

R432. Health, Family Health and Preparedness, Licensing.

R432-106. Specialty Hospital - Critical Access.

R432-106-1. Authority.

This rule is authorized by Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act.

R432-106-2. Purpose.

- (1) The purpose of this rule is to promote public health and welfare through establishment of a specialty hospital category for rural hospitals. The intent is to allow rural communities to:
- (a) preserve access to primary care and emergency health care services;
 - (b) provide health care services that meet community needs; and
 - (c) assure the financial viability of program participants through improved reimbursement and operating requirements.
- (2) The rule sets standards for the operation of a Critical Access Hospital, (CAH).

R432-106-3. Definitions.

- (1) The definitions in Rule R432-1 additionally apply.
- (2) "Critical Access Hospital" means a nonprofit, profit or public hospital that is enrolled as a Medicaid provider and qualifies as a Critical Access Hospital under 42 CFR, Section 485, Subpart F.
- (3) "Referral Hospital" means a hospital that has at least three full-time physicians on staff and licensure as a general hospital to receive emergency or non-emergency patient transfers and referrals from a CAH.
- (4) "Request for Agency Action" is the form used for any licensing changes including a new license, change of ownership, change of administrator, name change, or change in occupancy.
- (5) "Swing-Bed" is defined in Rule R432-100.

R432-106-4. Licensure.

A license is required to operate a Critical Access Hospital as identified in Rule R432-2.

R432-106-5. Construction, Facilities, and Equipment Standards.

- (1) Each rural hospital, licensed before July 1, 2000, that elects to convert to a CAH, may maintain the physical plant that is currently licensed, without having to meet the current construction or building code for a general acute care hospital.
- (2) A newly constructed or remodeled CAH shall be constructed or remodeled and maintained in accordance with Sections R432-4-1 through R432-4-24.

R432-106-6. Critical Access Hospital Swing-Bed Units.

- (1) A CAH participating in the swing-bed program may maintain up to 25 swing-beds for care at one time.
- (2) In addition to Rule R432-106, designated hospital swing-beds shall comply with the following Sections of Rule R432-150, Nursing Care Facility Rules:
 - (a) R432-150-4, Definitions;
 - (b) R432-150-12, Resident Rights;
 - (c) R432-150-13, Resident Assessment;
 - (d) R432-150-14, Restraint Policy;
 - (e) R432-150-15, Quality of Care;
 - (f) R432-150-17, Social Services; and
 - (g) R432-150-20, Recreation Therapy.

R432-106-7. Hospital Rules and Exceptions.

- (1) Rule R432-100, General Hospital Standards additionally apply to Critical Access Hospital licensees except Rule R432-100, Sections 3, 4, 13, 18, 20, 25 through 28, and 30. Wherever a rule in this section conflicts with Rule R432-100, this section shall supersede.
- (2) Rule R432-100, Sections 14, 15, 17, 19, 23, 32, 34, and 35 only apply to a CAH that provides those clinical or ancillary services.
- (3) Credentialing of medical and professional staff may be performed by a network hospital or a department approved equivalent.
- (4) A network hospital or a department approved equivalent may perform quality improvement as required in Rule R432-100.
- (5) A qualified registered nurse is not required to be on duty on a 24-hour basis, but shall be on duty if one acute care patient is admitted.
- (6) The licensee shall make available 24-hour emergency care services, seven days a week, regardless of inpatient census. The CAH shall ensure at least one physician is on call at all times. The 30 minute response requirement is amended to 60 minutes if the CAH qualifies under Section 485.618 (d) (2) of the Federal Conditions of Participation.
- (7) A network hospital, or through other arrangements approved by the Department, may provide off-site radiology services.

R432-106-8. Rural Health Network.

(1) The participating CAH shall be a member of a rural health network, as evidenced by a signed, written agreement with at least one Referral Hospital that is a member of the network.

(2) The agreement shall address the following:

- (a) patient referral and transfer;
- (b) the development and use of communications system; and
- (c) emergency and non-emergency transportation.

R432-106-9. Conversion to a General Hospital.

Within 18 months of conversion to the specialty CAH, a hospital may submit a Request for Agency Action to convert to a General Hospital category without being required to meet the current Rule R432-104, General Construction standards.

R432-106-10. Penalty.

Any person who violates any provision of this rule may be subject to the penalties enumerated in Sections 26-21-11 and R432-3-6.

KEY: health care facilities

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Notice of Continuation: September 1, 2020

Authorizing, and Implemented or Interpreted Law: 26-21-5; 26-21-2.1; 26-21-13.6