Assessing Compliance With CMS Emergency Preparedness Rule

Education and Technical Assistance Branch
Health Facilities and Emergency Medical Services Division

May 15, 2019

What We’ll Cover Today

- CMS emergency preparedness requirements, updates
- How surveyors are inspecting
- Identifying risks for your facility
- Evacuation considerations
- Agencies/orgs, resources to connect with
Agencies in Colorado

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<tr>
<th>Facility</th>
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<td>Home Health Agencies</td>
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<td>Hospice</td>
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Four Provisions for All Provider Types

- Risk Assessment and Emergency Plan
- Policies and Procedures
- Emergency Preparedness Program
- Communication Plan
- Training and Testing
Survey Process

• Surveys conducted by health surveyors
• Evaluated on full surveys & as appropriate, complaint surveys
• No one-size-fits-all program

Survey Process

Surveyors will:
• VERIFY required elements are included
• Training & testing requirements completed
• Adequate preparedness

Surveyors are not “approving” your facility’s program
### Top E-Tags (Hospice)

- EP training program
- EP testing requirements
- Maintain & annual EP updates
- Names & contact information
- Arrangements with other facilities

### Top E- Tags (Home Health)

- EP testing requirements
- EP training program
- Policies & procedures for volunteers
- Process for EP collaboration
- Maintain & annual EP updates
CMS
EP Requirements
*plus updates

Overall EP Program

• Have one!
• Make sure your staff understands it
• Train on it!
Risk Assessment

- Identify all risks associated with communities you serve
- Comprehensive of all locations per Medicare provider number, branches, multiple locations
- Consider patient population served
- Include natural disasters and manmade threats
- Prioritize based on likelihood, risks associated with threat, and agency’s current preparedness for the threat

Risk Assessment/ Hazard Vulnerability

- **Client/Patient Population**: at-risk persons, w/disabilities, limited/non English speaking, chronic medical disorders
- **History**: Fires, severe weather, transport accidents, utility outages
- **Geography**: Proximity to flood plains, dams
- **Technology**: Failures in communications, power, heating, cooling
- **Resource Interruptions**: Water, fuel, meds, supplies etc.
Info on Your Community Risks

To learn more about your community’s hazards:

• city or county website
• public health website
• local emergency manager

For sample risk assessments or HVAs:

• Hazard Vulnerability/Risk Assessment https://asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1

Emergency Plan

• Based on risk assessment, reviewed annually
• Strategies to address all possible events identified
• Address patient population and services agency can provide in emergency
• Succession planning
• Process to collaborate/cooperate with local, regional, state, tribal officials (and document it)
• (HOSPICE ONLY) Strategies to address all potential events identified in risk assessment including
  • Power failures
  • Natural disasters
Policies & Procedures

• Follow up with on-duty staff, patients to determine services needed if power interrupted.

• Report to local, state officials any client/staff you can’t reach

• Inform local, state officials about patients that need evacuating

• System to preserve medical documentation and protects confidentiality

P&Ps (HHA Only)

• Individual plans for each patient/client as part of comprehensive assessment

• Use of volunteers/other emergency staffing, including to integrating state or federally designated health professionals to address surge

For sample home health emergency preparedness toolkit

- Stay in Touch in Crisis Situations or enter https://www.n4a.org/files/InTouch.pdf
Include P&Ps on:

• Utilizing other hospice employees in an emergency or other emergency staffing strategies, including federal healthcare professionals

• Developing arrangements with other hospices and other providers if you’re overloaded/closed

P&Ps (Hospice In-Patient ONLY)

• Means to shelter in place for patients, staff
• Care & treatment
• Staff responsibilities
• Transportation
• Evacuation locations
• Primary & alternate means of communication w/ sources of assistance
P&Ps (Hospice In-Patient ONLY, p.2)

- Subsistence needs (e.g., food/water/pharma/med equip)
- Alternate source of energy for temp control for patients, storage of provisions, emergency lighting
- Role of hospice under section 1135, to provide care/treatment at alternate care site
- System to track location of hospice employees sheltered with patients in hospice’s care in emergency (& if relocated, name and location)

Communication Plan

Must have primary & alternate ways to communicate

- Agency Staff
- Clients/Families
- Vendors
- Physicians
- Volunteers* (HHAs only)
- Pharmacies
- Alternate locations
- Other hospice* (hosp only)
- Other Sources of Assistance

- Local/reg/state/Fed EM partner
- LPHAs
- HCPF/Medicaid Agency
- Transportation
- Health Care Coalitions
- EMS
- HFEMSD/Licensing/cert
- Relief organizations
- Other Sources of Assistance
Communications Plan

- Method for sharing info & medical documentation for patients
- Means of providing info about general condition and location of patients
- (Hospice only) Include a means to release patient info if evacuated
- (Hospice only) Means to provide info about occupancy, needs & ability to provide assistance
- (HHA only) Means to provide info about HHA needs, ability to provide help to authorities, incident command

Emergency Training

- Initial & annual training annually
- Demonstrate staff knowledge of emergency procedures
- Individuals & agencies providing services
- Volunteers (HHA only) consistent with duties they will conduct
- Document it!
Staff & Family Preparedness

Encourage your staff to be prepared

- For personal or family preparedness:
  - [www.readycolorado.com](http://www.readycolorado.com)
  - [www.ready.gov](http://www.ready.gov)
  - [www.coemergency.com](http://www.coemergency.com)
  - [www.redcross.org](http://www.redcross.org)

Emergency Training (Hospice only)

Periodically review & rehearse emergency preparedness plan with hospice employees (including nonemployee staff) with emphasis on procedures necessary to protect patients and others.
Emergency Training

Ensure all staff is educated on:

• Chain of command, reporting, reporting protocol
• Circumstances under which plan is activated/
• Protocol for mobilizing necessary emergency workers, staff, possible volunteers
• Designated assembly point for staff to report (if needed)
• Availability of agency site basic emergency disaster supplies, equipment
• Essential patient specific information

Emergency Testing

Two exercises:

1. Community based exercise (if none, individual facility-based exercise)

2. Tabletop or community-based or individual facility-based

• Analyze response, keep documentation, revise plans if needed.

*If you have emergency and activate plan, agency is exempt from community exercise for 1 year from date
Integrated Healthcare Systems

• Demonstrate every facility participated in process
• Consider each facility’s unique circumstances, patient populations, services offered
• Demonstrate each facility can use integrated EP program and is in compliance
• Include unified and integrated emergency plan, based on community-based and facility based risk assessments for EACH separately certified facility
• Include integrated P&P, communications plan, and training and testing to meet requirements

CMS Updates & Proposed Rules Changes
Clarifications to Appendix Z

- Emerging infectious diseases” (EIDS) added to “all hazards approach” definition
- Changed HHA citations from 482.22 to reflect regulatory citation 484.102.
- Portable/mobile generators (TAG E-0015) Alternate Source Power & Tag E-0042) Emergency Standby Power Systems

CMS Proposed Rule Changes

- Changes review of emergency program
to every 2 years
- Changes training requirement to biennially (every 2 years) after initial training conducted.
- Changes testing requirements.
  - inpatient providers: expanded types of testing exercises
  - 1 can be their choice:
  - outpatient providers: one testing exercise per year
Health Care Coalitions

CMS’ rule encourages agencies to engage & collaborate with your local healthcare coalitions to achieve greater organizational & community effectiveness

To Find Your
- Regional health care coalition: https://www.colorado.gov/pacific/cdphe/health-care-coalitions or click here
- Local public health agency: https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency or click here
- Local emergency manager: https://www.colorado.gov/pacific/dhsem/local-emergency-managers or click here
Next Round of Edits to Appendix Z

Do you have anything you’d like to
...add
...Change
...Clarify

Resources

Interpretive Guidelines - Appendix Z

CMS Online Training
https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep_ONL

Home Care Business Continuity Checklist

Home Health Agency Requirements, CMS Emergency Preparedness Rule

Hospice Requirements, CMS EP Rule
Resources

Links to additional web resources

Frequently Asked Questions

Resources https://asprtracie.hhs.gov/cmsrule

- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences
- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)
- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

ASPRtracie.hhs.gov 1-844-5-TRACIE askasprtracie@hhs.gov
Questions?

Melanie.Roth-Lawson@state.co.us  303/692-2819
Emergency 720-291-5929