Understanding the Emergency Preparedness Final Rule

Lisa Parker, J.D. (CMS), Caecilia Blondiaux (CMS), Shayne Brannman, M.S., M.A. (ASPR),
and Melissa Harvey, RN, MSPH (ASPR)
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Agenda

- Overview of the Emergency Preparedness Final Rule

- Survey and Certification

- The Office of the Assistant Secretary for Preparedness and Response's Technical Resource, Assistance Center, & Information Exchange (ASPR TRACIE)

- Hospital Preparedness Program Overview and Opportunities for Engaging Community Partners

- Questions and Answers

Overview of the Emergency Preparedness Final Rule

Lisa Parker, J.D.

Director, Division of Institutional Quality Standards

Center for Clinical Standards and Quality, CMS

Conditions of Participation

- Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) are health and safety regulations which must be met by Medicare and Medicaid-participating providers and suppliers.

- They serve to protect all individuals receiving services from those organizations

The Proposed Rule and Stakeholder Feedback

- Published in the *Federal Register* on December 27, 2013.

- Increases patient safety during emergencies.

- Establishes consistent emergency preparedness requirements across provider and supplier types.

- Establishes a more coordinated response to natural and man-made disasters.

- Applies to 17 Medicare and Medicaid providers and suppliers.

- Final rule published in the *Federal Register* on September 16, 2016.

Timeframes
- Delay implementation
- Phase in by provider type

Existing Standards
- Overlap with existing laws
- Defer to existing standards

Burden
- Impractical for provider type
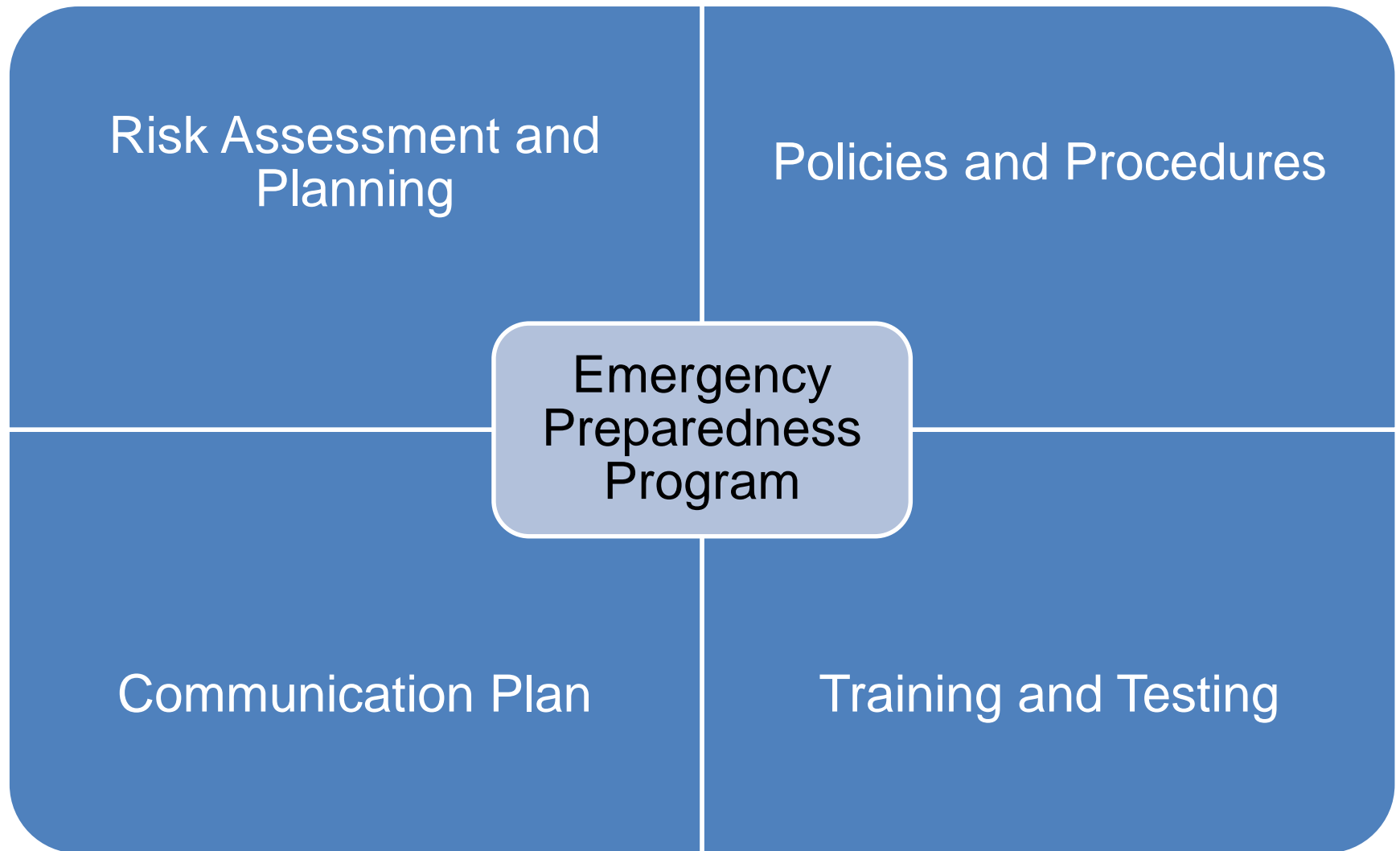- Compliance too costly

Goals

Address systemic gaps.

Establish consistency

Encourage coordination

Four Provisions for All Provider Types

Risk Assessment and Planning

Policies and Procedures

Emergency Preparedness Program

Communication Plan

Training and Testing

Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment.

- Perform risk assessment using an "all-hazards" approach, focusing on capacities and capabilities.

- Update emergency plan at least annually.

Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.

- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.

- Review and update policies and procedures at least annually.

Communication Plan

- Develop a communication plan that complies with both Federal and State laws.

- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.

- Review and update plan annually.

Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures.

- Demonstrate knowledge of emergency procedures and provide training at least annually.

- Conduct drills and exercises to test the emergency plan.

Emergency and Standby Power Systems

- Additional requirements for hospitals, critical access hospitals, and long-term care facilities.

- Locate generators in accordance with National Fire Protection Association (NFPA) guidelines.

- Conduct generator testing, inspection, and maintenance as required by NFPA.

- Maintain sufficient fuel to sustain power during an emergency.

Requirements Vary by Provider Type

- Outpatient providers would not be required to have policies and procedures for the provision of subsistence needs.

- Home health agencies and hospices required to inform officials of patients in need of evacuation.

- Long-term care and psychiatric residential treatment facilities must share information from the emergency plan with residents and family members or representatives.

Link to the Final Rule

- View the final rule at:

https://www.regulations.gov/document?D=CMS-2013-0269-0377

Emergency Preparedness: What does this mean for Survey & Certification

Caecilia Blondiaux

Survey and Certification Group

Center for Clinical Standards and Quality, CMS

Caecilia.Blondiaux@cms.hhs.gov

Interpretive Guidelines

- The Survey & Certification Group (SCG) is in the process of developing the Interpretive Guidelines (IGs) which will assist in implementation of the new regulation.

- We anticipate the guidelines to be completed by early 2017.

- The IGs will be formatted into one Appendix as opposed to updating all 17 provider/supplier type IGs already available.

Interpretive Guidelines

- Facilities are expected to be in compliance with these CoPs/CfC and requirements 1 year following the publication of the final rule.

- In the event facilities are non-compliant, the same general process will occur as is currently in place for any other conditions and could lead to termination of the provider agreement.

The SCG Website

- In the interim, before the IGs can be finalized, SCG has refaced its emergency preparedness website.

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html

- We anticipate the development of checklists for surveyors and State Agencies, as well as for providers/suppliers.

The SCG Website

- Additional resources include sample plans, forms and other items which already exist.

- We welcome stakeholders and members to provide any resources which they may feel appropriate by emailing SCGEmergencyPrep@cms.hhs.gov.

Training

- SCG is working with a Contractor to develop a web-based (self-paced) training for surveyors, as well as providers/suppliers.

- Part 1 of the training will be on the four core elements as a general module.

- Part 2 will be broken down by Long-Term Care (LTC)/Non-LTC provider/supplier type.

- We also anticipate developing refresher trainings moving forward.

ASPR's Technical Resources, Assistance Center, & Information Exchange

Pamela Shayne Brannman, M.S., M.A.

Director, ASPR TRACIE

ASPR TRACIE

TECHNICAL RESOURCES
- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed "Topic Collections"
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

ASSISTANCE CENTER
- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)

INFORMATION EXCHANGE
- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

ASPRtracie.hhs.gov/CMSrule
- ASPR TRACIE's Topic Collections and provider- and supplier-specific resources can help organizations involved in implementing the CMS requirements with resources tailored to their specific needs
- Resources for hazard vulnerability assessments, emergency plans, policies and procedures, communications plans, trainings, and testing

ASPRtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov

Hospital Preparedness Program Overview
and
Opportunities for Engaging Community Partners

Melissa Harvey, RN, MSPH

Director, National Healthcare Preparedness Programs

Hospital Preparedness Program Overview

- The Hospital Preparedness Program (HPP) enables the health care system to save lives during emergencies that exceed day-to-day capacity of the health and emergency response systems.

- This is accomplished through the development of regional health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

Hospital Preparedness Program Overview
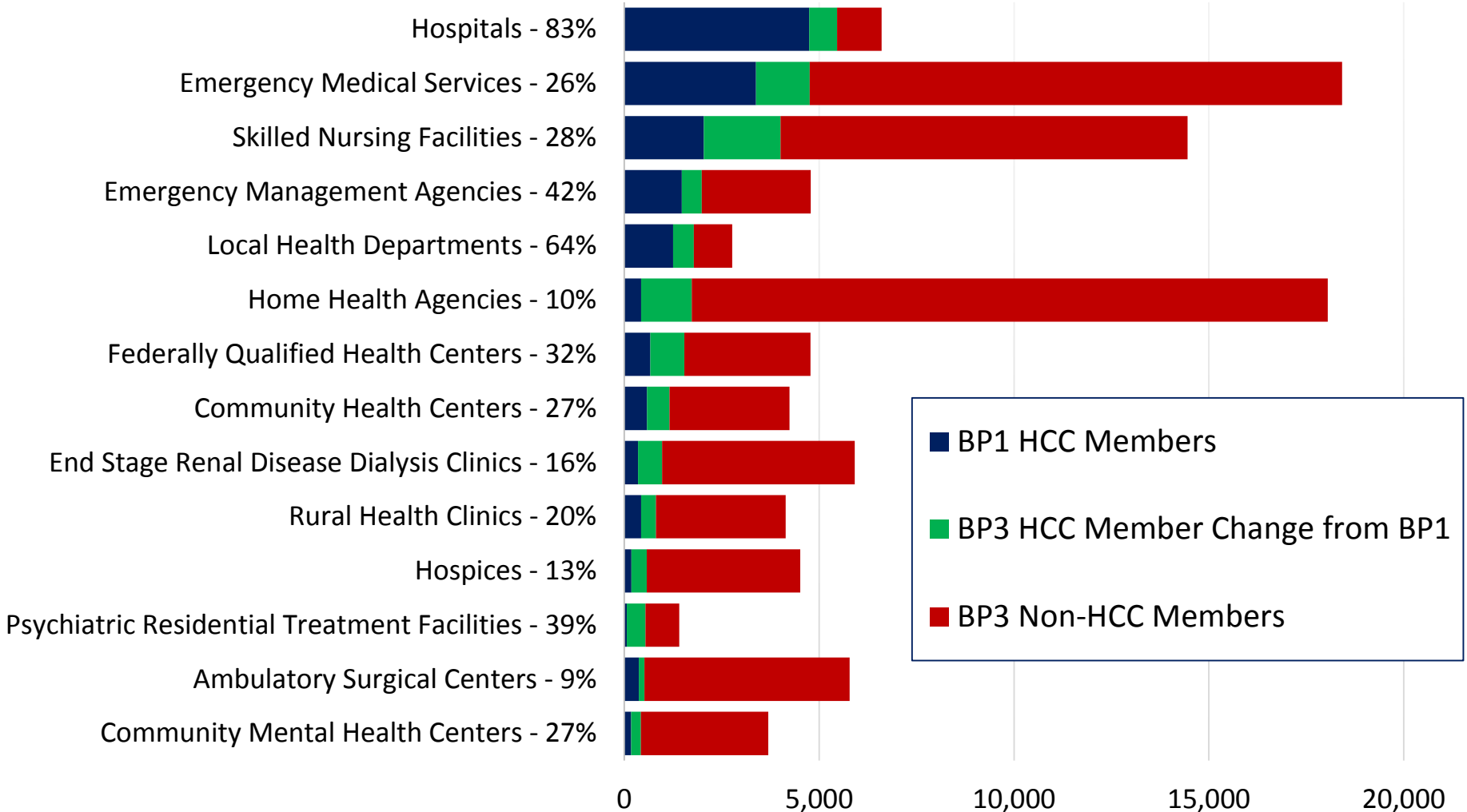
- These regional efforts help each patient receive the right care at the right place at the right time.

- As the only source of federal funding that supports regional health care system preparedness, HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery.

HPP Invests in Regional Health Care Preparedness, Response, and Recovery Capabilities through Health Care Coalitions
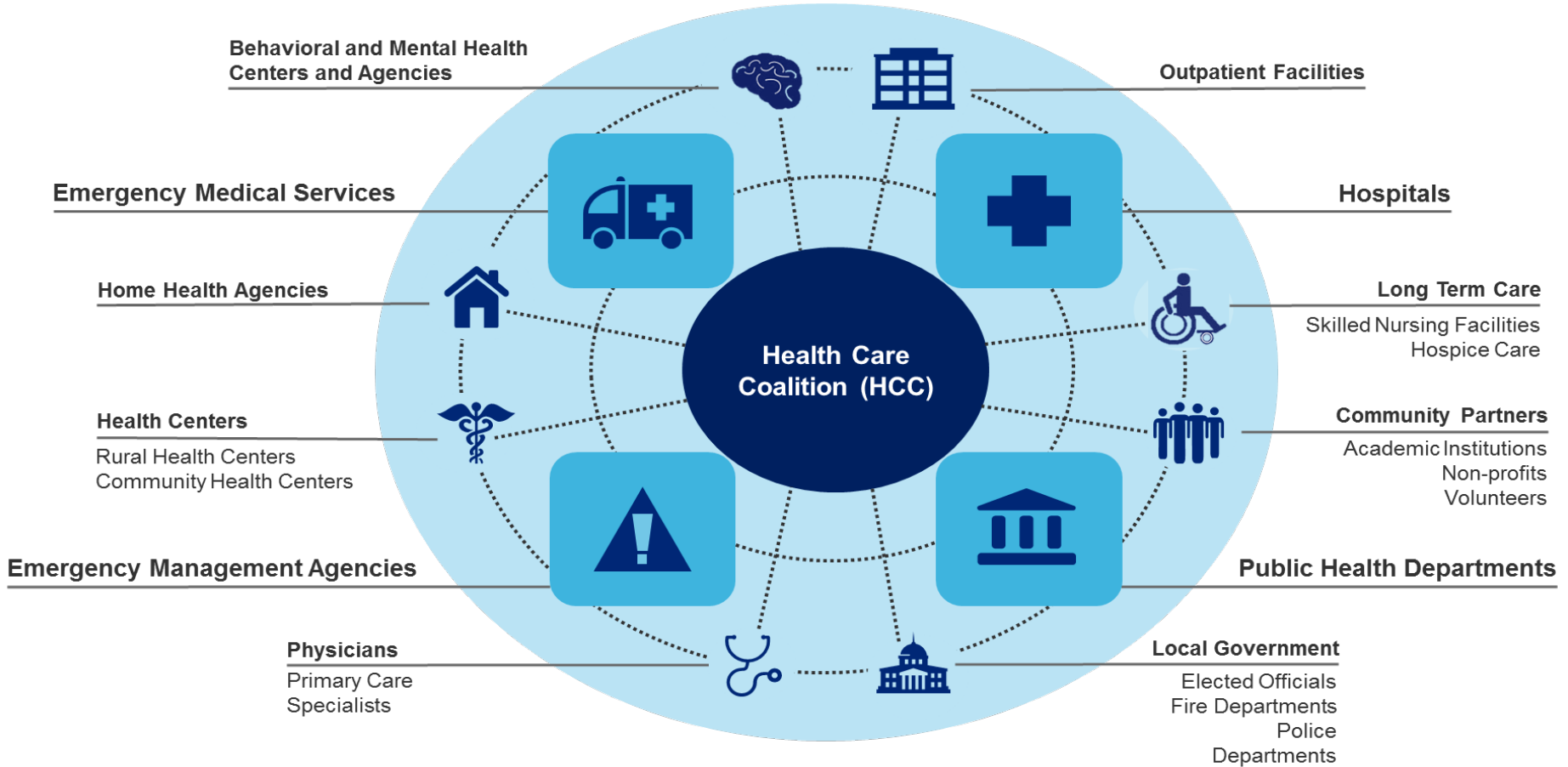
HCC Membership is Growing

26,271 HCC members nationwide, a 63 percent increase in two years

Chart legend:
- BP1 HCC Members
- BP3 HCC Member Change from BP1
- BP3 Non-HCC Members

Categories (left axis):
- Hospitals - 83%
- Emergency Medical Services - 26%
- Skilled Nursing Facilities - 28%
- Emergency Management Agencies - 42%
- Local Health Departments - 64%
- Home Health Agencies - 10%
- Federally Qualified Health Centers - 32%
- Community Health Centers - 27%
- End Stage Renal Disease Dialysis Clinics - 16%
- Rural Health Clinics - 20%
- Hospices - 13%
- Psychiatric Residential Treatment Facilities - 39%
- Ambulatory Surgical Centers - 9%
- Community Mental Health Centers - 27%

Horizontal axis: 0 — 5,000 — 10,000 — 15,000 — 20,000

CMS Rule and HPP: Opportunities for Engaging Community Partners

- HPP anticipates that health care entities that have not previously engaged in community preparedness will seek to do so through participation in HCCs.

- The CMS rule offers HCCs and newly engaged providers a tremendous opportunity to achieve greater organizational and community effectiveness and financial sustainability through a more inclusive preparedness community.

- Although the over 26,000 health care organizations already engaged in community preparedness through HCCs may already meet or exceed the baseline level of preparedness in the CMS rule, HCCs will also function as an accessible source of preparedness and response best practices as newly engaged provider types adapt to the new requirements.

Question & Answer Session

Acronyms in this Presentation

- Conditions for Coverage (CfCs)
- Conditions for Participation (CoPs)
- Hospital Preparedness Program (HPP)
- Interpretive Guidelines (IGs)
- Long-term Care (LTC)
- National Fire Protection Association (NFPA)
- Office of the Assistant Secretary for Preparedness and Response (ASPR)
- Survey & Certification Group (SCG)
- Technical Resources Assistance Center & Information Exchange (TRACIE)

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