Understanding the CMS Emergency Preparedness Rule
Welcome

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Agenda

- About Healthcare Ready
- About NSPA
- Overview of the rule
- Timeline
- Audit and enforcement
- CMS cost estimations
- Resources
HEALTHCARE READY
STRENGTHEN. SAFEGUARD. RESPOND.

DISASTER RESPONSES

OUR PROGRAMS ARE BASED ON EXPERIENCE RESPONDING TO
60 EVENTS
ACROSS THE NATION. SITUATION REPORTS
AND INFORMATION SHARING HAS INVOLVED EVERY STATE.

3
15

HURRICANE 42%
BLIZZARD/ WINTER STORM 14%
FLOOD 15%

EARTHQUAKE 2%
TSUNAMI 2%
VOLCANO 2%
DERECHO 2%
INFECTIOUS DISEASE 5%
WILDFIRE 5%
TORNADO 11%

TYPES OF ASSISTANCE
- Pharmacy Operating Status
- Transportation/Fuel/Power
- Credentialing
- Emergency Orders
- Patient Assistance Programs
We work to protect communities and strengthen healthcare by advocating for policies that:

- Promote public and private sector collaboration
- Are aimed at protecting communities, patients, and building resilience
- Empower public health and healthcare providers

Drive Policy Conversations

Bring Visibility

Participate in National Conversations
The emergency preparedness rule is a major development in healthcare preparedness.

Visibility and Awareness

• Promoting Awareness
• Driving conversations

Training and Education

• Webinars
• Resources
  • HCR Knowledge Center

December 14th – National Healthcare Coalition Conference
Near Southwest Preparedness Alliance (NSPA)
Near Southwest Preparedness Alliance (NSPA)

- 17 hospitals – including state mental health, critical access, acute care
- 55 long-term care (LTC) facilities
- 5 public health districts
- 16 counties
- 7 cities
- 7600 square miles
- 960,000 population
- COOP
- Medical Surge
Overview: CMS Emergency Preparedness Rule
Origins of the rule

Longtime coming…

• Call to action following 9/11, Hurricanes Katrina and Sandy, Ebola, Zika
  – Breakdowns in patient care
  – Inconsistent standards
  – Inconsistent levels of preparedness

• Debate on incentivizing vs. mandating preparedness
What it is

Purpose: To establish national emergency preparedness requirements, consistent across provider and supplier types.

- Outlines emergency preparedness Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)
  - CoPs and CfCs are health and safety standards all participating providers must meet to receive certificate of compliance
- Applies to 17 provider and supplier types
  - Different emergency preparedness regulations for each provider type

Bottom line: Providers and Suppliers that wish to participate in Medicare and Medicaid – i.e. the nation’s largest insurer – must demonstrate they meet new emergency preparedness requirements in rule.
<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>• Hospitals</td>
<td>• Ambulatory Surgical Centers</td>
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<td>• Critical Access Hospitals</td>
<td>• Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers</td>
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<td>• Religious Nonmedical Health Care Institutions (RNHCIs)</td>
<td>of Outpatient Physical Therapy and Speech-Language Pathology Services</td>
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<td>• Psychiatric Residential Treatment Facilities (PRTFs)</td>
<td>• Community Mental Health Centers (CMHCs)</td>
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<td>• Long-Term Care (LTC) / Skilled Nursing Facilities</td>
<td>• Comprehensive Outpatient Rehabilitation Facilities (CORFs)</td>
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<td>• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</td>
<td>• End-Stage Renal Disease (ESRD) Facilities</td>
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<td>• Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)</td>
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<td>• Home Health Agencies (HHAs)</td>
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<td>• Hospice</td>
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<td>• Organ Procurement Organizations (OPOs)</td>
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<td>• Programs of All-Inclusive Care for the Elderly (PACE)</td>
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<td>• Transplant Centers</td>
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Four core elements

**Emergency Plan**
- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually

**Policies & Procedures**
- Based on risk assessment and emergency plan
- Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

**Communications Plan**
- Complies with Federal and State laws
- Coordinate patient care within facility, across providers, and with state and local public health and emergency management

**Training & Exercise Program**
- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises
Risk Assessment and Emergency Plan

- Perform a risk assessment using an “all-hazards” approach
- Develop an emergency plan based on the risk assessment
- Update emergency plan at least annually
Policies and Procedures

• Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan

• Policies and procedures must address a range of issues including:
  – Subsistence needs,
  – Evacuation and shelter in place plans,
  – Tracking patients and staff during an emergency,
  – Medical documentation, and;
  – Processes to develop arrangements with other providers/suppliers.

• 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 healthcare providers, and with state and local public health departments and emergency management systems. To include:
  – Contact information for staff, entities providing services under other arrangements, patients’ physicians, other hospitals, and volunteers
  – Maintaining contact info for regional or local emergency preparedness agencies
  – A means, in the event of evacuation, to release patient information

• Review and update plan annually
Training and Testing Program

- **Develop and maintain training and testing programs.**
  To include:
  - Initial training on emergency preparedness policies and procedures.
  - Training to all new and existing staff, including volunteers and maintain documentation of training.

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

- **Conduct drills and exercises to test the emergency plan.**
  - Hospitals and most other provides must conduct one full-scale exercise annually *and* an additional exercise of the facility’s choice.
Other key elements

Emergency and Standby Power

• Higher level of 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.

Evacuation

• Home health agencies and hospices must inform officials of patients in need of evacuation.

Emergency Plans

• Long-term care and psychiatric residential treatment facilities must share information on emergency plan with patient family members or representatives.
Implementation timeline

2016
• September 15 – Rule published
• November 15 – Rule goes into effect

2017
• Late winter/ spring – Interpretive Guidance released
• November 15 – Rule must be implemented
Interpretive guidelines

- Survey and Certification Group (SCG) is currently developing Interpretive Guidelines (IGs)
  - State surveyors will use the IGs and survey procedures in the State Operations Manual to assist in implementing the rule
  - Anticipated release of IGs is Spring 2017
- IGs will be formatted into one appendix in the State Operations Manual
Auditing and enforcement

How will rule be audited?

- Compliance monitoring
  - State Survey Agencies (SSAs)
  - Accreditation Organizations (AOs)
  - CMS Regional Offices (ROs)

- Checklists for surveyors and State Agencies, as well as for impacted providers and suppliers are in development.

- SCG developing web-based training for surveyors and providers and suppliers.

Consequence for not complying?

- Same process for other CoPs and CfCs → termination of agreement with Medicare & Medicaid.
Costs of implementation

**CMS predictions:**
- $373 million in first year
- $25 million/year after
- 72,315 providers & suppliers impacted

**How did CMS arrive at these numbers?**
- Took salaries of impacted employees x hours involved in compliance 
  x number of facilities

**Example:** Hospice

Regular staff training. However, for the purpose of this analysis we assume that the administrator will spend approximately 4 hours annually to participate in a full-scale exercise and one additional testing exercise of the facility’s choice outside of their regular and ongoing training. We also assume that the registered nurse will spend 4 hours to participate in the testing exercises. Thus, we estimate that each hospice will spend $560. The total estimate for all hospices to comply with this requirement after the initial year will total $2,464,560 ($560 x 4,401 hospices). We estimate the total economic impact and cost estimates for all 4,401 hospices to comply with the requirements in this final rule for the initial year will be $22,428,668 ($2,464,560 impact cost + $19,964,108 ICR burden).
If government is not providing funding for compliance, how are facilities expected to meet rule requirements?
Role of healthcare coalitions

**One place to start – Healthcare Coalitions!**

Rule offers HCCs great opportunity to support members and engage new providers.

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<tr>
<td>Source of preparedness expertise</td>
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<td>Regional risk assessments and hazard vulnerabilities</td>
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<tr>
<td>Provide template or example plans and policies</td>
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<td>Help close planning gaps</td>
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<tr>
<td>Plan integration with healthcare facilities and local authorities</td>
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<tr>
<td>Training and exercises</td>
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Resources

CMS Website
• Outline of requirements by provider type
• Links to aggregated EP resources
• Routinely updated **Frequently Asked Questions document**

HHS/ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE)
• Web-based resource for healthcare stakeholders
• Topic Collections
  - General Emergency Management & Provider- and Supplier-Specific
• Routinely updated **CMS Resources at Your Fingertips**
• Submit technical assistance requests
  https://asprtracie.hhs.gov/cmsrule
Resources cont.

**CMS Webinar**
- Webinar hosted by CMS on the rule in October
- Slides, transcript, and audio recording posted online

**Federal & Accrediting Organizations Resources**
- Joint Commission
  - Emergency Management Portal
- FEMA Emergency Management Institute
  - Independent Study online courses

**Healthcare Ready CMS Knowledge Center**
- All resources above in one place
- Running list of relevant articles
- Perspectives from healthcare coalitions
Thank you!

Questions?
### Specific considerations - inpatient

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>Hospitals</td>
<td>Annual full-scale exercise and additional exercise of facility’s choice</td>
</tr>
<tr>
<td>Critical Access Hospital</td>
<td>Annual full-scale exercise and additional exercise of facility’s choice</td>
</tr>
<tr>
<td>Long-term Care</td>
<td>Share emergency plan information with resident, family of resident, and other appropriate representatives</td>
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<tr>
<td>Psychiatric Residential Treatment Facilities (PRTFs)</td>
<td>Tracking applies both during and after to on-duty staff and sheltered residents</td>
</tr>
<tr>
<td>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</td>
<td>Tracking applies both during and after to on-duty staff and sheltered residents and must share emergency plan with patient’s families</td>
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<tr>
<td>Religious Nonmedical Health Care Institutions (RNHCIs)</td>
<td>No requirement to conduct drills</td>
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<tr>
<td>Transplant Center</td>
<td>Maintain agreements with organ procurement orgs</td>
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<td>Specific considerations - outpatient</td>
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<tr>
<td>Hospice</td>
<td>Must inform officials of patients in need of evacuation</td>
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<td>Ambulatory Surgical Center</td>
<td>Community-based drill not required</td>
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<td>Programs of All-Inclusive Care for the Elderly (PACE)</td>
<td>Tracking applies both during and after to on-duty staff and sheltered residents</td>
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<tr>
<td>Home Health Agency</td>
<td>Must have policies in place for following up with patients to determine services still needed</td>
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<tr>
<td>Comprehensive Outpatient Rehabilitation Facilities (CORFs)</td>
<td>Must develop emergency plan with assistance from fire and safety experts</td>
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<td>Community Mental Health Centers (CMHC)</td>
<td>Tracking applies both during and after to on-duty staff and sheltered residents</td>
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<tr>
<td>Organ Procurement Organizations</td>
<td>Need to have system to track staff during and after emergency and maintain medical documentation</td>
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Specific considerations - outpatient

| Clinics, Rehabilitation Agencies, and Public Health Agencies (as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services) | Must develop emergency plan with assistance from fire and safety experts |
| Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) | Annual full-scale exercise and exercise of facility’s choice |
| End-Stage Renal Disease (ESRD) Facilities | Tracking applies both during and after to on-duty staff and sheltered residents |