



Center for Clinical Standards and Quality

Ref: QSO-23-17-CAH

DATE: June 9, 2023

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: One-Time Change to Critical Access Hospital (CAH) Annual Average 96-hour Patient Length of Stay Calculations to Account for the COVID-19 Public Health Emergency (PHE)

Memorandum Summary

- Medicare-certified CAHs are required to meet the annual 96-hour average patient length of stay standard for acute inpatient care under the CAH Conditions of Participation (CoPs) at 42 CFR §485.620(b).
- During the COVID-19 Public Health Emergency (PHE), CMS waived the requirement that CAHs limit the annual average patient length of stay to 96 hours. This waiver was in effect from March 1, 2020, through the end of the PHE on May 11, 2023.
- The purpose of this memo is to provide guidance to the SAs of a one-time change to the CAH 96-hour patient length of stay calculation to account for the time period of the PHE.

Background:

Medicare-certified CAHs are required to meet the annual average 96-hour patient length of stay standard for acute inpatient care at 42 CFR §485.620(b). During the COVID-19 PHE, this requirement for CAHs was waived under section 1135 of the Social Security Act. This blanket waiver was in effect from March 1, 2020, through the end of the PHE on May 11, 2023. The time period for the 96-hour average length of stay calculation, performed by the Medicare Administrative Contractors (MACs) to evaluate compliance with 42 CFR §485.620(b)-Standard: Length of Stay, will be adjusted to account for the waiver period during the PHE. The purpose of this memo is to provide guidance to the SAs of a one-time change to the CAH 96-hour length of stay calculation.

Discussion:

During the COVID-19 PHE, CMS waived the requirement for CAHs to limit the annual average patient length of stay to 96-hours at 42 CFR §485.620(b). Since the COVID-19 PHE ended on

May 11, 2023, the 96-hour length of stay calculation for CAHs will be adjusted to account for the waiver period (March 1, 2020 to May 11, 2023). The evaluation of the average 96-hour patient length of stay requirements will resume with the CAH's first full cost reporting period after May 11, 2023, which will not include any of the months covered under the COVID-19 PHE blanket waiver. This will be a one-time change to the CAH 96-hour length of stay calculation.

Contact:

For questions or concerns relating to this memorandum, please contact QSOG_CAH@cms.hhs.gov.

Effective Date:

Immediately. Please communicate to all appropriate staff within 30 days.

/s/

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Resources to Improve Quality of Care:

Check out CMS's new Quality in Focus interactive video series. The series of 10–15 minute videos are tailored to provider types and aim to reduce the deficiencies most commonly cited during the CMS survey process, like infection control and accident prevention. Reducing these common deficiencies increases the quality of care for people with Medicare and Medicaid.

Learn to:

- *Understand surveyor evaluation criteria*
- *Recognize deficiencies*
- *Incorporate solutions into your facility's standards of care*

See the [Quality, Safety, & Education Portal Training Catalog](#), and select Quality in Focus