family regarding the option to donate or decline to designately of each potential donor about the option to donate or decline to donate
				udes this Medicare defin kidney, liver, heart, lung,	pancreas, or intestines (or multivisceral organs).
§485.645	TAG: C	1600	-		
§485.645 Special Requireme ("Swing-Beds")	ents for CAH F	Providers of Long-Term Care Services			
from CMS to provide post-Ca	AH SNF care,	nts in order to be granted an approval as specified in §409.30 of this chapter, ecordance with paragraph (c) of this			

CFR Number §485.645(a)	Medicare Requirements		int Commission uivalent Number	Joint Commission Standards and Elements of Performance
§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	C-1602	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 CA subpart; and	AH by CMS under §485.606(b) of this			
§485.645(a)(2) TAG: 0	C-1602	LD.13.01.01	The critical acce	ss hospital complies with law and regulation.
(2) The facility provides not more than 25 facility that is licensed as a distinct-part State for designation as a CAH is not cou			access hospital maintains no r services. Note: Any bed in a unit of the	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 at a critical access hospital is not counted in this 25-bed count.
§485.645(b) TAG: 0	C-1604	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 as Ru September 30, 1997 These facilities must meet the following ru				
§485.645(b)(1) TAG: (C-1604	This CoP is	determined by CMS at the time	e the CAH seeks approval to provide post-hospital skilled nursing care.
(1) Notwithstanding paragraph (a) of this Medicare as a RPCH on September 30, approval from CMS to use its inpatient fa may continue in that status under the sar were applicable at the time these approval.	1997, and on that date had in effect an cilities to provide post-hospital SNF care ne terms, conditions, and limitations that			
§485.645(b)(2) TAG: (C-1604	This CoP is	determined by CMS at the time	e the CAH seeks approval to provide post-hospital skilled nursing care.
(2) A CAH that was granted swing-bed and section may request that its application to reevaluated under paragraph (a) of this supproval is effective not earlier than Octo CAH no longer has any status under paragraph (li	be a CAH and swing-bed provider be ection. If this request is approved, the ber 1, 1997. As of the date of approval, the agraph (b)(1) of this section and may not			
§485.645(c) TAG: 0	C-1606	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 Payment for inpatient RPCH services to a the provisions in paragraph (a) of this sec of this chapter. Payment for post-hospital accordance with the payment provisions	ction is made in accordance with §413.70 I SNF-level of care services is made in			

CFR Num §485.645		Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.645(d)	TAG: C-	1608			
§485.645(d) SNF Service	es				
The CAH is substantially contained in subpart B o	•	n the following SNF requirements napter:			
§485.645(d)(1)	TAG: C-	1608	IM.12.01.01	The critical acco	ess hospital protects the privacy and confidentiality of health information.
(1) Resident rights (§483.10(b)(7), (c)(1), (c)(2)(iii), (c)(6), (d), (e)(2) and (4), (f)(4)(ii and (iii), (g)(8) and (17), (g)(18) introductory 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	
			EP 2	consent or as otherwise requi Note: For swing beds in critica	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
			LD.13.02.0	1 Ethical principle	es guide the critical access hospital's business practices.
			EP 2	of admission or when the resi - Items and services include - Items and services that the amount of charges for thos	ess hospitals: Each Medicaid-eligible resident is informed in writing, either at the time dent becomes eligible for Medicaid, of the following: d in the state plan for which the resident may not be charged e critical access hospital offers, those for which the resident may be charged, and the se services bital informs the resident when changes are made to the items and services.
			EP 3	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
			PC.11.03.0	1 The critical acco	ess hospital plans the patient's 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
			RI.11.01.01	The critical acco	ess hospital respects, protects, and promotes patient rights.
			EP 5	Note 1: This element of performs of a patient's health information Note 2: For swing beds in critical written and telephone communications.	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.
			EP 8	relatives immediate access to access hospital provides other	ess 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 pply or when the resident denies or withdraws consent.

CFR Number §485.645(d)(1)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
		RI.11.02.01	The critical accordant 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	rovides 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.12.01.01	their care, treat	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
		EP 1	decisions regarding their care care planning and treatment,	ative (as allowed, in accordance with state law) has the right to make informed at 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.
		EP 3	of proper jurisdiction, the right representative appointed by the exercises the resident's rights Note 1: If a resident represen- resident retains the right to man Note 2: The resident's wishes rights.	ess hospitals: If a resident is adjudged incompetent under state law by a court its of the resident automatically transfer to and are exercised by a resident the 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 ake those decisions outside the representative's authority. It and preferences are considered by the representative when exercising the patient's lible, the resident is provided with opportunities to participate in the care planning
		EP 4	<u> </u>	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 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.
		RI.13.01.03	The patient has	the right to an environment that preserves respect and dignity.
		EP 1	<u> </u>	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 esting 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 maccess hospital for the reside	ess hospitals: The critical access hospital supports the resident's right to send and hail and to receive letters, packages, and other materials delivered to the critical and 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.

CFR Number §485.645(d)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
§485.645(d)(2)	TAG: C-1610	PC.14.01.01	The critical acce	ess hospital follows its process for discharging or transferring patients.
§485.645(d)(2) TAG: C-1610 (2) Admission, transfer, and discharge rights (§483.5, §483.15(c)(1), (c)(2), (c)(3), (c)(4), (c)(5), (c)(7), (c)(8), and (c)(9) of this chapter).		psy the pal No is t No are exc No a f: Th 48: sui	ychologists, and staff who as patient's discharge or transtrners when planning for pote 1: For rehabilitation and the same as that used by thote 2: For psychiatric distinct on the interest of the participating change of information with the 3: For swing beds in critical amily member or legal reprise notice is in writing, in a la 3.15(c)(5). The critical accere 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 after. The patient and their caregiver(s) or support person(s) are included as active estdischarge 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. 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 ess 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 a representative of the office of the state's long-term care ombudsman.
		dis No in t hea	scharge at least 30 days be ote: Notice may be made as the facility would be endang alth improves sufficiently to	ess hospitals: The critical access hospital provides the written notice of transfer or fore the resident is transferred or discharged. 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.
EP 13		48: - - - - -	3.15(c)(3) includes the follo Reason for transfer or disc Effective date of transfer or Location to which the resid Statement of the resident's number of the entity which find assistance in completin Name, address (mailing an ombudsman For a resident with intellect number of the agency resp C of the Developmental Dis For a resident with a mentanumber of the agency resp	harge

CFR Number §485.645(d)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
		PC.14.01.03		in critical access hospitals: Residents are not transferred or discharged from ss hospital unless they meet specific criteria, in accordance with law and
		- - - - N 4 o	Inder at least one of the follow. The resident's health has in services. The transfer or discharge is the resident's needs. The safety of the individual behavioral status. The health of individuals in The resident has failed, after or Medicaid) a stay at the concessary paperwork for the claim and the resident admission to a critical acceecharges under Medicaid. The critical access hospital Note: The critical access hospital Sote: The critical access the father individuals in the critical ransfer or discharge would potential.	nproved to the point where they no longer need the critical access hospital's recessary for the resident's welfare, and the critical access hospital cannot meet is in the critical access hospital is endangered due to the resident's clinical or the critical access hospital would otherwise be endangered. The resident access hospital would otherwise be endangered. The resident does not submit the retical access hospital. Nonpayment applies if the resident does not submit the ird party payment or after the third party, including Medicare or Medicaid, denies efuses to pay for their stay. For a resident who becomes eligible for Medicaid after is hospital, the critical access hospital may charge a resident only the allowable ceases operation. Italiant cannot transfer or discharge a resident 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 isse.
		tł tł	he critical access hospital pro he office of the state's long-te	ith swing beds: In the case of critical access hospital closure, the administrator of vides written notification prior to the impending closure to the state survey agency, rm care ombudsman, residents of the critical access hospital, and the residents' plan for the transfer and adequate relocation of the residents.
		PC.14.02.03	about the care,	s discharged or transferred, the critical access hospital gives information reatment, and services provided to the patient to other service providers who patient with care, treatment, or services.
		rr s n - - N fc - - -	eferring the patient to post—a service providers and practition nedical information includes, Current course of illness ar Postdischarge goals of care Treatment preferences at the lote: For swing beds in critical collowing: Contact information of the particular representative information and the particular representative information of the particular representative information of particular representative information of particular representative information and particular representative information of particular representative information and particular representative i	d treatment end

CFR Number §485.645(d)(2)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
		RC.11.01.0	The critical acce individual patie	ess hospital maintains complete and accurate medical records for each nt.
		EP 2	 Information needed to supp Information about the patie providers Note: For critical access hosp 	the following: fy the patient's admission and continued care, treatment, and services sort the patient's diagnosis and condition nt's care, treatment, and services that promotes continuity of care among staff and itals that elect The Joint Commission Primary Care Medical Home option: This wided by both internal and external providers.
		RC.12.03.0	<u></u>	edical record contains discharge information.
		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 ping transferred or discharged because the safety of other residents would otherwise is 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.
		EP 2	 Reason for transfer, discha Treatment provided, diet, n Referrals provided to the re of the physician or other lic and treatment, if this perso Medical findings and diagn reached toward goals Information about the resid potential for rehabilitation Nursing information that is Any advance directives Instructions given to the residuation Attempts to meet the residuation 	nedication orders, and orders for the resident's immediate care esident, the referring physician's or other licensed practitioner's name, and the name ensed practitioner who has agreed to be responsible for the resident's medical care in is someone other than the referring physician or other licensed practitioner oses; a summary of the care, treatment, and services provided; and progress ent's behavior, ambulation, nutrition, physical status, psychosocial status, and useful in the resident's care
		EP 3	access hospital cannot meet t	ess hospitals: When the resident is transferred or discharged because the critical heir 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 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.
		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)(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.

CFR Number §485.645(d)(3)	Medicare Requirements		oint Commission uivalent Number	Joint Commission Standards and Elements of Performance
§485.645(d)(3) TAG: 0	C-1612	HR.11.02.01	The critical acce	ess hospital defines and verifies staff qualifications.
(3) Freedom from abuse, neglect and exploitation (§483.12(a)(1), (a)(2), (a)(3)(i), (a) (3)(ii), (a)(4), (b)(1), (b)(2), (c)(1), (c)(2), (c)(3), and (c)(4) of this chapter).		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.13.02.01	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 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 le 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 r others from harm.
		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 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.
		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 and procedures also address investigation of allegations related to these issues.
		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 d to other officials (including the state survey agency and adult protective services urisdiction in long-term care facilities) in accordance with state law and established tions are reported in the following time frames: the allegation is made if the allegation involves abuse or serious bodily injury r 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 are 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.
§485.645(d)(4) TAG: (PC.14.02.01	The critical acce	ess hospital coordinates the patient's care, treatment, and services based on
(4) Social services (§483.40(d) of this cha	apter).	EP 2	For swing beds in critical acce	ess. See the critical access hospital provides medically related social services all physical, mental, and psychosocial well-being of each resident.

CFR Numb §485.645(d)		Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.645(d)(5)	485.645(d)(5) TAG: C-1620 5) Comprehensive assessment, comprehensive 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 not 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 frequency, scope, and number of assessments prescribed in §413.343(b) of this chapter).		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 ar days after admission, excluding readmissions in which there is no significant ical or mental condition. ormance, the term "readmission" means a return to the critical access hospital e for hospitalization or for therapeutic leave.	
			EP 7	within 14 calendar days after i mental condition. Note: For this element of perfo the resident's status that will r disease-related clinical interve	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, mary review or revision of the care plan, or both.
		EP 8	For swing beds in critical accertan every 12 months.	ess hospitals: Each resident receives a comprehensive assessment no less often	
			EP 11	 Identifying and demograph Customary routines Cognitive patterns Communication needs Vision needs Psychosocial well-being Mood and behavior pattern Physical functioning and st Continence Disease(s), diagnoses, and Dental status Nutritional status (such as a Skin Pursuit of activity Medications Need for special treatment Discharge planning Note: The critical access hosp 	ns ructural problems d health conditions usual body weight or desirable body weight range, electrolyte balance)
			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
			EP 13		ess hospitals: The comprehensive assessment includes direct observation and ent and communication with staff members on all shifts.

CFR Number §485.645(d)(5)	Medicare Requirements	Joint Commission Equivalent Number		Joint Commission Standards and Elements of Performance
		PC.11.03.01	The critical acce	ess hospital plans the patient's care.
			following: - Needs identified by the pat - The patient's goals and the Note 1: Nursing staff develops interdisciplinary plan of care, to Note 2: The hospital evaluate Note 3: For rehabilitation distineeded by a physician in cons	s the patient's progress and revises the plan of care based on the patient's progress. nct part units in critical access hospitals: The plan is reviewed and revised as sultation with other professional staff who provide services to the patient.
			representative in developing t Note 1: The treatment plan inc - Any specialized or rehabilit screening and resident rev recommendations - Resident's goals for admiss - Resident's preferences and the community was assess this purpose - Discharge plans - Measurable objectives and needs Note 2: If not feasible for the r treatment plan, an explanation	d potential for future discharge, including whether the resident's desire to return to sed and any referrals to local contact agencies and/or other appropriate entities for 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 n is included in the resident's medical record.
				ess hospitals: The critical access hospital develops the resident's written s soon as possible after admission, but no later than seven calendar days after the essments are completed.
			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 the 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.12.03.01	The patient's me	edical record contains discharge information.
			 resident, the discharge summ A summary of the resident' treatment or therapy, and p A final summary of the resi that is available for release representative. Reconciliation of all predisc and over-the-counter). A postdischarge plan of ca developed with the particip The postdischarge plan of 	ess hospitals: When the critical access hospital anticipates the discharge of a ary includes but is not limited to the following: s stay that includes at a minimum the resident's diagnosis, course of illness/pertinent laboratory, radiology, and consultation results dent's status to include items in 42 CFR 483.20 (b)(1) at the time of the discharge to authorized persons and agencies, with the consent of the resident or resident's charge medications with the resident's postdischarge medications (both prescribed re, which will assist the resident to adjust to his or her new living environment, that is ation of the resident and, with the resident's consent, the resident representative(s). care indicates where the individual plans to reside, any arrangements that have it's follow up care, and any postdischarge medical and nonmedical services

CFR Number §485.645(d)(6)	Medicare Requirements		oint Commission quivalent Number	Joint Commission Standards and Elements of Performance
§485.645(d)(6) TAG:	C-1622	PC.11.03.0	1 The critical acce	ess hospital plans the patient's care.
(6) Specialized rehabilitative services (§483.65 of this chapter).		EP 1	following: - Needs identified by the pat - The patient's goals and the Note 1: Nursing staff develops interdisciplinary plan of care, 1 Note 2: The hospital evaluates Note 3: For rehabilitation distin	evelops, implements, and revises a written individualized plan of care based on the ient's assessment, reassessment, and results of diagnostic testing 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. Incompart units in critical access hospitals: The plan is reviewed and revised as sultation with other professional staff who provide services to the patient.
		PC.12.01.0		ess hospital provides care, treatment, and services as ordered or prescribed nee 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	tent, and services, the critical access hospital obtains or renews orders (verbal or ther 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 ic 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 solid is met for inpatients receiving care at a skilled nursing facility subsequent to
		PC.14.02.0	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 ing 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.
§485.645(d)(7) TAG: (7) Dental services (§483.55(a)(2), (3), (4)	C-1624 1) and (5) and (h) of this chanter)	PC.14.02.0	The critical acce the patient's ne	ess hospital coordinates the patient's care, treatment, and services based on eds.
(1) Domai con 1000 (3 100.00(d)(2), (0), (in, and (o) and (o) or the orienter).	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.
		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	with swing beds: The critical access hospital refers residents with lost or damaged within 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		ommission ent Number	Joint Commission Standards and Elements of Performance	
(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		1	
§485.647 Condition of Participation: Psychiatric and Rehabilitation Distinct Part Units.					
§485.647(a)					
(a) Conditions.					
§485.647(a)(1) TAG: C-0500 (1) If a CAH provides inpatient psychiatric services in a distinct part unit, the services furnished by the distinct part unit must comply with the hospital requirements specified in Subparts A, B, C, and D of Part 482 of this subchapter, the common requirements of § 412.25(a)(2) through (f) of Part 412 of this chapter for hospital units excluded from the prospective payment systems, and the additional requirements of § 412.27 of Part 412 of this chapter for excluded psychiatric units.		See the beginning of this crosswalk for specific standards and EPs crosswalked to the §412 requirements. See the crosswalk titled "Medicare Hospital Requirements to 2023 CAH DPU Standards and EPs" for specific standards and EPs crosswalked to the §482 requirements. These standards and EPs will be used for scoring §485.647.			
§485.647(a)(2) TAG: C-0700		See the beginning	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 services in a distinct part unit, the services furnished by the distinct part unit must comply with the hospital requirements specified in Subparts A, B, C, and D of Part 482 of this subchapter, the common requirements of § 412.25(a)(2) through (f) of Part 412 of this chapter for hospital units excluded from the prospective payments systems, and the additional requirements of §§ 412.29 and § 412.30 of Part 412 of this chapter related specifically to rehabilitation units.		titled "Medicare Ho the §482 requirem	ospital Requirements to 2	2023 CAH DPU Standards and EPs" for specific standards and EPs crosswalked to nd EPs will be used for scoring §485.647.	

CFR Number §485.647(b		Medicare Requirements	1	oint Commission quivalent Number	Joint Commission Standards and Elements of Performance	
§485.647(b)		•				
(b) Eligibility requirements.]				
§485.647(b)(1)	TAG: C	-0501, C-0701	LD.13.01.0	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 part are excluded from the 25 inpatient-bed count limit specified in § 485.620(a).		EP 4	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)(3)	TAG: C	-0501, C-0701	LD.13.01.0	1 The critical acce	ess hospital complies with law and regulation.	
(3) The average annual 96-hour length of stay requirement specified under § 485.620(b) does not apply to the 10 beds in the distinct part units specified in paragraph (b)(1) of this section, and admissions and days of inpatient care in the distinct part units are not taken into account in determining the CAH's compliance with the limits on the number of beds and length of stay in § 485.620.		EP 4	For rehabilitation and psychiatric distinct part units in critical access hospitals: The critical access hospital no more than 10 beds in a distinct part unit. The beds are physically separate from the critical access hospital other beds. Note 1: Beds in the rehabilitation and psychiatric distinct part units are excluded from the 25 inpatient-bed 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 apply to the 10 beds in the distinct part units specified in 42 CFR 485.647(b)(1). Admissions and days of care in the distinct part units are not taken into account in determining the critical access hospital's compl with the limits on the number of beds and length of stay in 42 CFR 485.620.			