Maryland-National Capital Homecare Association

• Thank you for joining this webinar brought to you by MNCHA, the Maryland Department of Health and Mental Hygiene (DHMH), and HHS Assistant Secretary for Preparedness and Response (ASPR)

• Visit the MNCHA Emergency Preparedness page for additional information:
  http://www.mncha.org/Emergency-Preparedness
Disclaimer

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CMS Emergency Preparedness Rule

- First published in the *Federal Register* for comment 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.
- Rule is effective as of November 15, 2016
- Rule must be implemented **November 15, 2017**
Goals for the Rule

- Address systemic gaps.
- Establish consistency
- Encourage coordination
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.
Four Provisions for All Provider Types

Risk Assessment and Planning

Policies and Procedures

Emergency Preparedness Program

Communication Plan

Training and Testing
## Who is affected?

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
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</thead>
<tbody>
<tr>
<td><strong>Critical Access Hospitals (CAHs)</strong></td>
<td>Ambulatory Surgical Centers (ASCs)</td>
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<tr>
<td><strong>Hospices</strong></td>
<td><strong>Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services</strong></td>
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<tr>
<td><strong>Hospitals</strong></td>
<td>Community Mental Health Centers (CMHCs)</td>
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<tr>
<td><strong>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</strong></td>
<td>Comprehensive Outpatient Rehabilitation Facilities (CORFs)</td>
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<tr>
<td><strong>Long Term Care (LTC)</strong></td>
<td>End-Stage Renal Disease (ESRD) Facilities</td>
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<tr>
<td><strong>Psychiatric Residential Treatment Facilities (PRTFs)</strong></td>
<td>Home Health Agencies (HHAs)</td>
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<tr>
<td><strong>Religious Nonmedical Health Care Institutions (RNHCIs)</strong></td>
<td>Hospices</td>
</tr>
<tr>
<td><strong>Transplant Centers</strong></td>
<td><strong>Organ Procurement Organizations (OPOs)</strong></td>
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<td></td>
<td>Programs of All Inclusive Care for the Elderly (PACE)</td>
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<td>Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)</td>
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</table>
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.
HPP Invests in Regional Health Care Preparedness, Response, and Recovery Capabilities through Health Care Coalitions

Health Care Coalition (HCC)

- Behavioral and Mental Health Centers and Agencies
- Outpatient Facilities
- Emergency Medical Services
- Hospitals
- Home Health Agencies
- Long Term Care
  - Skilled Nursing Facilities
  - Hospice Care
- Health Centers
  - Rural Health Centers
  - Community Health Centers
- Community Partners
  - Academic Institutions
  - Non-profits
  - Volunteers
- Emergency Management Agencies
- Public Health Departments
- Physicians
  - Primary Care
  - Specialists
- Local Government
  - Elected Officials
  - Fire Departments
  - Police Departments
What happens next?

• Interpretive Guidelines and State Operations Manual developed by CMS
• CMS trains surveyors
• Covered entities comply with regulations
• Timeline – Don’t wait until the last minute!
  – Effective November 15, 2016
  – Implementation November 16, 2017
Where can I get more information or technical assistance?

- CMS
- ASPR TRACIE
- Healthcare Coalitions
CMS Survey and Certification Group

- Developing the Interpretive Guidelines
- Train the surveyors
- Resources and FAQs on their website
- Email
  - SCGEmergencyPrep@cms.hhs.gov
• 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
TRACIE Support for the CMS EP Rule

- Dedicated CMS Rule page: ASPRtracie.hhs.gov/CMSrule
  - Description of each of the 17 supplier and provider types affected by rule
  - Requirements crosswalk table
- 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
- Assistance Center support
TRACIE Applicable Topic Collections & Other Resources

- Access and Functional Needs TC
- Ambulatory Care and Federally Qualified Health Centers TC
- ASPR TRACIE Evaluation of Hazard Vulnerability Assessment Tools
  - CMS Emergency Preparedness Rule: Resources at Your Fingertips
    - Communication Systems TC
    - Continuity of Operations/Failure Plan TC
    - Crisis Standards of Care TC
    - Dialysis Centers TC
    - Emergency Operations Plans/Emergency Management Program TC
- Hazard Vulnerability/Risk Assessment TC
- Healthcare Coalition Models and Functions TC
- Homecare TC
- Hospital Facility Evacuation/Sheltering TC
- Hospital Surge Capacity/IBA TC
- Hospital Victim Decontamination TC
- Incident Management TC
- Long-term Care Facilities TC
- Provider and Supplier Types Covered by the CMS Emergency Preparedness Rule
- Recovery TC
TRACIE CMS EP Rule Technical Assistance

- APR TRACIE coordinates with CMS on technical assistance requests. All questions related to compliance, interpretation of the regulations, or about how a specific facility will be assessed are sent to CMS.

Resources for More Information


• ASPR TRACIE
  – asprtracie.hhs.gov/cmsrule
  – askasprtracie@hhs.gov

• CMS SCG
  – SCGEmergencyPrep@cms.hhs.gov
CMS EP Rule Presentations


• Two sessions at the National Healthcare Coalition Preparedness Conference (Washington DC):
  – Tuesday Dec. 13 at 3:30-4:45pm: The CMS Rule on Emergency Preparedness