



CMS Emergency Preparedness Rule

Understanding the Emergency Preparedness Final Rule

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The Role of the PR CMS Field Office

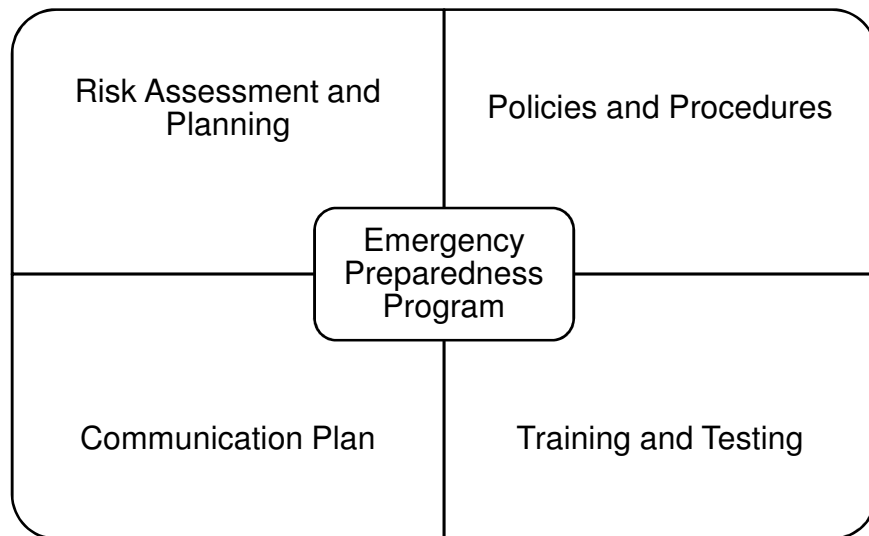
- Keep CMS closer to the people it serves and the organizations it regulates
- Seek from first hand the impact of CMS decisions on Beneficiaries
- Seek for clarity and root cause analysis of systematic barriers
- Educate
- Outreach
- Develop stakeholder partnerships

Final Rule

- *Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*
- Published September 16, 2016
- Applies to all 17 provider and supplier types
- Implementation date November 15, 2017
- Compliance required for participation in Medicare
- Emergency Preparedness is one new CoP/CfC of many already required

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Four Provisions for All Provider Types



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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.

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All-Hazards Approach:

- An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster. This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. **These may include, but are not limited to, care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food.**

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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.

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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.

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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.

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Training & Testing Requirements

- Facilities are expected to meet all Training and Testing Requirements by the implementation date (11/15/17).
 - Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.
- Conduct an additional exercise that may include, but is not limited to the following:
 - A second full-scale exercise that is individual, facility-based.
 - A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

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Training & Testing Program Definitions

- **Facility-Based:** When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
- **Full-Scale Exercise:** A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).

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Training & Testing Program Definitions

- **Table-top Exercise (TTX):** A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.

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Final Rule- There are Requirements Which Vary by Provider Type

- Outpatient providers are not 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.

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Temperature Controls and Emergency and Standby Power Systems

- Under the Policies and Procedures, Standard (b) there are requirements for subsistence needs and temperature controls.
- Additional requirements for hospitals, critical access hospitals, and long-term care facilities are located within the Final Rule under Standard (e) for Emergency Power and Stand-by Systems.

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Interpretive Guidelines

- The survey and Certification issued interpretative guidelines Appendix Z of final Rule
- The IGs has been formatted into one new Appendix within the State Operations Manual (SOM) applicable to all 17 provider/supplier types

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Compliance

- Facilities are expected to be in compliance with the requirements by 11/15/2017.
- In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.
- Training for surveyors is under development

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The SCG Website

- Providers and Suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans.
- The website also provides important links to additional resources and organizations who can assist.
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

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The SCG Website

Home > Medicare > Survey & Certification - Emergency Preparedness > Emergency Preparedness Rule

Survey & Certification - Emergency Preparedness

State Survey Agency Guidance

Health Care Provider Guidance

Lessons Learned/Archives

Emergency Preparedness Rule

Core EP Rule Elements

Earthquakes

Hurricanes

Severe Weather

Flooding

Wild Fires and Fires General

Influenza and Viruses

Homeland Security Threats

Templates & Checklists

Emergency Preparedness Rule

Survey & Certification- Emergency Preparedness Regulation Guidance

Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date, on November 16, 2017.

Purpose: To establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems. The following information will apply upon publication of the final rule:

- Requirements will apply to all 17 provider and supplier types.
- Each provider and supplier will have its own set of Emergency Preparedness regulations incorporated into its set of conditions or requirements for certification.
- Must be in compliance with Emergency Preparedness regulations to participate in the Medicare or Medicaid program. The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Additional information has been provided on the left side hyperlinks categorized by information from the EP Rule, such as the Emergency Preparedness Plan, Communication Plan, Policies and Procedures and Testing.

The below downloadable sections will provide additional information, such as the background and overview of the final rule and related resources.

Downloads

By Name By State [Healthcare Coalitions \[PDF, 256KB\]](#)

[Facility Transfer Agreement - Example \[PDF, 56KB\]](#)

[17 Facility- Provider Supplier Types Impacted \[PDF, 89KB\]](#)

[EP Rule - Table Requirements by Provider Type \[PDF, 126KB\]](#)

Related Links

[ASPR TRACIE](#)

[NCMPH](#)

Collaboration with ASPR TRACIE

- SCG has been collaborating for several months with the ASPR TRACIE
- SCG's primary focus is on the development of Interpretive Guidelines and Surveyor Training
- Currently working to provide additional recommendations through ASPR TRACIE for stakeholders who are interested in developing training for providers

Some FAQs Not Posted

- Term "Community":
 - CMS did not define community to afford providers and supplies the flexibility to develop emergency exercises that reflect their risk assessments. This can mean multi-state regions. The goals behind the full-scale exercises and broad term of community is to ensure healthcare providers collaborate with other entities, when possible, to promote an integrated response to disasters.
 - By allowing this flexibility, especially taking into account rural areas, facilities are able to more realistically reflect the risks and composition of their communities.

Some FAQs Not Posted

- Real-World Activation of the EP Plan:
 - If a facility experienced an actual natural or manmade emergency that required activation of its emergency plan, it will be exempt from engaging in a community or individual, facility-based full-scale exercise for 1 year following the onset of the actual event, as under sections (d)(2)(i) of the provider and suppliers specific testing requirements.

Thank you!



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