

TABLE 1 TO § 488.2—Continued

Section	Subject
1832(a)(2)(F)	Requirements for ambulatory surgical centers (ASCs).
1832(a)(2)(J)	Requirements for partial hospitalization services provided by community mental health centers (CMHCs).
1861(e)	Requirements for hospitals.
1861(f)	Requirements for psychiatric hospitals.
1861(m)	Requirements for Home Health Services.
1861(o)	Requirements for Home Health Agencies.
1861(p)(4)	Requirements for rehabilitation agencies.
1861(z)	Institutional planning standards that hospitals and SNFs must meet.
1861(aa)	Requirements for rural health clinics (RHCs) and federally qualified health centers (FQHCs).
1861(cc)(2)	Requirements for comprehensive outpatient rehabilitation facilities (CORFs).
1861(dd)	Requirements for hospices.
1861(ee)	Discharge planning guidelines for hospitals.
1861(ff)(3)(A)	Requirements for CMHCs.
1861(ss)(2)	Accreditation of religious nonmedical health care institutions.
1861(kkk)	Requirements for rural emergency hospitals (REHs).
1863	Consultation with state agencies, accrediting bodies, and other organizations to develop conditions of participation, conditions for coverage, conditions for certification, and requirements for providers or suppliers.
1864	Use of State survey agencies.
1865	Effect of accreditation.
1875(b)	Requirements for performance review of CMS-approved accreditation programs.
1880	Requirements for hospitals and SNFs of the Indian Health Service.
1881	Requirements for end stage renal disease (ESRD) facilities.
1883	Requirements for hospitals that furnish extended care services.
1891	Conditions of participation for home health agencies; home health quality.
1902	Requirements for participation in the Medicaid program.
1913	Medicaid requirements for hospitals that provide nursing facility (NF) care.
1919	Medicaid requirements for NFs.

[88 FR 59335, Aug. 28, 2023]

§ 488.3 Conditions of participation, conditions for coverage, conditions for certification and long term care requirements.

(a) *Basic rules.* To be approved for participation in, or coverage under, the Medicare program, a prospective provider or supplier must meet the following:

(1) Meet the applicable statutory definitions in section 1138(b), 1819, 1820, 1832(a)(2)(C), 1832(a)(2)(F), 1832(a)(2)(J), 1834(e), 1861, 1881, 1883, 1891, 1913 or 1919 of the Act.

(2) Be in compliance with the applicable conditions, certification requirements, or long term care requirements prescribed in part 405 subparts U or X, part 410 subpart E, part 416, part 418 subpart C, parts 482 through 486, part 491 subpart A, or part 494 of this chapter.

(b) *Special conditions.* The Secretary shall consult with state agencies and national AOs, as applicable, to develop CoP, CfC, conditions for certification and long term care requirements.

(1) The Secretary may, at a state's request, approve health and safety re-

quirements for providers or suppliers in the state that exceed Medicare program requirements.

(2) If a state or political subdivision imposes requirements on institutions (that exceed the Medicare program requirements) as a condition for the purchase of health services under a state Medicaid plan approved under title XIX of the Act, (or if Guam, Puerto Rico, or the Virgin Islands does so under a state plan for Old Age Assistance under title I of the Act, or for Aid to the Aged, Blind, and Disabled under the original title XVI of the Act), the Secretary imposes similar requirements as a condition for payment under Medicare in that state or political subdivision.

[80 FR 29835, May 22, 2015]

§ 488.4 General rules for a CMS-approved accreditation program for providers and suppliers.

(a) The following requirements apply when a national accrediting organization has applied for CMS approval of a provider or supplier accreditation program and CMS has found that the program provides reasonable assurance for