

Reception Room

- **Good morning!** The meeting will start shortly.
- **Participants are muted** on entry.
- **Check the Q&A Tab:** Information about the training, including information about how to access captions and view the slides, is available there.
- **To view captions for this event:** You can view captions in Teams by clicking the More (...) button in the Teams window, then “Language and Speech,” and choose "Turn on live captions."
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Hospital Regulatory Updates

May 2026

Tennessees Warning

- **The Minnesota Department of Health is hosting this joint regulatory training for providers of long-term care and Health Regulation Division staff.**
- **Your comments, questions, and image, which may be private data, may be visible during this event.** You are not required to provide this data, and there are no consequences for declining to do so.
- **The virtual presentation may be accessible to anyone** who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH.
- **To opt out of the presentation, please exit now.**

- Open Gov Update
- Quality and Safety Oversight (QSO) Memos
- Update on Overdue Backlog
- Immediate Jeopardy (IJ) and Conditions Cited
- Discharges to Nursing Homes and Provider Orders



MDH Licensing System

Kia Moua | Federal Licensing, Certification and Registration Supervisor

MDH Licensing System (Overview)

- MDH will launch a new electronic licensing system this year, prior to the fall renewal cycle.
- Replaces/modernizes current licensing processes.
- Designed to improve efficiency, tracking, and communication.



What Hospitals Need to Know



- Existing license data will be transferred into the new system.
- Hospitals will receive an email from MDH@public.govdelivery.com with login instructions.
- No immediate action required until access is received.
- Automated renewal reminders will be sent 90, 60, and 30 days before expiration, and on the expiration date.

License Dashboard



- Central dashboard for all licensing activity.
- During the renewal period, the button **“Renew Now”** will appear.
- Review and update information as needed. Locked fields can only be updated by MDH upon request.
- Upload required documents and submit payment. Online payments are encouraged; mailed checks will still be accepted.

Application Types

- Can submit initial, renewal, relocation, change of ownership, and prospective payment system applications.
- Engineering plan reviews will be submitted through the licensing system.
- Hospitals can track application progress and status.
- MDH and hospitals can communicate and request changes within the system.



Prospective Payment System – Psych & Rehab

- Psychiatric and rehabilitation applications will now be submitted through the licensing system.
- Renewal notices will be automatically sent to the designated unit contact.
- Review existing data and submit required attestation statements and unit criteria work sheets.



System Access and Next Steps

- Hospitals will receive an email with login instructions and an access code sent to a single designated contact (e.g., administrator).
- If the designated email contact needs to be updated, contact MDH.
- Create login access promptly upon receipt of instructions.
- Contact MDH for support or technical/access issues at health.HRD-FEDLCR@state.mn.us.



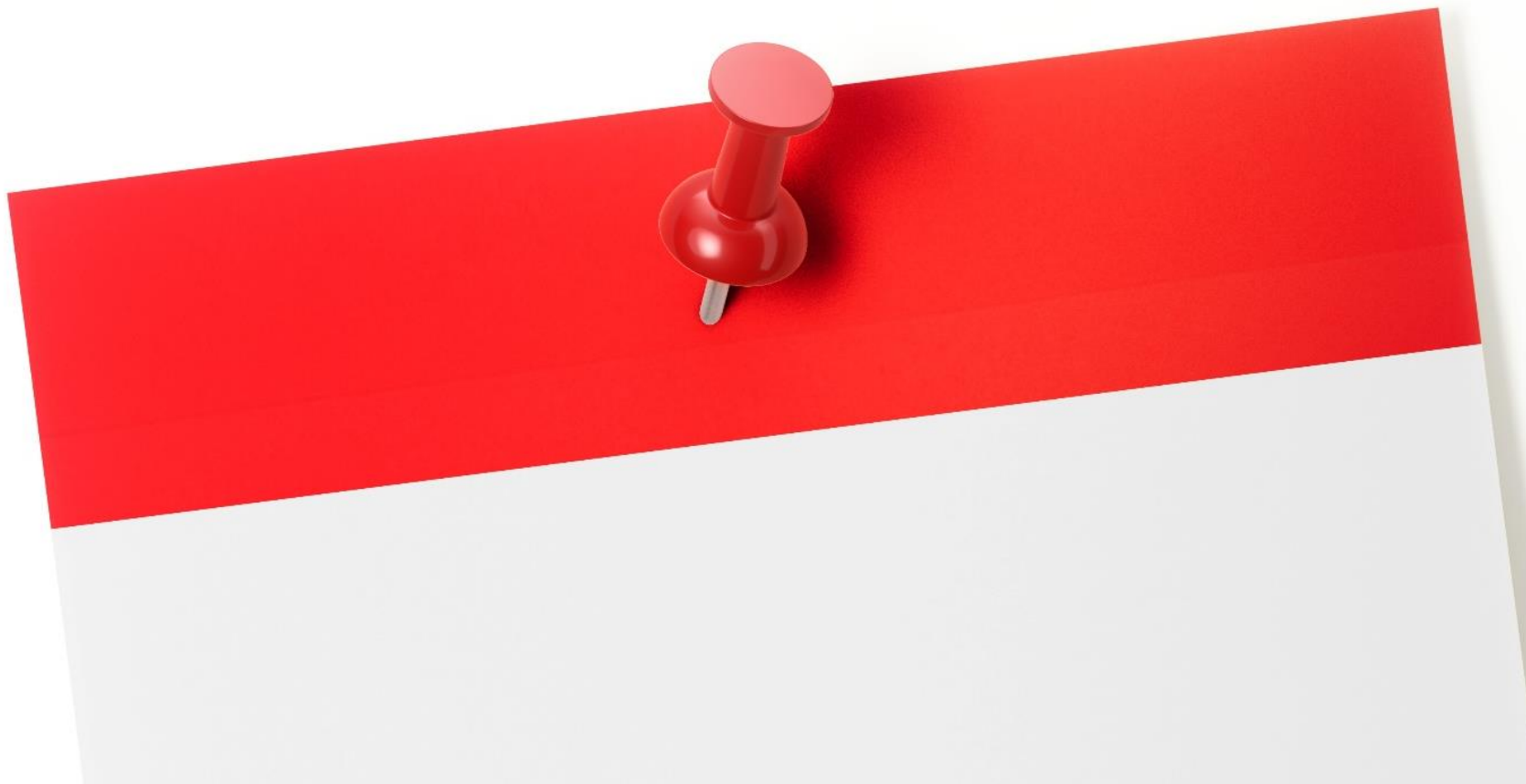


CMS QSO 25-24-Hospitals -Updates to the State Operations Manual (SOM) Appendix A - Guidance for Surveyors: Hospitals

Kathy Lucas | Regional Operations Manager, HRD

This memo provides several updates to the Conditions of participation – Appendix A of the State Operations Manual (SOM).

- Provides interpretive guidance and survey process.
- Incorporates previously issued QSO memos.
- This memo can be found at: [QSO-25-24-Hospitals](#).
- SOM Appendix A-Survey Protocol, Regulation and Interpretive Guidance for Hospitals was updated 3-20-26. [SOM Appendix A](#)



CMS QSO 26-07 for Interpretive Guidance for Hospitals and CAHs on Emergency Services for OB - MDH

Kathy Lucas | Regional Operations Manager, HRD

- Date: March 27, 2026
- Subject: Interpretive Guidance for Hospital and Critical Access Hospital Emergency Services Protocols and Training - Obstetrical Services Conditions of Participation.
 - CMS is releasing interpretive guidance for hospitals and critical access hospitals requirements for emergency services protocols and provisions.
 - Emphasis is on emergency response to obstetrical emergencies.
 - Also to assist surveyors in evaluating compliance related to emergency patient care.

- The revised guidance is intended to establish consistent standards in the provision of emergency care.
- Hospitals and CAH's must have protocols and provisions to meet the emergency needs of the patients.
- The purpose is to ensure evidence-based practice and standards of care are utilized to reduce morbidity and mortality for all emergency patients with enhanced protection for maternal and neonatal patients.

Guidance covers the following:

- Protocols for emergency conditions, including obstetrical complications [new for CAHs at § 485.618(e)(1) and hospitals at § 482.55(c)(1)].
- Provisions (e.g., equipment, supplies, and medication) used in the care and treatment of emergency cases [new for hospitals at § 482.55(c)(2); already present for CAHs at § 485.618(b)-(c)].

Guidance for Surveyors Includes:

- Verification of nationally recognized protocols/guidelines for all emergencies
- Availability of equipment, supplies and medications in accordance with the complexity and scope of emergency services offered.
- Policies, procedures and documentation related to emergency care including obstetrical emergencies.
- This memo can be found at: [Interpretive Guidance for Hospital and Critical Access Hospital Emergency Services Protocols and Training - Obstetrical Services Conditions of Participation \(PDF\)](#)



CMS QSO 26-07 for Interpretive Guidance for Hospitals and CAHs on Emergency Services for OB - HP

Emma Distel | Health Policy, Office of Rural Health and Primary Care

Interpretive Guidance §485.618(e)(1) (1/2)

- The CAH must develop protocols to respond quickly and efficiently to emergencies for its patient population.
 - Medicare Rural Hospital Flexibility Program (Flex) CAH survey preparation tool will be updated accordingly. [Critical Access Hospital Survey Preparation Tool, 2024 \(PDF\)](#).
 - Minnesota Perinatal Quality Collaborative offers education, QI and resources for perinatal care. Rural perinatal quality sprints start this summer and fall for low volume and non-birthing hospitals. [MN PQC](#)
- The Flex Program is available to support CAHs with developing policies, protocols and other updates as needed due to any changes in Appendix W.
 - Contact: Health.flex@state.mn.us.

Interpretive Guidance §485.618(e)(1) (2/2)

Other training and resources for staff understanding of emergency protocols:

- Comprehensive Advanced Life Support: rural advanced life support (ALS) training for emergency department and prehospital staff with specific courses for emergency obstetrics and neonatal scenarios.
 - American Red Cross Neonatal Advanced Life Support (NALS) Certification upon completion of this course.
- MN Rural Obstetric Simulation & Education Program(MN ROSE): obstetric simulation scenarios, many complications/emergencies, both surgical and non-surgical.



Update on Overdue Backlog

Kathy Lucas | Regional Operations Manager, HRD

Overdue Backlog

- Number of backlog complaints per hospital range from 1 to 15 complaints per provider.
- Current hospital survey priorities.
 - Current complaints triaged at IJ, Non-IJ High, including taking along additional older complaints.
 - Emergency Medical Treatment & Labor Act (EMTALA).



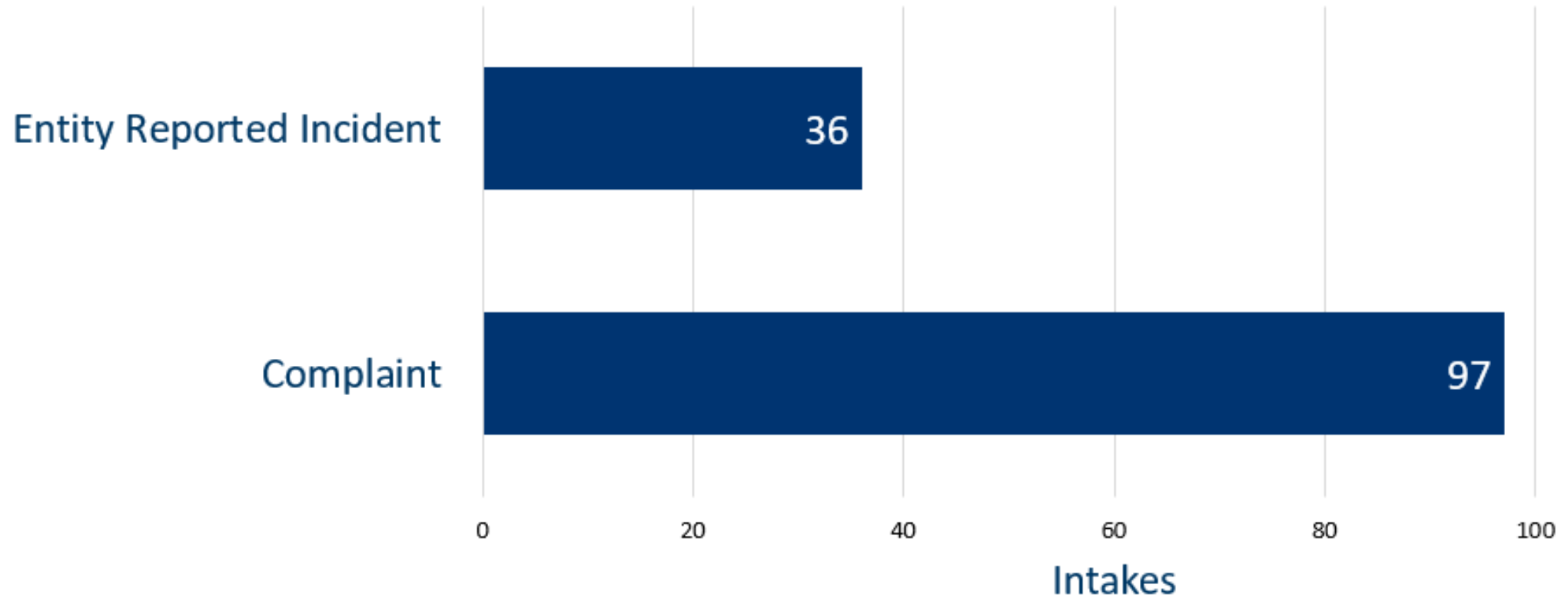
Intakes | Surveys | Tags

Annette Winters | Regional Operations Supervisor, HRD

Intakes and Surveys

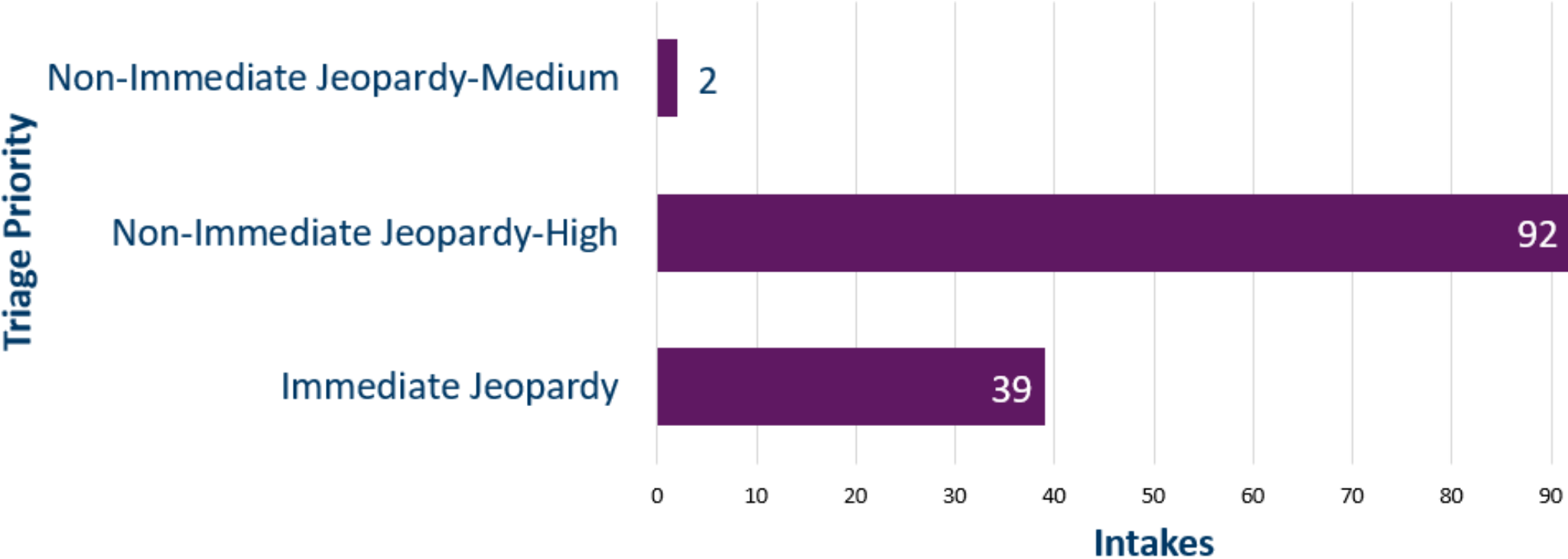


FY 26 - 1st and 2nd Quarter 10/01/25 to 3/31/26



Triage Priority

FY 26 - 1st and 2nd Quarter
10/01/25 to 3/31/26



Survey Results By Tag

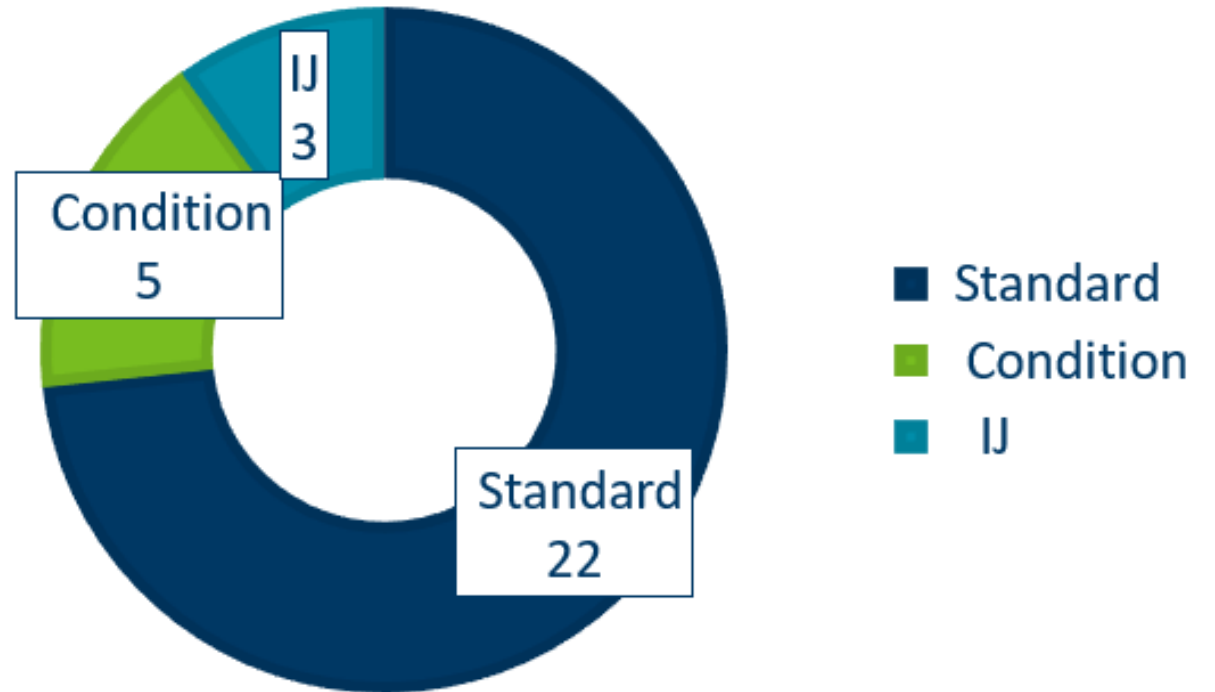
FY 26 - 1ST AND 2ND QUARTER
10/01/25 TO 3/31/26

Immediate Jeopardy

- Two at A-0115 Patient Rights
- One at A-0385 Nursing Services

Condition

- Four at A-0115 Patient Rights
- One at C-0900 Number of Beds and Length of Stay



Tag Frequency (1/2)

Tag – FY26 1 st and 2 nd Quarter (10/1/2025 – 3/31/2026)	#
A-0115 Patient Rights	6
A-0145 Patients Rights: Free from Abuse/Harassment	5
A-0133 Patients Rights: Admission Status Notification	2
A-0168 Patients Rights: Restraint or Seclusion	2
A-0154 Use of Restraint or Seclusion	2
A-0395 RN Supervision of Nursing Care	2
C-0904 Length of Stay	1
A-0179 Patient Rights: Restraint of Seclusion	1

Tag Frequency (2/2)

Tag – FY26 1 st and 2 nd Quarter (10/1/2025 – 3/31/2026)	#
O-2402 Posting of Signs	1
A-0385 Nursing Services	1
C-0900 Number of Beds and Length of Stay	1
A-0174 Patient Rights: Restraint or Seclusion	1
O-2400 Compliance with 489.24	1
A-0407 Verbal Orders for Drugs	1
O-2406 Medical Screening Exam	1
A-0410 Blood Transfusions and IV Medications	1
A-0701 Maintenance of Physical Plant	1



MDH Updates

Sarah Grebenc | Federal Executive Operations Manager

Modernization of Technology and streamline of services:

MDH will no longer have capabilities to accept fax effective June 15, 2026.



Admission Orders to Nursing Homes

Sarah Grebenc | Federal Executive Operations Manager

Admission Orders

F635 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17, Implementation: 11-28-17).

§483.20(a) Admission orders: At the time each resident is admitted, the facility must have physician orders for the resident's immediate care.

INTENT §483.20(a) To ensure each resident receives necessary care and services upon admission.

F712 (Rev. 211; Issued: 02-03-23; Effective: 10-21-22; Implementation: 10-24-22).

§483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all require physician visits must be made by the physician personally.

Table 1: Authority for Non-Physician Practitioners to Sign Orders when Permitted by the State

	Initial Comprehensive Visit	Admission Orders*	Other Required Visits & Orders^	Other Medically Necessary Visits & Orders+	Certification/ Recertification ±
SNF					
PA, NP & CNS employed by the facility	May not perform	May not provide	May perform alternate visits and sign	May perform and sign	May not sign
PA, NP & CNS not a facility employee	May not perform	May not provide	May perform alternate visits and sign	May perform and sign	May sign as permitted under State laws.
NF's					
PA, NP, & CNS employed by the facility	May not perform	May not provide	May not perform or sign	May perform and sign	Not applicable
PA, NP, & CNS not a facility employee	May perform	May provide*	May perform and sign	May perform and sign	Not applicable

Questions?



Thank You!!!

Sarah Grebenc | Sarah.Grebenc@state.mn.us