



MLN Connects[®]

National Provider Call

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)

October 5, 2016



Official Information Health Care
Professionals Can Trust

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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.



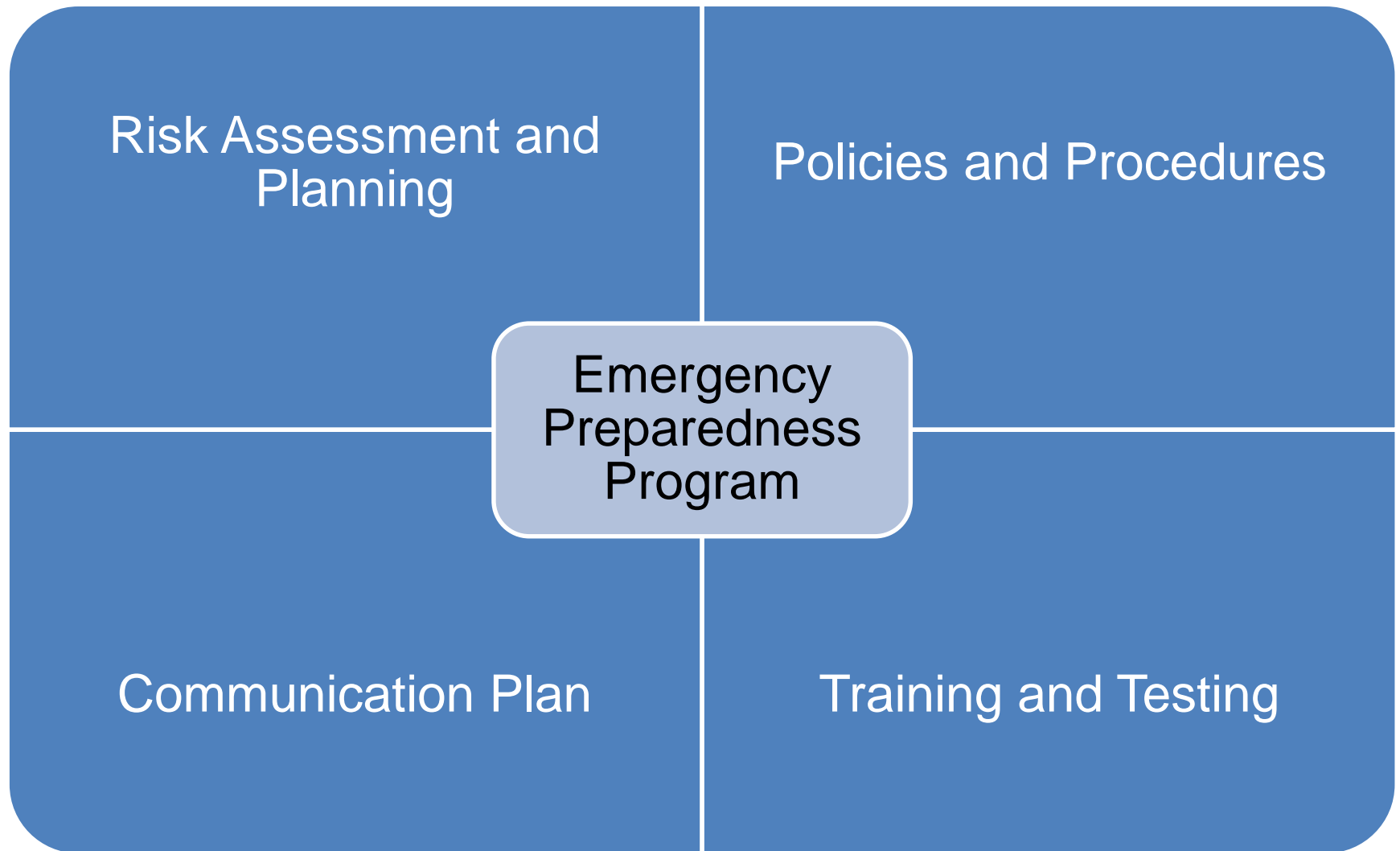
Establish consistency



Encourage coordination



Four Provisions for All Provider Types



Risk Assessment and Planning

- 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



- 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



- 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)



- 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](https://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](https://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

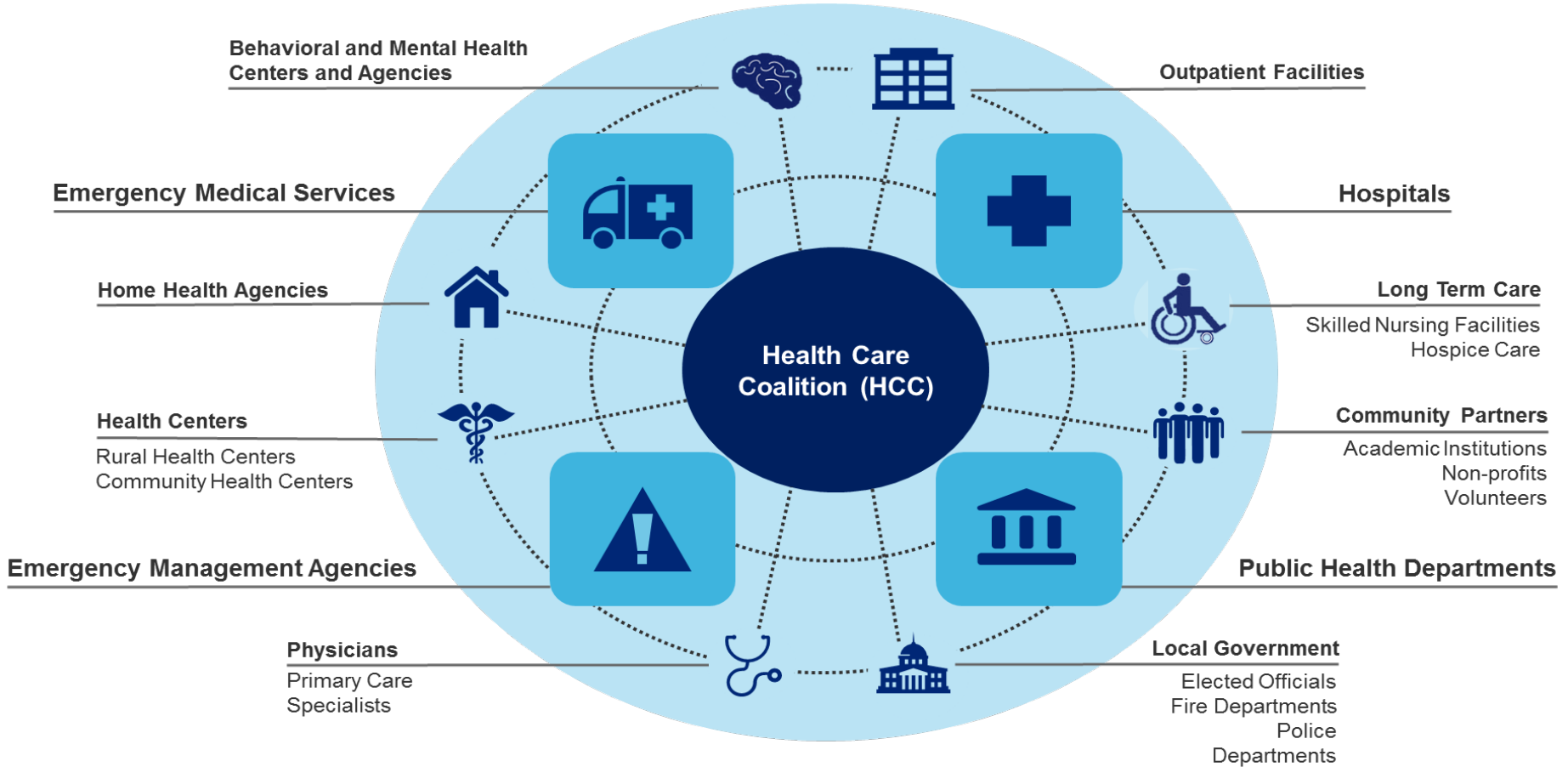
Hospital Preparedness Program Overview

- 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

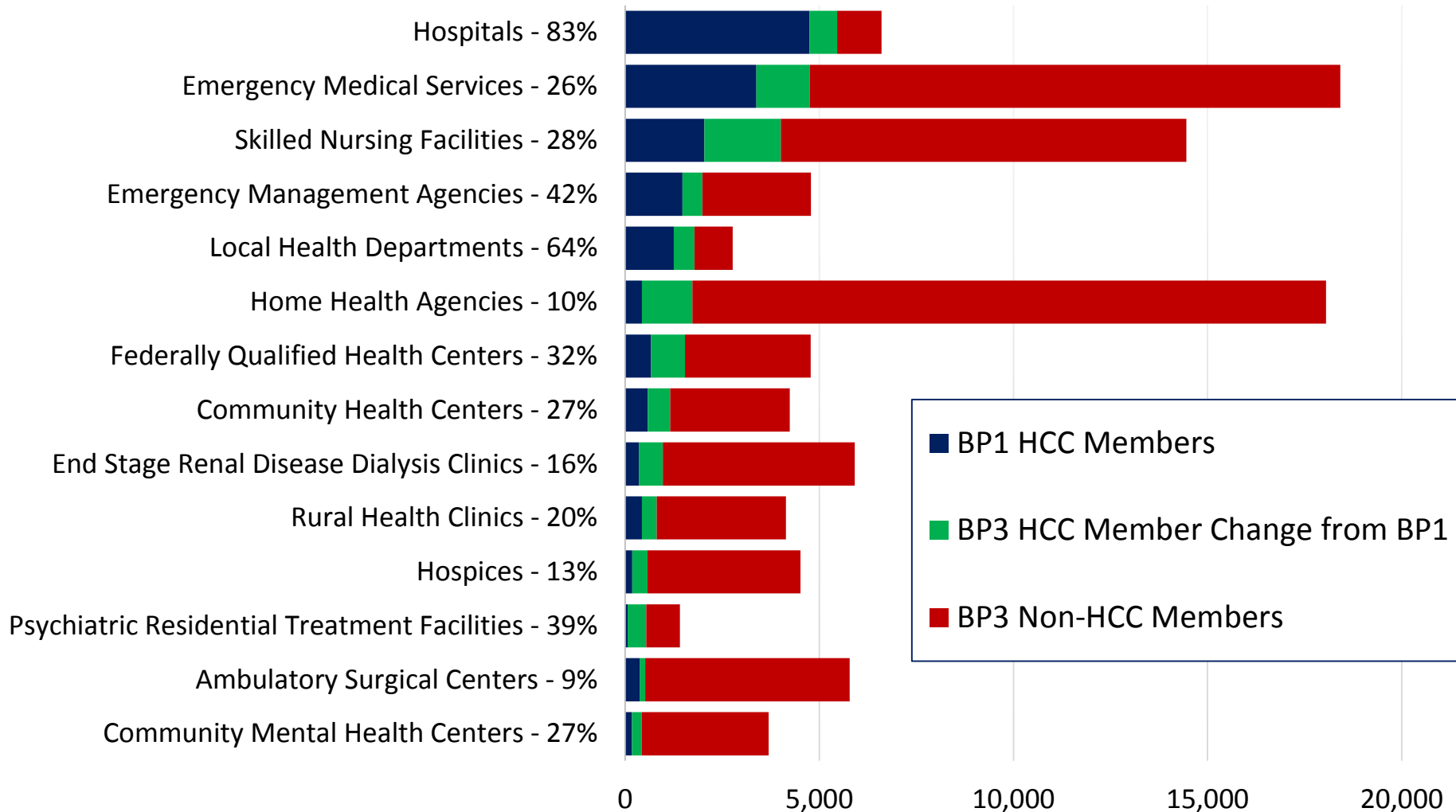
- These regional efforts help each patient receive the right care at the right place at the right time.
- As the only source of federal funding that supports regional health care system preparedness, HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental 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



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)

Evaluate Your Experience

- Please help us continue to improve the MLN Connects® National Provider Call Program by providing your feedback about today's call.
- To complete the evaluation, visit <http://npc.blhtech.com> and select the title for today's call.

Thank You

- For more information about the MLN Connects® National Provider Call Program, please visit <http://cms.gov/Outreach-and-Education/Outreach/NPC/index.html>.
- For more information about the Medicare Learning Network®, please visit <http://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>.

The Medicare Learning Network® and MLN Connects® are registered trademarks of the U.S. Department of Health and Human Services (HHS).