

CMS EMERGENCY PREPAREDNESS FINAL RULE: ONE YEAR LATER

Part I - Overview of the CMS Rule for Federally Qualified
Health Centers

October 4, 2018

Welcome



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Webinar Series Structure

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

Today

October 4

Part I - Overview of the CMS Rule

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

October 18

Part II – Risk Assessment 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*

November 1

Part IV – Communications / Integrated Systems

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



Today's Objectives

- Overview CMS EP rule requirements for federally-qualified health centers (FQHCs)
- Discuss survey procedures as described in CMS EP rule interpretive guidelines (IGs)
- Provide relevant resources and updates after 1 year of the rule being in place

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 & Development

- 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

Before the Rule...

- 42 CFR §491.6(c) (Requirement to have emergency procedures)
- PIN 2007-15 “*Health Center Emergency Management Program Expectations*”
- Form 10 of Grant Application “*Emergency Preparedness Report*”
- NYS Title 10 - SubChapter C - State Hospital Code Article 1 - General Provisions Part 702 - Section 702.7 - Emergency and disaster preparedness

42 CFR §491.6(c)

§491.6 Physical plant and environment.

(a) *Construction.* The clinic or center is constructed, arranged, and maintained to insure access to and safety of patients, and provides adequate space for the provision of direct services.

(b) *Maintenance.* The clinic or center has a preventive maintenance program to ensure that:

(1) All essential mechanical, electrical and patient-care equipment is maintained in safe operating condition;

(2) Drugs and biologicals are appropriately stored; and

(3) The premises are clean and orderly.

(c) *Emergency procedures.* The clinic or center assures the safety of patients in case of non-medical emergencies by:

(1) Training staff in handling emergencies;

(2) Placing exit signs in appropriate locations; and

(3) Taking other appropriate measures that are consistent with the particular conditions of the area in which the clinic or center is located.

[57 FR 24983, June 12, 1992]

- 42 CFR PART 491 – CERTIFICATION OF CERTAIN HEALTH FACILITIES
- In 1992, 42 CFR §491.6(c) includes requirements to have emergency procedures

PIN 2007-15 “Health Center Emergency Management Program Expectations”

U.S. Department of Health and Human Services
HRSABPHC Bureau of Primary Health Care
Health Resources and Services Administration

POLICY INFORMATION NOTICE

DOCUMENT NUMBER: 2007-15

DATE: August 22, 2007


DOCUMENT TITLE: Health Center Emergency Management Program Expectations

TO: Health Center Program Grantees
Federally Qualified Health Center Look-Alikes
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

Health centers are a vital component of our Nation’s health care safety net. As such, health centers are positioned to play an important role in delivering critical services and assisting local communities during an emergency. To do so, they must be adequately prepared to deal with emergencies including having a plan in place to prevent, prepare for, respond to, and recover from emergencies.

This Policy Information Notice (PIN) provides guidance on emergency management expectations for health centers to assist them in planning and preparing for future emergencies. This document is not intended to be all inclusive but rather to provide guidance so that health centers can develop and maintain an effective and appropriate emergency management strategy—including developing and implementing an emergency management plan, building existing and growing new relationships, enhancing effective and efficient communications, and ensuring that the health center can effectively operate after an emergency. The expectations set forth in this notice are intended to be an extension of PIN 98-23, “Health Center Program Expectations.”

If you have any questions or require further guidance, please contact the Office of Policy and Program Development at 301-594-4300.


James Macrae
Associate Administrator

Attachment

Policy Information Notice 2007-15

Health Center Emergency Management Program Expectations

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Form 10 of 330 Grant Application

Form 10: Emergency Preparedness Report

OMB No.: 0915-0285. Expiration Date: 1/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 10: EMERGENCY PREPAREDNESS REPORT		Grant Number	Application Tracking Number
Section I: Emergency Preparedness and Management (EPM) Plan			
1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Does your organization have an approved EPM plan? If Yes, date that the most recent EPM plan was approved by your Board: _____ If No, skip to the Readiness section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to question 2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3a. Mitigation	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3b. Preparedness	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3c. Response	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3d. Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to question 2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. If No, has your organization attempted to participate with local/regional emergency planners? (This question is mandatory if you answered Yes to question 2 and No to question 4.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? (This question is mandatory if you answered Yes to question 2.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Section II: READINESS			
1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Does your organization conduct annual planned drills?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Does your organization's staff receive periodic training on disaster preparedness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Will your organization be required to deploy staff to Non-Health Center	<input type="checkbox"/> Yes <input type="checkbox"/> No		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 10: EMERGENCY PREPAREDNESS REPORT		Grant Number	Application Tracking Number
sites/locations according to the emergency preparedness plan for the local community?			
5. Does your organization have arrangements with Federal, State, and/or local agencies for the reporting of data?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Does your organization have a back-up communication system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a. Internal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6b. External	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines, and medical supplies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g., insurance coverage for short-term closure)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Does your organization have an off-site back-up of your information technology system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Does your organization have a designated EPM coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

NYS Title 10 - Section 702.7 - Emergency and disaster preparedness

702.7 Emergency and disaster preparedness.

- Medical facilities shall have an acceptable written plan, rehearsed and updated at least twice a year, with procedures to be followed for the proper care of patients and employees, including the reception and treatment of mass casualty victims, in the event of an internal or external emergency or disaster arising from the interruption of normal services resulting from earthquake, tornado, flood, bomb threat, strike, interruption of utility services and similar occurrences. All employees are to be trained in all aspects of preparedness for any interruption of services and for any disaster.

CMS Rule Background

- **Past events** such as 9/11 terrorist attacks; Hurricanes Katrina; and Ebola virus outbreaks that the patchwork of laws, guidelines, and standards related to emergency preparedness in public health care falls short of the requirements necessary for providers and suppliers to be adequately prepared for a disaster
- In the wake of these and other events, various executive orders and legislative acts helped set the stage for what the CMS expects from providers and supplier with regard to their roles in a more unified emergency preparedness system.
- **Homeland Security Presidential Directive 5 (HSPD-5)** that authorized development of National Incident Management System (NIMS).
- **Presidential Policy Directive 8** – issued on March 30, 2011, focuses on strengthening the security and resilience of the nation through preparation for 21st-century hazards such as acts of terrorism, cyberattacks, pandemics, and catastrophic natural disasters.

CMS Rule Background

- **Nursing Home Study** – Office of the Inspector General (OIG) did a study (2004 – 2005) – found that nursing homes in the Gulf States experiences problems even though they were in compliance with Federal interpretive guidelines for EP. This resulted in HHS initiating EP improvement effort across all HHS agencies.
- **Hospital Preparedness Study** – 2007 Assistant Secretary for Preparedness and Response (ASPR) commissioned a study to assess hospital preparedness - significant progress made, e.g. plans more comprehensive, community coordination, exercises more frequent and of higher quality etc.
- **Community-wide approach** – improved collaboration and networking among and between hospitals, public health departments and EM/response agencies, which is believed to represent the beginning of a coordinated community-wide approach to medical disaster response.

Proposed Emergency Preparedness Rule

- On December 27, 2013, the Federal Register posted the proposed emergency preparedness rule to address systemic gaps, establish consistency, and encourage coordination in the face of natural and man-made emergencies and disasters.
- CMS received nearly 400 public comments from individuals, health care professions and corporations, national associations, health departments, emergency management professionals, and individual facilities impacted by the rule.



FEDERAL REGISTER

Vol. 78 Friday,
No. 249 December 27, 2013

Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services
42 CFR Parts 403, 416, 418, et al.
Medicare and Medicaid Programs; Emergency Preparedness Requirements
for Medicare and Medicaid Participating Providers and Suppliers; Proposed
Rule

The Final Rule

- On September 8, 2016, the Federal Register posted the final rule – *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The goals of the new rule are:
 - *Increase patient safety during emergencies*
 - *Establish consistent emergency preparedness requirements across provider and supplier types*
 - *Establish a more coordinated response to natural and man-made disasters.*

Purpose of the Rule

The rule establishes 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 rule addresses the three key essentials necessary for maintaining access to health care services during emergencies:

- Safeguarding human resources
- Maintaining business continuity
- Protecting physical resources

An All-Hazards Approach

The rule establishes criteria for Medicare-participating providers and suppliers to develop effective and robust emergency plans and responses utilizing an “all hazards” approach for disruptive events such as earthquakes, hurricanes, severe weather, flooding, fires, pandemic flu, power outages, chemical spills, shootings, and nuclear or biological terrorist attacks.



Provider / Supplier Definition

- **Provider** – a hospital, a critical access hospital, a skilled nursing facility, a comprehensive outpatient rehabilitation facility, a home health agency or a hospice that has an agreement to participate in Medicare
- **Supplier** – a physician or other practitioner, or an entity other than a provider, that furnishes health care services under Medicare; includes rural health clinics and end-state renal disease facilities.

Source: Centers for Medicare & Medicaid Services (CMS)

Affected Provider and Supplier Types

- The rule requirements are applicable to all 17 Medicare- and Medicaid-participating provider and supplier types.
- Each provider and supplier has its own set of emergency preparedness regulations incorporated into its Conditions of Participation (CoPs), Conditions for Coverage, Conditions for Certification, or nursing home requirements.
- If a Medicaid provider is required to meet the requirements for participation in Medicare in order to receive Medicaid payment, that provider is required to comply with the EP Rule requirements along with all of the other Medicare CoPs or CfCs for that provider. Not all provider types have a provision requiring them to meet the Medicare requirements in order to participate in Medicaid.

17 Provider Types Affected

Inpatient

Outpatient

Hybrid

Inpatient Facilities



Inpatient

1. Hospitals
2. Psychiatric Residential Treatment Facilities
3. Religious Nonmedical Health Care Institutions
4. Critical Access Hospitals
5. Skilled Nursing Facilities
6. Intermediate Care Facilities for Individuals with Intellectual Disabilities

Outpatient Facilities



Outpatient

7. Comprehensive Outpatient Rehabilitation Facilities
8. End-Stage Renal Disease Facilities
9. Programs of All-Inclusive Care for the Elderly
10. Ambulatory Surgical Centers
11. Rural Health Clinics / **Federally Qualified Health Centers**
12. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
13. Community Mental Health Centers
14. Home Health Agencies

Hybrid Facilities



Hybrid

- 15. Hospices
- 16. Transplant Centers
- 17. Organ Procurement Organizations

42 CFR Part 491

Certification of Certain Health Facilities

Subpart A – Rural Health Clinics: Conditions for Certifications, and FQHC Conditions for Coverage

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



491.3 Certification Procedures

- This section does not apply to FQHCs. As a part of the Medicare enrollment process, FQHCs self-attest to meeting the Conditions for Coverage in addition to other program requirements. No on-site survey of an FQHC is conducted for certification or recertification. The only necessary FQHC survey is a complaint investigation, which occurs if there is a complaint against the health and safety provision at Part 491.
- CMS Certification Number (CCN), formerly OSCAR, PTAN
- The CCN is used to verify Medicare or Medicaid certification for Survey and Certification assessment-related activities and communications. CMS data systems use the CCN to identify each individual provider or supplier that has participated, or is currently participating, in Medicare or Medicaid.



491.12 Emergency Preparedness

- There will be no exceptions for the requirements.
- Non-compliance will follow the same process as any other Conditions of Participation and Conditions of Coverage for the facility at hand.
- Surveying for compliance began in **November 2017**.

Final Rule Timeline

September 15, 2016
Final Rule published

November 15, 2016
Final Rule effective date

November 15, 2017
Due date for implementation

*Annual requirements
thereafter*

CMS Emergency Preparedness Rule

What are the consequences for failing to meet these new requirements?

- Loss of Medicare site certification?
- Loss of Medicaid certification?
- Section 330 grant implications?

Four Core Elements + One Optional

- The CMS Emergency Preparedness Final Rule outlines four core (mandatory) elements of emergency preparedness and included an additional (optional) element:



- CMS tailored each area to address the specific needs of each type of entity. Hospitals are the baseline for all other provider / supplier types

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:

(a) Emergency Plan

The FQHC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address patient population, including, but not limited to, the type of services the FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.

(a) Emergency Plan

4. Include a process for **cooperation** and **collaboration** with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the FQHC's **efforts to contact** such officials and, when applicable, of its participation in collaborative and cooperative planning efforts..

Survey Procedures

- Interview the facility leadership and ask him/her/them to describe the facility's emergency preparedness program.
- Ask to see the facility's written policy and documentation on the emergency preparedness program.

Survey Procedures

- Verify the facility has an emergency preparedness plan by asking to see a copy of the plan.
- Ask facility leadership to identify the hazards (e.g., natural, man-made, facility, geographic, etc.) that were identified in the facility's risk assessment and how the risk assessment was conducted.
- Review the plan to verify it contains all of the required elements.
- Verify that the plan is reviewed and updated annually by looking for documentation of the date of the review and updates that were made to the plan based on the review.

Survey Procedures

- Ask to see the written documentation of the facility's risk assessments and associated strategies.
- Interview the facility leadership and ask which hazards (e.g., natural, man-made, facility, geographic) were included in the facility's risk assessment, why they were included and how the risk assessment was conducted.
- Verify the risk-assessment is based on an all-hazards approach specific to the geographic location of the facility and encompasses potential hazards.

Survey Procedures

Interview leadership and ask them to describe the following:

- ✓ The facility's patient populations that would be at risk during an emergency event.
- ✓ Services the facility would be able to provide during an emergency.
- ✓ How the facility plans to continue operations during an emergency.
- ✓ Delegations of authority and succession plans.

Verify that all of the above are included in the written emergency plan.

Survey Procedures

- Interview facility leadership and ask them to describe their process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to ensure an integrated response during a disaster or emergency situation.
- Ask for documentation of the facility's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

(b) Policies and Procedures

The FQHC must develop and implement emergency preparedness **policies and procedures**, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section.

The policies and procedures must be reviewed and updated at least **annually**. At a minimum, the policies and procedures must address the following:

(b) Policies and Procedures

1. Safe evacuation from the FQHC, which includes appropriate placement of **exit signs**; staff responsibilities and needs of the patients.
2. A means to **shelter in place** for patients, staff, and volunteers who remain in the facility.
3. A **system of medical documentation** that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
4. The **use of volunteers** in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

Survey Procedures

Review the written policies and procedures which address the facility's emergency plan and verify the following:

- Policies and procedures were developed based on the facility- and community-based risk assessment and communication plan, utilizing an all-hazards approach.
- Ask to see documentation that verifies the policies and procedures have been reviewed and updated on an annual basis.

Survey Procedures

- Review the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all of the required elements.
- When surveying an RHC or FQHC, verify that exit signs are placed in the appropriate locations to facilitate a safe evacuation.
- Verify the emergency plan includes policies and procedures for how it will provide a means to shelter in place for patients, staff and volunteers who remain in a facility.
- Review the policies and procedures for sheltering in place and evaluate if they aligned with the facility's emergency plan and risk assessment.

Survey Procedures

- Ask to see a copy of the policies and procedures that documents the medical record documentation system the facility has developed to preserve patient information, protect confidentiality of patient information, and secure and maintain availability of records.
- Verify the facility has included policies and procedures for the use of volunteers and other staffing strategies in its emergency plan.

(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.

(d) Training and Testing

The FQHC must develop and maintain an emergency preparedness **training** and **testing program** that is based on the emergency plan set forth in paragraph (a) of this section, **risk assessment** at paragraph (a)(1) of this section, **policies and procedures** at paragraph (b) of this section, and the **communication plan** at paragraph (c) of this section.

The training and testing program must be **reviewed** and **updated** at least **annually**.

(d) Training and Testing

1. **Training program.** The FQHC must do all of the following:
 - (i) **Initial training** in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
 - (ii) Provide emergency preparedness training at least **annually**.
 - (iii) Maintain **documentation** of the training.
 - (iv) **Demonstrate** staff **knowledge** of emergency procedures.

(d) Training and Testing

2. **Testing.** The FQHC must **conduct exercises** to test the emergency plan at least **annually**. The FQHC must do the following:
 - i. Participate in a **full-scale exercise** that is community-based or when a community-based exercise is not accessible, an individual, facility-based.

NOTE: If the FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the FQHC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

(d) Training and Testing

- ii. Conduct an **additional exercise** that may include, but is not limited to following:
 - A. A **second full-scale exercise** that is community-based or individual, facility-based.
 - B. 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.
- iii. **Analyze** the FQHC's response to and **maintain documentation** of all drills, tabletop exercises, and emergency events, and **revise** the FQHC's emergency plan, as needed.

(d) Training and Testing

An actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirements and exempts the facility for engaging in the required exercises for one year following the actual event.

A facility must be able to demonstrate the actual emergency event or response “of **sufficient magnitude**” through **written documentation**.

NOTICE ON TRAINING & EXERCISES: If a facility activates their emergency plan due to a disaster, the facility is exempt from one full-scale/individual based exercise for that year. However, the secondary requirement for a table-top exercise or exercise of choice still applies. Facilities must demonstrate completion of two exercises per annual year.

Survey Procedures

- Verify that the facility has a written training and testing program that meets the requirements of the regulation.
- Verify the program has been reviewed and updated on, at least, an annual basis by asking for documentation of the annual review as well as any updates made.

Survey Procedures

- Ask for copies of the facility's initial emergency preparedness training and annual emergency preparedness training offerings.
- Interview various staff and ask questions regarding the facility's initial and annual training course to verify staff knowledge of emergency procedures.
- Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.

Survey Procedures

- Ask to see documentation of the annual tabletop and full scale exercises (which may include, but is not limited to, the exercise plan, the AAR, and any additional documentation used by the facility to support the exercise).
- Ask to see the documentation of the facility's efforts to identify a full-scale community-based exercise if they did not participate in one (i.e., date and personnel and agencies contacted and the reasons for the inability to participate in a community-based exercise).
- Request documentation of the facility's analysis and response and how the facility updated its emergency program based on this analysis.

(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.

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 bar indicates 'Proposed Rule'. The main title is 'Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction'. Below the title, 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.

Summary of Proposed Changes

Section of Rule	Existing Requirement	Proposed Change
Annual Review of Emergency Preparedness Program	Required to conduct an annual review of their emergency preparedness program to include the emergency plan, policies and procedures, communication plan, and training and testing program.	Reduce the requirement to conduct a review of the emergency preparedness program to every two years .
Documentation of Cooperation Efforts	Required to develop and maintain an emergency preparedness plan that includes a process for cooperative and collaboration with local, tribal, regional, state and Federal emergency preparedness officials...including documentation of the facilities' efforts to contact officials and its participation in collaborative planning efforts.	Eliminate requirement that facilities document efforts to contact local, tribal, regional, State, and Federal emergency preparedness officials and facilities' participation in collaborative planning efforts. Essentially, facilities would no longer have to demonstrate that they have contacted local, tribal, regional, State and Federal emergency preparedness officials nor that they've participated in cooperative planning. Facilities would still be required to include a process for cooperation and collaboration with local, tribal, regional, State and Federal emergency preparedness officials.

Summary of Proposed Changes

Section of Rule	Existing Requirement	Proposed Change
Training Program	Facilities are required to develop and maintain a training program based on the emergency plan and to provide training at least annually .	<p>Reduce the requirement to provide training to biennially or every two years, after conducting initial training on their emergency program.</p> <p>Require additional training when emergency plan is significantly updated. Facilities have discretion to determine what constitutes “significant” updates.</p>
Testing (Exercise) Program	Facilities are required to conduct two exercises to test emergency plan annually ; (1) a full-scale exercise (or real event) and (2) either a full-scale that is community or facility-based, or a TTX.	<p>(1) Clarify intent of “full-scale exercise” testing requirement to include a “functional exercise.” A functional exercise examines or validates the coordination, command, and control between various multi-agency coordination centers but does not involve “boots on the ground.”</p> <p>(2) Modify testing requirement options for inpatient services such that one of the two annual exercises can be of a type of their choosing.</p> <p>(3) Reduce testing requirement to one testing exercise per year for outpatient services. A full scale or functional exercise would only be required every other year.</p> <p>(4) Clarify testing requirement such that if provider experiences an actual emergency that requires activation of their emergency plan, inpatient and outpatient services will be exempt from the next required full-scale or functional exercise.</p>

Resources

- HHS Office of Assistant Secretary for Preparedness and Response:
 - *Technical Resources, Assistance Center, and Information Exchange (TRACIE)* - <https://asprtracie.hhs.gov/cmsrule>
- 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>
- Health Center Resource Clearinghouse - <https://www.healthcenterinfo.org>



TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY



Resources

- CFR Title 42, Part 491- Certification of Certain Health Facilities – FQHC Conditions for Coverage -
<https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol5/xml/CFR-2016-title42-vol5-part491.xml>
- CMS Emergency Preparedness Final Rule -
<https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>
- Surveyor Training in CMS Rule -
https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep_ONL
- New Proposed Rule - Medicare and Medicaid Programs: Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction -
<https://www.federalregister.gov/documents/2018/09/20/2018-19599/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and>



Coming Up

October 18 **Part II – Risk Assessment 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 + updates*

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

- *Emergency communications, communications planning, integrated healthcare systems + updates*

Coming Up – EM Program

October 9 State DOH Communications Drill

- *All FQHCs, except those in NYC*

Spring 2019 Coalition Surge Exercise

- *Statewide exercise opportunity*

April 12 Functional Exercise for Primary Care

- *NYC FQHCs*

TBD Critical Asset Survey via HERDS

Save the Date – October 22, 2018

Crisis Management:
De-escalation and
Team-Based Response in
the CHC Setting

OFC

WF

CHCANYS Conference

Monday Workshops
@ 4:00PM – 5:30PM

Presenter: Alex Lipovtsev, LCSW

CHCANYS



Save the Date – October 23, 2018

EM Breakfast + Virtual Meetup
@ CHCANYS Conference

Register

(for virtual participation)

Tuesday Morning
@ 7:30AM – 8:45AM



Save the Date – March 14, 2019



PCEPN 5th Annual Emergency Preparedness Seminar

BARUCH COLLEGE MARCH 14, 2019

INFO@PCEPN.ORG | WWW.PCEPN.ORG | 914-22-PCEPN



Questions?

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