Speakers

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Agenda

• Overview of the Rule
• Challenges and Opportunities for Coalitions
• Ways Coalitions Can Engage
• Resources
• Questions
History of the rule

- **December 2013**
  - Draft for comment published in Federal Register
  - 400+ comments received
- **September 2016**
  - Final rule published
  - Adjudicated comments

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

- A new regulatory requirement that **must be met in order to do business** with Medicare & Medicaid

- 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.
### Who does it apply to?

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
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<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 of Outpatient Physical Therapy and Speech-Language Pathology Services</td>
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<td>• Religious Nonmedical Health Care Institutions (RNHCIs)</td>
<td>• Community Mental Health Centers (CMHCs)</td>
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<td>• Psychiatric Residential Treatment Facilities (PRTFs)</td>
<td>• Comprehensive Outpatient Rehabilitation Facilities (CORFs)</td>
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<td>• Long-Term Care (LTC) / Skilled Nursing Facilities</td>
<td>• End-Stage Renal Disease (ESRD) Facilities</td>
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<td>• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</td>
<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
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
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 (vs. updating guidance for each of the 17 impacted groups)
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
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
Challenges and Opportunities for Coalitions
Challenges and opportunities

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<th>Challenge</th>
<th>Opportunity</th>
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<td>Role of HCCs in implementing the rule</td>
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<td>Potential surge in requests for assistance</td>
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<td>Exercise requirements</td>
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Opportunities

**Increased influence of coalitions**

- Recognized as a source of expertise and resources
- Increased participation in exercises, trainings, and other gatherings

**Opportunity to create a sustainable coalition**

- Sustained engagement in exercises and other coalition activities
- Consistent demand for staff expertise and resources
Ways Coalitions Can Engage
How coalitions can seize this opportunity

Rule offers HCCs tremendous opportunity to engage new partners and build the reputation and resources of the coalition.

- Identify coalition partners
- Engage partners
- Develop a business plan
Questions?

For more information email ContactUs@HealthcareReady.org