CMS Emergency Preparedness Rule

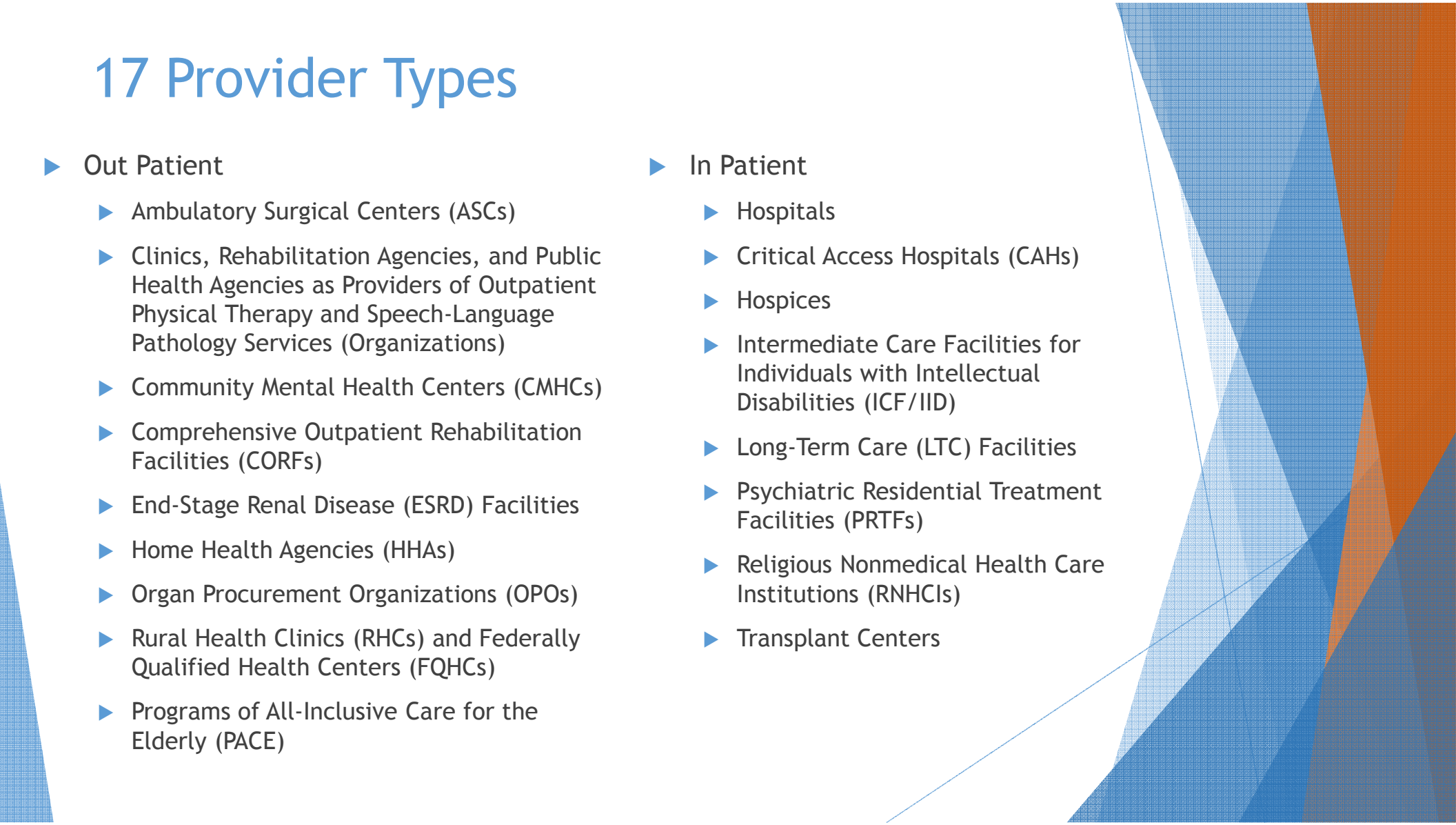
Understanding the impact on local emergency management

The Impact of Centers of Medicare & Medicaid Services (CMS)

- CMS as a Regulatory Authority
  - Administers Medicare and Medicaid programs
  - Devises and codifies Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that providers must comply with to receive reimbursement
  - The goal is to serve and protect the patients receiving care from certified organizations.
  - Providers that are found in non-compliance can loose it's Medicare and Medicaid Reimbursement

17 Provider Types

- Out Patient
  - Ambulatory Surgical Centers (ASCs)
  - Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services (Organizations)
  - Community Mental Health Centers (CMHCs)
  - Comprehensive Outpatient Rehabilitation Facilities (CORFs)
  - End-Stage Renal Disease (ESRD) Facilities
  - Home Health Agencies (HHAs)
  - Organ Procurement Organizations (OPOs)
  - Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
  - Programs of All-Inclusive Care for the Elderly (PACE)
- In Patient
  - Hospitals
  - Critical Access Hospitals (CAHs)
  - Hospices
  - Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
  - Long-Term Care (LTC) Facilities
  - Psychiatric Residential Treatment Facilities (PRTFs)
  - Religious Nonmedical Health Care Institutions (RNHCIs)
  - Transplant Centers



Key Milestones

Final Rule Published
- September 8, 2016

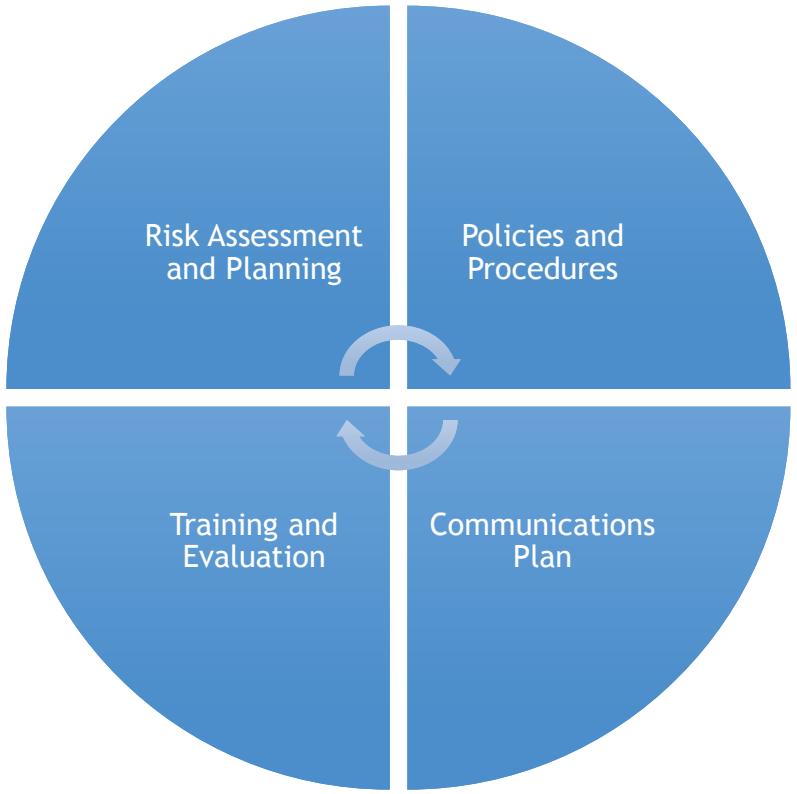
Effective Date of the CoPs & CfCs
- November 15, 2016

Publishing of Interpretive Guidelines
- June 2017 (“Advanced”)

Implementation Year Complete
- November 17, 2017

CMS and North Carolina

- Not all facilities regulated by DHSR are held to the new CMS Regulations
- For most Facility Types, NC DHSR is the Deeming Agency for CMS



Major Provisions

Required Emergency Management Program

Emergency Plan

- All Hazards in Nature
- Driven by Risk Assessment
  - Community Based Risk Assessment
  - Facility Based Risk Assessment
- Must be Collaborative
  - Include local partners such as Emergency Management Agencies, Health Care Coalitions
- Generator Requirements

Policies and Procedures

Communication Plan

- Capture key stakeholders' contact information
- Method for sharing with other health care providers to facility continuity of care
- Sharing patient information as permitted in 45 CFR 165.510

Supporting Policies & Procedures

- How is the plan implemented?
- Address key risks Subsistence planning
- Evacuation
- Tracking of staff and patients
- Continuity Planning

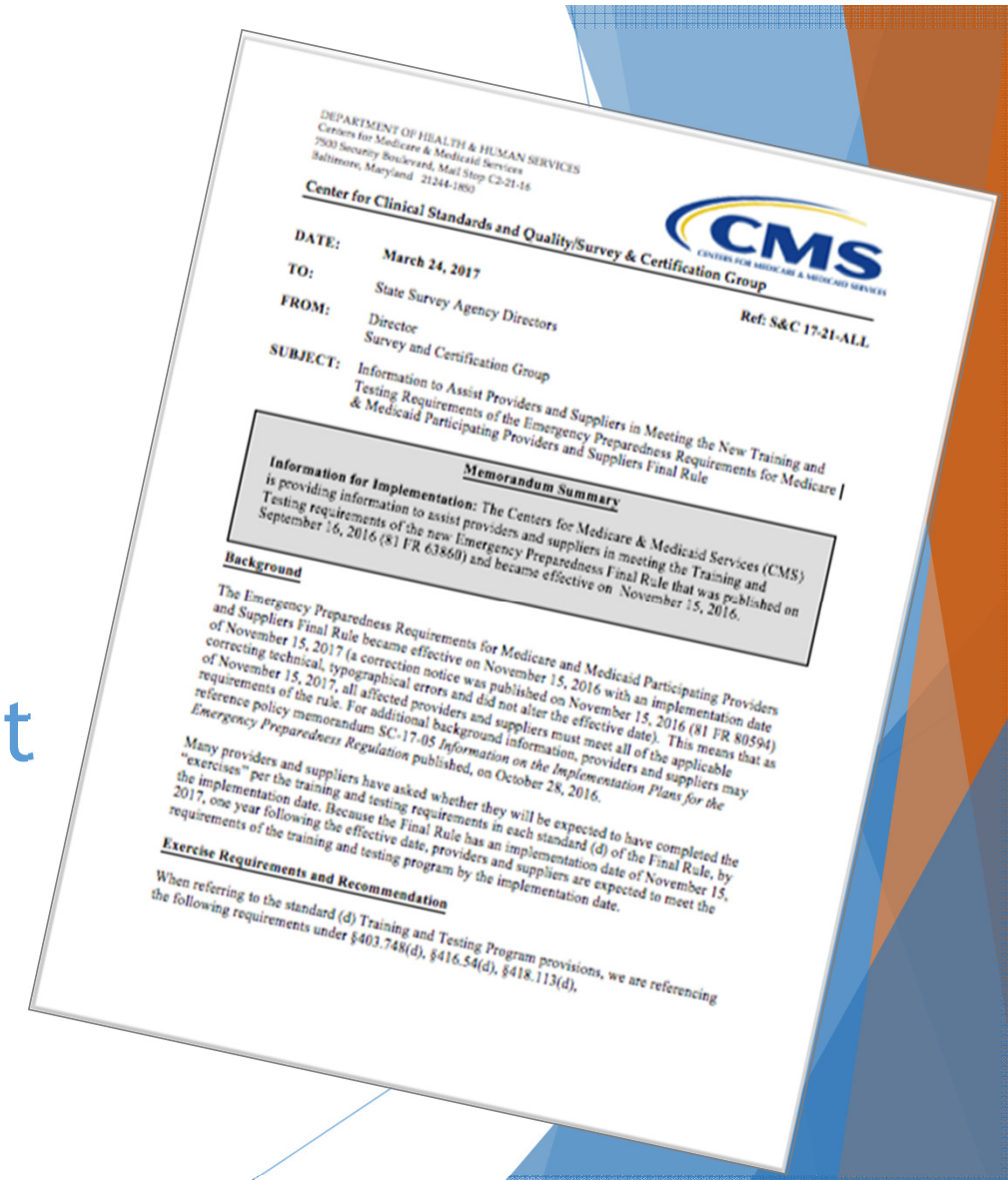
Training

- Initial training of all new and existing staff including:
  - Contractors
  - Volunteers
  - Medical Staff
- Provide emergency preparedness training at least annually
- Maintain documentation of training
- Staff must be able to demonstrate knowledge of emergency procedures

Testing – Exercise, Evaluation, & Improvement

- Majority of providers are required to conduct/participate:
  - 1 Community Full Scale Exercise (or Facility Based)
  - 1 Table Top Exercise or another Full Scale Exercise
- A real event may be sufficient to fulfill one Full Scale Exercise requirement
- The provider must evaluate its performance during the exercise or incident
- Documentation must be maintained on all drills, tabletops exercises, and emergency events.

Impact on Local Emergency Management



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey & Certification Group

DATE: March 24, 2017

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

Ref: S&C 17-21-ALL

SUBJECT: Information to Assist Providers and Suppliers in Meeting the New Training and Testing Requirements of the Emergency Preparedness Requirements for Medicare & Medicaid Participating Providers and Suppliers Final Rule

Memorandum Summary

Information for Implementation: The Centers for Medicare & Medicaid Services (CMS) is providing information to assist providers and suppliers in meeting the Training and Testing requirements of the new Emergency Preparedness Final Rule that was published on September 16, 2016 (81 FR 63860) and became effective on November 15, 2016.

Background

The Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule became effective on November 15, 2016 with an implementation date of November 15, 2017 (a correction notice was published on November 15, 2016 (81 FR 80594) correcting technical, typographical errors and did not alter the effective date). This means that as of November 15, 2017, all affected providers and suppliers must meet all of the applicable requirements of the rule. For additional background information, providers and suppliers may reference policy memorandum SC-17-05 *Information on the Implementation Plans for the Emergency Preparedness Regulation* published, on October 28, 2016.

Many providers and suppliers have asked whether they will be expected to have completed the "exercises" per the training and testing requirements in each standard (d) of the Final Rule, by the implementation date. Because the Final Rule has an implementation date of November 15, 2017, one year following the effective date, providers and suppliers are expected to meet the requirements of the training and testing program by the implementation date.

Exercise Requirements and Recommendation

When referring to the standard (d) Training and Testing Program provisions, we are referencing the following requirements under §403.748(d), §416.54(d), §418.113(d),

CMS / ASPR Guidance to Providers

- Use Local Emergency Management:
  - To gain best practice information
  - Close planning gaps
  - Access training
  - Participate in exercises
  - Integrate with other community partners

Anticipated Impacts

Planning and Support

- Increased calls asking for guidance and local resources
- Requesting a copy of the hazard vulnerability assessment
- Plan review requests
- Current "tools" may not meet the new CMS standards

Licensed Care Facility
Risk Management Plan

Exercise Participation

- Requests for local emergency managers to include facilities in their exercises
- Exercise design and facilitation requests
- Documentation requests to show exercise participation

In order to meet these requirements, we strongly encourage providers and suppliers to seek out and to participate in a full-scale, community-based exercise with their local and/or state emergency agencies and health care coalitions and to have completed a tabletop exercise by the implementation date. We realize that some providers and suppliers are waiting for the release of the interpretive guidance to begin planning these exercises, but that is not necessary nor is it advised. Providers and suppliers that are found to have not completed these exercises, or any

Anticipated Benefits

- Engagement from community partners that may not have been at the table before
- Additional contacts and resources for local emergency management
- Increased resiliency of healthcare facilities in your jurisdiction
- Better integration with your Healthcare Preparedness Coalition
- Potential Upgrade of NCEM Risk Management Planning Portal
- EMPG Optional Deliverables

Solutions and Resources…

- "1 Pager" that includes your community risk assessment, local planning considerations, other local info
- Regular meetings with ESF-8 facilities (partnering with Public Health/Coalition, hospital, etc)
- Joint Exercises (TableTop, functional, full scale, etc)
- Local workshops to discuss emergency planning, exercise design, etc.
- Use your Coalition! They are already engaging partners in your County!
- MHTD and DHSR Website (http://www.ncmhtd.com/oems/)

GUILFORD COUNTY
DEPARTMENT OF EMERGENCY SERVICES
EMERGENCY MANAGEMENT DIVISION

Medical Facility Emergency Planning Considerations in Guilford County

This document is intended to be a resource for medical facilities in Guilford County to assist in the emergency/disaster planning process. Guilford County routinely assesses hazards and vulnerabilities The below list includes the top ten hazards in the County based on the most recent assessment. This list is not a complete picture of all the hazards in Guilford County so an all-hazards approach to planning is recommended.

Top 10 Hazards in Guilford County, NC

1. Winter Storm
2. Thunderstorm – Wind
3. Flooding
4. Energy/Power/Utility Failure
5. Hazardous
6. Resource Shortage (Water/Fuel)
7. Tornado
8. Communications Systems Disruption/Failure
9. Hurricane/Other Tropical Disturbance
10. Transportation Incident

Be Facility and Community Specific

This list of hazards for Guilford County is a broad foundation to begin an all-hazards approach to facility planning, but it is also important to take facility-specific hazards into consideration. Power outages, missing clients/residents, and evacuations are just three examples of an almost limitless list of hazards or events that should be taken into consideration when planning and preparing for emergencies at medical facilities. When planning, consider the risks of your facility, in addition to the local community in which the facility exists. Some examples of this kind of risk include a close proximity to flood-prone areas or nearby facilities where hazardous materials are housed. In addition to planning for hazards, a facility must plan for notifying not only emergency officials but also key staff and personnel who may be essential to the continuous operations of a facility during and after an emergency. Frequent updates of contact information can ensure the best information possible.

Use a Team Approach

It is important to engage facility staff and to use a team approach to planning. This allows the planning process to draw on experience and documented facility-specific hazards that need to be considered when preparing for emergencies and disasters. Additionally, a hazard vulnerability assessment tool such as this (insert link here) can be used by your planning team to quantify risks based on facts, experience, and documented events.

Community Partnership and Training

An essential part of the planning/preparedness process is building relationships with those agencies and individuals that will support your facility's emergency plans and procedures. Relationships fostered before an emergency or disaster with local healthcare preparedness coalitions, emergency management, and first responders can prove vital during an actual emergency. The Centers for Medicare and Medicaid Services preparedness regulations require regular emergency exercises to test plans and document gaps and opportunities for improvement. Information on opportunities to be involved in joint or shared exercises and inclusion in databases to receive pertinent preparedness information may be accessed through the Triad Healthcare Preparedness Coalition and Guilford County Emergency Management. Contact information for both organizations is below. The sharing of knowledge, accessibility to resources and qualified personnel, and a better understanding of how processes work during an emergency are just a few benefits from being involved in multi-agency exercises and information sharing.

THPC
Triad Healthcare Preparedness Coalition
http://triadpreparedness.org/hpc/

ReadyGUILFORD
Guilford County Emergency Management
http://readyguilford.org/


CENTRAL
Greensboro
Summerfield
Oak Ridge
Browns Summit
Countryside Manor Inc
Piney Grove Nursing and Rehabilitation Center
Well-Spring
Blumenthal Nursing & Rehabilitation Center
Hospice and Palliative Care of Greensboro-Beacon Place
Fisher Park Health and Rehabilitation Center
Friends Homes West
Friends Homes Guilford
Starmount Health and Rehabilitation Center
Heartland Living & Rehab @ The Moses H Cone Mem Hosp
Camden Health and Rehabilitation
Guilford Health Care Center
WhiteStone: A Masonic and Eastern Star Community
Maple Grove Health and Rehabilitation Center
Greenhaven Health and Rehabilitation Center
Adams Farm Living & Rehabilitation
Ashton Health and Rehabilitation
Gibsonville
Twin Lakes Community Memory Care
Liberty Commons Nursing & Rehab Ctr of Alamance Cty
River Landing at Sandy Ridge
PruittHealth-High Point
Maryfield Nursing Home
The Shannon Gray Rehabilitation & Recovery Center
Forest Oaks
Clapps Nursing Center Inc Pleasant Garden
Meridian Center
Westchester Manor at Providence Place
Hospice Home at High Point
Westwood Health and Rehabilitation Center
The Graybrier Nursing And Retirement Center
Avante at Thomasville
Trinity
Arch

Questions?