

Rural Emergency Hospital  
Attestation Statement

Attestation of Compliance for Rural Emergency Hospital Enrollment and Conversion

(Date of Request)  
Name of Facility  
Street Address  
City, State, ZIP code

Dear (State Agency),

[Name of facility] is requesting enrollment and conversion to a Rural Emergency Hospital (REH). [Name of facility] is an eligible facility because as of December 27, 2020, the facility was operating as (choose one of the following options):

1. A critical access hospital
2. A hospital, as defined in section 1861(d)(1)(B) of the Social Security Act (the Act), with not more than 50 beds located in a county (or equivalent unit of local government) that is considered rural (as defined in section 1881(d)(2)(D) of the Act)
3. A hospital, as defined in section 1881(d)(1)(B) of the Act, with not more than 50 beds that was treated as being located in a rural area that has had an active reclassification from urban to rural status as specified in 42 C.F.R. § 412.103 as of December 27, 2020.

I understand that as an REH, [Name of facility] must meet all the Conditions of Participation (CoPs) in 42 CFR Part 485, Subpart E, including but not limited to the following:

- \_\_\_ §485.514 CoP: Provision of Services
- \_\_\_ §485.516 CoP: Emergency Services
- \_\_\_ §485.526 CoP: Infection prevention and control and antibiotic stewardship programs
- \_\_\_ §485.528 CoP: Staffing and staff responsibilities
- \_\_\_ §485.534 CoP: Patient Rights
- \_\_\_ §485.538 CoP: Agreements (attach copy of transfer agreement with a certified level I or II trauma center)
- \_\_\_ §485.544 CoP: Physical Environment

I understand that as an REH, [Name of facility] must meet all the Rules for Hospitals and Related Institutions in Arkansas, including but not limited to the following:

1. Section 1: Authority
2. Section 2: Purpose
3. Section 3: Definitions
4. Section 4: Licensure and Codes
5. Section 5: Governing Body
6. Section 6: Medical Staff
7. Section 7: General Administration
8. Section 8: Personnel Administration
9. Section 9: Administrative Reports
10. Section 10: Patient Identification
11. Section 11: Patient Care Services
12. Section 12: Medications
13. Section 13: Restraints
14. Section 14: Health Information Services
15. Section 14: Medical Records Requirements for Outpatient Services, Emergency Room, Observation Services, and Psychiatric Records
16. Section 16: Pharmacy

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17. Section 17: Food and Nutritional Services
18. Section 18: Infection Prevention and Control
19. Section 19: Laboratory
20. Section 20: Radiological Services
21. Section 26: Specialized Services: Surgical Services (Applicable if services provided)
22. Section 27: Specialized Services: Post Anesthesia Care Unit (Applicable if services provided)
23. Section 28: Specialized Services: Ambulatory Surgery Services (Applicable if services provided)
24. Section 29: Specialized Services: Anesthesia Services (Applicable if services provided)
25. Section 34: Specialized Services: Central Sterilization and Supply
26. Section 35: Respiratory Care (Applicable if services provided)
27. Section 36: Emergency Services
28. Section 46: Physical Environment
29. Section 47: Physical Facilities
30. Section 48: Physical Facilities: Patient Accommodations (Adult Medical, Surgical, Communicable or Pulmonary Disease)
31. Section 53: Physical Facilities: Surgical Facilities
32. Section 55: Physical Facilities: Emergency Suite
33. Section 56: Physical Facilities: Imaging Suite
34. Section 57: Physical Facilities: Nuclear Medicine
35. Section 59: Physical Facilities: Laboratory Services
36. Section 61: Physical Facilities: Morgue and Necropsy
37. Section 62: Physical Facilities: Pharmacy
38. Section 63: Physical Facilities: Dietary Facilities
39. Section 64: Physical Facilities: Administration and Public Areas
40. Section 65: Physical Facilities: Health Information Unit
41. Section 66: Physical Facilities: Central Medical and Surgical Supply Department
42. Section 67: Physical Facilities: Central Supply and Receiving
43. Section 68: Physical Facilities: Linen Services
44. Section 69: Physical Facilities: Cleaning and Sanitizing Carts, Employee Facilities and Environmental Closets
45. Section 70: Physical Facilities: Engineering Services and Equipment Areas
46. Section 71: Physical Facilities: Waste Processing Services
47. Section 72: Physical Facilities: Details and Finishes
48. Section 73: Physical Facilities: Construction, including Fire Resistive Requirements
49. Section 74: Physical Facilities: Mechanical Requirements
50. Section 75: Physical Facilities: Plumbing and Other Piping Systems
51. Section 76: Physical Facilities: Electrical Standards
52. Section 78: Physical Facilities: Helicopter Landing Area

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Based upon my personal knowledge and belief, I attest that [Name of facility] currently meets and will continue to meet all of the requirements for Rural Emergency Hospitals set forth in the statute and implementing regulations in Rules for Hospitals and Related Institutions in Arkansas and as set forth in the statute and implementing regulations in Subpart E of 42 C.F.R. Part 485.

[Name of Facility]

I understand that the Arkansas Department of Health; Health Facility Services survey agency or the Centers for Medicare & Medicaid Services may conduct an on-site survey at any time to validate and determine compliance with all applicable requirements for REHs.

Signature: \_\_\_\_\_

(The Attestation Statement should be signed by the Administrator or Legal Representative of the REH.)

Title: \_\_\_\_\_

Date: \_\_\_\_\_