

Navigating the CMS Emergency Preparedness Final Rule

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**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate



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Public Health Preparedness Project

- Centers for Disease Control & Prevention (CDC)
- National Nurse-Led Care Consortium (NNCC)
 - Kristine Gonnella, Director, Training & Technical Assistance
- Research & Evaluation Group (R&E) at Public Health Management Corporation (PHMC)
 - Kelly Thompson, Policy Analyst
- Emergency Mgmt. Advisory Coalition (EMAC)
 - Co-Chairs, Tina Wright & Alex Lipovtsev

Panelists



Alexander Lipovtsev

Assistant Director of Emergency Management,
Community Health Care Association of NYS
Chair, PCA EMAC



Tina Wright

Director of Emergency Management,
Mass. League of Community Health Centers
Chair, PCA EMAC

Today's Objectives

- Understand CMS Rule requirements establishing minimum requirements for emergency preparedness.
- Evaluate whether your health center meets these requirements.
- Discuss survey procedures as described in CMS Rule interpretive guidelines (IGs).
- Provide relevant resources and tips for implementation.

POLL #1

What is your role at the Health Center?

- Administrator
- Clinician
- Case Manager/Coordinated Care Professional
- Other
- Not a part of a Health Center

Why assess public health emergency preparedness at health centers?

- Health centers – as primary care providers and trusted members of their communities – must be prepared to respond to emergencies, and will be relied upon for medical care and other support services.
- Health centers have the opportunity to identify and decrease the impact of disease outbreaks (ex. influenza) with screening and treatment protocols.

Project activities & resources

- **9 key informant interviews** with health center leaders (Fall 2016)
- **Poll of health centers** to assess preparedness efforts and training needs (June-July 2017; 391 respondents)
- **Report** on findings of interviews & poll (Spring 2018)
- **Case studies** with health centers (Spring 2018)
- **Webinar series** (March 2018)
- **HRSA NCA Learning Collaborative** (Spring 2018)

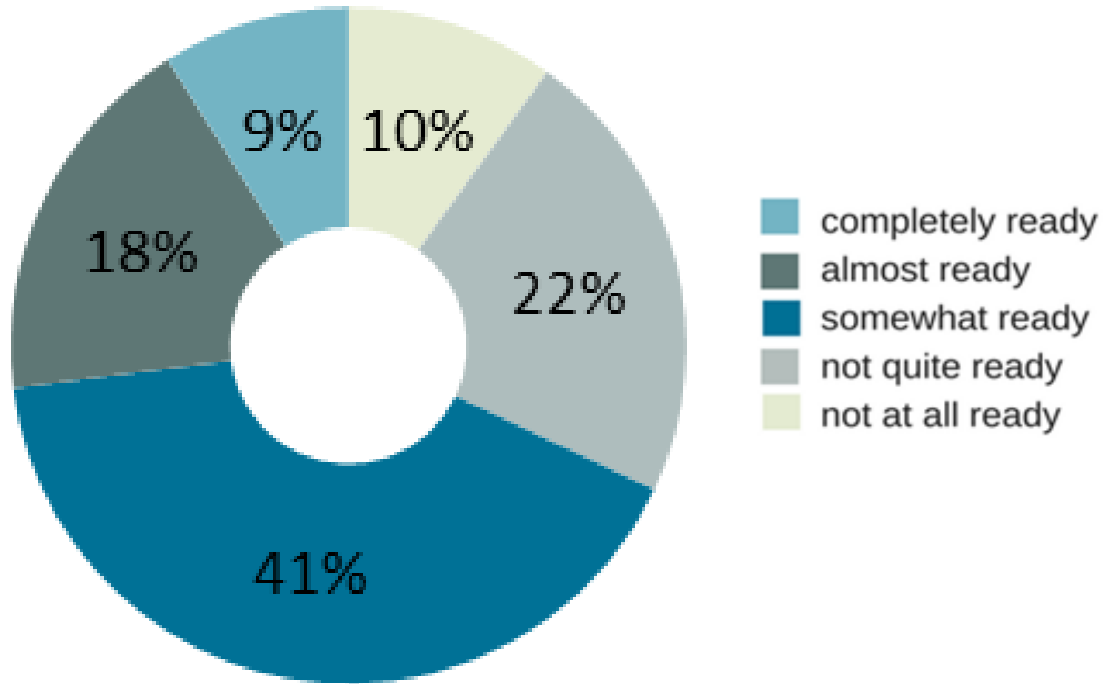
Overview of poll participants

- 1,376 health centers, **391 participants** (29% response rate)
- Demographics:
 - Participant role at health center
 - Number of health center sites
 - Geographical area
 - Special population funding

POLL #2

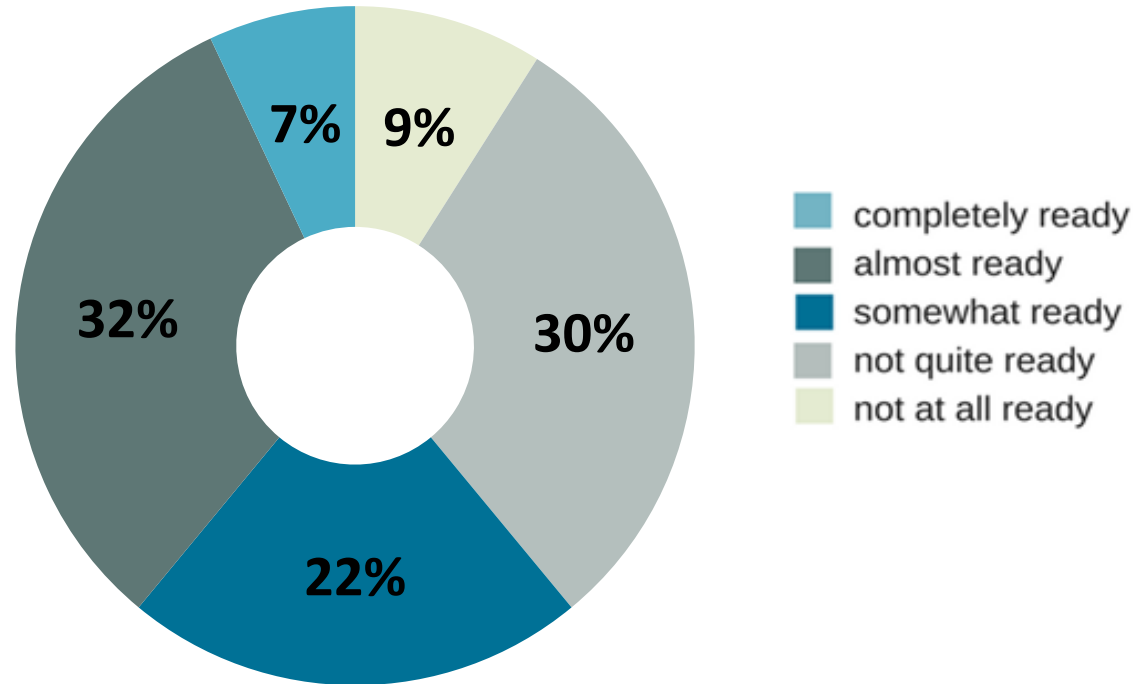
On a scale of 1-5 (1 being not at all prepared, and 5 being extremely prepared), how prepared is your health center to respond in the event of an emergency?

9% of health centers said they are completely ready to respond to a pandemic/outbreak



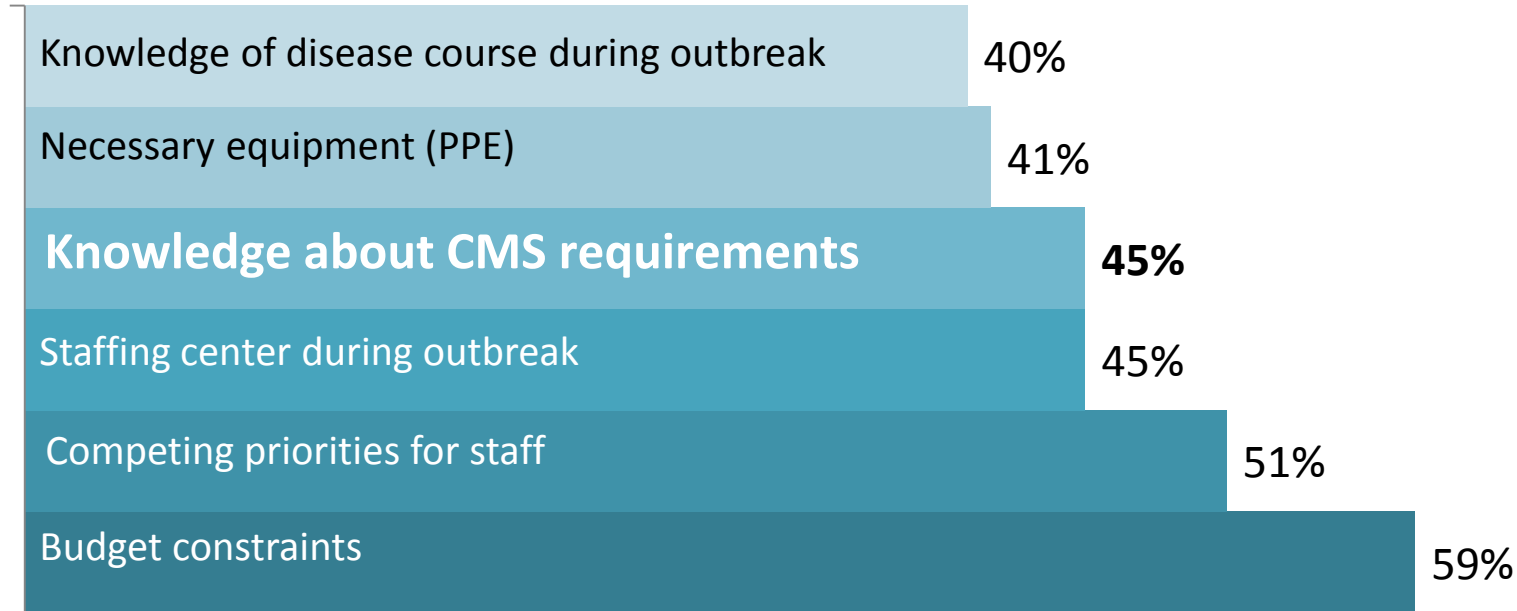
Source: PHMC, Public Health Preparedness Poll, 2017.

7% of health centers said they are completely ready to comply with CMS rule by Nov. 2017



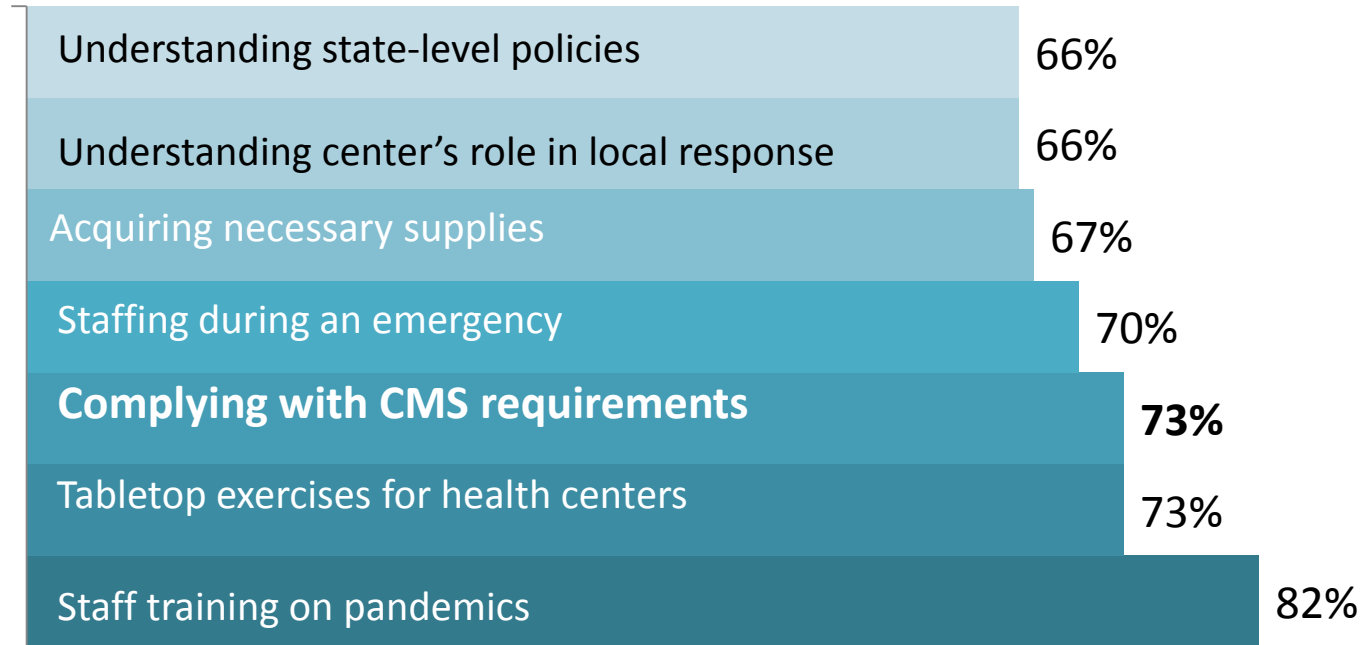
Source: PHMC, Public Health Preparedness Poll, 2017.

Top barriers to pandemic preparedness



Source: PHMC, Public Health Preparedness Poll, 2017.

Greatest preparedness training and TA needs



Source: PHMC, Public Health Preparedness Poll, 2017.

Learn more: www.nurseledcare.org

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at PHMC



EMERGENCY
MANAGEMENT
ADVISORY
COALITION

The CMS Rule for Minimum Emergency Preparedness Requirements for Federally Qualified Health Centers

Presented by:

Tina T. Wright & Alex Lipovtsev

Chair & Co-Chair

PCA Emergency Management Advisory Coalition



Key references:

PIN 2007-15, *Health Center Emergency Management Program Expectations*

- Intended to be an extension of PIN 98-23 (*repealed*)

FY2014 Service Area Competition (SAC) Application Instructions

- HRSA Form 10, *Annual Emergency Preparedness Report*

PAL 2014-05, *Updated Process for Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events*

- Consolidates emergency-related scope policy contained in PIN 2008-01, *Defining Scope of Project and Policy for Requesting Changes*; and PIN 2007-16, *Federal Tort Claims Act Coverage for Health Center Program Grantees Responding to Emergencies*

PIN 2011-01, *Federal Tort Claims Act Health Center Policy Manual*

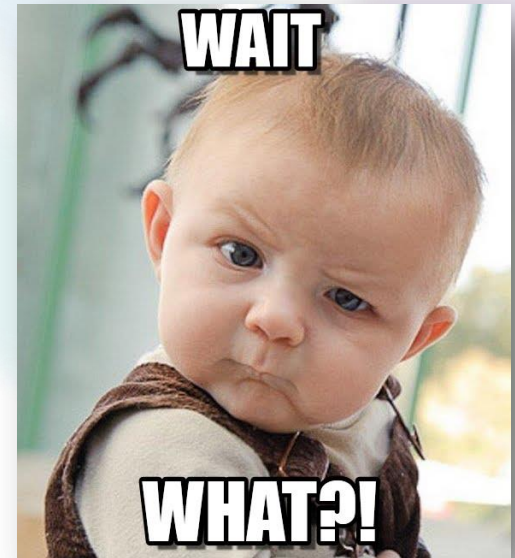
Are CHCs “required” to be prepared for emergencies and disasters?

Various policy directives appear to support emergency preparedness work:

- ... *encouraged to...*
- ... *should integrate...*
- ... *should collaborate...*
- ... *may want to...*

BUT...

➤ **No written requirement by HRSA**



Or is it?

Health Center Site Visit Guide, Program Requirement #11 (Collaborative Relationships), Performance Improvement:

- Does the grantee have any collaborative relationships that support its emergency preparedness and management plan/activities?

FY 2014 Service Area Competition (SAC) Application

- Program Narrative: "[D]escribe the status of emergency preparedness planning and development of emergency managed plan(s), including efforts to participate in state and local emergency planning."
- Form 10, Annual Emergency Preparedness Report
 - Is your EPM plan integrated into your local/regional emergency plan?
 - If No, has your organization attempted to participate in local/regional emergency planners?
 - Will your organization be required to deploy staff to Non-Health Center sites/locations according to the emergency preparedness plan for the local community?
 - Does your organization coordinate with other systems of care to provide an integrated emergency response?

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]

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 FQHC 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		

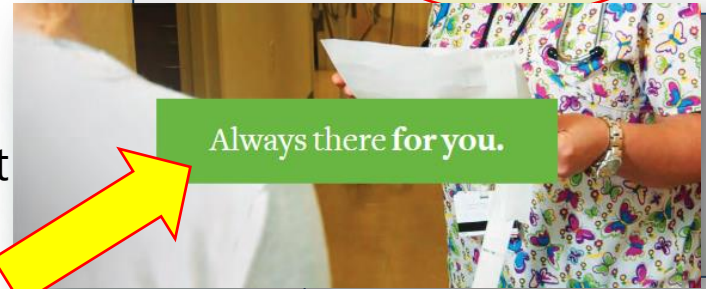


Why should CHCs embrace a culture of emergency preparedness/ management (EPM)?

- **Mission Driven:** CHCs are mission-driven organizations. *To provide access to high quality, cost-effective health care services to everyone, regardless of insurance status or ability to pay.*
- **Consumer Board Members:** health center patients who serve as volunteers to help support and direct their local health centers to meet the true needs of the community.
- **About 40% of companies hit by natural disasters never reopen**, according to the Labor Department. And for small businesses struck by a major storm, the chance of going under is even greater because the impact is typically two-fold — **direct physical damage** and **the loss of customers** who are also affected by the storm.




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Your Health, Our Mission.






a california health center
Your Health. Our Mission.

Centers for Medicaid & Medicare Services



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Home > Medicare > Survey & Certification - Emergency Preparedness > Emergency Preparedness Rule

Survey & Certification - Emergency Preparedness

- [State Survey Agency Guidance](#)
- [Health Care Provider Guidance](#)
- [Lessons Learned/Archives](#)
- Emergency Preparedness Rule**
- [Core EP Rule Elements](#)

Emergency Preparedness Rule

Survey & Certification- Emergency Preparedness Regulation Guidance

Guidance for Surveyors, Providers and Suppliers Regarding the New Emergency Preparedness (EP) Rule

On September 8, 2016 the Federal Register posted the final rule *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*. The regulation goes into effect on November 16, 2016. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective

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 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.



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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



CMS rule, cont.

Timeline

- **Published** to the Federal Registry on **Sept. 16, 2016** (42 CFR Part 491)
- **Has been in effect** since **Nov. 16, 2016**
- Had **1 year** from effective date to implement, by **November 15, 2017**

YOU CAN NOW BE SURVEYED ON COMPLIANCE

Why this Emergency Preparedness rule?

“Conditions of Participation (CoPs) and **Conditions for Coverage** (CfCs) are health and safety regulations which must be met by Medicare and Medicaid-participating providers and suppliers. They serve to protect all individuals receiving services from those organizations”

- Creates commonalities between and amongst healthcare facilities
- Aligns well with requirements by the Joint Commission, especially for hospitals
- Language is heavy with “**Coalition**” integration



CMS rule for minimum EP requirements

- **REGULATORY REQUIREMENT** as a Conditions of Participation (CoP)/ Conditions for Coverage (CfC)
- Includes 17 provider and supplier types
- Must be “in compliance” to participate in Medicare and Medicaid
- Four core elements:
 1. Emergency plan
 2. Policies and procedures
 3. Communications plan
 4. Training and testing program (including **2 annual exercises**)
- **All-hazards Risk Assessment** tied to each focus area

CMS rule, cont.

17 Providers and Suppliers:

- Hospitals
- Critical Access Hospitals
- Long-Term Care Facilities, Skilled Nursing Facilities, and Nursing Facilities
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Hospices
- Psychiatric Residential Treatment Facilities
- **Programs of All-Inclusive Care for the Elderly**
- Transplant Centers
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- **Home Health Agencies**
- Comprehensive Outpatient Rehabilitation Facilities
- **Clinics**, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Organ Procurement Organizations
- **Rural Health Clinics and Federally Qualified Health Centers**
- End-Stage Renal Disease Facilities

Four Core Elements

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



- CMS tailored each area to address the specific needs of each type of entity.

Additional Element

**Integrated
Health
Systems**

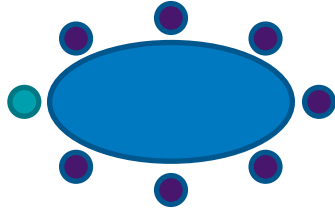


POLL #3

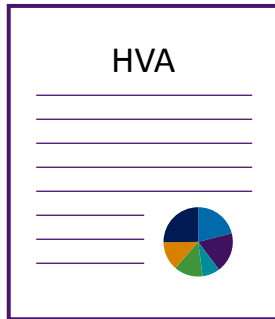
Does your health center have a designated lead emergency preparedness staffer? (yes/no)

If yes, are you that emergency preparedness staffer? (yes/no)

Emergency Management Program



Emergency Management Committee



Source: DelValle Institute for
Emergency Preparedness – EOP
Awareness course

STEP 1: ALL HAZARDS RISK ASSESSMENT / HAZARD VULNERABILITY ANALYSIS

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.



CMS rule, step 1: HVA...

Risk Assessment

- Must be “all-hazards” risk assessment
- Must consider your patient populations
 - *Homeless, migrant agricultural worker, public housing, veterans, etc.*
- 2-fold assessment – **facility** and **community** based
- **Annual** review and maintenance

HAZARD AND VULNERABILITY ASSESSMENT TOOL EVENTS INVOLVING HAZARDOUS MATERIALS								
		SEVERITY = (MAGNITUDE - MITIGATION)						RISK
EVENT	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED- NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	Preplanning	Time, effectiveness, resources	Community/ Mutual Aid staff and supplies	Relative threat*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 = N/A 1 = High 2 = Moderate 3 = Low or none	0 - 100%
Mass Casualty Hazmat Incident (From historic events at your MC with >= 5 victims)								0%
Small Casualty Hazmat Incident (From historic events at your MC with < 5 victims)								0%
Chemical Exposure, External								0%
Small-Medium Sized Internal Spill								0%
Large Internal Spill								0%
Terrorism, Chemical								0%
Radiologic Exposure, Internal								0%
Radiologic Exposure, External								0%
Terrorism, Radiologic								0%
AVERAGE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

*Threat increases with percentage.

RISK = PROBABILITY * SEVERITY		
0.00	0.00	0.00

Risk Assessment & Emergency Planning


Step 1:
Identify hazards and probability

Step 2:
Determine potential impacts

Step 3:
Assess vulnerability

Step 4:
Calculate risk

EVENT	PROBABILITY	SEVERITY						RISK
		IMPACT			VULNERABILITY			
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectiveness, resources</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>

SCORE	0 = N/A 1 = LOW 2 = Moderate 3 = High	0 = N/A 1 = LOW 2 = Moderate 3 = High	<div><div></div><div>Children's Hospital Colorado</div></div> <div>COMMUNITY HAZARD VULNERABILITY ASSESSMENT TOOL</div>	Trauma Rating: 1				Four Phases of Emergency Management								Version 1.0 (8/13)			
				PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	MITIGATION		PREPAREDNESS		RESPONSE		RECOVERY		RISK Occurrence	RISK Response	No Weighted	
				Likelihood of future occurrence and facility response	Percentage of population likely to be injured or killed under an average occurrence of the hazard	Percentage of properties likely to be affected under an average occurrence of the hazard	Percentage of businesses likely to be affected under an average occurrence of the hazard	Internal (Jurisdictional)	External (Regional/State)	Internal (Jurisdictional)	External (Regional/State)	Internal (Jurisdictional)	External (Regional/State)	Internal (Jurisdictional)	External (Regional/State)	Internal (Jurisdictional)	External (Regional/State)	Relative threat (increase with percentage)	Relative threat (increase with percentage)
			1-N/A (Insufficient) 1-Low (1-10% threat) 2-Moderate (11-30% threat) 3-High (31-50% threat)	1-N/A (Insufficient) 1-Low (1-10% threat) 2-Moderate (11-30% threat) 3-High (31-50% threat)	1-Low (1-10% threat) 2-Moderate (11-30% threat) 3-High (31-50% threat)	1-Low (1-10% threat) 2-Moderate (11-30% threat) 3-High (31-50% threat)	1-Substantial 2-Moderate 3-Limited or none	1-Substantial 2-Moderate 3-Limited or none	1-Substantial 2-Moderate 3-Limited or none	1-Substantial 2-Moderate 3-Limited or none	1-Substantial 2-Moderate 3-Limited or none	1-Substantial 2-Moderate 3-Limited or none	1-Substantial 2-Moderate 3-Limited or none	0 - 100%	0 - 100%	0 - 130			
			National Planning Scenarios	Occurrence	Response														
			Biological Attack - Aerosol Anthrax	3	3	1	2	3	1	2	2	1	3	2	1	2	60%	60%	120
			Biological Attack - Food Contamination	3	3	1	2	3	1	2	2	1	3	2	1	2	60%	60%	120
			Biological Attack - Foreign Animal Disease	3	2	1	2	3	1	2	2	1	3	2	1	2	60%	40%	100
			Biological Attack - Plague	3	2	1	2	3	1	2	2	1	3	2	1	2	60%	40%	100
			Biological Disease Outbreak - Pandemic flu	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Chemical Attack - Bioterror Agent	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Chemical Attack - Chlorine Tank Explosion	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Chemical Attack - Nerve Agent	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Chemical Attack - Toxic Industrial Chemicals	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Cyber Attack	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Explosives Attack - Improvised Explosive	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Natural Disaster - Major Earthquake	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Natural Disaster - Major Hurricane	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Nuclear Detonation - Improvised Device	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
			Radiological Attack - Radiological Dispersal	1	2	1	2	3	1	2	2	1	3	2	1	2	20%	40%	60
																0%	0%	0	
																0%	0%	0	
			Average:	1.53	2.13	1.00	2.00	3.00	1.00	2.00	2.00	1.00	3.00	2.00	1.00	2.00			
			Naturally Occurring Events																
			Avalanche	3	3	1	2	3	2	2	3	1	1	3	2	1	63%	63%	126
			Dam Inundation	3	3	1	2	3	2	2	3	1	1	3	2	1	63%	63%	126
			Drought	2	2	1	2	3	2	2	3	1	1	3	2	1	42%	42%	84

*Threat increases with percentage

STEP 2: EMERGENCY PREPAREDNESS PLANNING



CMS rule, step 2: EP Plans...

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**.



CMS rule, step 2: EP Plans...

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**.
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..

CHCANYS Health Center Plan Template Elements

Introduction

- *Authorization, revisions, distribution*

1. Program Administration

- *Summary, Purpose, Scope, EM Committee*

2. Situation and Assumptions

- *HVA/Risk Assessment, 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, Mental Health*

9. Plan Development and Maintenance

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

10. Hazard Specific Plans

11. Standards, Regulations and Guidelines

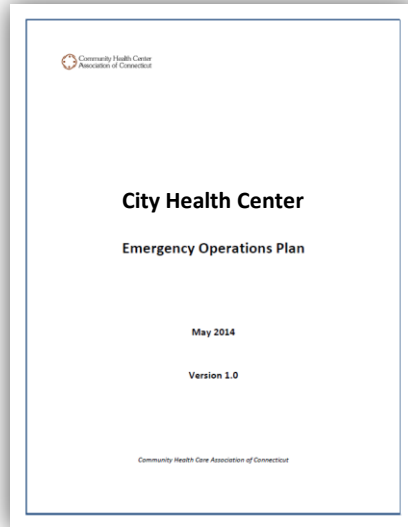


Emergency Operations Plan vs. Incident Command System (ICS)

Risk Assessment & Emergency Planning

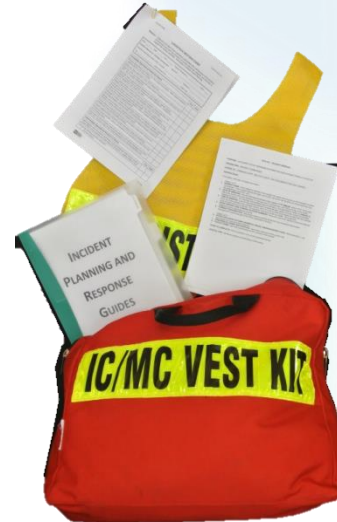
EOP

- Plan for what to do



ICS

- Tools to make it happen



HICS Guidebook, Section 5.3:
Emergency Operations Plan (EOP) Activation

*Source: DelValle Institute for
Emergency Preparedness – EOP
Awareness course*

STEP 3: POLICIES & PROCEDURES



CMS rule, step 3: P&Ps...

Policies & Procedures

- Based on the risk assessment, EP plan, and communications plan
- Include a system for tracking on-duty staff and sheltered patients during an emergency
- Medical documentation sharing if patients transfer to alternate facility, compliant with federal and state privacy laws
- Include policies for Volunteers

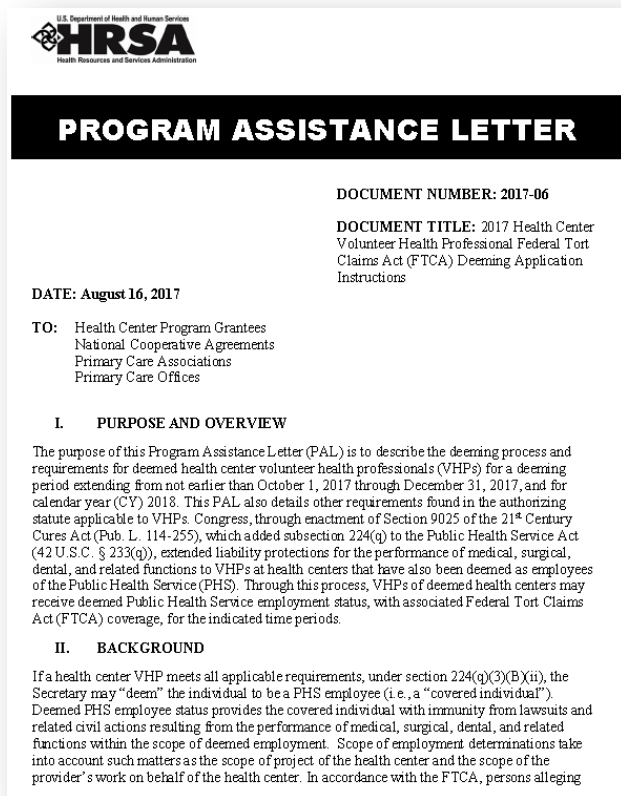


CMS rule, step 3: P&Ps...

- Establish Policies & Procedures
 - How will your health center execute your emergency plan?
 - How do the policies and procedures address the risks that have been identified?
- Annual updates; rule states to get clinical **input from MD, PA or NP**
- Safe evacuation plan*
 - appropriate placement of **exit signs**; staff responsibilities and needs of the patients.
- Safe **shelter-in-place**** for: patients, staff, & volunteers
- Secure, confidential & immediately available medical documentation system and secondary back up system plan

Volunteer Policy

Policies and Procedures



- Your policy may be "no volunteers," as long as it is stated
- Program Assistance Letter 2017-06 - *2017 Health Center Volunteer Health Professional Federal Tort Claims Act (FTCA) Deeming Application Instructions*
- Medical Reserve Corps (MRC) – another consideration
- Include "other staffing strategies"

STEP 4: COMMUNICATIONS PLAN

CMS rule, step 4: Communications...

Communication Plan

Communications Plan

- Refers back to EP plan; must comply with Federal and State laws
- Facilitate both **internal** (staff & patients) and **external** (federal, state, local agencies) communications
 - Must include a "method for sharing information and medical documentation with other healthcare providers to ensure continuity of care for patients."



CMS rule, step 4: Communications...

Communication Plan

Communications Plan, cont.

- Communicate to the local incident command center of an emergency the facility's **ability to provide assistance before, during and after the event**
- Alternate means of communication in case of interruption in phone service

STEP 5: TRAINING & TESTING



CMS rule, step 5: Training...

Training and Testing

Training and Testing Program

- Review current training programs, compare to risk assessment, EP plan, communications plan, and policies and procedures
- Provide initial training to all new and existing staff, individuals providing services under arrangement, and volunteers, **consistent with "expected roles"**
- Staff must be able to **demonstrate knowledge; documentation** of staff training



A sample from the Surveyor Guidance on Training:

Training and
Testing

- **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.



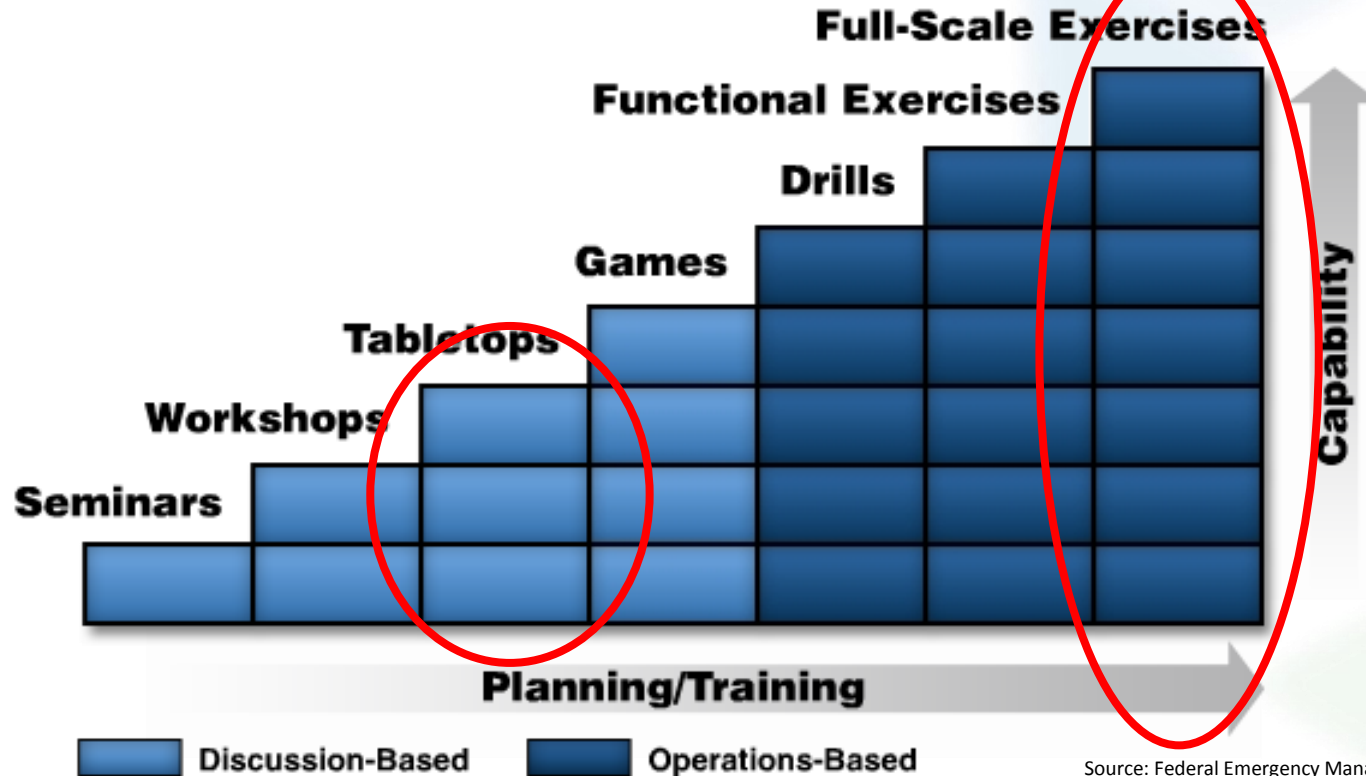
CMS rule, step 6: Testing...

Training and Testing Program: **Full-scale Exercise**

- 2 exercises annually, 1 being full-scale while the other is at the facility's discretion
 - If full-scale is not an option, a facility-based exercise, **as long as it is documented**, will meet the requirement
- An actual emergency that **requires the activation** of the emergency plan, **as long as it is documented**, meets the full-scale exercise requirement for 1 year after the actual event
- Analyze response to and maintain documentation of drills, table top exercises, and emergency events

Emergency Preparedness Exercises: Level of Complexity

Training and Testing



Source: Federal Emergency Management Agency (FEMA)



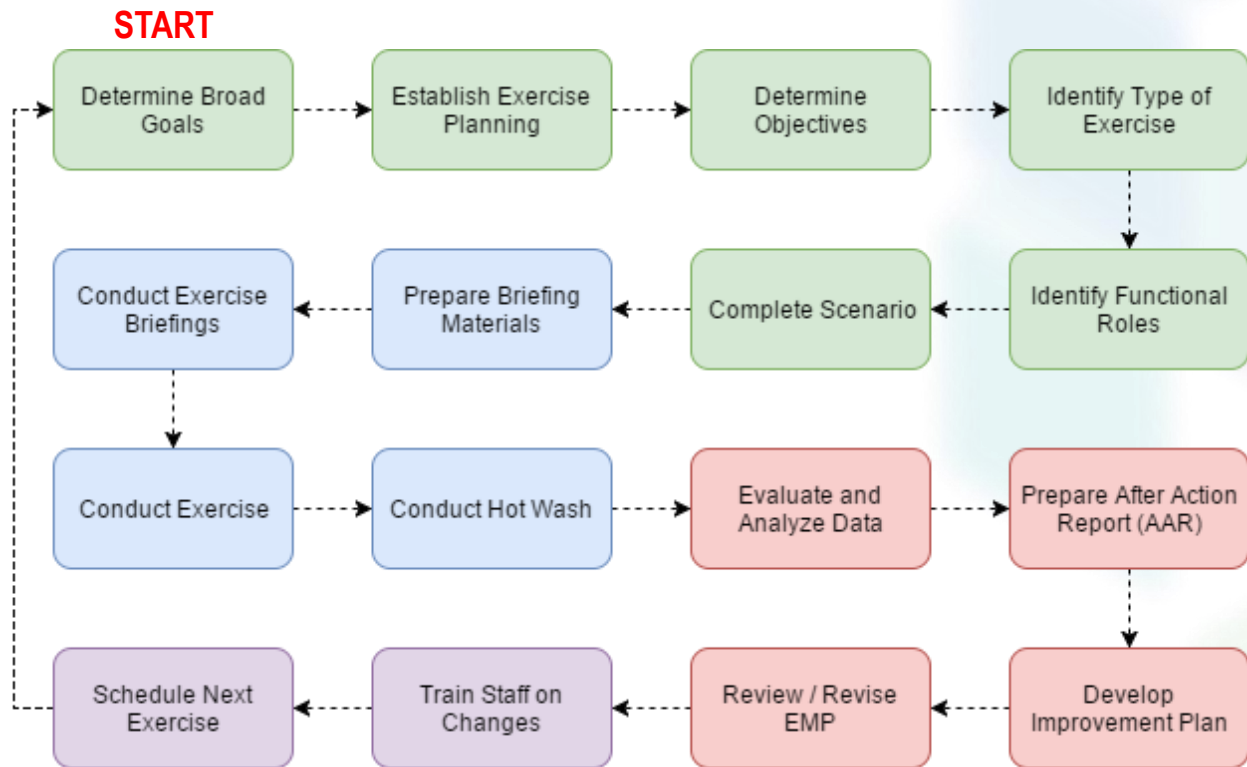
Definitions from Guidance

- **Full-Scale Exercise:** Is an **operations-based** exercise that typically involves multiple agencies, jurisdictions, and disciplines **performing functional and integration of operational elements involved in the response to a disaster event**, i.e. “boots on the ground” response activities (for example, hospital staff treating mock patients).
- **Table-top Exercise (TTX):** Involves key personnel **discussing simulated scenarios** in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

Exercise documentation

- Each facility is responsible for **documenting their compliance** and ensuring that this information is available for review at any time for a period of **no less than three (3) years**.
- The After Action Report (AAR), *at a minimum*, should determine:
 - 1) what was supposed to happen;
 - 2) what occurred;
 - 3) what went well;
 - 4) what the facility can do differently or improve upon; and
 - 5) a plan with timelines for incorporating necessary improvement.

Exercise Development Flowchart



OPTIONAL STEP: INTEGRATED HEALTH SYSTEMS



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.

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.

“Failure to meet these minimum requirements will result in ‘termination’ of participation in CMS programs”

As per 10/05/16 call with CMS.

“In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.”

	<u>MA Health Center Patients</u>	<u>MA Residents</u>	<u>US Residents</u>
% at or Below 100% Poverty	64%	10%	14%
% at or Below 200% Poverty	87%	22%	32%
% Uninsured	16%	6%	9%
% Medicaid	48%	22%	19%
% Medicare	10%	12%	14%

About Healthcare Coalitions

- A healthcare coalition is a group of individual health care and response organizations with a defined geographic area of service.
- Healthcare coalitions foster an environment of collaboration that helps each member be better prepared to respond to emergencies and manage planned events.
 - <http://bparati.com/Healthcare-Coalition-Business-And-Organizational-Development>

CMS RULE EXPECTATIONS FOR COMMUNITY INTEGRATION

- ... how the facility will coordinate with the **whole community** during an emergency or disaster...
- ... ensures a facility's ability to **collaborate** with local emergency preparedness officials...
- ... **community** risk assessment...
- ... process for **cooperation and collaboration** with local, tribal, regional, State, and Federal emergency preparedness officials' efforts
- ... Facilities are encouraged to participate in a **healthcare coalition**...
- ... Participate in a full-scale exercise that is **community-based**...

POLL #4

How prepared is your health center is to meet the requirements of the CMS rule on a scale of 1-5 (1-not at all prepared, 5-extremely prepared)?

TOOLS AND RESOURCES



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>
- 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>
- PCEPN – Resources for Primary Care - <https://trello.com/b/pYs0L7eD/em-resources>

Resources

- Developing and Maintaining Emergency Operations Plans - <https://www.fema.gov/media-library/assets/documents/25975>
- Kaiser Permanente HVA Tool - https://www.calhospitalprepare.org/sites/main/files/file-attachments/kp_hva_template_2014.xls
- Community Risk Assessment Guide - <http://strategicfire.org/community-risk-reduction/community-risk-assessment>

Resources

- The Yale New Haven Center for Emergency Preparedness and Disaster Response Emergency Preparedness CMS Conditions of Participation & Accreditation Organizations Crosswalk - <http://files.constantcontact.com/d901e299001/51f80a78-4ff1-4585-8270-f2aea6d39172.pdf>
- Example of a Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency - <https://www.hhs.gov/civil-rights/for-providers/clearance-medicare-providers/example-policy-procedure-persons-limited-english-proficiency/index.html>
- Evacuation and Shelter-in-Place Guidelines for Healthcare Entities (LA County EMS Agency) - <https://www.calhospitalprepare.org/post/evacuation-and-shelter-place-guidelines-healthcare-entities>

Resources

- Crisis & Emergency Risk Communication (CERC) by Centers for Disease Control (CDC) - <https://emergency.cdc.gov/cerc/resources/index.asp>
- 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>
- Crisis Communications Plan - <https://www.ready.gov/business/implementation/crisis>
- Healthcare Coalitions List (v. 9.2017) - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-Health-Care-Coalitions-Sept-2017.pdf>

Resources

- FEMA Independent Study Program - <https://training.fema.gov/is>
- The Homeland Security Exercise and Evaluation Program (HSEEP) doctrine - <https://preptoolkit.fema.gov/web/hseep-resources>
- HSEEP Quick Reference Guide - https://www.calhospitalprepare.org/sites/main/files/file-attachments/cider_hseep_refgdv3.pdf
- Harvard EPREP Exercise Evaluation Toolkit - <https://www.hsph.harvard.edu/preparedness/toolkits/exercise-evaluation-toolkit>

Resources

- FEMA IS-120.A: An Introduction to Exercises (also see IS-130: Exercise Evaluation) <https://training.fema.gov/is/courseoverview.aspx?code=is-120.a>
- CMS After Action Report/Improvement Plan Template and Instructions- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip>
- Healthcare Cyber Tabletop Exercise Package - <https://www.hSDL.org/?view&did=789781>
- Mystery Patient Functional Exercise Package - <https://www.dropbox.com/sh/fysy1p58sntdr2/AACQ-jDzHr10eHRmq9AXbxSoa?dl=0>



EMERGENCY
MANAGEMENT
ADVISORY
COALITION

Questions?

Thank you!

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