

AAAASF RHC Standards Comparison - CMS Burden Reduction required changes, effective March 2, 2020

Standard #	Previous Standard (RHC V2.2)	Standard #	Updated Standard (RHC V2.3)	CMS Reference	Identified Change
900.010.035	The clinic's policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners, and at least one member that is not a member of the clinic staff.	900.010.035	The clinic's policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners, and at least one member that is not a member of the clinic staff.	491.9.b.2 Standard	No change (reference point)
900.010.065	The clinic's policies are reviewed at least annually by the group of professional personnel reviewed as necessary by the clinic.	900.010.065	The clinic's policies are reviewed at least biennially by the group of professional personnel identified in standard 900.010.035 and reviewed as necessary by the RHC.	491.9.b.4 Standard	Updated verbiage based on CMS Burden Reduction update
1100.010.005	The clinic has carried out, or arranged for, an annual evaluation of its total program. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying: -the party responsible for conducting the program evaluation -how the evaluation is to be conducted -a time frame for completing the evaluation -the areas of operation to be covered by the evaluation	1100.010.005	The clinic has carried out, or arranged for, a biennial evaluation of its total program. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.	491.11.a Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.002	Emergency plan. The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.	1600.010.002	Emergency plan. The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every two (2) years.	491.12(a) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.003	The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	1600.010.003	The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	491.12(a)(1) Standard	No change (reference point)

AAAASF RHC Standards Comparison - CMS Burden Reduction required changes, effective March 2, 2020

Standard #	Previous Standard (RHC V2.2)	Standard #	Updated Standard (RHC V2.3)	CMS Reference	Identified Change
1600.010.007	The plan must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the Provider/Supplier's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	1600.010.007	The plan must include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.	491.12(a)(4) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.009	Policies and procedures. The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, and the communication plan in standard 1600.010.023 of this section. The policies and procedures must be reviewed and updated at least annually.	1600.010.009	Policies and procedures. The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, and the communication plan in standard 1600.010.023 of this section. The policies and procedures must be reviewed and updated at least every two (2) years.	491.12(b) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.023	Communication plan. The Provider/Supplier must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually.	1600.010.023	Communication plan. The Provider/Supplier must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least every two (2) years.	491.12(c) Standard	Updated verbiage based on CMS Burden Reduction update

AAAASF RHC Standards Comparison - CMS Burden Reduction required changes, effective March 2, 2020

Standard #	Previous Standard (RHC V2.2)	Standard #	Updated Standard (RHC V2.3)	CMS Reference	Identified Change
1600.010.031	Training and testing. The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, policies and procedures in standard 1600.010.009 of this section, and the communication plan in standard 1600.010.023 of this section. The training and testing program must be reviewed and updated at least annually.	1600.010.031	Training and testing. The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, policies and procedures in standard 1600.010.009 of this section, and the communication plan in standard 1600.010.023 of this section. The training and testing program must be reviewed and updated at least every two (2) years.	491.12(d) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.033	The training program must provide emergency preparedness training at least annually.	1600.010.033	The training program must provide emergency preparedness training at least every two (2) years.	491.12(d)(1)(ii) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.034	The training program must maintain documentation of all emergency preparedness training.	1600.010.034	The training program must maintain documentation of all emergency preparedness training.	491.12(d)(1)(iii) Standard	Standard number updated
1600.010.035	The training program must demonstrate staff knowledge of emergency procedures.	1600.010.035	The training program must demonstrate staff knowledge of emergency procedures.	491.12(d)(1)(iv) Standard	Standard number updated
N/A	N/A	1600.010.036	If the emergency preparedness policies and procedures are significantly updated, the Provider/Supplier must conduct training on the updated policies and procedures.	491.12(d)(1)(v) Standard	New standard based on CMS Burden Reduction
1600.010.036	Testing. The Provider/Supplier must conduct exercises to test the emergency plan at least annually.	1600.010.037	Testing. The Provider/Supplier must conduct exercises to test the emergency plan at least annually.	491.12(d)(2) Standard	Standard number updated

AAAASF RHC Standards Comparison - CMS Burden Reduction required changes, effective March 2, 2020

Standard #	Previous Standard (RHC V2.2)	Standard #	Updated Standard (RHC V2.3)	CMS Reference	Identified Change
1600.010.037	The Provider/Supplier must participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the Provider/Supplier experiences an actual, natural or man-made emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.	1600.010.038	The Provider/Supplier must participate in a full-scale exercise that is community-based every two (2) years; or When a community based exercise is not accessible, conduct a facility-based functional exercise every two 2) years; or If the Provider/Supplier experiences an actual natural or manmade emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.	491.12(d)(2)(i) Standard 491.12(d)(2)(i)(A) Standard 491.12(d)(2)(i)(B) Standard	Updated verbiage based on CMS Burden Reduction update
1600.010.038	The Provider/Supplier must conduct an additional exercise that may include but is not limited to following: (A) A second full-scale exercise that is community-based or individual, facility-based. (B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	1600.010.039	The Provider/Supplier must conduct an additional exercise at least every two (2) years, opposite the year the full-scale or functional exercise (standard 1600.010.038) is conducted, that may include, but is not limited to the following: A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or B) A mock disaster drill; or C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.	491.12(d)(2)(ii) Standard 491.12(d)(2)(ii)(A) Standard 491.12(d)(2)(ii)(B) Standard 491.12(d)(2)(ii)(C) Standard	Updated verbiage based on CMS Burden Reduction update

AAAASF RHC Standards Comparison - CMS Burden Reduction required changes, effective March 2, 2020

Standard #	Previous Standard (RHC V2.2)	Standard #	Updated Standard (RHC V2.3)	CMS Reference	Identified Change
1600.010.039	The Provider/Supplier must analyze the Provider/Supplier's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Provider/Supplier's emergency plan, as needed.	1600.010.040	The Provider/Supplier must analyze the Provider/Supplier's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Provider/Supplier's emergency plan, as needed.	491.12(d)(2)(iii) Standard	Standard number updated