ADMINISTRATIVE RULE OF MONTANA

HEALTHCARE FACILITIES

37.106.740

Critical Access Hospital

RULE

37.106.704 Minimum Standards for a Critical Access Hospital

37.106.704 Minimum Standards for a Critical Access Hospital (1) A critical access hospital must comply with the conditions of participation for critical access hospitals under 42 CFR 485 Subpart F. The department adopts and incorporates by reference 42 CFR 485 Subpart F. A copy of the cited requirements may be obtained from the Department of Public Health and Human Services, Office of Inspector General, 2401 Colonial Drive, P.O. Box 202953, Helena, MT 59620-2953. (2) A critical access hospital may maintain up to 25 inpatient beds that can be used interchangeably for acute care or swing-bed services. A critical access hospital granted a waiver under Section 123(i) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) may maintain an additional ten beds to be used only for skilled nursing facility or nursing facility level services. A critical access hospital may not add the additional beds granted under a waiver through capital expenditure for new construction. (3) A facility qualifies as a necessary provider of health care services to residents of the area where the facility is located if the facility: (a) is located in a county with fewer than six residents per square mile; (b) is a state licensed facility located within the boundaries of an Indian reservation; (c) is located in a county where the percentage of the population age 65 or older exceeds the statewide average; or (d) has combined inpatient days for Medicare and Medicaid beneficiaries that account for at least 50% of its total acute inpatient days in the last full year for which data is available. (4) A critical access hospital must provide emergency services meeting the emergency needs of patients following acceptable standards of practice, including the following standards: (a) Emergency services must be organized under the direction of a practitioner member of the medical staff. A practitioner is a physician, physician's assistant certified, or an advanced practice registered nurse. (b) The services must be integrated with other departments of the facility. (c) The medical staff must establish and assume continuing responsibility for policies and procedures governing medical care provided in the emergency services. (d) A practitioner is always on duty or on call and physically available at the facility within one hour unless the procedures described in (4)(e) are adopted and implemented. (e) Facilities with ten or fewer beds that are located in frontier areas having fewer than six persons per square mile and who have one medical provider regularly available in the area may provide emergency services through a registered nurse if they have requested and been granted a waiver by the state survey agency for Medicare and Medicaid. In these instances: (i) an on-call practitioner must be immediately available by phone or radio for the registered nurse to contact, following completion of a nursing assessment, to determine whether the patient requires discharge, further examination, treatment or stabilization, and transfer to a facility capable of providing the appropriate level of care; (ii) all registered nurses providing emergency service coverage must have documented education and competency in emergency care; (iii) a registered nurse meeting the qualifications specified in (3)(e)(ii) is either on duty or on call and physically available at the facility within 30 minutes at all times; and (iv) the facility may not use a registered nurse to provide emergency services coverage for more than a 72-hour continuous period of time. (5) These requirements are in addition to those licensure rule provisions generally applicable to all health care facilities. (6) A facility aggrieved by a denial, suspension, or termination of licensure may request a fair hearing under ARM 37.5.117. Authorizing statute(s): 50-5-233, MCA Implementing statute(s): 50-5-233, MCA History: NEW, 2002 MAR p. 205, Eff. 2/1/02; AMD, 2003 MAR p. 1992, Eff. 9/12/03; AMD, 2005 MAR p. 2258, Eff. 7/15/05; AMD, 2016 MAR p. 839, Eff. 5/7/16; AMD, 2022 MAR p. 1876, Eff. 9/24/22.