

# Academy of Architecture for Health On-line Professional Development

## CMS Conditions of Participation

### Health Care 101 Series

13, March, 2018

2:00 pm – 3:00 pm ET

1:00 pm – 2:00 pm CT

12:00 am – 1:00 pm MT

11:00 am – 12:00 pm PT

#### **Presenter**

**John Williams**

Manager, Construction Review Services,  
Washington State Department of Health

#### **Moderator**

John Kreidich, AIA, CHC, LEED AP B+C

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# Health Care 101 Series

The Academy's multi-channel on-line approach provides emerging professionals, journeymen, and master professionals with convenient and economical opportunities to develop their chosen area of interest.

The HC 101 Series sessions are tailored to provide budding healthcare design professionals with conceptual and practical primer-level knowledge.

Series topics include: Master planning; Programming; Ambulatory care; Clinical support services; Emergency; ICI-acute care; Imaging; Long-term care; Maternal care; Mental health; Surgery.

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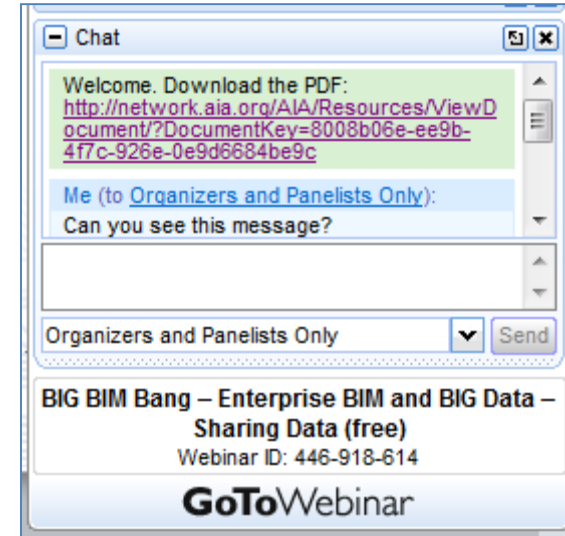
# Questions?

Submit a question to the moderator via the chat box.



Content-related questions will be answered during the Q&A portion at the end as time allows.

Tech support questions will be answered by AIA staff promptly.



# CMS Conditions of Participation

## Presenter



**John Williams**

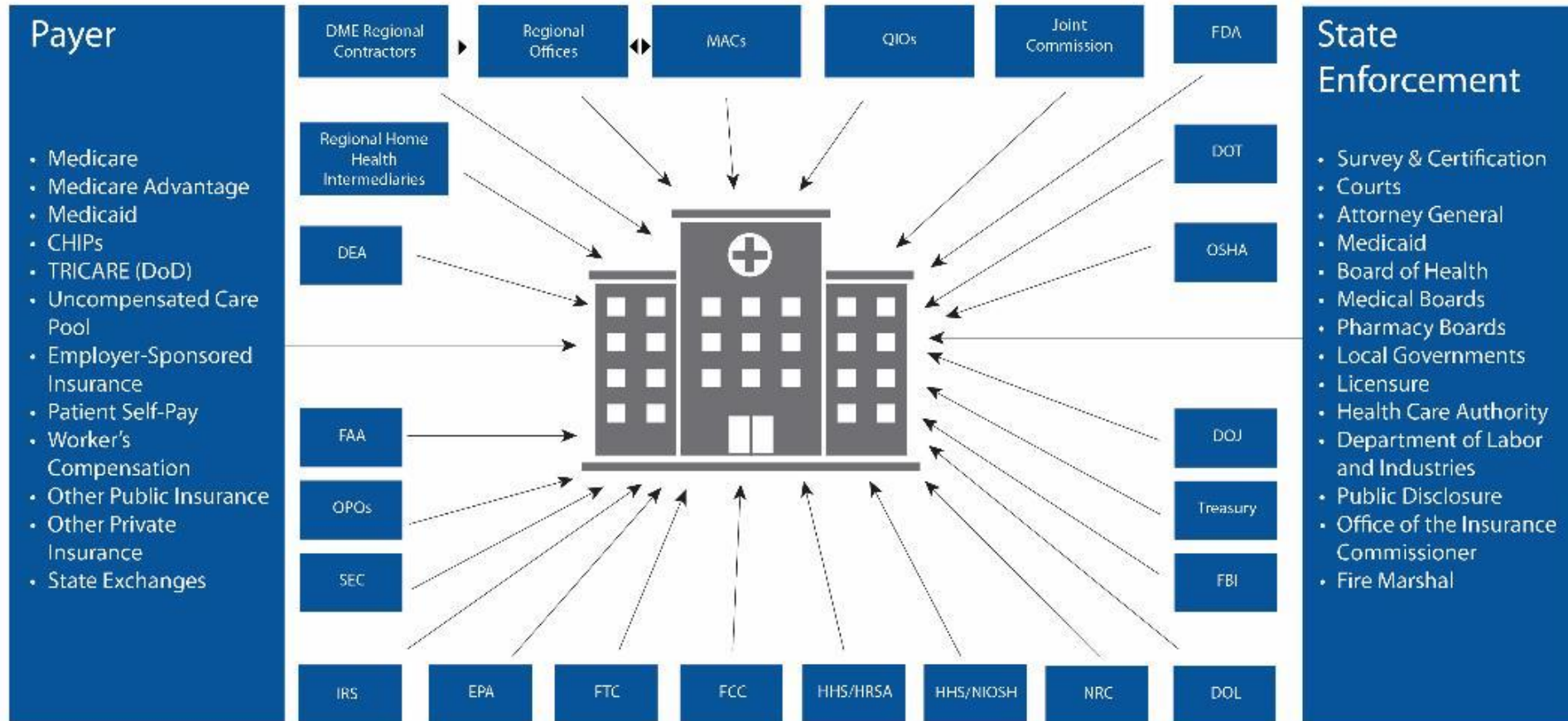
Manager, Construction Review Services,  
Washington State Department of Health



# Who Regulates Hospitals?



# Who regulates hospitals?



# Poor Codes Cost Money without Improving Safety

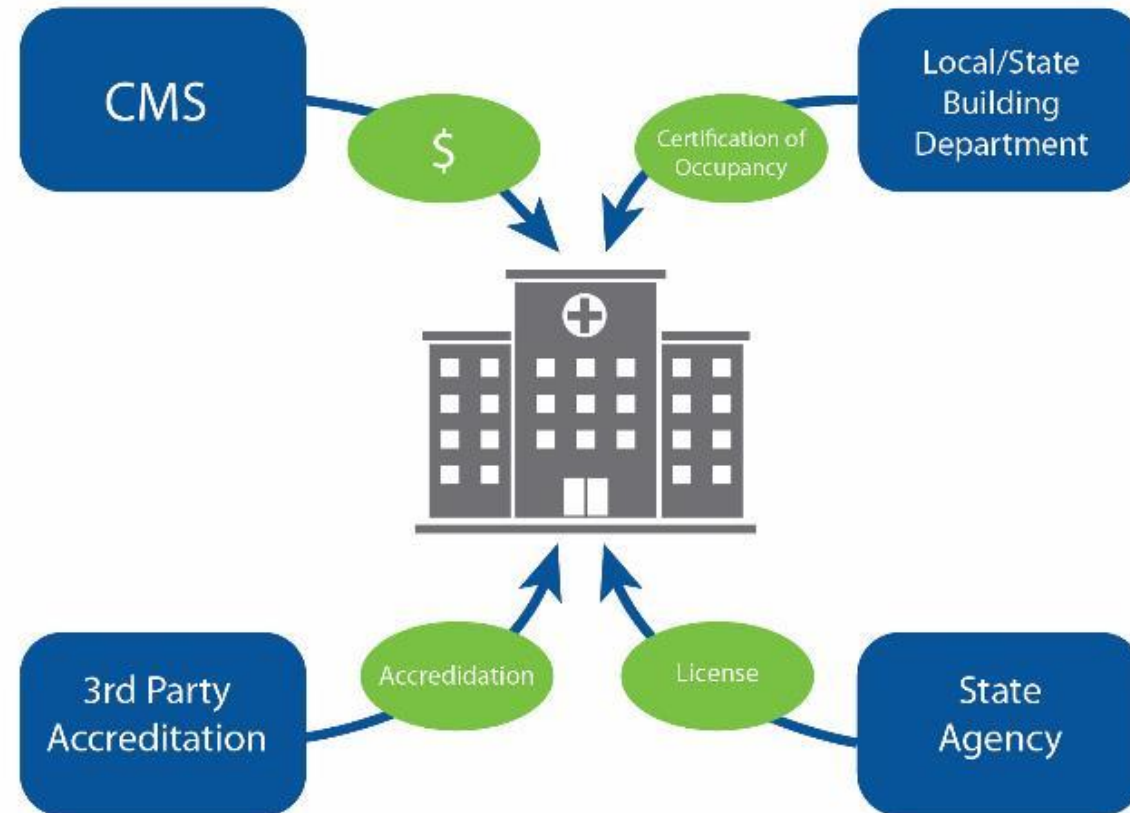
- \$6 billion a year wasted in operational costs because of unnecessary codes and standards
- \$10 billion a year wasted in capital costs because of unnecessary codes and standards
- Small things could have a profound effect nationwide..



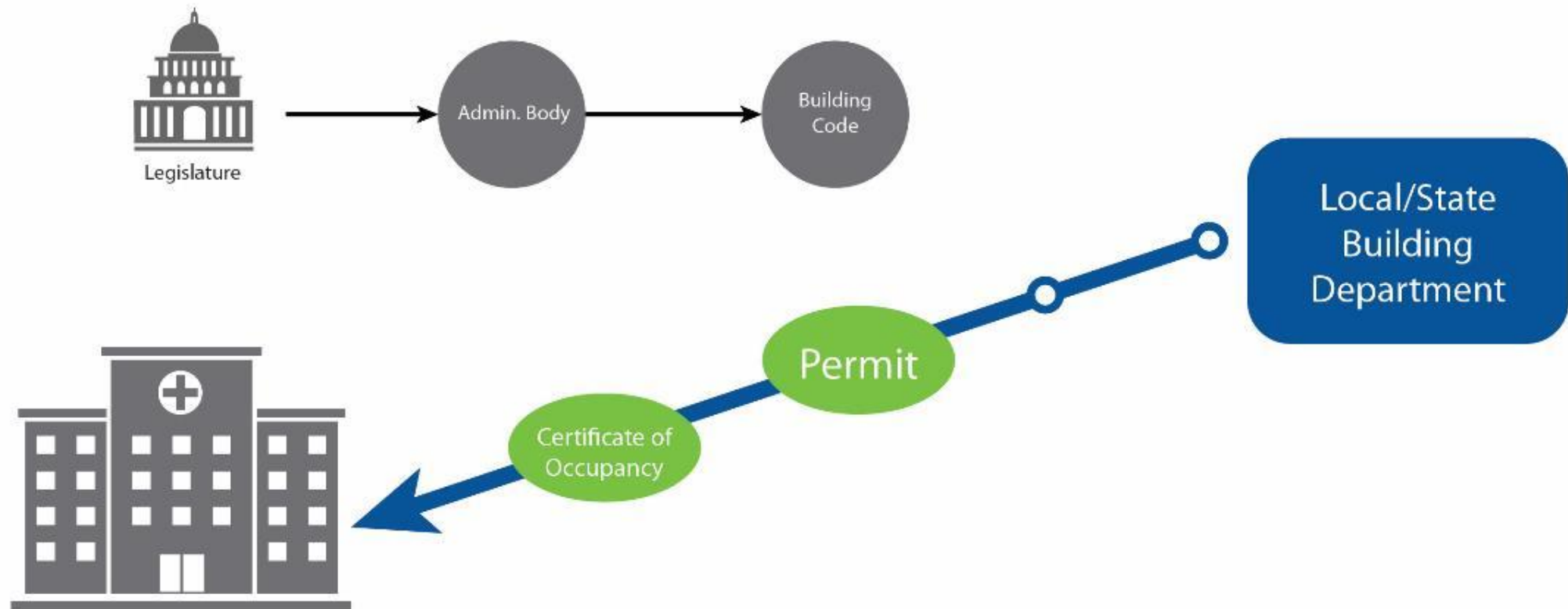
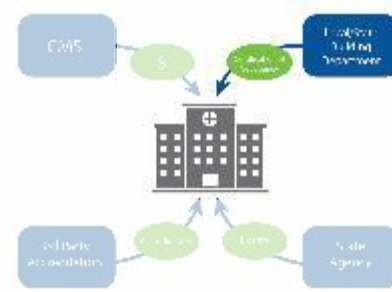
# What does a 5.5% operating margin mean?

- For every \$1 in gross revenue
  - \$0.945 is required to cover the expense of providing services
  - \$0.055 is left to fund capital investments in new facilities and sustainment of legacy facilities
- Every \$1 of capital investment requires \$18.13 of gross revenue
- Example:
  - Citation made to require all penetrations of tack holes to be filled in any fire or smoke barrier throughout the hospital.
  - Hospital hires a contractor to go through facility at a cost of \$7,338.00
    - (1 person, 40 hours plus materials and tax)
  - Hospital needs to recover that money, so must bill \$133,037.90

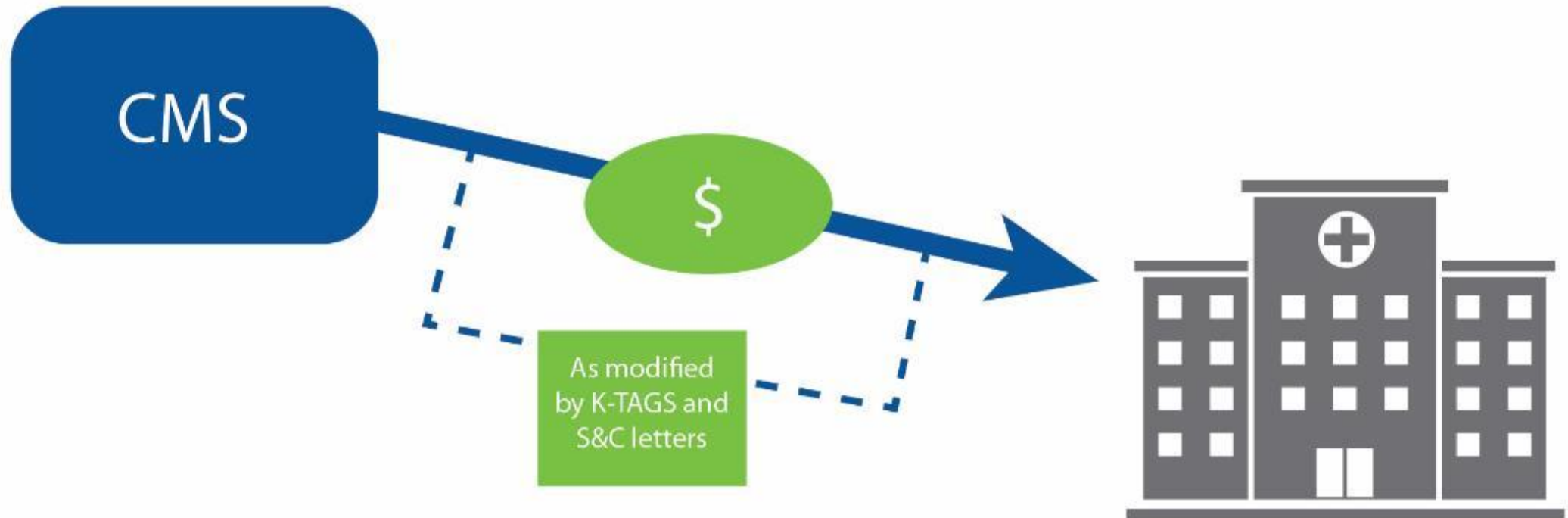
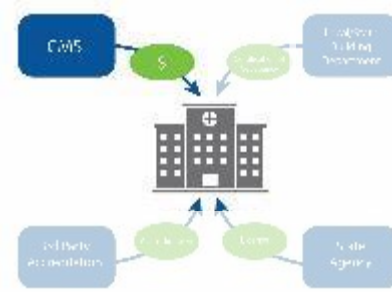
# Major Regulators



# Building Department

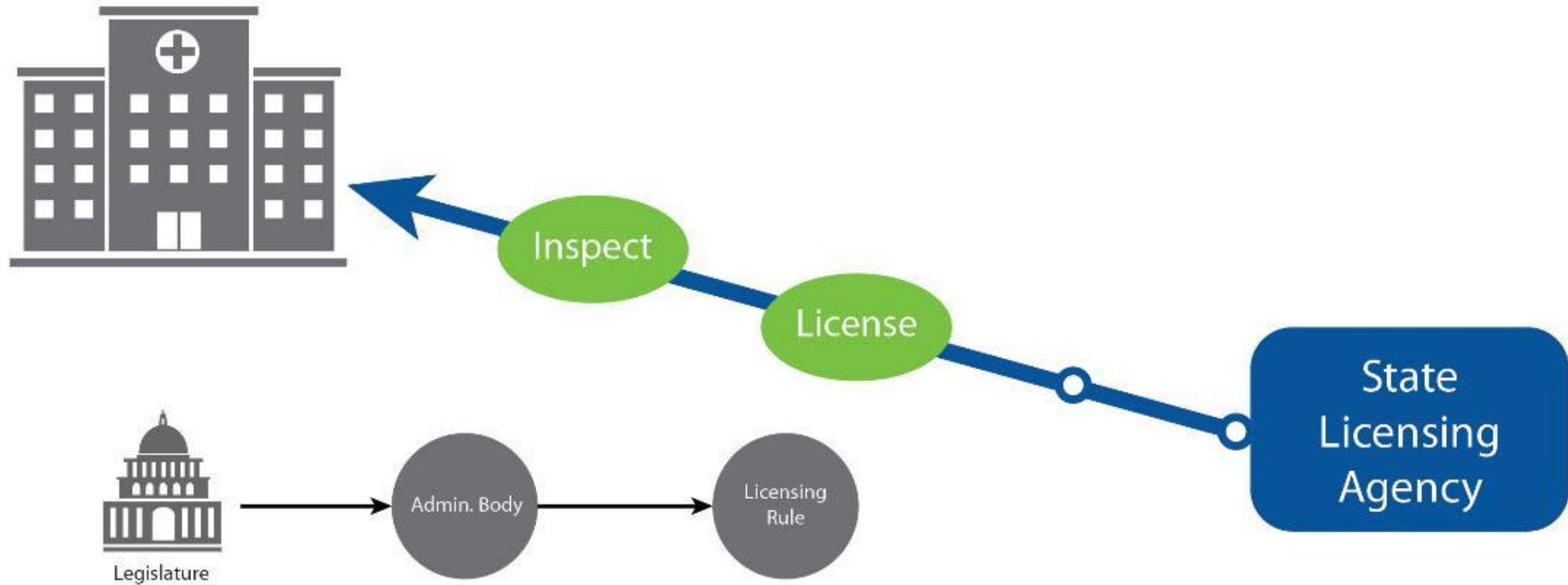
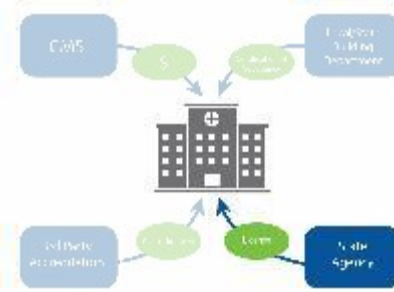


# CMS



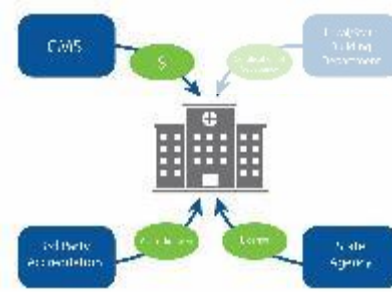
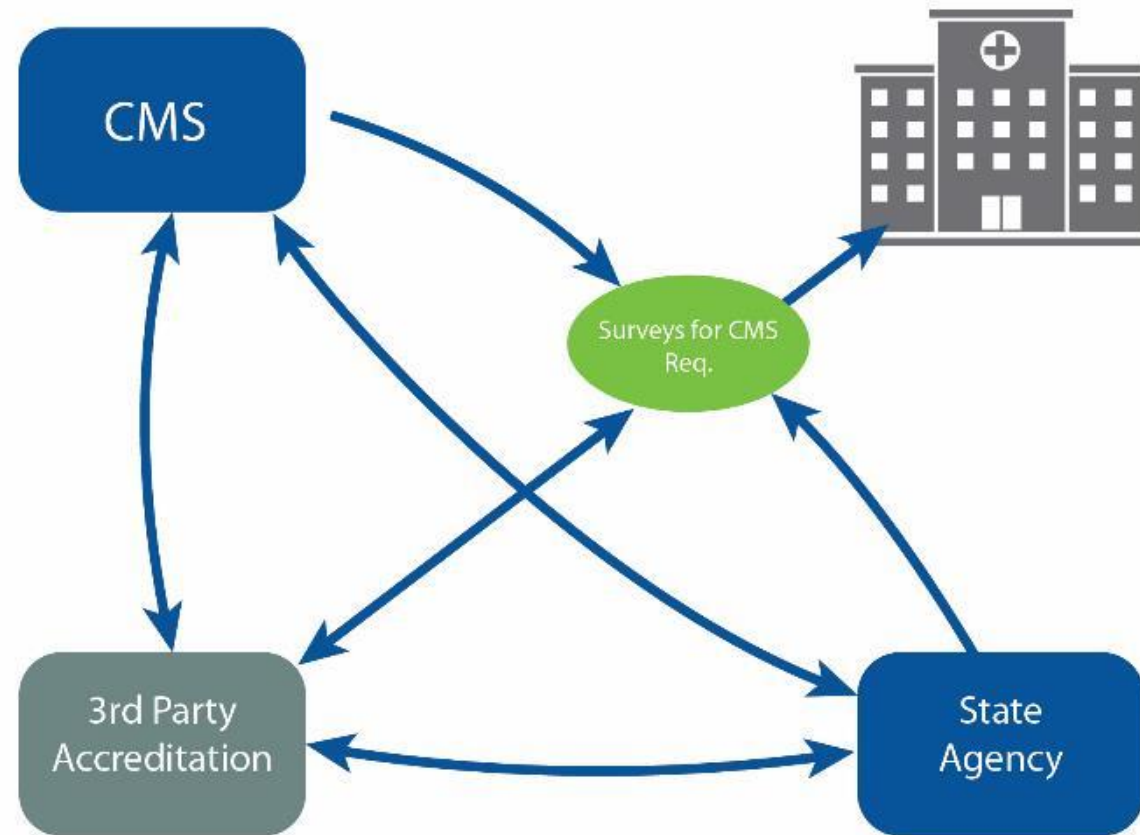


# State Licensing Agency

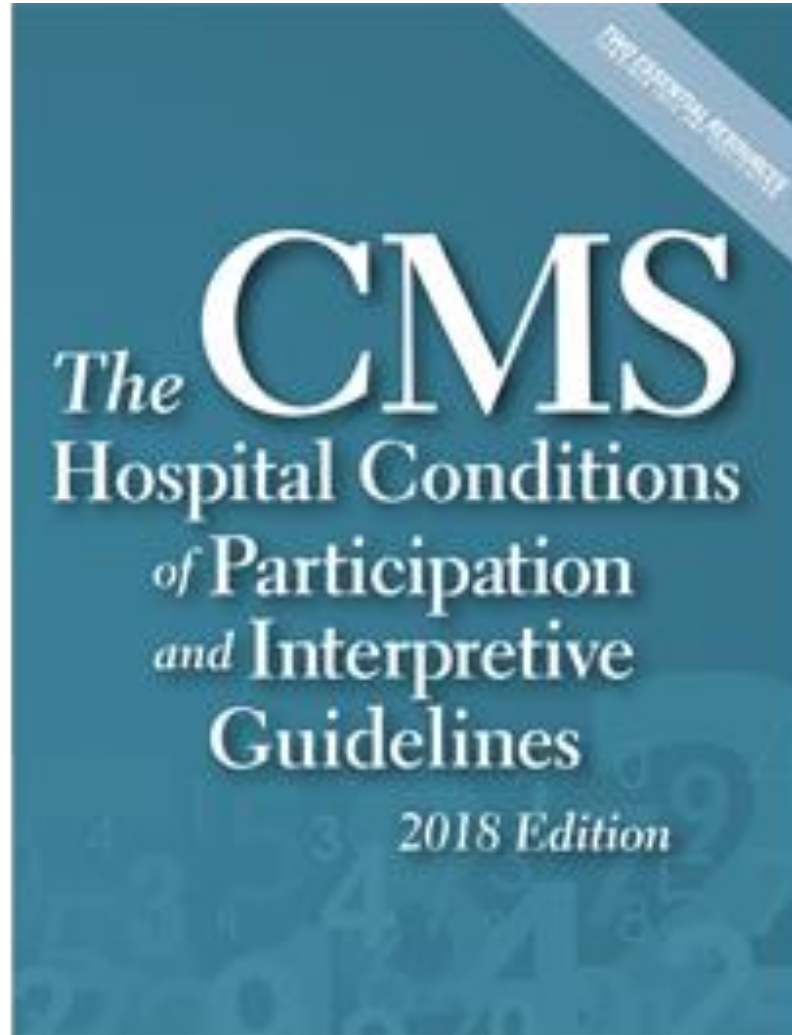




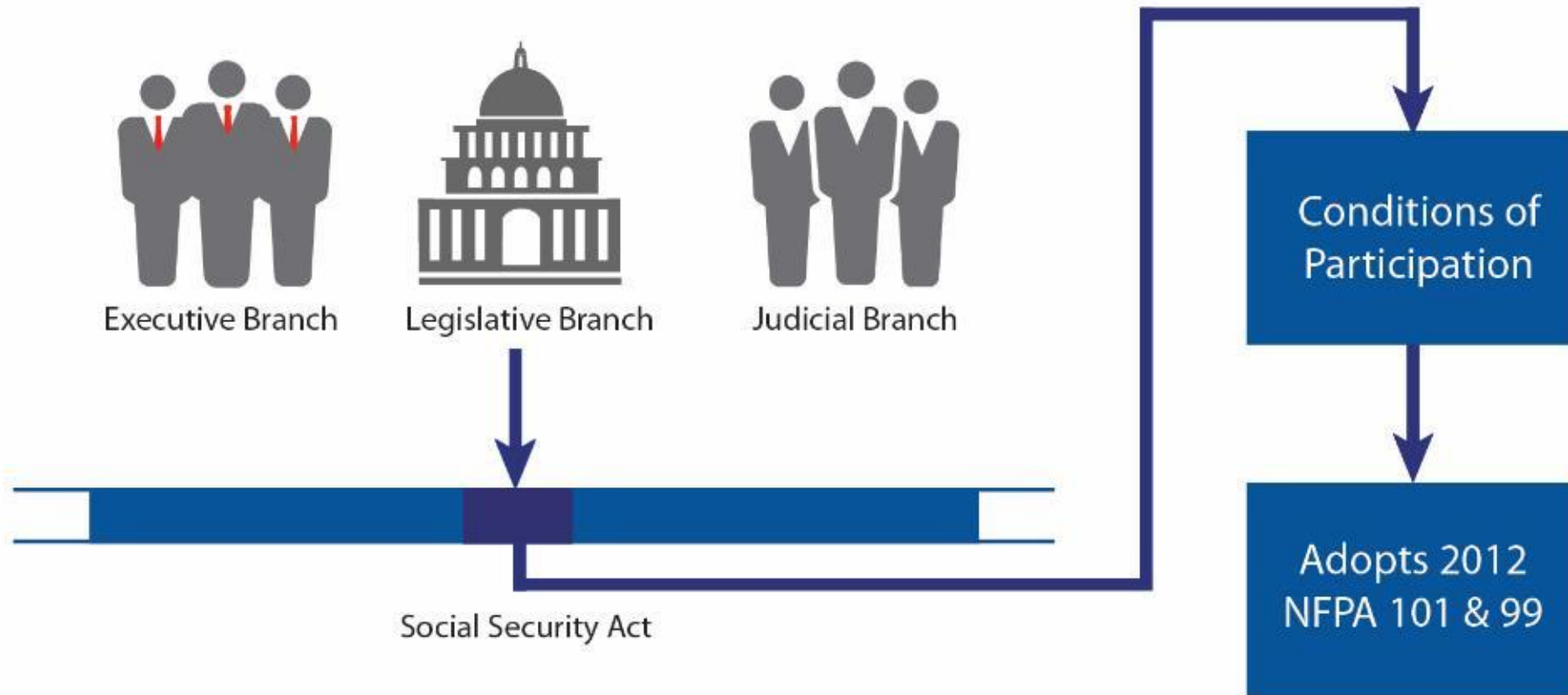
# Accreditation



What are the Conditions of Participation (COPs)?



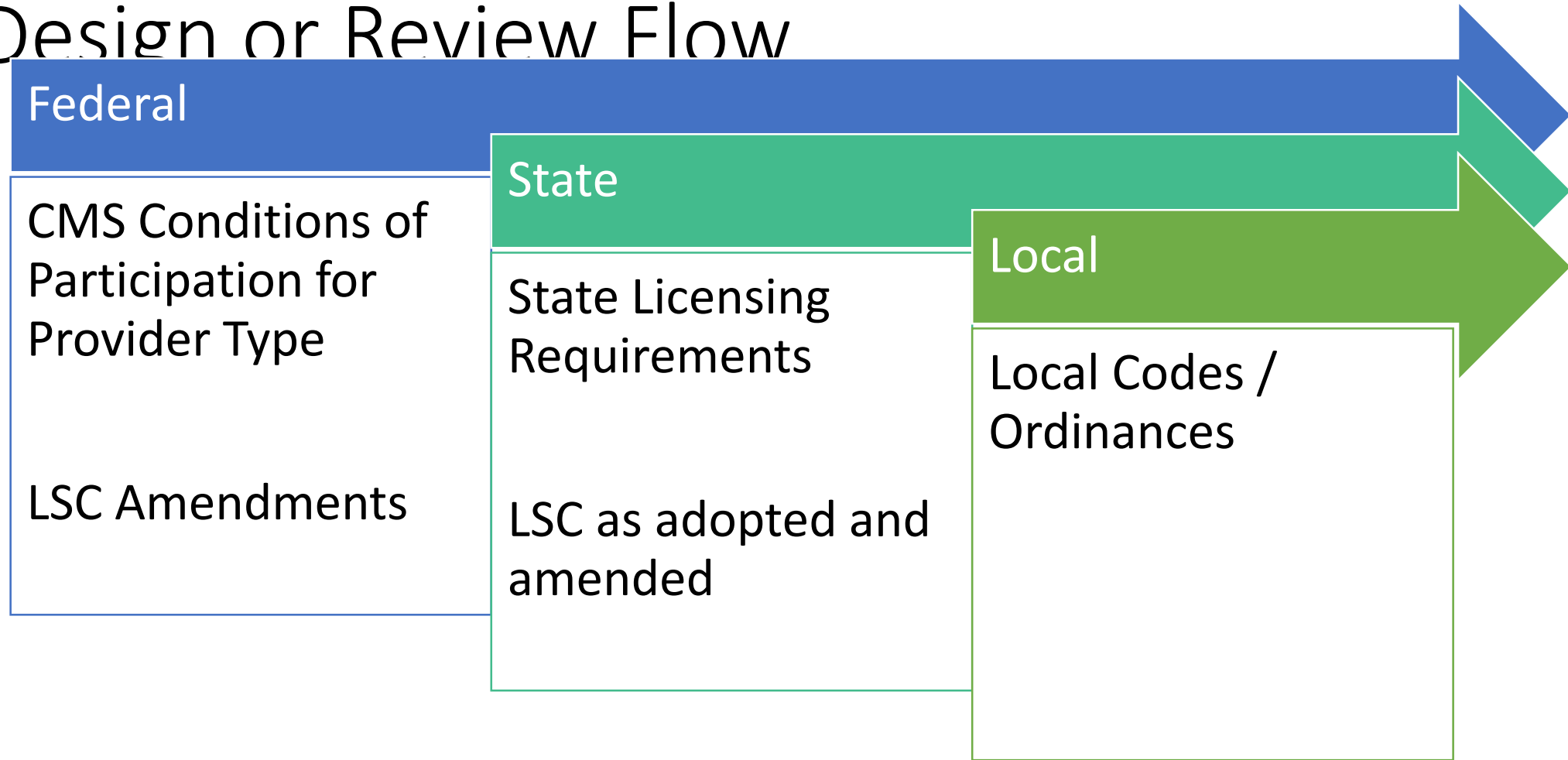
# Conditions of Participation



# COPs Based on Provider Types

- PART 403—SPECIAL PROGRAMS AND PROJECTS
- PART 416—AMBULATORY SURGICAL SERVICES
- PART 418—HOSPICE CARE
- PART 460—PROGRAMS OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE)
- PART 482—CONDITIONS OF PARTICIPATION FOR HOSPITALS
- PART 483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES
- PART 485—CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

# Design or Review Flow



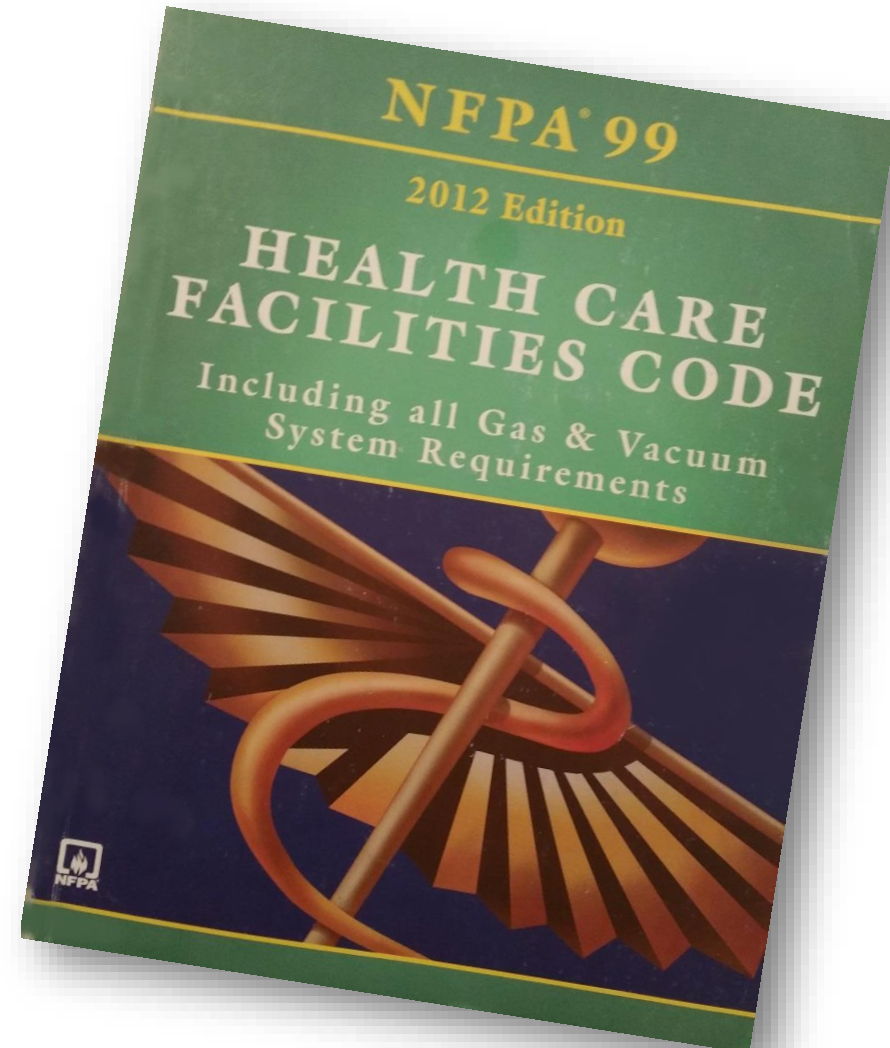
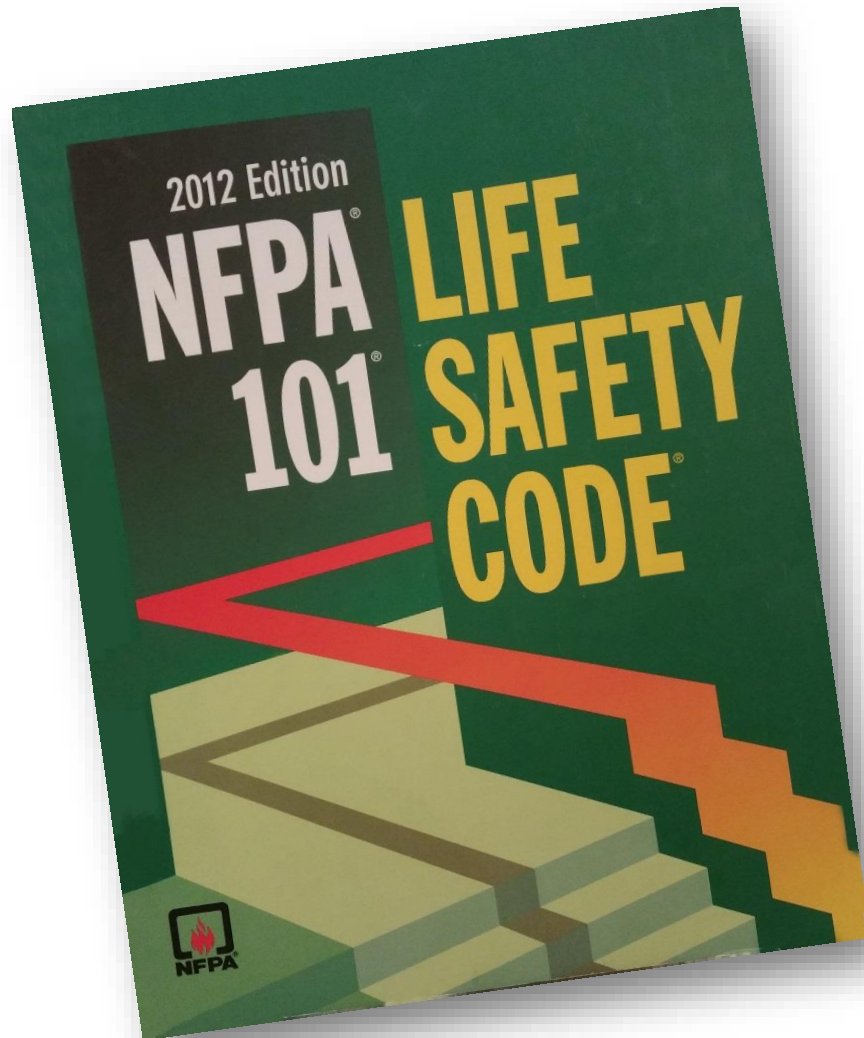
## CMS / State Agency (SA)



## Local Permitting Process



# COP's Adopt and Modify 99 & 101



# Health Care Facility's Governing Body.

The person or persons who have the overall legal responsibility for the operation of a health care facility.

## Risk based decisions require multi-disciplinary review

- Many decisions are based on multi-disciplinary group that may include Architect / Engineer



# Why the Change?

- To provide equal level of safety to patients based on the risk to the patient
- Create flexibility in the design of healthcare organizations
- Equalize the cost of codes in comparison to the safety of the patient  
*(put money where the risk is)*

# How the Code Works

- Determine what the room or space is used for.
- Determine the risk to the patient.
- Select the appropriate risk category.
- Select the systems or procedures in the code that are prescribed by that level of risk category.

# How NFPA 99 impacts design

- Covers more than Med. Gas and Electrical Systems!
  - Security
  - Hyperbaric
  - Fire Protection
  - Medical Gas Storage
  - Ventilation requirements
  - Emergency Management
  - Medical Electrical and Gas Equipment
- Each area need a risk assessment for each system to be determined during planning.

Health Care Facilities Code

2010

# Provider by Provider



# PART 403 - Special Programs And Projects

<https://www.law.cornell.edu/cfr/text/42/403.742>

- Includes Medicare supplements and discounts, data, reports
- Religious Nonmedical Health Care Institutions
  - Physical environment
    - 4 patient per room max
    - 80 sf./pat. semiprivate - 100sf./pat. Private
    - Window to outside – clean mattress and appropriate bedding
  - NFPA 101 and NFPA 99
  - § 403.748 Emergency Preparedness

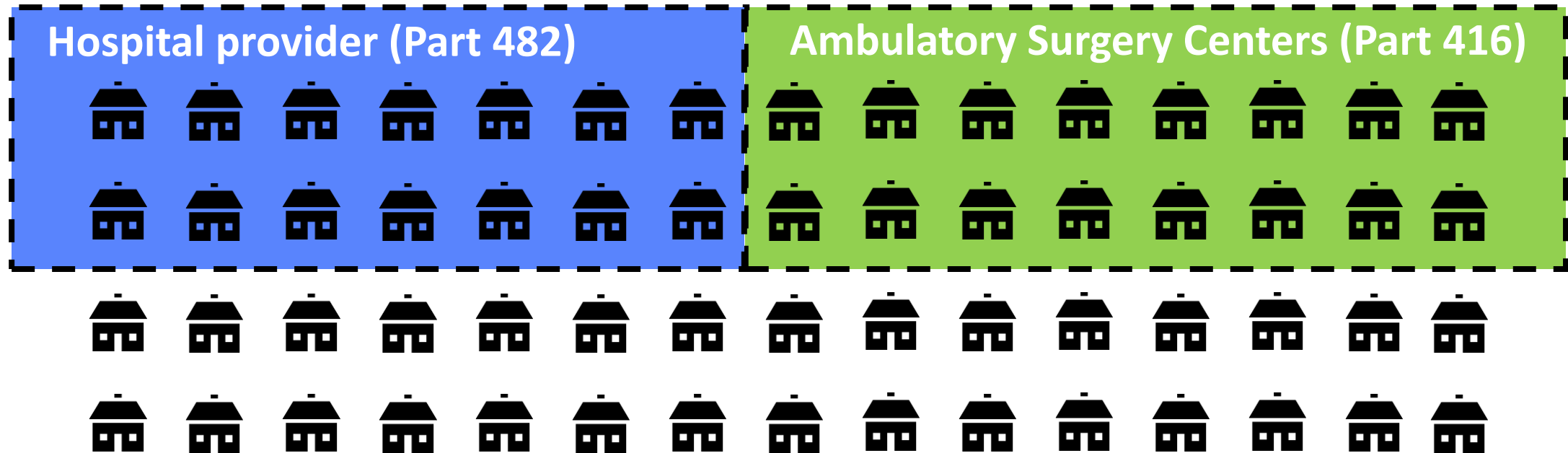


# PART 416 - Ambulatory Surgical Services

<https://www.law.cornell.edu/cfr/text/42/416.44>

- Ambulatory Surgery Centers
  - “Distinct Entity”
  - Physical Environment
    - Separate recovery and waiting room
    - Emergency equipment and personnel
    - NFPA 101 and NFPA 99
  - § 416.54 Emergency Preparedness

# Ambulatory Provider types



Facilities that do not participate

# PART 418 - Hospice Care

<https://www.law.cornell.edu/cfr/text/42/418.110>

- Hospice care vs. Hospice care facility
- Physical environment
  - Home-like environment & accommodation for visitors (24 hour access)
  - Patient rooms
    - 2 patient per room max + family
    - 80 sf./pat. semiprivate - 100sf./pat. Private
    - Window to outside – clean mattress and appropriate bedding
    - Device to call for assistance
  - NFPA 101 and NFPA 99
  - § 418.113 Emergency Preparedness



# PART 460—(PACE)

<https://www.law.cornell.edu/cfr/text/42/460.72>

- PROGRAMS OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE)
- PACE Centers
- Physical Environment
  - Safe, functional, accessible and comfortable environment
  - “Sufficient suitable space” to provide care
  - Space for meeting, therapy, personal care and dining.
- § 460.84 Emergency Preparedness

# Part 482 - Hospitals

<https://www.law.cornell.edu/cfr/text/42/482.41>

- § 482.41 Physical Environment
  - Adoption, change in definition – 1 ( or More)
  - Roller Latches
  - ABHR
  - Sprinkler 10-hour rule
  - 36" Sill Height
  - Adoption of NFPA 99, 2012
- § 482.15 Emergency Preparedness

# Part 483 – Req. For States And Long Term Care Facilities

<https://www.law.cornell.edu/cfr/text/42/483.90>

- § 483.90 Physical environment
  - Adoption
  - Roller Latches
  - ABHR
  - Smoke Alarms in resident sleeping rooms and common areas
  - Sprinklered
  - Sprinkler 10 hour rule
  - 36" Sill Height
  - Adoption of NFPA 99, 2012...



# Part 483 - Requirements For States And Long Term Care Facilities

- § 483.90 Physical environment (Continued)
  - Required Spaces
    - Dining, Recreation, Living, Health Services
  - Resident Rooms
    - No More than 2 Residents
    - 80 s.f. for multibed / 100 s.f. for single bed
    - Direct access to an “exit corridor”
    - Exterior Window
  - Resident Call System
    - Bedside
    - Toilet and Bathing
- § 483.73 Emergency Preparedness



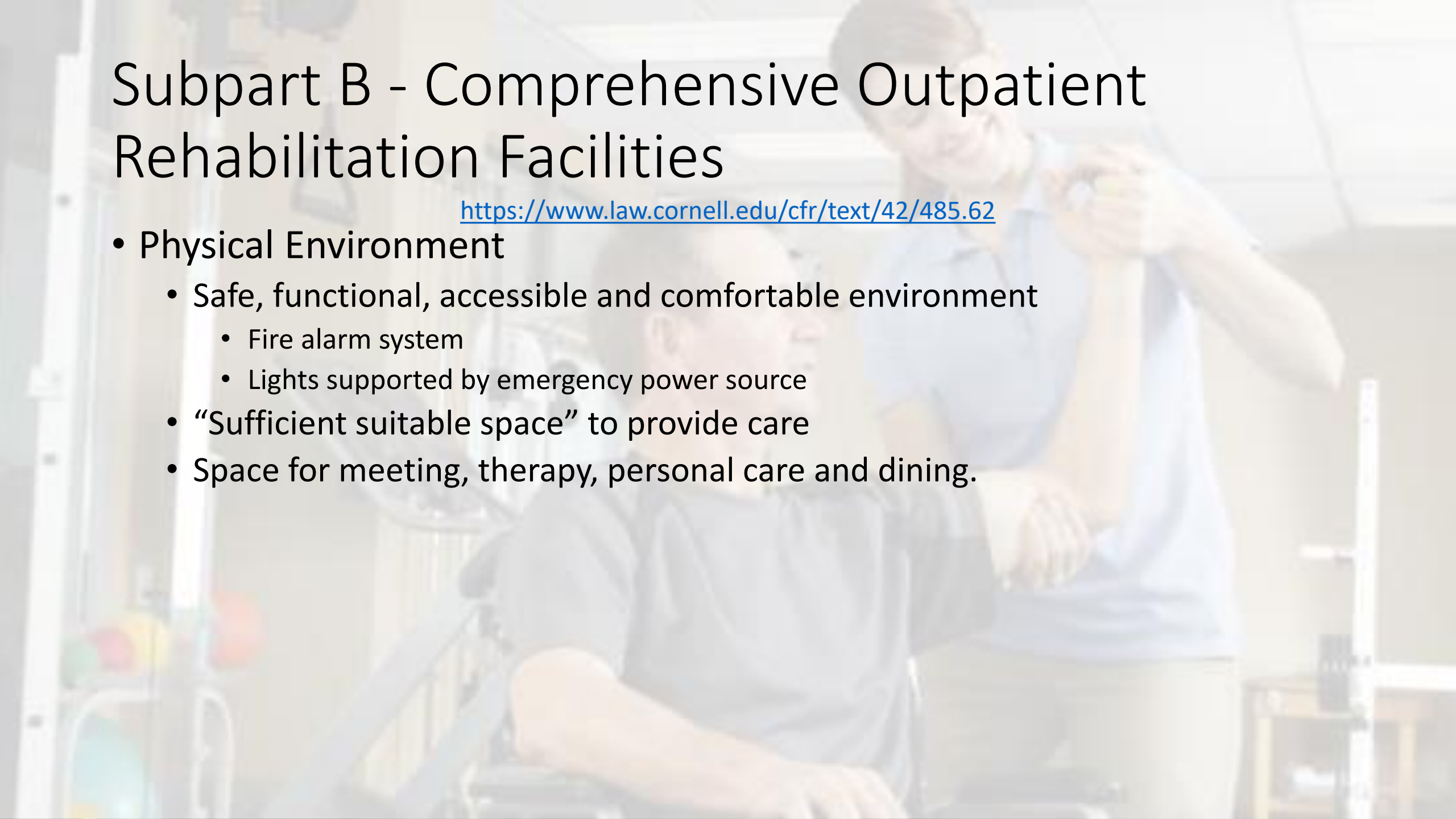
# Part 485 – Specialized Providers

- Physical Environment COPs for Various Providers
- 42 CFR 485.62 Comprehensive Outpatient Rehabilitation Facilities
- 42 CFR 485.623 Critical Access Hospitals
- 42 CFR 485.723 - Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- 42 CFR 485.920 Community Mental Health Centers (CMHCs)

# Subpart B - Comprehensive Outpatient Rehabilitation Facilities

<https://www.law.cornell.edu/cfr/text/42/485.62>

- Physical Environment
  - Safe, functional, accessible and comfortable environment
    - Fire alarm system
    - Lights supported by emergency power source
  - “Sufficient suitable space” to provide care
  - Space for meeting, therapy, personal care and dining.





# Subpart F - Critical Access Hospitals

<https://www.law.cornell.edu/cfr/text/42/part-485/subpart-F>

- Must Meet Life Safety Code (same as part 482)
- Must be located no closer than 35 miles from other hospital
- Maximum of 25 Inpatient Beds
- Allowed to use “swing beds” used for LTC
- May have additional 10 Psychiatric Beds (Distinct Unit)
- May have addition 10 Rehabilitation Beds (Distinct Unit)
- Must provide emergency services (on call within 30 minutes)\*
- Must not exceed 96 hours acute inpatient care per patient (annual average)

# Subpart H – Clinics, Rehabilitation Agencies...

<https://www.law.cornell.edu/cfr/text/42/485.723>

- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
  - Fire Extinguishers
  - Doorways, passageways and stairwells are adequate
  - Lighting at exits and in corridors
  - Fire Alarm

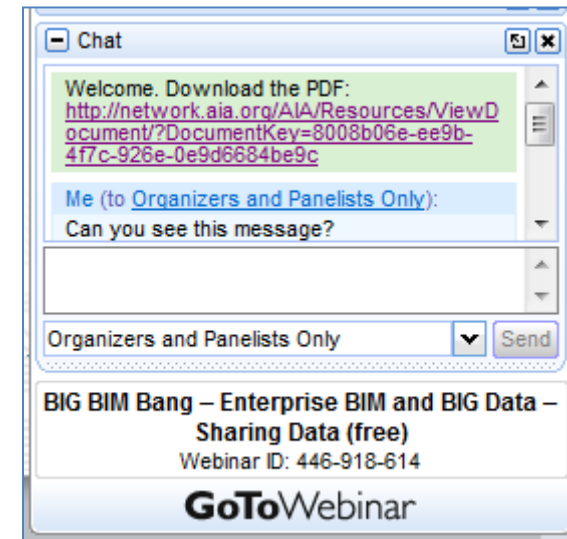


# Subpart J - Community Mental Health Centers (CMHCs)

- Physical Environment
  - Safe, functional, accessible and comfortable environment
  - “Sufficient suitable space” to provide care
  - Space for meeting, therapy.
- § 485.920 Condition of participation: Emergency preparedness.

# Upcoming Break for Questions and Comments

Submit a question to the moderator via the chat box.



# 101 and 99 Required

Part	Facility type	NFPA 101 and NFPA 99 req'd
403	Religious Nonmedical Health Care Institutions	yes
416	Ambulatory Surgery Centers	yes
418	Hospice (services)	yes
460	PACE	yes
482	Hospitals	yes
483	Long Term Care (Nursing Home)	yes
485	Comprehensive Outpatient Rehab. Facility (CORF)	no
	Critical Access Hospitals	yes
	Providers of Outpatient therapy	no
	Community Mental Health Centers	no
494	Rural Health Clinics	no
494	ESRD (Dialysis Centers)	yes

# Future CMS modifications



# Time for Questions and Comments



## Moderator

John Kreidich, AIA, CHC, LEED AP B+C

# CES Credit

All attendees are eligible to receive:  
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Attendees at your site can submit for credit by individually completing the webinar's survey and report form. **The survey closes Friday, March 16, 2018 at 12:30 am EDT.**

The URL to the webinar survey/form

**<https://www.research.net/r/AAH1802>**

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The AAH mission is to improve both the quality of healthcare design and the design of healthy communities by developing, documenting and disseminating knowledge; educating design practitioners and other related constituencies; advancing the practice of architecture; and affiliating and advocating with others that share these priorities.

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Academy of Architecture for Health





# Upcoming Webinars\*

Date	Series	Topic
4/10	Masters Studio Series	Hospital Noise Control
5/8	HC 101 Series	Trends in Medical Planning, Part 2: The Inpatient Unit, Weaving the Threads Together
6/12	Case Study Series	Enhanced Integration – Changing and Improving Health Facilities Design

\*Dates and topics are subject to change

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