

CMS EMERGENCY PREPAREDNESS FINAL RULE: ONE YEAR LATER

Part IV – Communications / Integrated Health Systems

November 1, 2018

Welcome



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Community Health Care Association of NYS

- As the Primary Care Association (PCA) for New York State, CHCANYS educates, and advocates on behalf of more than 70 Federally Qualified Health Centers (FQHCs) across New York.

Health Center Support

- Training and Technical Assistance
- **Emergency Management**
- Primary Care Workforce Initiatives
- Americorps

Policy & Advocacy

- New York State Policy
- Federal Policy
- DSRIP Resources
- Outreach and Enrollment

Quality & Technology Initiatives

- Health IT
- Clinical Quality Improvement
- Data & Research

Webinar Series Structure

The webinar series consists of 4 parts with the following schedule:

October 4 **Part I - Overview of the CMS Rule**

- *Background, structure, FQHC requirements, relevant updates*

October 18 **Part II – Risk Assessment, Planning and P&Ps**

- *Risk assessment process, emergency planning, policies and procedures; updates*

October 25 **Part III – Training & Testing**

- *Staff training, exercise design, practicing / testing plans; relevant updates*

Today

November 1 **Part IV – Communications / Integrated Systems**

- *Emergency communications, communications planning, integrated healthcare systems; relevant updates*



Today's Objectives

- Define emergency communication requirements for health centers
- Discuss strategies to ensure that emergency communications are timely, relevant, and coordinated
- Discuss considerations for Integrated Health System implementation
- Provide relevant updates and resources

Subpart A – FQHCs Conditions for Coverage

- 491.1 Purpose and scope.
- 491.2 Definitions.
- 491.3 Certification procedures* (self-attestation for FQHCs)
- 491.4 Compliance with Federal, State and local laws.
- 491.5 Location of clinic.
- 491.6 Physical plant and environment.
- 491.7 Organizational structure.
- 491.8 Staffing and staff responsibilities.
- 491.9 Provision of services.
- 491.10 Patient health records.
- 491.11 Program evaluation.
- **491.12 Emergency preparedness.**

CMS EP Rule Addition



491.12 Condition for Coverage: Emergency Preparedness

- The Federally Qualified Health Center (FQHC) **must comply** with all applicable Federal, State, and local emergency preparedness requirements.
- The FQHC must establish and maintain an **emergency preparedness program** that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

Four Required Core Elements

- The CMS Emergency Preparedness Final Rule outlines four core elements of emergency preparedness:



Additional Optional Element

(e)

**Integrated
Health
Systems**

New Proposed CMS Rule

- Medicare and Medicaid Programs: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction
- Published on: [September 20, 2018](#). Comments close on [November 19, 2018](#),
- Proposes changes to emergency preparedness requirements on Medicare and Medicaid facilities conditions of participation codified in 81 FR 63680: Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, published on September 16, 2016.

The screenshot displays the Federal Register page for a proposed rule. At the top, it features the National Archives logo and the text "FEDERAL REGISTER The Daily Journal of the United States Government". A blue banner indicates "Proposed Rule". The main heading is "Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction". Below this, it states "A Proposed Rule by the Centers for Medicare & Medicaid Services on 09/20/2018". A green button says "SUBMIT A FORMAL COMMENT". The document details section includes:

- AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.
- ACTION:** Proposed rule.
- SUMMARY:** This proposed rule would reform Medicare regulations that are identified as unnecessary, obsolete, or excessively burdensome on health care providers and suppliers. This proposed rule would increase the ability of health care professionals to devote resources to improving patient care by eliminating or reducing requirements that impede quality patient care or that divert resources away from furnishing high quality patient care.
- DATES:** To be assured consideration, comments must be received at one of the addresses provided below, no later than 5 p.m. on November 19, 2018.

Document details on the right include: Printed version: PDF; Publication Date: 09/20/2018; Agencies: Centers for Medicare & Medicaid Services; Dates: To be assured consideration, comments must be received at one of; Comments Close: 11/19/2018; Document Type: Proposed Rule; Document Citation: 83 FR 47888; Page: 47888-47882 (77 pages); CFR: 42 CFR 403, 42 CFR 416, 42 CFR 418, 42 CFR 441.

CMS - Omnibus on Burden Reductions Proposed Rule - UPDATE

CMS Regional Office

Omnibus on Burden Reductions Proposed Rule

Join the Centers for Medicare & Medicaid Services (CMS) for national webinars hosted by the chief medical officer of regions V, VI & VII. Both webinars will discuss changes proposed in the Omnibus proposed rule, each followed by a question and answer session. Registration is required.

[Omnibus on Burden Reduction NPRM Option 1](#) Mon, October 29 12:00
p.m. – 12:30 p.m. CT

[Omnibus on Burden Reduction NPRM Option 2](#) Thu, November 8 1:00
p.m. – 1:30 p.m. CT

For more information on the proposed rule, visit [Press Release](#) and [Fact Sheet](#)

Note: The same material will be presented during both webinars.

Once your registration is processed, you will receive a confirmation email with instructions for joining the session. Note: You will need to register for each webinar individually. If you have already registered for a session, you do not need to register again.

We look forward to having you join us!

Regards,

CMS Region V, VI & VII



CHCANYS EMP Template



- Available by request to all New York FQHCs
- Contact emteam@chcanys.org to request a copy

Plan Section for Training / Testing

- ✓ **Introduction**
 - *Authorization, revisions, distribution*
- 1. Program Administration**
 - *Summary, Purpose, Scope, EMC*
- 2. Situation and Assumptions**
 - *HVA, key assumptions*
- 3. Command and Control**
 - *ICS, authority, (de)activation, roles & responsibilities*
- 4. Continuity of Operations**
 - *Essential functions*
- 5. Communications**
 - *Risk communications, notifications, partners*
- 6. Buildings, Utilities, Safety and Security**
 - *Facilities, evacuation, utility, safety & security*
- 7. Finance, Logistics and Staff Care**
 - *EOC, supplies, volunteers, staff scheduling and care, HR, payroll*
- 8. Community Integration**
 - *Partners, coalitions, agreements, MH*
- 9. Plan Development and Maintenance**
 - *Development, review, storage, training, testing*
- 10. Hazard Specific Plans**
- 11. Standards, Regulations and Guidelines**

COMMUNICATION PLAN

Tips for Implementation

(c) Communication Plan

The FQHC must develop and maintain an emergency preparedness **communication plan** that complies with Federal, State, and local laws and must be **reviewed** and **updated** at least **annually**.

The communication plan must include all of the following:

1. **Names** and **contact information** for the following:
 - i. Staff.
 - ii. Entities providing services under arrangement.
 - iii. Patients' physicians.
 - iv. Other RHCs/FQHCs.
 - v. Volunteers.

(c) Communication Plan

2. **Contact information** for the following:
 - i. *Federal, State, tribal, regional, and local emergency preparedness staff.*
 - ii. *Other sources of assistance.*
3. **Primary and alternate means** for communicating with the following:
 - i. FQHC's staff.
 - ii. Federal, State, tribal, regional, and local emergency management agencies.

(c) Communication Plan

4. A means of providing information about the **general** condition and location of patients under the facility's care as permitted under 45 CFR 164.510(b)(4).
5. A **means of providing information** about the FQHC's **needs**, and its ability to provide **assistance**, to the authority having jurisdiction or the Incident Command Center, or designee.

Survey Procedures

- Verify that the facility has a written communication plan by asking to see the plan.
- Ask to see evidence that the plan has been reviewed (and updated as necessary) on an annual basis.
- Verify that all required contacts are included in the communication plan by asking to see a list of the contacts with their contact information.
- Verify that all contact information has been reviewed and updated at least annually by asking to see evidence of the annual review.

Survey Procedures

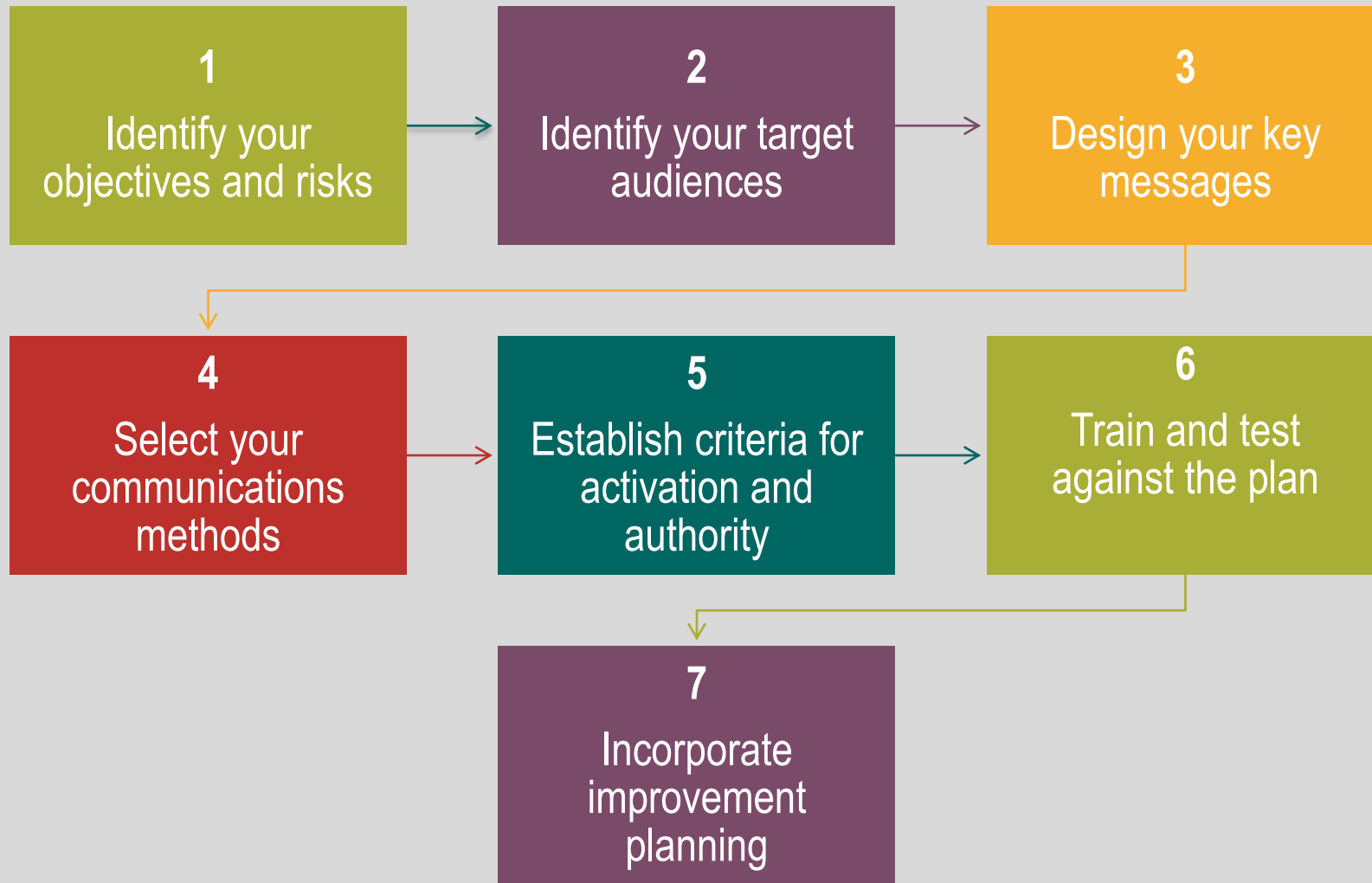
- Verify the communication plan includes primary and alternate means for communicating with facility staff, Federal, State, tribal, regional and local emergency management agencies by reviewing the communication plan.
- Ask to see the communications equipment or communication systems listed in the plan.

Survey Procedures

- Verify the communication plan includes a method for sharing information and medical documentation for patients under the facility's care, as necessary, with other health providers to maintain the continuity of care by reviewing the communication plan.
- Verify the facility has developed policies and procedures that address the means the facility will use to release patient information to include the general condition and location of patients, by reviewing the communication plan.
- Verify the communication plan includes a means of providing information about the facility's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee by reviewing the communication plan.

7 Steps of Communication Planning

Communication Plan



Communications Plan

Provides guidance for emergency communication needs and establishes:

- Protocols for communicating with organization staff (including volunteers, entities under arrangement, senior leadership)
- Protocols for communicating with patients
- Protocols for communicating with external partners
- Primary and back-up communication methods
- Maintenance and testing of data, equipment/software, and protocols
- Designation of a Public Information Officer (PIO)/Spokesperson (when applicable)

Communicating With Patients

- Normal business hours vs. after hours
- Social media, website
- Regularly verify contact information (at every visit, confirm preferred communication method)
- Consider those patients dependent on medical equipment, medications, and/or services
- Be sure staff that answer the phone are aware of key message elements
- Communication with patients dependent on medical equipment, medications, and/or services

Communicating With External Partners

- Define external partners
 - Local, state, federal authorities and regulatory agencies
 - Transportation entities
 - Vendors
 - Health care coalition (HCC)
 - State primary care association (PCA)
 - Other community health centers
- Verify contact information at least annually
- Document policies and procedures for notifying local emergency response and public health agencies
 - Determine authority to call and under what circumstances they should do so
 - Include reporting of notifiable diseases, and unusual disease manifestations or clusters, to public health officials
 - Document regulatory reporting requirements/restrictions

Define Communications Responsibilities

- Who will draft messages? Will it be different in the pre-event setting vs. during an actual incident?
- How will information be verified?
- Who will approve messages? Do approval protocols change depending on the audience and/or situation?
- Who will determine what information is released, when it is released, and to whom it is released?
- Who is responsible for sending messages using communication methods?

Communication Methods

- Phone trees
 - Text Messages
 - Automated notification systems
 - E-mail
 - Website
 - Social Media
 - Radio (Short-wave (or Amateur), Two-way, Weather)
 - Other
-
- Primary and back-up methods must be defined
 - Messages must be developed with the delivery method in mind

Coordinate Your Messaging

- Emergency management committee members should register to receive information from federal, state, and/or local health alert systems, e.g.:
 - *CDC's Health Alert Network*
 - *State/Local Health Alert Network(s)*
 - *Local emergency management notification systems*
- Receive situation updates from your health care coalition
- State Primary Care Association

CHCANYS Communications Plan Template



- Available soon!
- CMS EP Rule compliant
- Detailed template includes sections on Command and Control and Concept of Operations
 - Internal and external communication policies and procedures
 - Risk communication and message development
 - Information collection, documentation, and reporting



HRSA Expectations for Communication



Primary Health Care Digest

October 16, 2018

What's New

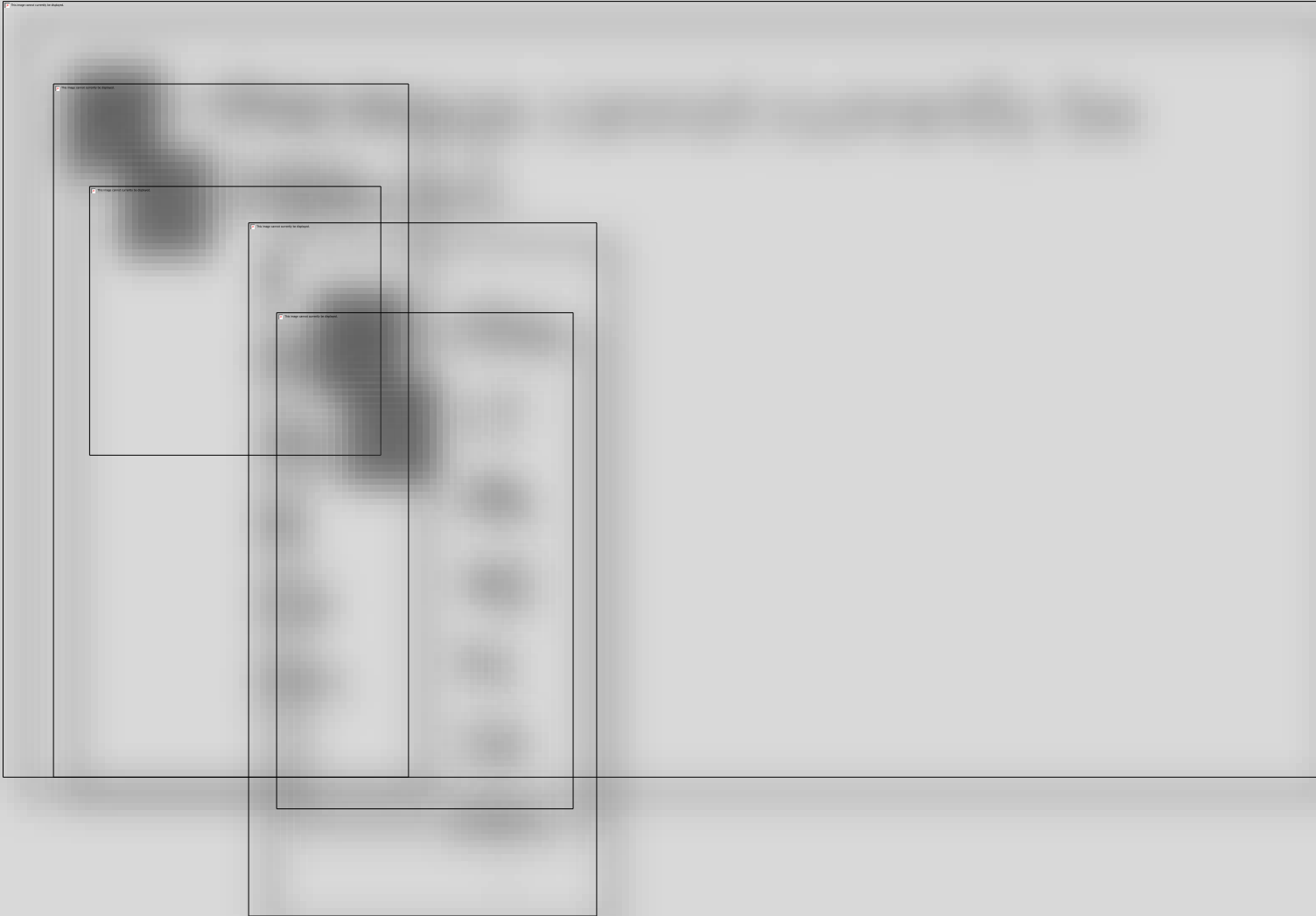
Hurricane Michael Reporting

For the 2018 hurricane season, HRSA has asked [Primary Care Associations \(PCAs\)](#) to take the lead in gathering critical health center information and reporting impact data back to us on the operational status of delivery sites. For health centers in areas impacted by Hurricane Michael (i.e., Florida, Georgia, North Carolina, South Carolina, and Alabama), we ask that you report site-level operational status to your PCA.

Please [visit the Health Center Program disaster relief page](#) for important guidance documents and resources to help health centers impacted by hurricanes, including information on change in scope for temporary sites, 340B Program enrollment under emergency declarations, and FTCA coverage in emergency events, including volunteer health professionals.



CHCANYS Notifications - *SmartNotice*



- Ability to send SMS, email and call at the same time.
- Able to ask for information back.
- Need your emergency contact information:
 - Name
 - Phone #
 - Mobile #
 - Email



NYS Health Commerce System (HCS)

Communication Plan

Welcome Alexander S Lipovtsev

Search

My Applications

- Account Info
- Acronyms & Abbreviations
- Application Access
- Bulk Messaging Tool
- ComDir Bulk Messaging Tool
- ComDir List Creation Utility
- ComDir Org Member List
- ComDir Person Update Tool
- ComDir Reverse Search
- ComDir Role Lookup Tool
- Coord Account Tools - HCS
- Coordinator's Update Tool
- County Survey
- Emergency Contacts

System Notices

- Reminder! The self-service [Forgot your password?](#) and [Forgot your user ID?](#) are now available. You can:
 - reset your password using your NYS driver license or NYS non-driver photo ID or your secret questions/answers.
 - retrieve your user ID via email using your name and email that matches your account information.

Important Health Events

CYBERSECURITY
ZIKA VIRUS RESPONSE

NYS PMP
PRESCRIPTION MONITORING PROGRAM REGISTER

New York State FINDS
2017 Train the Trainer
Coalition of Facilities in Disasters System

Important Health Notifications

Posted	Priority	Keyword	Source	Audience	Description	Recipients
10/16/2017	Advisory	Commissioner's Letter	NYSDOH		Commissioners Medical Grand Rounds: Pain Management and Medical Marijuana	Recipients

<https://commerce.health.state.ny.us>



NYS Health Commerce System (HCS)

Communication
Plan

Search by Organization Type
Select an Organization Type

- County LGU-SPOA
- County OEM
- DATC (ext clinic)**
- DATC (opcert)**
- DATC (pfi)**
- Dental Practices
- Dentist, Restricted Dental Faculty Practices
- Dentist, Restricted Dental Faculty as organization

Select

-OR -

Search for Person by Last Name

Submit

-OR -

Search for Person by User ID

Submit

Send questions or comments to [Communications Directory Help](#)

[Health Commerce System](#)

- 3 types of accounts in HCS for FQHCs:
 - *DATC OpCert*
 - *DATC PFI*
 - *DATC Ext. Clinic*
- SDOH and CHCANYS are working on “cleaning up” the structure and identify workflows that would be utilized for various situations:
 - *Communications Drill*
 - *Critical Asset Survey / HERDS*
 - *Other*

Health Commerce System Helpdesk

Communication
Plan

Commerce Accounts Management Unit (CAMU)

1-866-529-1890 (Monday-Friday 8:00AM - 4:45PM)

camu@its.ny.gov

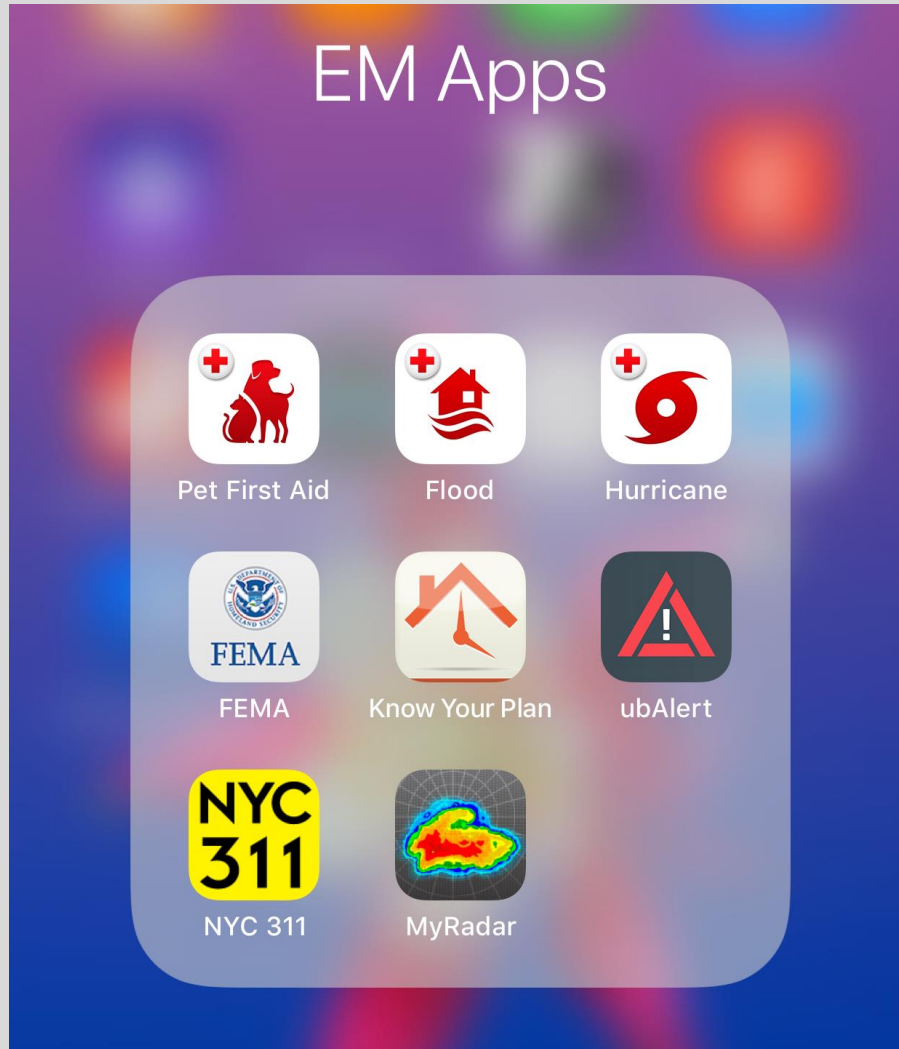
Priority Telecommunications Services (PTS)

- Provided via Office of Emergency Communications (part of Department of Homeland Security).
- PTS programs provide national security and emergency preparedness (NS/EP) and public safety users the ability to communicate via public telecommunications networks during times of network congestion or impairment.
 - *Government Emergency Telecommunications Service (GETS)*
 - *Wireless Priority Service (WPS)*
 - *Telecommunications Service Priority (TSP: Priority Restoration)*
 - *SHARed RESources (SHARES) High Frequency (HF) Radio Program*

Designation of a Public Information Officer (PIO)/Spokesperson

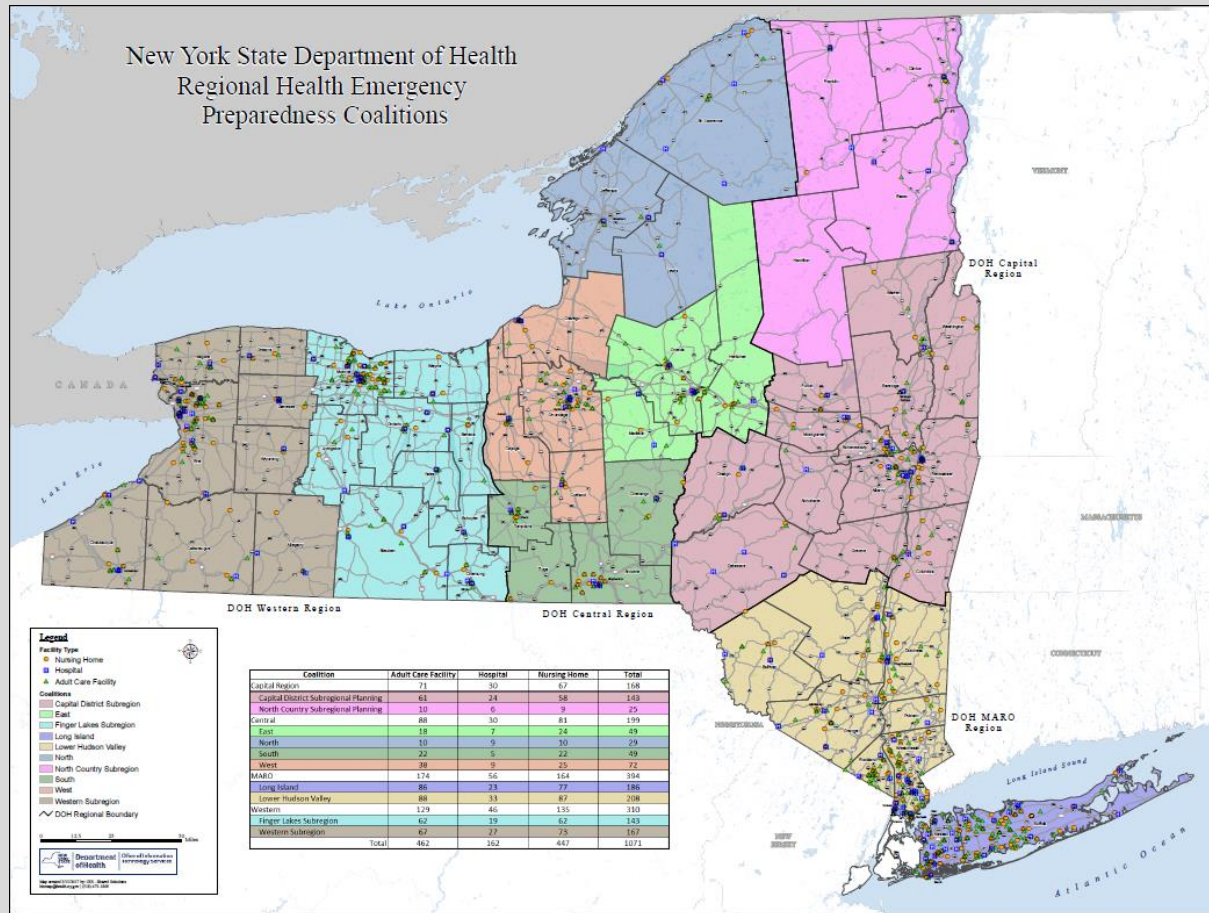
- The PIO is the conduit of information for internal and external stakeholders, including patients, staff, and partner organizations
- Staff should be trained to direct all media inquiries to the PIO, and to notify the PIO if approached by the media

Mobile Applications



- FEMA
- American Red Cross
- Know Your Plan
- ubAlert – Disaster Alert Network
- MyRadar
- NYC 311
- Others

NYS Healthcare Coalitions



- Western Region (WNY)
- Central New York (CNY)
- Capital District (CDR)
- Metropolitan (MARO)
 - Lower Hudson Valley
 - Long Island
- NYC Health Care Coalition (HCC)

<https://www.urmc.rochester.edu/emergency-preparedness.aspx>



Identifying Potential Partners

- **Coalition Members** (including public health agencies, hospitals, and other healthcare facilities)
- **First Responder Agencies**
 - *Police Departments*
 - *Fire Departments*
 - *EMS and Transport*
- **Community-Based Organizations (CBOs)**
 - *Local Businesses*
 - *Faith-based organizations and other nonprofits*
 - *Educational Institutions*

Contact Information

- US Dept. of Health and Human Services (Region 2) - <https://www.hhs.gov/ash/about-ash/regional-offices/region-2/index.html>
- New York State Government - <http://www.ny.gov/agencies#all-agencies>
- NYS Department of Health - <http://www.health.ny.gov>
- County Health Departments Listing - https://www.health.ny.gov/contact/contact_information
- NYS Division of Homeland Security and Emergency Services (DHSES) - <http://www.dhSES.ny.gov/contact>
- New York City Government - <http://www1.nyc.gov>
- NYC Department of Health and Mental Hygiene - <http://www1.nyc.gov/site/doh/index.page>
- NYC Emergency Management - <http://www1.nyc.gov/site/em/index.page>

Cybersecurity Communications

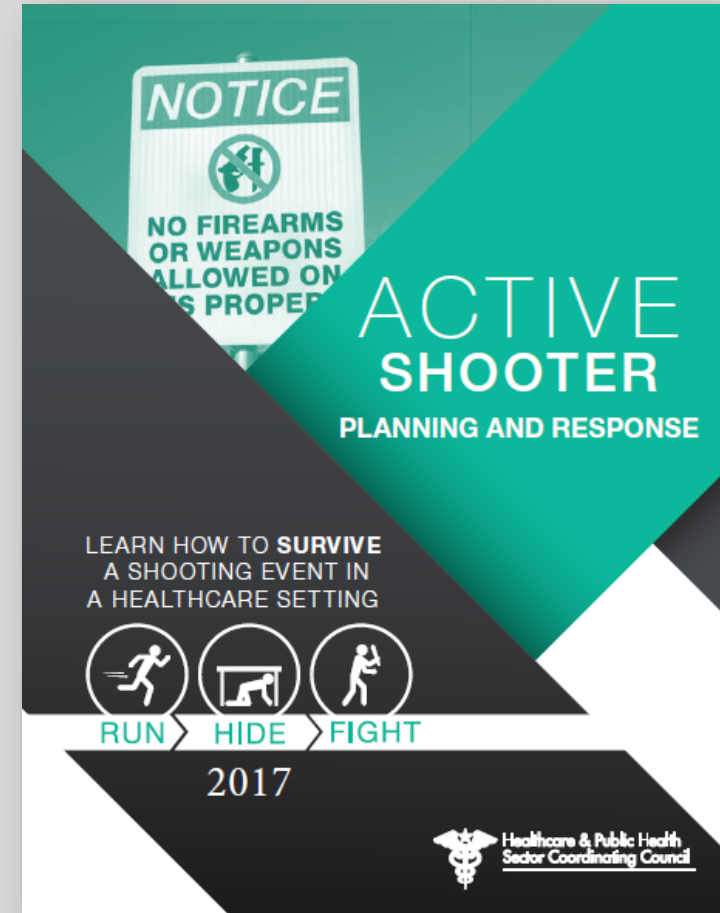
- Three stages for communications:
 - **Prepare** – e.g. DHS, US-CERT, law enforcement agencies, other.
 - **Respond** – NYPD, NY State Police, FBI, DOH, FDA, OCR, HRSA, other.
 - **Recover** – DOH, HRSA, other.

AGENCY/ GOVERNANCE	CONTACT
NYPD	NYPD Intelligence and Counterterrorism Phone: 212-384-3568 or 212-384-4694
New York State Police	New York State Intelligence Center, Cyber Analysis Unit <ul style="list-style-type: none">• Phone: 518-786-2100• E-mail: cau@nysic.ny.gov Contact the Cyber Analysis Unit for all cyber events within New York City or State, regardless of other law enforcement agencies engaged in the investigation.
FBI	FBI New York Regional Cyber Branch (New York City, Nassau, Suffolk, Westchester, Putnam, Orange, and Rockland counties) Phone: 212-384-2023 Albany Regional Office Phone: 518-465-7551 Buffalo Regional Office Phone: 716-865-7800 Newark Regional Office (Covers majority of New Jersey) Phone: 973-792-3015 <ul style="list-style-type: none">• View additional regional FBI offices.• File a complaint with the FBI Internet Crime Complaint Center.
DOH	Regional DOH Offices View a full listing of regional DOH offices .

Active Shooter Communications

Recommended Resource:

- *ACTIVE SHOOTER: Planning and Response – Learn how to survive a shooting event in a healthcare setting*



https://www.fbi.gov/file-repository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view

INTEGRATED HEALTH SYSTEMS

Tips for Implementation

(e) Integrated Health Systems

If a FQHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the FQHC may choose to **participate** in the healthcare system's **coordinated** emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

1. Demonstrate that **each** separately certified facility within the system **actively participated** in the development of the unified and integrated emergency preparedness program.
2. Be **developed** and maintained in a manner that takes into account **each** separately certified facility's unique circumstances, patient populations, and services offered.
3. **Demonstrate** that **each** separately certified facility is **capable** of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

(e) Integrated Health Systems

4. Include a **unified and integrated emergency plan** that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:
 - i. A documented **community-based** risk assessment, utilizing an all-hazards approach.
 - ii. A documented **individual facility-based** risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
5. Include **integrated policies and procedures** that meet the requirements set forth in paragraph (b) of this section, a **coordinated communication plan, and training and testing programs** that meet the requirements of paragraphs (c) and (d) of this section, respectively.

Survey Procedures

- Verify whether or not the facility has opted to be part of its healthcare system's unified and integrated emergency preparedness program. Verify that they are by asking to see documentation of its inclusion in the program.
- Ask to see documentation that verifies the facility within the system was actively involved in the development of the unified emergency preparedness program.
- Ask to see documentation that verifies the facility was actively involved in the annual reviews of the program requirements and any program updates.

Survey Procedures

- Ask to see a copy of the entire integrated and unified emergency preparedness program and all required components (emergency plan, policies and procedures, communication plan, training and testing program).
- Ask facility leadership to describe how the unified and integrated emergency preparedness program is updated based on changes within the healthcare system such as when facilities enter or leave the system.

Plan Section for Training / Testing

✓ Introduction

- *Authorization, revisions, distribution*

1. Program Administration

- *Summary, Purpose, Scope, EMC*

2. Situation and Assumptions

- *HVA, key assumptions*

3. Command and Control

- *ICS, authority, (de)activation, roles & responsibilities*

4. Continuity of Operations

- *Essential functions*

5. Communications

- *Risk communications, notifications, partners*

6. Buildings, Utilities, Safety and Security

- *Facilities, evacuation, utility, safety & security*

7. Finance, Logistics and Staff Care

- *EOC, supplies, volunteers, staff scheduling and care, HR, payroll*

8. Community Integration

- *Partners, coalitions, agreements, MH*

9. Plan Development and Maintenance

- *Development, review, storage, training, testing*

10. Hazard Specific Plans

11. Standards, Regulations and Guidelines

Implementation Tips

Include specific language describing your Health Center's Integrated Healthcare System (IHS) structure. For example:

■ Section 1.1: Executive Summary

This unified Emergency Management Plan has been developed by [Health Center] with the active involvement of each of its facilities or sites and is hereby approved for implementation ...

■ Section 1.3: Scope

[Health Center] consists of multiple separately certified healthcare facilities or sites, including the following facilities/sites:

- *List each separately certified healthcare facility/site*
- *Describe how each facility participates in the IHS*

Planning for Success

- Use of an all-hazard approach
- Strong and definitive lines of command and roles are defined
- Emergency planning is on-going
- Conducting hazard mitigation/prevention activities
- Providing motivation for involvement in emergency planning
- Strong coordination with communities
- Effective training and testing program
- Ongoing monitoring and alerting procedures, effective communication
- Ability to maintain comprehensive records



RESOURCES

Resources

- CMS Rule -
<https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>
- Centers for Medicare and Medicaid Services (CMS):
 - Survey & Certification- Emergency Preparedness Regulation Guidance - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
- HHS Office of Assistant Secretary for Preparedness and Response:
 - Technical Resources, Assistance Center, and Information Exchange (TRACIE) - <https://asprtracie.hhs.gov/cmsrule>



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY



Resources

- Crisis & Emergency Risk Communication (CERC) by Centers for Disease Control (CDC) -
<https://emergency.cdc.gov/cerc/resources/index.asp>
- New York State Healthcare Emergency Preparedness Coalitions -
<https://www.urmc.rochester.edu/emergency-preparedness.aspx>
- Emergency Communications (DHS) -
<https://www.dhs.gov/topic/emergency-communications>
- Disclosures for Emergency Preparedness - A Decision Tool -
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/decision-tool-overview/index.html>

Questions?

EM Team

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