CRITICAL ACCESS HOSPITALS

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
Except as permitted for CAHs having distinct part units under §485.647, the CAH maintains no more than 25 inpatient beds. Inpatient beds may be used for either inpatient or swing-bed services. Is this the current model of the CAH? Does the hospital store spare beds or bed parts in area adjacent to inpatient care, if so, these beds count towards the 25-bed total bed count. C-0902 §485.620(a)					
Does the CAH operate a 10-bed psychiatric unit or 10-bed rehabilitation DPU, without counting these beds toward the 25-bed inpatient limit? C-0902 §485.620(a)					If the answer is "No" the CAH should review the Conditions to determine appropriateness.
Does the CAH count beds used solely for patients receiving observation services in the 25-bed maximum, or in the calculation of the average annual acute care patient length of stay? C-0902 §485.620(a)					If answer is "Yes" the CAH should review the Conditions to determine appropriateness.
The CAHs must provide appropriate documentation upon surveyor request to show that an observation bed is not an inpatient bed. Can the CAH provide sch documentation? C-0902 §485.620(a)					
The CAH can demonstrate that observation services are NOT used: • As a substitute for an inpatient admission • For continuous monitoring • For medically stable patients who need diagnostic testing or outpatient procedures (e.g., blood transfusion, chemotherapy, dialysis) that are routinely provided in an					
 outpatient setting For patients awaiting nursing home placement To be used as a convenience to the patient, his or her family, the CAH, or the CAH's 					
 staff For routine prep or recovery prior to or following diagnostic or surgical services As a routine "stop" between the emergency 					

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CRITICAL ACCESS HOSPITALS

NUMBER OF BEDS AND LENGTH OF STAY								
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments			
 Observation services BEGIN and END with an order by a physician or other qualified licensed practitioner of the CAH? They have specific clinical criteria for placement in and discharge from observation status, and that these clinical criteria are clearly distinguishable from those used for inpatient admission and discharge. Patients are never pre-scheduled for observation stays. Orders for observation stays also include the clinical indication for the stay? C-0902 §485.620 (a) 								
A CAH can dedicate beds to a hospice under arrangement, but the beds must count as part of the maximum bed count. C-0902 §485.620(a)								
The CAH provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient. C-0904 §485.620(b)								

Key Resources and Links

- Appendix W, §485.620
- Critical Access Hospital Basic Training
- CMS CAH page (includes cross-walk)

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