

Texas Administrative Code

TITLE 25 HEALTH SERVICES

PART 1 DEPARTMENT OF STATE HEALTH SERVICES

CHAPTER 157 EMERGENCY MEDICAL CARE

SUBCHAPTER ? EMERGENCY MEDICAL SERVICES

RULE §157.xxx **Requirements for Comprehensive Clinical Management Program Designation**

(a) The Department of State Health Services (department) shall designate an EMS provider's (provider) Comprehensive Clinical Management Program (CCMP) if a provider meets the current "Comprehensive Clinical Management Program Criteria", actively participates on the appropriate RAC and submits data to the Texas EMS/Trauma Registry.

(b) An EMS provider is defined in 157.2(30) of this title.

(1) Each provider's license shall be considered separately for designation.

(2) A provider with multiple licenses that is applying for designation shall be required to apply for designation for each of its licenses.

(c) The designation process shall consist of two phases.

(1) First phase - the application phase begins with submitting to the department a timely and sufficient application for CCMP designation and ends when the survey report is received at the department.

(2) Second phase - the review phase begins with the department's review of the survey report and ends with the approval or denial of designation.

(d) For a provider seeking initial designation, a timely and sufficient application shall include (1) – (5) below:

(1) The department's current "Comprehensive Clinical Management Program Application" form, with all fields correctly and legibly filled-in and all requested documents attached, hand-delivered or sent by postal services to the department.

(2) A full payment of the CCMP designation fee enclosed with the submitted "CCMP Application" form;

(3) Any subsequent documents submitted by the date requested by the department;

(4) A CCMP designation survey completed within one year of the date of the receipt of the application by the department; and

(5) A complete survey report, including patient care reviews, that is no older than 30 days from date of survey and is hand-delivered or sent by postal services to the department.

- (e) If a provider seeking initial designation fails to meet the requirements in section (d) (1)–(5), the application shall be denied.
- (f) For a provider seeking re-designation, a timely and sufficient application shall include (1) – (4) below:
- (1) The department’s current “CCMP Application” form, with all fields correctly and legibly filled-in and all requested documents attached, hand-delivered or sent by postal services to the department one year or greater from designation expiration date;
 - (2) A full payment of the designation fee enclosed with the submitted “CCMP Application” form;
 - (3) Any subsequent documents submitted by the date requested by the department; and
 - (4) A complete survey report, including patient care reviews, that is no older than 30 days from date of survey and is hand-delivered or sent by postal services to the department no less than sixty days prior to the designation expiration date.
- (g) If a provider seeking re-designation fails to meet the requirements outlined in section (f) (1)-(4), the original designation will expire on its expiration date.
- (h) The department’s analysis of the submitted “CCMP Application” form may result in recommendations for corrective action when deficiencies are noted and shall also include a review of:
- (1) The evidence of current participation in RAC/regional system planning;
 - (2) The completeness and appropriateness of the application materials submitted, including the submission of a non-refundable application fee of \$xxx.xx.
- (i) When the analysis of the “CCMP Application” form results in acknowledgement by the department that the provider is ready to survey, the provider may then contract for the survey, as follows:
- (1) Providers shall request a survey through an organization approved by the department, or by a department-credentialed surveyor(s).–
 - (2) The provider shall notify the department of the date of the planned survey and the composition of the survey team.
 - (3) The provider shall be responsible for any expenses associated with the survey.
 - (4) The department, at its discretion, may appoint an observer to accompany the survey team. In this event, the cost for the observer shall be borne by the department.
- (j) Providers shall be surveyed by a team that is multi-disciplinary and includes at a minimum: one EMS medical director and one EMS administrator, both must be department-credentialed and additional surveyors may be requested by the provider or by the department.
- (1) Department-credentialed surveyors must meet the following criteria:
 - (A) Have at least three years experience in EMS Systems;

(B) Be currently employed in the active management of an EMS system(s) with an approved CCMP;

(C) Have direct experience in the preparation for CCMP designation;

(D) Have successfully completed a department-approved CCMP site surveyor course and/or participated in a site survey internship;

(2) If the number of participating surveyors from approved CCMP providers is inadequate to meet the needs of the applying providers, the department may exempt surveyors who have demonstrated adequate knowledge of the CCMP process and criteria from one or more of the requirements from (j)(1) above.

(3) All members of the survey team, except department staff, shall come from a TSA outside the provider's location and at least 100 miles from the provider. There shall be no business or patient care relationship or any potential conflict of interest between the surveyor or the surveyor's place of employment and the provider being surveyed. The survey team shall not be composed solely of members from the same EMS provider.

(k) The survey team shall evaluate the provider's compliance with the CCMP criteria, by:

(1) Reviewing medical records, personnel files, staff rosters and schedules, process improvement documents and committee meeting minutes and other documents as required by the criteria;

(2) Reviewing equipment and the physical plant;

(3) Conducting interviews with provider personnel;

(4) Evaluating compliance with participation in the Texas EMS/Trauma Registry.

(l) The surveyor(s) shall provide the department and the provider with a written, signed survey report regarding their evaluation of the provider's compliance with CCMP criteria within 30 calendar days of the completion date of the survey.

(m) The department shall review the findings of the survey report for compliance with CCMP criteria.

(1) A recommendation for designation shall be made based on compliance with the criteria.

(2) If a provider does not meet criteria, the department shall notify the provider of deficiencies and specific recommendations for improvement that will be necessary before approval may be granted.

(A) The provider shall submit to the department a report which outlines the corrective action(s) taken no more than sixty (60) days after receipt of the deficiency letter. The department may require a second survey to ensure compliance with the criteria. If the department substantiates action that brings the provider into compliance with the criteria, the department shall approve designation.

(B) A provider unable to correct deficiencies within the established timeframe shall be denied approval of their CCMP application.

(C) A provider who has been denied CCMP designation may reapply by meeting the requirements of (d) of this subtitle.

(D) If a provider disagrees with the department's decision the provider has a right to a hearing, in accordance with the department's rules for contested cases and Chapter 2001 of the Texas Government Code.

(n) The provider shall have the right to withdraw its application at any time prior to being recommended for CCMP designation by the department.

(p) The provider shall receive a letter and a certificate of designation valid for four years. Additional actions, such as a site review or submission of information/reports to maintain designation may be required by the department.

(q) It shall be necessary to repeat the designation process as described in this section prior to expiration of a facility's designation or the designation expires.

(r) A CCMP designated EMS provider shall at all times:

(1) Comply with the provisions within these sections, all current state and system standards as described in this chapter, and all policies, protocols, and procedures as set forth in the CCMP plan;

(2) Continue its commitment to provide the resources, personnel, training, medical oversight as required by the CCMP criteria;

(3) Participate in the Texas EMS/Trauma Registry.

(A) data submission requirements for designation purposes are as follows:

(i) Initial designation: six months of data prior to the initial designation survey must be uploaded. Subsequent to initial designation, data should be uploaded to the Texas EMS/Trauma Registry on at least a quarterly basis (with monthly submissions recommended) as indicated in 25 TAC §103.19 Electronic Reporting.

(ii) Re-designation: the facility's trauma registry should be current with at least quarterly uploads of data to the Texas EMS/Trauma Registry (monthly submissions recommended) as indicated in 25 TAC §103.19 Electronic Reporting.

(4) Within five days, notify the department if temporarily unable to comply with a designation criterion. If the provider intends to comply with the criterion and maintain current designation status, it must also submit to the department a plan for corrective action and a request for a temporary exception to criteria within five days.

(A) If the requested essential criterion exception is not critical to the operations of the provider's CCMP and the department determines that the provider has intent to comply, a 30-day to 90-day exception period from onset date of the deficiency may be granted for the provider to achieve compliancy.

(B) If the requested essential criterion exception is critical to the operations of CCMP and the department determines that the provider has intent to comply, a no greater than 30-day exception period from onset date of the deficiency may be granted for the provider to achieve compliancy.

(C) If the provider has not come into compliance at the end of the exception period, the department may at its discretion elect one of the following:

(i) Propose to suspend the provider's designation status. The department will develop a plan for corrective action for the provider and a specific timeline for compliance by the provider; or

(ii) Propose to extend the provider's temporary exception to criteria for an additional period not to exceed 90 days. The department will develop a plan for corrective action for the provider and a specific timeline for compliance by the provider.

(iii) Propose to revoke the provider's designation status.

(I) If a provider disagrees with the department's recommendation, the provider has a right to a hearing, in accordance with the department's rules for contested cases and Chapter 2001 of the Texas Government Code.

(II) CCMP designated EMS providers seeking exceptions to essential criteria shall have the right to withdraw the request at any time prior to resolution of the final appeal process.

(5) Notify the department if the provider is no longer willing or able to maintain its CCMP criteria and is surrendering its designation.

(s) A provider may not use the terms "CCMP provider" or similar terminology in its signs or advertisements or in the printed materials and information it provides to the public unless the EMS provider is currently designated as a CCMP provider according to the process described in this section.

(t) The department shall have the right to review, inspect, evaluate, and audit all patient records, performance improvement committee minutes, and other documents relevant to patient healthcare for any provider at any time to verify compliance with the statute and these rules, including the designation criteria. The department shall maintain confidentiality of such records to the extent authorized by the Texas Public Information Act, Chapter 552, Texas Government Code and consistent with current laws and regulations related to the Health Insurance Portability and Accountability Act of 1996. The department shall provide a copy of the survey report, for surveys conducted by or contracted for the department, and the results to the provider.

(u) The department may grant an exception to this section if it finds that compliance with this section would not be in the best interests of the persons served in the affected local system.

Figure 1: 25 TAC §xxx.xxx (v)