**REQUIRED POLICIES FOR MONTANA CRITICAL ACCESS HOSPITALS**

**RURAL HEALTH CENTER SPECIAL REQUIREMENTS**

A CAH’s governing body or legally responsible individual is responsible for monitoring and administering the policies to ensure that quality health care is provided in a safe environment.[[1]](#footnote-1) This document is part of a series of documents created for the Montana Hospital Association specific to Critical Access Hospitals (“CAHs”) and their affiliated facilities. Other documents in this series are:

* ***Required Policies for Montana Critical Access Hospitals***
* ***Required Policies for Montana Critical Access Hospitals: Swing-Bed Special Requirements***

This document sets forth a list of policies specific to Rural Health Center (“RHC”) special requirements that Montana Critical Access Hospitals (“CAHs”) are required to maintain for owned and operated RHCs, including those RHCs operating as on- or off-campus provider-based departments of the CAH pursuant to the Conditions for Certification as set forth by the Center for Medicare and Medicaid Services (“CMS”).

This document sets forth the following information for each policy: (1) Policy Name; (2) Description of the Policy; and (3) the related legal citation. As applicable, the description of the policy may include comments on review requirements, such as the timing of policy reviews and which professional must be involved in the development or review of certain policies. Where not otherwise specified, biennial review (every two years) by applicable stakeholders is recommended. Additionally, certain policies may overlap with CAH required policies as listed in the ***Required Policies for Montana Critical Access Hospitals*** document, and the description may include comments on policy integration between the RHC and the CAH.

Note that this list only sets forth the policies specifically required for RHCs pursuant to the Conditions for Certification specific to that Medicare-enrolled provider type. Other policies not listed here may be required, encouraged, or desirable such as those relating to patient confidentiality, information security, fraud and abuse practices, or general compliance. Montana does not independently license RHCs or other equivalent community health centers or clinics and as such, these Required Policies only capture the policies contemplated in the Conditions for Certification.

**REQUIRED POLICIES**

| **Policy** | **Description** | **Citation** |
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| Administrative Activities Policy | The RHC must have written policies and procedures addressing administrative activities.   * Administrative policies and procedures would address topics such as personnel, fiscal, purchasing, and building and equipment maintenance, as well as any other topics the clinic’s management finds pertinent. | 42 C.F.R. §§ 491.7(a)(2); (b)(1)-(2)  State Operations Manual (“SOM”), Appendix G. |
| Patient Care: Clinic Health Care Services | The RHC must have policies that describe the health care services furnished by the RHC including:   * A description of the services the clinic or center furnishes directly and those furnished through agreement or arrangement. * Procedures for the periodic review and evaluation of the services furnished by the clinic or center * The services furnished by the clinic must be described in sufficient detail to permit understanding of the scope of all services furnished in the RHC, and the scope/type of agreement or arrangement they are furnished through if applicable.   *Review Comment*: These policies are reviewed at least biennially by group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners. At least one member of the group of professional personnel is not a member of the clinic or center staff. Policies are further reviewed as necessary by the RHC.. | 42 C.F.R. § 491.9(b)(3)(i) & (ii)  SOM, Appendix G. |
| Patient Care: Medical Management Policies | The RHC must have written policies that include guidelines for the medical management of health problems which include the conditions requiring medical consultation and/or patient referral.   * Guidelines for the medical management of health problems must:   + Be comprehensive enough to cover most health issues covered in a primary and preventive care setting;   + Describe the actions a NP, PA, or CNM may initiate or implement, consistent with State scope of practice requirements; and   + Describe the circumstances that require consultation with the RHC’s MD or DO, as well as external referral. * Guidelines for the medical management of health problems must include:   + A description of the scope of medical care that may be furnished by a PA, NP, or CNM, including the extent and nature of required supervision.   + Standard protocols for diagnosis and treatment of common conditions or for provision of preventive care.   *Policy Integration Comment*: CAHs are subject to overlapping and detailed Policy requirements that fulfill these RHC requirements as detailed in the ***Required Policies for Montana Critical Access Hospitals*** document. The CAH should determine whether or not the RHC should be subject to its existing Policy and refer to the ***Required Policies for Montana Critical Access Hospitals*** document as applicable.[[2]](#footnote-2) |

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| *Review Comment*: These policies are reviewed at least biennially by group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners. At least one member of the group of professional personnel is not a member of the clinic or center staff. Policies are further reviewed as necessary by the RHC.. | 42 C.F.R. § 491.9(b)(3)(i) & (ii)  SOM, Appendix G. |
| Patient Care: Storage, Handling, and Administration of Drugs and Biologicals | The RHC must have written policies and procedures for the storage, handling, and administration of drugs and biologicals.   * The policies must be in accordance with accepted professional principles of pharmacy and medication administration practices., including compliance with applicable Federal and State law and adherence to other applicable standards or guidelines for pharmaceutical organizations.   *Policy Integration Comment*: CAHs are subject to overlapping and detailed Policy requirements that fulfill the RHC requirements as detailed in the ***Required Policies for Montana Critical Access Hospitals*** document. The CAH should determine whether or not the RHC should be subject to its existing Policy and refer to the ***Required Policies for Montana Critical Access Hospitals*** document as applicable.[[3]](#footnote-3)  *Review Comment*: These policies are reviewed at least biennially by group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners. At least one member of the group of professional personnel is not a member of the clinic or center staff. Policies are further reviewed as necessary by the RHC.. | 42 C.F.R. § 491.9(b)(3)(iii)  SOM, Appendix G. |
| Clinical Record System Policy | The RHC must have written policies and procedures to govern its clinical record system, including the maintenance of health records, the use and removal of records from the clinic or center, and the conditions for release of information.   * A designated member of the professional staff is responsible for maintaining the records and for insuring that they are completely and accurately documented, readily accessible, and systematically organized.   *Policy Integration Comment*: CAHs are subject to overlapping and detailed Policy requirements that fulfill these RHC requirements as detailed in the ***Required Policies for Montana Critical Access Hospitals*** document. The CAH should determine whether or not the RHC should be subject to its existing Policy and refer to the ***Required Policies for Montana Critical Access Hospitals*** document as applicable.[[4]](#footnote-4) | 42 C.F.R. §§ 491.9(b)(3)(ii) and (b)(4)  42 C.F.R. §§ 491.10(a)(1)-(2); (b) |
| Emergency Preparedness Policies | The RHC must have written emergency preparedness policies and procedures including the following:   1. Emergency Preparedness Plan; 2. Safe Evacuation Plan; 3. Shelter-in-Place Plan; 4. Medical Documentation Plan; 5. Volunteer Plan; and 6. Communication Plan.   *Policy Integration Comment*: CAHs are subject to overlapping and detailed Emergency Preparedness Policy requirements that fulfill the RHC requirements as detailed in the ***Required Policies for Montana Critical Access Hospitals*** document. Pursuant to 42 C.F.R. § 491.12(e), an RHC that is part of a healthcare system may choose to participate in the healthcare system’s unified and integrated emergency preparedness program (e.g. the CAH’s emergency preparedness program). If the RHC participates in the CAH’s emergency preparedness program, please refer to the ***Required Policies for Montana Critical Access Hospitals*** for details on the required policies and ensure that the CAH can demonstrate integration of the RHC into the unified and integrated program.[[5]](#footnote-5) Alternatively, if the RHC maintains an independent, non-integrated emergency preparedness program, ensure that the RHC follows the requirements in the cited Condition for Certification at 42 C.F.R. § 491.12.  *Review Comment*: Annual review of each emergency preparedness/disaster plan or policy is recommended regardless of whether the RHC adopts the unified and integrated program or not.[[6]](#footnote-6) | 42 C.F.R. §§ 491.12 (a); (b); (c); and (e). |

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1. 42 C.F.R. § 485.627 (2019) [↑](#footnote-ref-1)
2. Note that unlike Emergency Preparedness Policies (see below), there is no provision expressly authorizing RHCs to adopt a healthcare system’s or CAH’s unified and integrated Drugs and Biologicals Policy, but there is no prohibition against it either. The CAH should adopt the approach that best suits its operations and practices. [↑](#footnote-ref-2)
3. Note that unlike Emergency Preparedness Policies (see below), there is no provision expressly authorizing RHCs to adopt a healthcare system’s or CAH’s unified and integrated Drugs and Biologicals Policy, but there is no prohibition against it either. The CAH should adopt the approach that best suits its operations and practices. [↑](#footnote-ref-3)
4. Note that unlike Emergency Preparedness Policies (see below), there is no provision expressly authorizing RHCs to adopt a healthcare system’s or CAH’s unified and integrated Drugs and Biologicals Policy, but there is no prohibition against it either. The CAH should adopt the approach that best suits its operations and practices. [↑](#footnote-ref-4)
5. In the event that the RHC participates in the healthcare system’s unified and integrated emergency preparedness program, the CAH must: (1) Demonstrate inclusion of the RHC in the development of the unified and integrated program; (2) Develop and maintain the program in a manner that takes into account the RHC’s unique circumstances, patient populations, and services offered; and (3) Demonstrate the RHC’s ability to actively use the program and its compliance with the program. 42 C.F.R. § 491.12(e) [↑](#footnote-ref-5)
6. Although the RHC Conditions for Certification only require emergency preparedness plans and policies to be updated and reviewed every two years, the state licensure requirements for CAHs require annual review. Given the benefit of integrated emergency preparedness policies between the CAH and the RHC and the shorter state requirement for CAHs, annual review of any emergency preparedness or disaster planning policy is recommended. [↑](#footnote-ref-6)