Governance Related Requirements

The Centers for Medicare & Medicaid Services (CMS) has standards with which healthcare facilities must comply to receive Medicare and Medicaid payments. These standards -- called Conditions of Participation (CoPs) -- apply to Indian Health Service and tribally operated hospitals which bill Medicare and Medicaid. The CoPs require that providers have a governing body that assumes responsibility for the entity's compliance with Federal health care program requirements. The CoPs can be met through a Governing Board's exercise of its oversight responsibilities. Similar requirements for other types of facilities may be found elsewhere in statutes or regulation. Below is a list of references to governance-related requirements for a variety of types of healthcare organizations.

- Hospitals: 42 CFR § 482.12
- Long Term Care Facilities/Nursing Facilities: 42 CFR § 483.70
- Outpatient Clinics & Rehabilitation Facilities: 42 CFR § 485.709
- Community Mental Health Centers: 42 CFR § 485.918
- Psychiatric hospitals: 42 CFR § 482.60, incorporating 42 CFR § 482.12
- Transplant Centers: 42 CFR § 482.68, incorporating 42 CFR § 482.12
- Critical Access Hospitals: 42 CFR § 485.627
- Home Health Agencies: 42 CFR § 484.105
- Hospice: 42 CFR § 418.100
- Ambulatory Surgical Centers: 42 CFR § 416.41
- Comprehensive Outpatient Rehabilitation Facilities: 42 CFR § 485.56
- Health Resources & Service Administration (HRSA) Health Centers: 42 CFR § 51c.304, 42 CFR § 56.304
- Federally Qualified Health Centers and Rural Health Clinics: 42 CFR § 491.7 (Note that FQHC regulations do not require governing boards, but they establish minimum governance requirements.)
- Urban Indian Organizations: 25 U.S.C. § 1603(29)