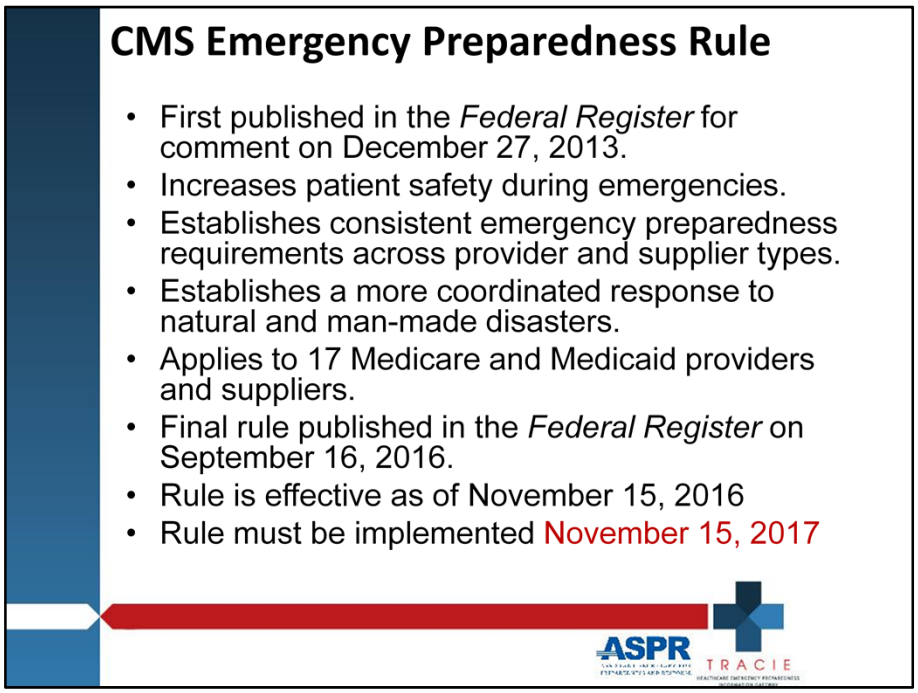

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY
CMS Emergency Preparedness Rule
ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

Disclaimer

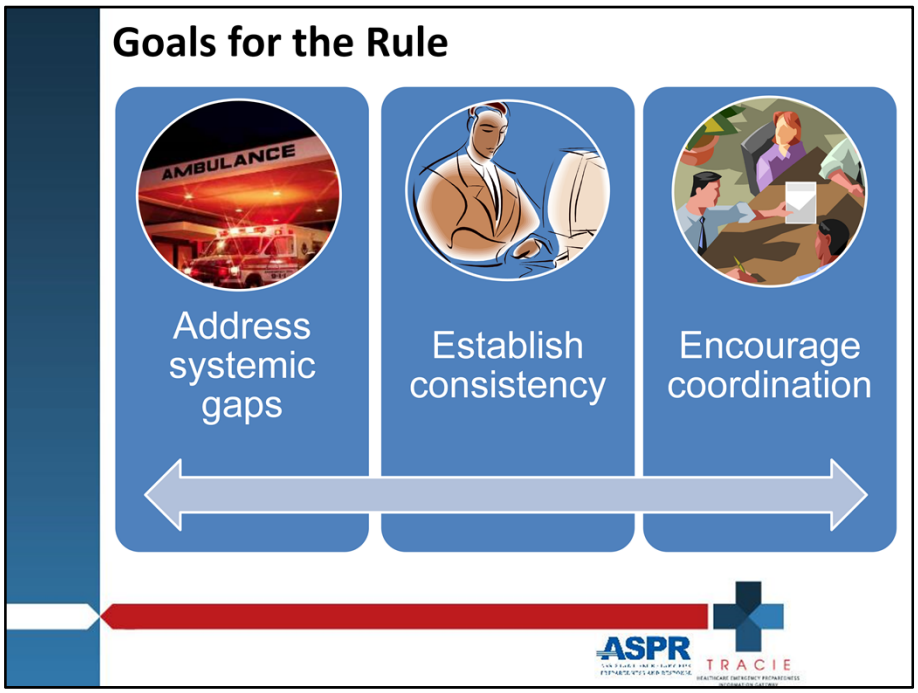
This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

This presentation is current as of December 21, 2016. Please check asprtracie.hhs.gov/cmsrule for the most current version of this presentation.

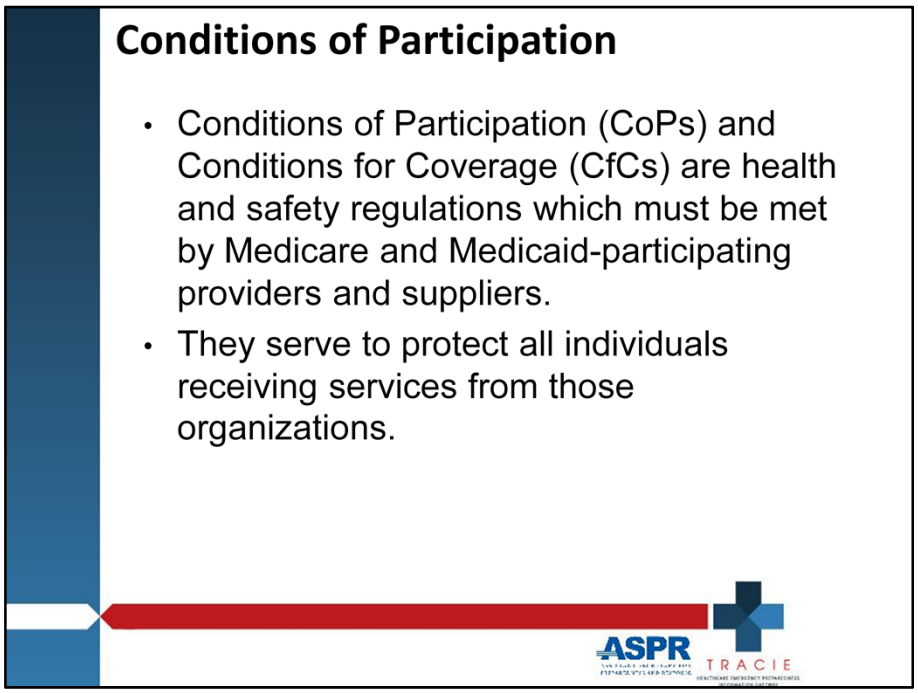


This rule was first published for public comment in the Federal Register in December 2013. Many comments were received and were adjudicated and addressed by CMS in the final published rule.

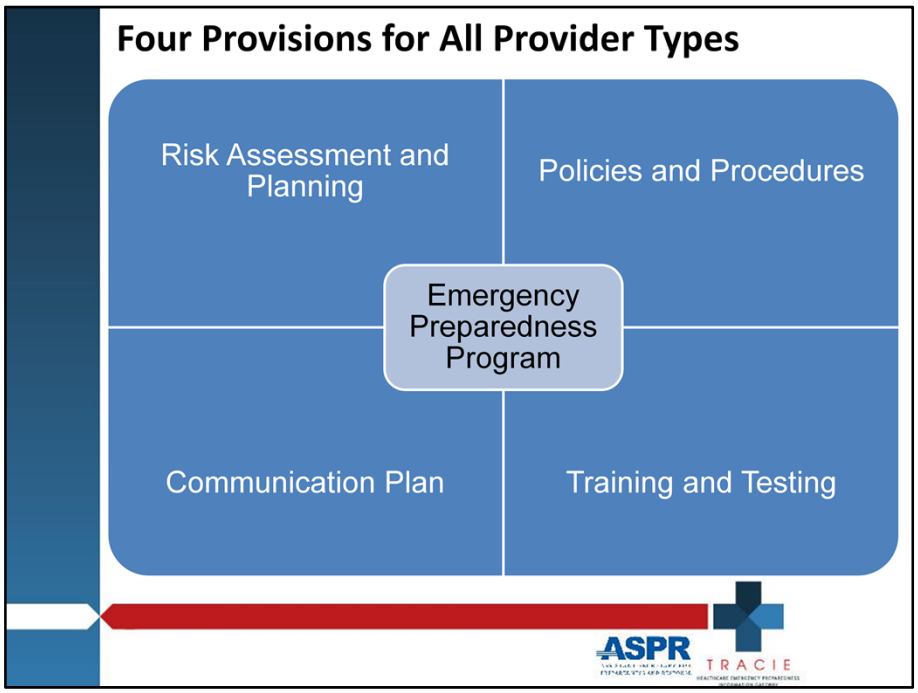
The final rule was **published on September 16, 2016** and is **effective as of November 15, 2016**. The regulations must be **implemented by affected entities by November 15, 2017**.



The CMS Emergency Preparedness Rule was developed to address gaps identified in past responses, establish a consistent framework for all healthcare entities and to encourage coordination among healthcare entities, healthcare system preparedness entities, public health preparedness officials, and emergency managers.



These regulations are conditions of participation for Medicare and Medicaid participating providers and suppliers, meaning that they must comply with the regulations and be in compliance at the time of survey in order to participate in Medicare and Medicaid reimbursement.

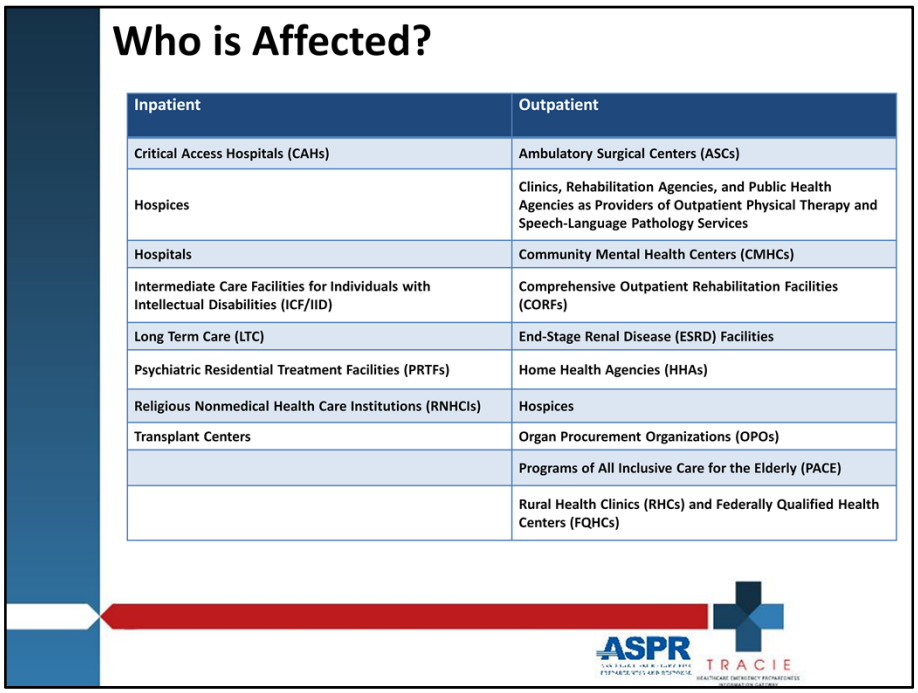


This rule applies to 17 provider and supplier types as a condition of participation for CMS. The providers/suppliers are required to meet **four core elements** (with specific requirements adjusted based on the individual characteristics of each provider and supplier):

Emergency plan—Develop an emergency plan based on a risk assessment and using an "all-hazards" approach, which will provide an integrated system for emergency planning that focuses on capacities and capabilities.
Policies and procedures—Develop and implement policies and procedures based on the emergency plan and risk assessment that are reviewed and updated at least annually. For hospitals, Critical Access Hospitals (CAHs), and Long-Term Care (LTC) facilities, the policies and procedures must address the provision of subsistence needs, such as food, water and medical supplies, for staff and residents, whether they evacuate or shelter in place.
Communication plan—Develop and maintain an emergency preparedness communication plan that complies with federal, state and local laws. Patient care must be coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management systems to

protect patient health and safety in the event of a disaster.

A training and testing program—Develop and maintain training and testing programs, including initial training in policies and procedures. Facility staff will have to demonstrate knowledge of emergency procedures and provide training at least annually. Facilities must conduct drills and exercises to test the emergency plan or participate in an actual incident that tests the plan.



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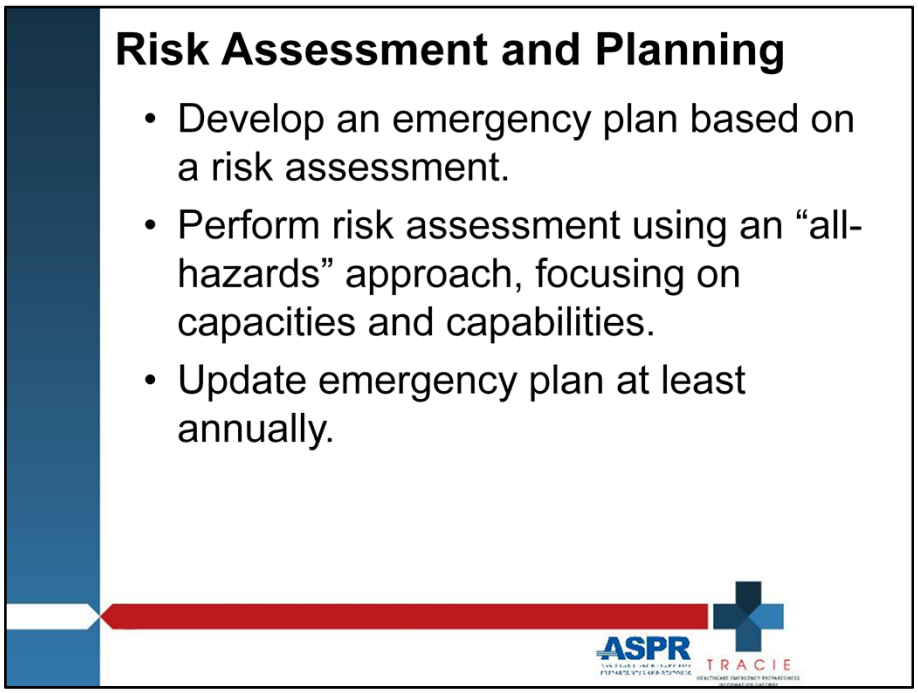
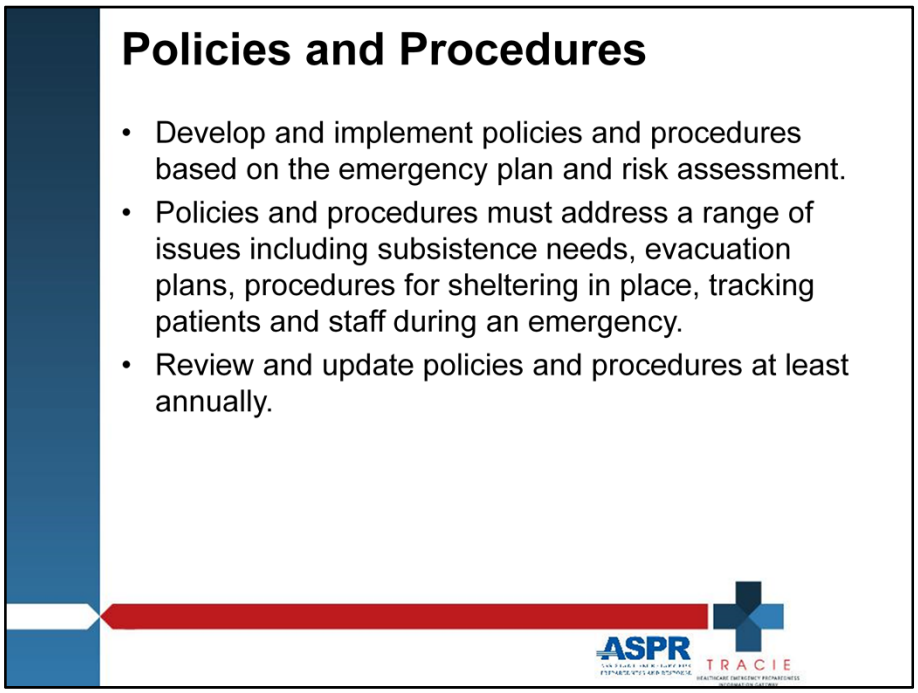
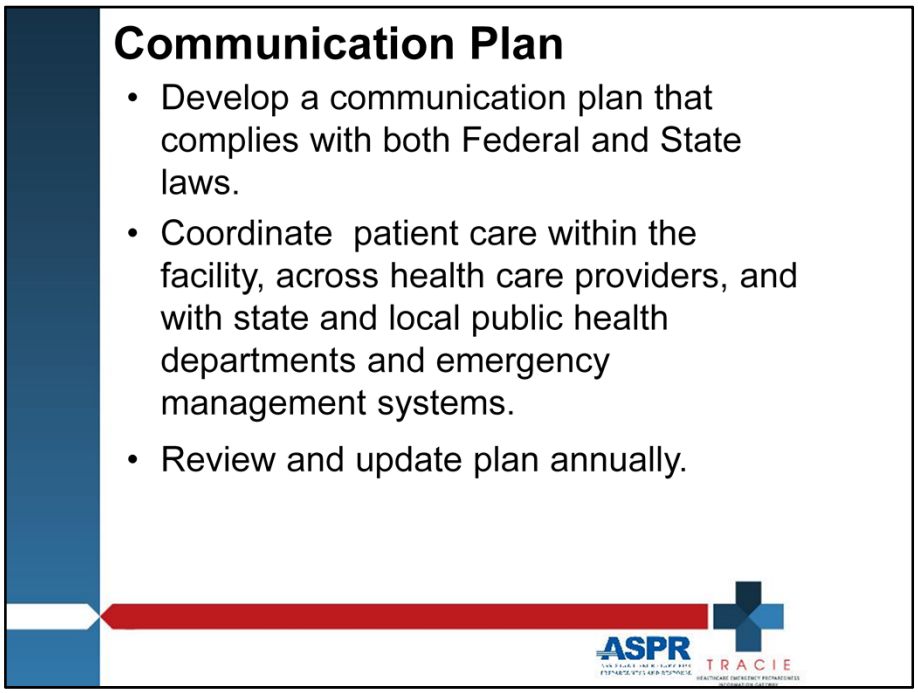


The regulations require each covered entity to develop an emergency operations plan based on a risk assessment. Risk assessments are conducted at the facility, jurisdictional and health care coalition levels and entities are encouraged to contact their local healthcare coalitions to participate in local risk assessments.

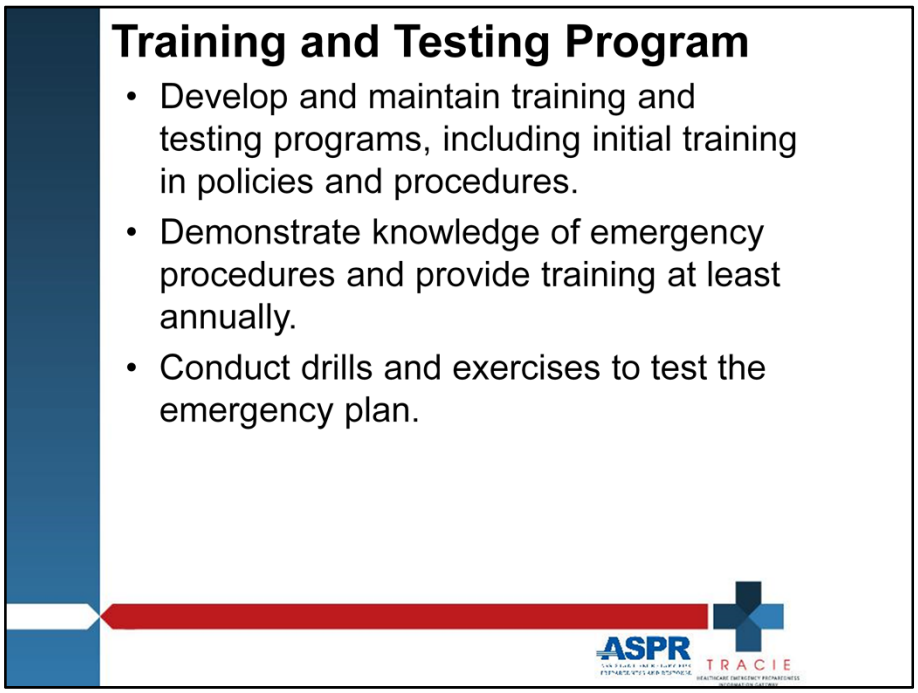
Once the risk assessment has been conducted, develop an emergency plan that addresses the entities ability to prepare for, respond to, and recover from emergencies and disasters and incorporates the specific regulations listed in the final rule.



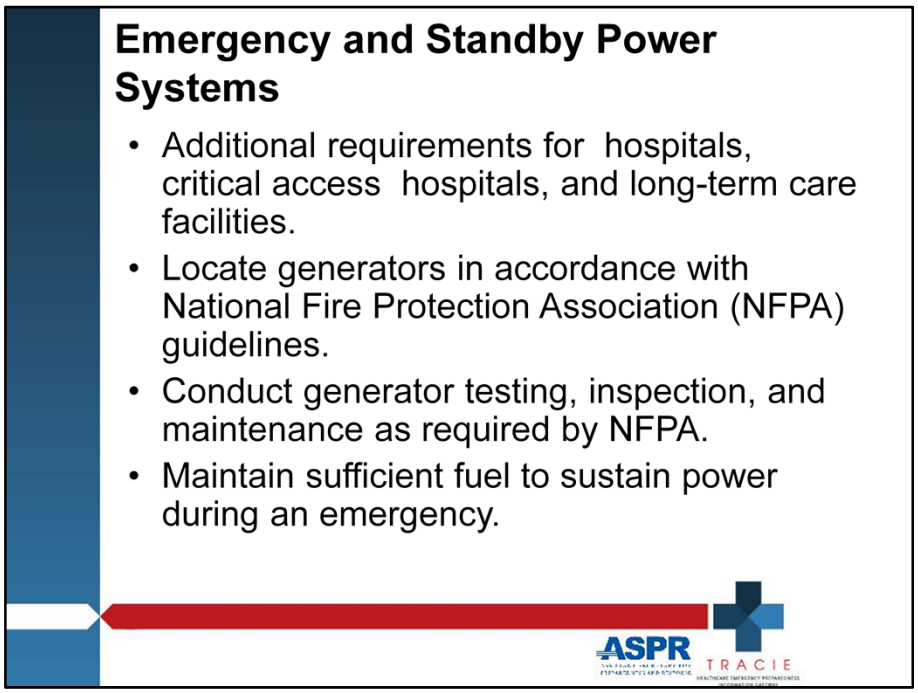
Policies and procedures must be developed to ensure each entity can execute the roles and responsibilities outlined in the plan.



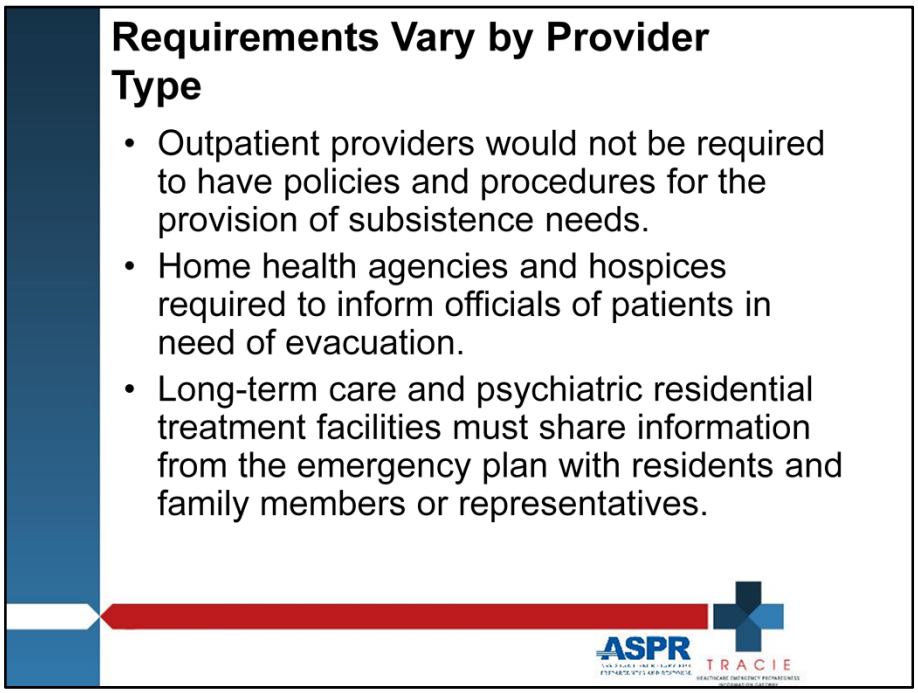
A communication plan must be developed as part of the emergency plan that specifically addresses coordination and communication with local, state, and Federal officials, patients, and patients' family.



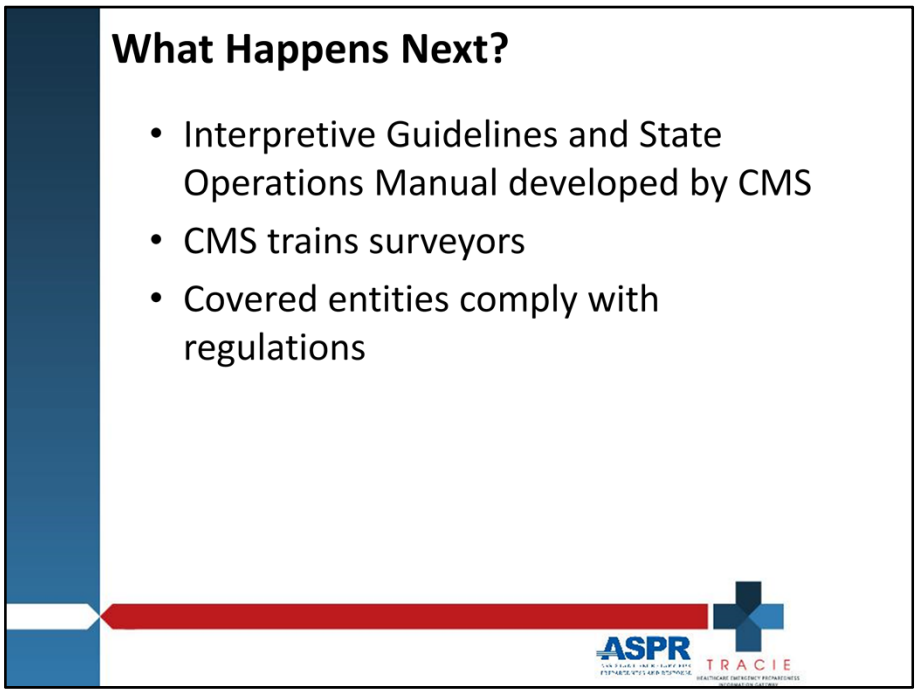
Each covered entity must develop and implement a plan to train all staff on the components of the emergency plan and the policies and procedures and test the ability of the entity to execute the plan, policies and procedures in a simulated exercise environment.



Additional requirements are included in the regulation to address emergency and standby power systems for hospitals, critical access hospitals, and long-term care facilities. Additional information on emergency and standby power requirements will be forthcoming from CMS.



Given the unique nature of each covered entity, there are entity specific requirements and adjustments to the broad four core elements discussed. It is imperative that you read the regulation, the CMS FAQs, the Interpretive Guidance (when published) and any other official communication from CMS to determine your need to comply with any component of the regulation.

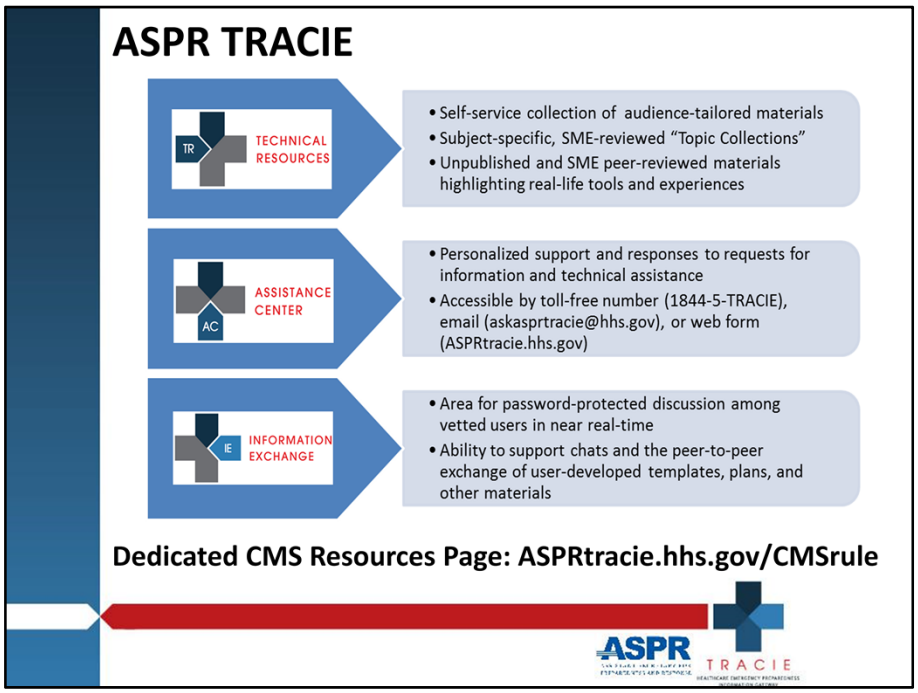


There are still a lot of moving pieces and additional information that will be coming from CMS in the coming months. The good news is you have about a year to comply with these requirements and we will provide additional information on resources available to help facilitate compliance.

We will provide information on resources from CMS, ASPR TRACIE resources, and support you can receive at the local level from healthcare coalitions.

CMS Survey and Certification Group

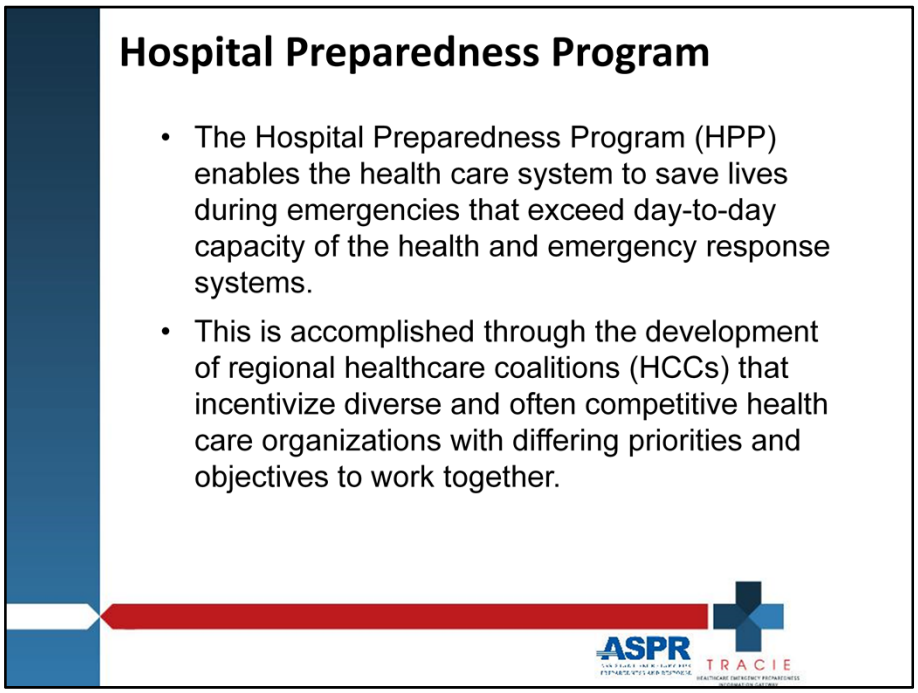
- Developing the Interpretive Guidelines
- Train the surveyors
- Resources and FAQs on their website
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html
- Email
  - SCGEmergencyPrep@cms.hhs.gov



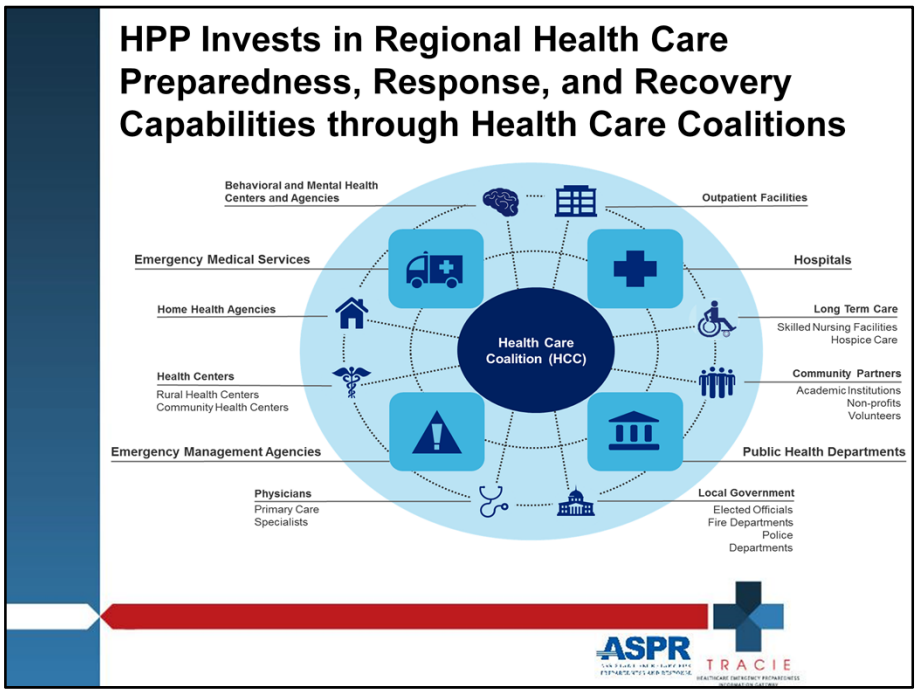
ASPR TRACIE is a one-stop shop healthcare information gateway designed to provide access to resources, technical assistance, and subject matter experts on a variety of healthcare system preparedness topics. We have been preparing for a little over a year to support entities that need to comply with these regulations.

ASPR TRACIE's Topic Collections and provider- and supplier-specific resources can help organizations involved in implementing the CMS requirements with resources tailored to their specific needs

Resources for hazard vulnerability assessments, emergency plans, policies and procedures, communications plans, trainings, and testing



The HPP program, administered by ASPR and run through State Health Departments' emergency preparedness offices, supports healthcare system preparedness. One key component of the program is regional healthcare coalitions.



HCCs are multi-entity, multidiscipline organizational groups designed to prepare and coordinate the response and recovery of the healthcare system in a community.

The CMS EP Rule provides a tremendous opportunity for HCCs to grow their membership and engage with a variety of partners to support these newly engaged entities.

The new CMS EP Rule should prompt HCCs to proactively engage the new provider types and offer assistance. HCCs are encouraged to engage in community activities and provide support to the community response framework. They can serve as a key resource for newly covered providers. However, due to the breadth of the new provider types, coalitions must be deliberate about defining the boundaries of this support under the cooperative agreement. They should also explore opportunities for investment in the coalition by collaborating and working with the newly covered providers (e.g., new membership fees, developing contract agreements for training or exercises.).

HCCs should be an accessible source of preparedness and response best practices for newly engaged provider types as they adapt to the new requirements. They should also play a role in assisting members with closing planning gaps, as well as assuring integration with core coalition partners. HCCs have an opportunity to enhance their financial sustainability and revenue by providing contracted technical

assistance to HCC members to meet the CMS conditions of participation (CoPs). Hospital Preparedness Program (HPP) awardees and their sub-recipients may provide funding to individual hospitals or other health care entities, as long as the funding is used for activities to advance regional, HCC, or health care system-wide priorities, and are in line with ASPR's four health care preparedness and response capabilities. However, though coalitions should support other preparedness efforts, funding to individual health care entities is **not** permitted to be used to meet CMS CoPs, including for the CMS EP Rule.

HCCs should expect covered health care entities to contact them asking for assistance, including the following examples:

Obtaining copies of the coalition or regionally conducted hazard vulnerability analysis or risk assessments (or to be included in future assessments).

Identifying examples of plans, policies, and procedures that are frequently used or accepted by other entities within those coalitions.

Engaging in training and exercises conducted by coalitions or coalition members.

Exploring participation in or leveraging of shared services, such as communications systems, patient tracking systems, and other jointly used equipment and supplies.

Providing basic information on emergency preparedness and healthcare system preparedness.

Providing technical assistance support to help meet conditions of the CMS EP Rule.

Though HPP funding may not be provided to individual health care entities to meet these requirements, HCCs can provide technical assistance such as:

Developing emergency plans. HCCs are permitted to use HPP funding to develop the staffing capacity and technical expertise to assist their members with this requirement. An alternative would be to contract or use membership fees from the covered entities to support this capacity and expertise.

Developing standard policies and procedures. HCCs are permitted to use HPP funding for the staffing capacity and technical expertise to assist their members with this requirement so long as the HCC can do so and still fulfill the cooperative agreement capabilities.

Developing a communication plan that integrates with the HCC's communications policies and procedures. HCCs are permitted to use HPP funding for costs associated with adding new providers and suppliers to their HCC who are seeking to join coalitions to coordinate patient care across providers, public health departments, and emergency systems (e.g., hiring additional staff to coordinate with the new members, providing communications equipment and platforms to new members, conducting communications exercises, securing meeting spaces, etc.). The HCC should carefully consider whether equipment costs directly support the cooperative agreement capabilities and coordination of patient care. Coalitions should carefully weigh the costs and benefits of including new members in

communications systems, as well as the sustainability of these commitments. Information sharing systems used for covered partners that do not provide acute/ emergency care may be different than those used with core partners. Plan for and conduct education, trainings, and exercises at the regional or HCC level, but not facility level.

Final Rule Implementation

- Timeline – Don't wait until the last minute!
  - Effective November 15, 2016
  - Implementation November 15, 2017

Link to the Final Rule

- Access the final rule at:

https://www.regulations.gov/document?D=CMS-2013-0269-0377

Resources for More Information

- ASPR TRACIE
  - asprtracie.hhs.gov/cmsrule
  - askasprtracie@hhs.gov
- CMS SCG
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html
  - SCGEmergencyPrep@cms.hhs.gov