



# **MLN Connects<sup>®</sup>**

**National Provider Call**

## **Understanding the Emergency Preparedness Final Rule & Training and Testing Requirements**

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# Disclaimer

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# Agenda

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- Complete an overview of the regulation requirements
- Discuss Training and Testing Exercise Requirements
- Questions & Answer Session

# Final Rule

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- *Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*
- These regulations went into effect on November 15, 2016
- **Implementation date November 15, 2017**
- Applies to all 17 provider and supplier types
- Compliance required for participation in Medicare; Emergency Preparedness is one new CoP/CfC of many already required

# Four Provisions for All Provider Types



# Risk Assessment and Planning

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- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.

# All-Hazards Approach:

- An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters, including internal emergencies and a man-made emergency (or both) or natural disaster. This approach is specific to the location of the provider or supplier and considers the particular type of hazards most likely to occur in their areas. These may include, but are not limited to, care-related emergencies, equipment and power failures, interruptions in communications, including cyber-attacks, loss of a portion or all of a facility, and interruptions in the normal supply of essentials such as water and food.

# Policies and Procedures

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- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.

# Communication Plan

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- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

# Training and Testing Program

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- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Conduct drills and exercises to test the emergency plan.

# Requirements Vary by Provider Type

- Outpatient providers are not required to have policies and procedures for the provision of subsistence needs.
- Home health agencies and hospices are required to inform officials of patients in need of evacuation.
- Long-term care and psychiatric residential treatment facilities must share information from the emergency plan with residents and family members or representatives.

# Training & Testing Requirements

- Facilities are expected to meet all Training and Testing Requirements by the implementation date.
- This means facilities are expected to have completed the following by 11/15/17:
  - All of the staff training requirements
  - Participation in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based exercise.

# Training & Testing Requirements

- This means facilities are expected to have completed the following by 11/15/17:
- Conduct an additional exercise that may include, but is not limited to the following:
  - A second full-scale exercise that is individual, facility-based.
  - 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.

# Training & Testing Program Definitions

- **Facility-Based:** When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
- **Full-Scale Exercise:** A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and/or “boots on the ground” response (for example, firefighters decontaminating mock victims).

# Training & Testing Program Definitions

- **Table-top Exercise (TTX):** A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.

# Training & Testing Requirements Continued

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- Providers and suppliers are encouraged to seek out local state emergency agencies and health care coalitions to participate in a full-scale, community-based exercise.
- Don't wait on the Interpretive Guidelines to begin coordination or completion of these requirements.

# Interpretive Guidelines (IGs)

“The IGs are sub regulatory guidelines which establish our expectations for the function states perform in enforcing the regulatory requirements. Facilities do not require the IGs in order to implement the regulatory requirements. We note that CMS historically releases IGs for new regulations *after* the final rule has been published.

This EP rule is accompanied by extensive resources that providers and suppliers can use to establish their emergency preparedness programs.”

*Federal Register /Vol. 81, No. 180 / Friday, September 16, 2016 /Rules and Regulations* **63873**

# Compliance

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- Facilities are expected to be in compliance with the requirements by 11/15/2017.
- 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.

# The SCG Emergency Prep Website

- Providers and Suppliers should refer to the resources on the CMS website for assistance in developing emergency preparedness plans.
- The website also provides important links to additional resources and organizations who can assist.
- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

# Question & Answer Session

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**For Follow up Questions or Concerns**

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**[SCGEmergencyPrep@cms.hhs.gov](mailto:SCGEmergencyPrep@cms.hhs.gov)**

# Acronyms in this Presentation

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- CfCs- Conditions for Coverage
- CoPs- Conditions for Participation
- EP- Emergency Preparedness
- IGs- Interpretive Guidelines
- TTX- Table Top Exercise

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