**Medicare Rural Hospital Flexibility Program**

**State Application for Critical Access**

**Hospital Conversion**

Name of Hospital License #

Mailing Address (Number and Street)

City County Zip Code

Phone# Fax# Email Address

Please check the ownership category below:

[ ]  County [ ]  District [ ]  Non-Profit [ ]  For Profit

At the time of application, the hospital must demonstrate compliance with the [Conditions of Participation in Title 42 Code of Federal Regulations (C.F.R.) Part 485 subpart F](http://law.justia.com/cfr/title42/42-3.0.1.5.24.4.html).

Please answer the questions below:

1. The hospital is a current Medicare Provider? Yes [ ]  No [ ]

If the answer is “No”, check the appropriate box below:

 [ ]  The hospital ceased operation after November 29, 1989.

 [ ]  The hospital downsized to a health clinic or center that previously operated as a hospital.

Attach the hospital’s most recent accreditation or hospital certification survey report. If the report identifies any unresolved issues, please describe the issues in a separate page.

1. The hospital has completed and submitted form CMS-855A to the Fiscal Intermediary*?* Yes [ ]  No [ ]

***Note:*** *Form CMS-855A must be completed prior to the CAH Certification Survey. See the* [*Resource Guide*](http://www.dhcs.ca.gov/services/rural/Documents/CAHResourceGuide_6_2014.pdf)*, page 4 for more information.*

1. The hospital is currently fully licensed by the State of California as an acute care hospital? Yes [ ]  No [ ]  *(Attach copy of the license)*
2. Staff is licensed, certified, or registered in accordance with applicable federal, state and local laws/regulations? Yes [ ]  No [ ]
3. The hospital is located in a rural area, or is treated as rural under a special provision that allows qualified hospital providers in urban areas to be treated as rural for purposes of becoming a CAH? Yes [ ]  No [ ]
4. The hospital is located more than a 35-mile drive, **or** in the case of mountainous terrain or in areas with only secondary roads available, a 15-mile drive from a hospital or another CAH? Yes [ ]  No [ ]  *(See the* [*Resource Guide*](http://www.dhcs.ca.gov/services/rural/Documents/CAHResourceGuide_6_2014.pdf)*, Page 2 for more information)*
5. The hospital provides emergency care necessary to meet the needs of its inpatients and outpatients? Yes [ ]  No [ ]
6. The hospital provides emergency care services 24 hours a day, 7 days a week, using either on-site or on-call staff? Yes [ ]  No [ ]
7. The hospital will maintain no more than 25 inpatient beds that can be used for either inpatient or swing bed services. In addition, it may also operate a 10-bed psychiatric distinct unit (DPU) and a 10-bed rehabilitation DPU, without counting these beds toward the 25-bed inpatient limit. Yes [ ]  No [ ]
8. The hospital will have an annual average length of stay of 96 hours or less per patient for acute care (excluding swing bed services and beds that are within distinct par units)? Yes [ ]  No [ ]
9. The hospital is presently a member of a Rural Health Network, or is planning on becoming a member within the next six (6) months from the date of this application?

Yes [ ]  No [ ]

If yes, attach a copy of the agreement with a larger facility to provide services such as: (a) patient referral and transfer; (b) development and use of communications systems; (c) transportation including emergency and non-emergency; and (d) credentialing and quality assurance.

If no, provide an approximate date of when the hospital will be a member of a Rural Health Network. Date:

1. The hospital has a Cooperative Community and/or Regional Relationship with local health care providers? Yes [ ]  No [ ]

If yes, attach supporting documentation of the Cooperative Community and/or Regional Relationship with local health care providers.

If no, provide an approximate date of when the hospital will have a Cooperative Community and/or Regional Relationship. Date:

**Board of Trustee’s Resolution**

Include a Board of Trustee’s Resolution that ensures the hospital’s commitment to participate in the Medicare Rural Hospital Flexibility Program by attesting to following:

1. Converting to a Critical Access Hospital
2. Complying with all state and federal requirements for this program
3. Joining a Rural Health Network. If not part of a network already, the hospital will join an existing network or form a new network within six (6) months from the date of this application *(See the* [*Resource Guide*](http://www.dhcs.ca.gov/services/rural/Documents/CAHResourceGuide_6_2014.pdf)*, page 3 for more information)*
4. Completing a financial feasibility assessment within the last 18 months or to be completed within the following six (6) months from the date of this application
5. Confirming that the facility is in good standing with Department of Public Health, Licensing & Certification Division. *(See Question 1 on page 1 above)*
6. Assuring that a Community Health Needs Assessment (CHNA) will be completed; include the estimated date of completion. Beginning in tax year 2009 (for returns filed in 2010) nonprofit hospitals, including Critical Access Hospitals, are required to report their community benefit activities to the Internal Revenue Service using [Form 990](http://www.irs.gov/file_source/pub/irs-pdf/f990.pdf), and [Schedule H](http://www.irs.gov/file_source/pub/irs-pdf/f990sh.pdf). Community benefit activities are programs and services that provide treatment and/or promote health in response to identified community needs. CHNA must be conducted no less than every three years. Please visit [CHNA](http://cdc.gov/policy/chna) for more information.

| Administrator’s Name      |
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Administrator’s Signature Date

*Please mail this completed application with an* ***original signature*** *and all supporting documentation (supporting documents may be scanned and e-mailed) to:*

Angelica Perez, Flex Program Coordinator

Department of Health Care Services

Primary, Rural and Indian Health Division

California State Office of Rural Health

1501 Capitol Avenue, Suite 71.6044, MS 8500

Sacramento, CA 95899-7413

To reach the California State Office of Rural Health, please contact Jennifer Brooks by phone at 916-324-7942, or by e-mail at Jennifer.Brooks@dhcs.ca.gov