DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations

Ref: S&C-03-17

DATE: April 10, 2003

FROM: Director
Survey and Certification Group

SUBJECT: Personnel Provision of the Critical Access Hospital Emergency Services Requirement for Frontier Areas and Remote Locations - ACTION

TO: Survey and Certification Regional Office Management (G-5)
State Survey Agency Directors

The purpose of this policy letter is to establish a uniform procedure for implementing the Centers for Medicare & Medicaid Services (CMS) regulatory change for professional staff coverage for emergency departments in critical access hospitals (CAHs) with a bed size of 1-10 and that are located in frontier areas or remote locations. This change to the staff coverage was published as a final rule on December 31, 2002, and the effective date of the rule is March 1, 2003.

Section 1820(c)(2)(B) of the Act implements specific conditions of participation (CoPs) that a facility must meet to be designated as a CAH. The statutory criteria for State designation as a CAH require, in part, that the facility makes available 24-hour emergency care services that a State determines are necessary for ensuring access to emergency care services in each area served by a CAH.

In 2002, we received letters requesting a special waiver from the current emergency services personnel requirement [specified in §485.618(d)] for CAHs in frontier areas and remote locations. The requests stated the personnel requirement places a hardship on isolated frontier communities that have only one medical practitioner and have a very low volume of patients that makes it difficult to recruit other practitioners.

Our regulations at §485.618(d) require a doctor of medicine or osteopathy (MD), a physician's assistant (PA), or a nurse practitioner (NP) with training or experience in emergency care to be on call and immediately available by telephone or radio. Although the statute does not provide authority to waive the requirement for continuous emergency care services, we believe that allowing registered nurses (RNs) with training and experience in emergency care to be included in the list of personnel to be on call and immediately available is the best means of ensuring that patients in frontier areas or remote locations will continue to have access to emergency health care services.

The December 31, 2002 final rule revised §485.618(d) to add the option for States to include RNs, on a temporary basis, among the authorized personnel. This will permit State Governors to request, in writing, the inclusion of RNs for their State so that RNs may fulfill the emergency personnel requirements. 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 State. The letter from the Governor must also describe the circumstances and duration of the request. The request may be submitted at any time and will be effective on the date we receive the request.

The temporary addition of RNs as authorized personnel is only available to a CAH with 10 or less beds, located in a frontier area or remote location, and has a demonstrated professional personnel shortage that creates a hardship in covering the emergency services in the area of the CAH.

Once a Governor submits a letter to CMS, the affected CAH must submit documentation to the State survey agency demonstrating that it has been unable to recruit adequate coverage utilizing an MD, PA, or NP. Attachment 2 to this policy letter includes examples of documentation that can be used to support the request.

If a State is interested in implementing the CAH Emergency Services Requirement as written at 42 CFR §485.618(d), Governor letters and/or questions can be directed to:
Marjorie Eddinger, 7500 Security Boulevard, MS: S2-12-25, Baltimore, MD 21244.
Phone: (410) 786-0375. Fax: (410) 786-8533. Email: meddinger@cms.hhs.gov. Please cc all correspondence to the appropriate CMS Regional Office.

Effective Date: March 1, 2003

Training: The information contained in this announcement should be shared with all survey and certification staff, their managers and the state/RO training coordinator.

/s/
Steven A. Pelovitz

Attachment 1: 42 CFR §485.618(d)
Attachment 2: Fact Sheet
Attachment 3: List of CAHs with Bed Size 1-10

Critical Access Hospital Emergency Services Requirement
CFR 42 §485.618(d) Standard: Personnel
Effective Date: March 1, 2003
Attachment 1

C-0207
§485.618(d) Standard: Personnel.

§485.618(d)(1) Except as specified in paragraph (d)(2) of this section, there must be a doctor of medicine or osteopathy, a physician assistant, or a nurse practitioner 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 satisfies the personnel requirement specified in paragraph (d)(1) of this section for a temporary period if-
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)(2)(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).

(3) The request, as specified in paragraph (d)(2)(ii) of this section, and the withdrawal of the request, may be submitted to us at any time, and are effective upon submission.

Survey Procedures and Probes §485.618(d)

Review on-call schedules to determine how the CAH ensures that a staff member described in §485.618(d) 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 doctor of medicine or osteopathy, nurse practitioner or physician assistant with emergency training or experience has been on-call and available on-site at the CAH within 30 or 60 minutes, as appropriate?

If there is evidence from interviews with CAH staff and/or documentation reviews that the 30 or 60 minute on-call requirement has not been met, expand the survey to include interviews with local officials (e.g., local volunteer rescue services, 911 dispatch services in the area, local government, etc.) to determine if there have been any instances when a properly trained or experienced CAH practitioner has not been available by telephone or radio or at the CAH within 30 or 60 minutes?

Critical Access Hospital Emergency Services Requirement

Attachment 2

FACT SHEET

Centers for Medicare & Medicaid Services (CMS) published a change to the critical access hospital (CAH) emergency services personnel requirement in the ***Federal Register*** on December 31, 2002. CAHs in very remote and frontier areas have been struggling to comply with the current standard that requires CAHs to have either a doctor of medicine or osteopathy (MD), a physician assistant (PA), or a nurse practitioner (NP) to ensure emergency coverage 24-hours-a-day, seven-days-a-week. This final rule, effective March 1, 2003, will allow CAHs in certain states to utilize registered nurses (RNs) to provide on-call emergency coverage in frontier areas (an area with fewer than six residents per square mile) and remote locations (locations designated in a State's rural health plan that we have approved) on a temporary basis.

Each state that chooses to utilize this flexibility must submit a letter to CMS signed by the Governor utilizing the following guidelines:

- The CAH has no greater than 10 beds.
- The state must consult with its Boards of Medicine and Nursing, and in accordance with State law, submit a letter requesting that a registered nurse with training and experience in emergency care be included on the list of personnel for on-call emergency coverage. The letter must attest that the Governor has consulted with State Board of Medicine and Nursing about issues related to access to care and the quality of emergency services in the state.
- The letter must also describe the circumstances and duration of the temporary request to include the RNs on the list of qualified personnel that will provide on-call emergency coverage.

We have described this situation as temporary because it is not designed to be a permanent solution. States and CAHs are still encouraged and expected to work to resolve this temporary personnel shortage by recruiting staff with more advanced training. Also, the RN is not to be utilized in lieu of regularly scheduled staff but should be utilized to provide relief only on an "as needed basis", for example, a CAH with a sole provider.

- Once a Governor submits a letter to CMS, the affected CAH must submit documentation to the State survey agency demonstrating that it has been unable to recruit adequate coverage utilizing either an MD, PA, or NP.

Documentation demonstrating efforts to meet staffing requirement could include:
--Copies of reports of telephone contacts with potential hires, professional schools and organizations, recruiting services, etc;
--Information about trips to professional meetings, educational institutions and health care facilities for recruiting purposes;
--Copies of advertisement for recruiting hires; and
--Results of personal interviews with potential hires.

- The request to utilize an RN for emergency coverage, and the withdrawal of the request may be submitted to CMS at any time and will become effective upon submission.

Critical Access Hospital Emergency Services Requirement
List of Critical Access Hospitals with Bed Size 1-10

Attachment 3, Total 56 Facilities, March 2003

Medicare Provider Number	Bed Size	Name of Facility	Location
021302	06	Providence Seward Medical Center	Seward, AK
021305	08	Wrangell Medical Center	Wrangell, AK
051302	04	Southern Inyo Hospital	Lone Pine, CA
061300	08	Weisbrod Memorial City Hospital-CAH	Eads, CO
061301	06	Rio Grand Hospital-CAH	Del Norte, CO
121301	05	Kau Hospital	Pahala, HI
121302	04	Kohala Hospital	Kapaau, HI
121305	04	Lanai Community Hospital	Lanai City, HI
131301	10	Boundary County Community Hospital	Bonners Ferry, ID
131304	10	Harms Memorial Hospital	American Falls, ID
131308	10	Cascade Medical Center	Cascade, ID
171302	06	Oswego Health Center	Oswego, KS
171303	10	Lane County Hospital	Dighton, KS
171307	06	Rawlins County Hospital	Atwood, KS
171310	06	Cheyenne County Hospital	St. Francis, KS
171312	06	Comanche County Hospital	Coldwater, KS
171313	06	Kearny County Hospital	Lakin, KS
171314	06	Jefferson County Memorial Hospital	Winchester, KS
231300	08	Paul Oliver Memorial Hospital	Frankfort, MI
231301	08	Kalkaska Memorial Health Center	Kalkaska, MI
251304	09	Tallahatchie CAH	Charleston, MS
261315	03	Parkland Health Center	Bonne Terre, MO
271302	08	Dahl Memorial Healthcare Association-CAH	Ekalaka, MT
271303	05	Granite County Medical Center-CAH	Philipsburg, MT
271304	07	Missouri River Medical Center-CAH	Ft. Benton, MT
271305	08	McCone County Health Center-CAH	Circle, MT
271306	06	Mountain View Medical Center-CAH	White Sulphur Springs, MT
271307	07	Teton Medical Center-CAH	Choteau, MT
271308	10	Roosevelt Memorial Medical Center-CAH	Culbertson, MT
271309	02	Prairie Community-CAH	Terry, MT
271310	04	Garfield County Health Center, Inc.-CAH	Jordan, MT
271311	08	Big Sandy Medical Center-CAH	Big Sandy, MT

271313	08	Pioneer Medical Center-CAH	Big Timber, MT
271315	06	PHS IHS Hospital, Ft. Belknap-CAH	Harlem, MT
271319	10	Ruby Valley Hospital-CAH	Sheridan, MT
271327	09	Rosebud Health Care Center-CAH	Forsyth, MT
271329	09	Madison Valley Hospital-CAH	Ennis, MT
271331	10	Mineral Community Hospital-CAH	Superior, MT
271333	09	Broadwater Health Center-CAH	Townsend, MT
291301	08	Incline Village Health Center	Incline Village, NV
291303	07	Battle Mountain General Hospital	Battle Mountain, NV
291304	05	Pershing General Hospital	Lovelock, NV
341301	06	Yancey Community Medical Center	Burnsville, NC
351306	10	Cooperstown Medical Center-CAH	Cooperstown, ND
391304	09	Bucktail Medical Center	Renovo, PA
431302	07	Gettysburg Memorial Hospital-CAH	Gettysburg, SD
431303	04	Five Counties Hospital-CAH	Lemmon, SD
431308	06	Eureka Community Health Services-CAH	Eureka, SD
431322	10	Fall River Hospital-CAH	Hot Springs, SD
441304	02	Johnson County Health Center	Mountain City, TN
451304	06	Schleicher County Medical Center	Eldorado, TX
451319	10	Mother Frances Hospital Jacksonville	Jacksonville, TX
451325	10	Concho County Hospital	Eden, TX
501301	09	Garfield County Memorial Hospital	Pomeroy, WA
501309	05	St. Joseph’s Hospital of Chewelah	Chewelah, WA
531301	06	South Big Horn County Hospital-CAH	Basin, WY

CAHS with Bed Size 1-10 Located by CMS Regional Office
Frontier CAHS = 72%, Remote CAHS = 28%

Regional Office	Number of Facilities
I	0
II	0
III	1
IV	3
V	2
VI	3
VII	8
VIII	25
IX	7
X	7