
CMS Manual System

Pub. 100-04 State Operations Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 165

Date: December 16, 2016

SUBJECT: Revisions to State Operations Manual (SOM) Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs

I. SUMMARY OF CHANGES: Revisions were made to the regulation language for CAH providers of emergency services in 2004 and 2006 but SOM Appendix W was not revised. This technical corrections at tag C-0207, standards §485.618(d)(1) through §485.618(d)(4) are being revised to reflect the current regulations. In addition language has been added to the survey procedures under this tag.

NEW/REVISED MATERIAL - EFFECTIVE DATE: December 16, 2016

IMPLEMENTATION DATE: December 16, 2016

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)

(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix W/C-0207/§485.618(d) Standard: Personnel

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

C-0207

§485.618(d) Standard: Personnel

(Rev 165, Issued 12-16-16, Effective 12-16-16, Implementation 12-16-16)

(1) Except as specified in paragraph (d)(3) of this section, there must be a doctor of medicine or osteopathy, a physician assistant, a nurse practitioner *or a clinical nurse specialist* with training or experience in emergency care on call and immediately available by telephone or radio contact, and available on site within the following timeframes:

(i) Within 30 minutes, on a 24-hour a day basis, if the CAH is located in an area other than an area described in paragraph (d)(1)(ii) of this section; or

(ii) Within 60 minutes, on a 24-hour a day basis, if all of the following requirements are met:

(A) The CAH is located in an area designated as a frontier area (that is, an area with fewer than six residents per square mile based on the latest population data published by the Bureau of the Census) or in an area that meets criteria for a remote location adopted by the State in its rural health care plan, and approved by CMS, under section 1820(b) of the Act.

(B) The State has determined under criteria in its rural health care plan, that allowing an emergency response time longer than 30 minutes is the only feasible method of providing emergency care to residents of the area served by the CAH.

(C) The State maintains documentation showing that the response time of up to 60 minutes at a particular CAH it designates is justified because other available alternatives would increase the time needed to stabilize a patient in an emergency.

(2) A registered nurse with training and experience in emergency care can be utilized to conduct specific medical screening examinations only if—

(i) The registered nurse is on site and immediately available at the CAH when a patient requests medical care; and

(ii) The nature of the patient's request for medical care is within the scope of practice of a registered nurse and consistent with applicable State laws and the CAH's bylaws or rules and regulations.

(3) A registered nurse satisfies the personnel requirement specified in paragraph (d)(1) of this section for a temporary period if--

(i) The CAH has no greater than 10 beds;

- (ii) The CAH is located in an area designated as a frontier area or remote location as described in paragraph (d)(1)(ii)(A) of this section;
- (iii) The State in which the CAH is located submits a letter to CMS signed by the Governor, following consultation on the issue of using RNs on a temporary basis as part of their State rural health care plan with the State Boards of Medicine and Nursing, and in accordance with State law, requesting that a registered nurse with training and experience in emergency care be included in the list of personnel specified in paragraph (d)(1) of this section. The letter from the Governor must attest that he or she has consulted with State Boards of Medicine and Nursing about issues related to access to and the quality of emergency services in the States. The letter from the Governor must also describe the circumstances and duration of the temporary request to include the registered nurses on the list of personnel specified in paragraph (d)(1) of this section;
- (iv) Once a Governor submits a letter, as specified in paragraph (d)(3)(ii) of this section, a CAH must submit documentation to the State survey agency demonstrating that it has been unable, due to the shortage of such personnel in the area, to provide adequate coverage as specified in this paragraph (d).

(4) The request, as specified in paragraph (d)(3)(ii) of this section, and the withdrawal of the request, may be submitted to us at any time, and are effective upon submission.

Interpretive Guidance § 485.618(d)

When State laws are more stringent and require more stringent staffing or expanded operational hours, the CAH must staff its emergency department in accordance with state laws. For example, if State law requires the CAH emergency department be open and be staffed with a MD/DO 24/7 then the CAH must comply.

Survey Procedures §485.618(d)

- Review on-call schedules to determine how the CAH ensures that a qualified staff member is on call 24 hours a day and available on site at the CAH within 30 minutes, or 60 minutes in certain frontier areas.
- Interview staff to determine how the CAH staff knows who is on call.

What documentation demonstrates that a MD/DO, nurse practitioner, physician assistant, *clinical nurse specialist* or registered nurse (as allowed under (d)(3)) with emergency training or experience has been on call and available on site at the CAH within 30 or 60 minutes, as appropriate?