

Free Webinar

# **CMS Emergency Preparedness Rule Changes Since 2017:**

*A Look Back and Ahead*

Wednesday, October 30th, 2019  
10 am Pacific





## Nora O'Brien, MPA, CEM, Connect Consulting Services' CEO

- Emergency management and business continuity planning expert who launched Connect Consulting Services in 2009
- We assist clients across the country with developing emergency management and business continuity plans, training, and drills and exercises
- Masters Degree, Public Affairs, with a concentration in Disaster and Emergency Management (Park University)
- Certified Emergency Manager (CEM) from the International Association of Emergency Managers (IAEM)
- Immediate Past Chair of the IAEM Healthcare Caucus
- FEMA Adjunct Instructor
- Connect Consulting Services was named the Sacramento SBA 2018 Women Owned Business of the Year



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## Our Company Vision

We create safer, disaster resilient organizations and communities through innovative approaches by building robust emergency management and business continuity, training and exercise programs

# Agenda

Overview the CMS Emergency Preparedness Requirements

Key CMS EP Rule changes

How CMS Providers are faring on meeting the requirements and passing their surveys

CMS Emergency Preparedness Compliance Strategies

# Who's On Today's Webinar?

- Hospitals
- Home Health and Hospice Agencies
- Skilled Nursing Facilities
- Community Health Centers
- ESRD Facilities
- ICF/IIDs
- Ambulatory Surgical Centers
- Healthcare Coalitions
- Public Health Agencies
- Provider Associations



## Why Prepare?

- To standardize emergency preparedness practices across the continuum of care
- Emergency management and business continuity best practices
- Prepare providers in vulnerable communities during a disaster
- Better health outcomes for those vulnerable patients
- Allow organizations to proactively plan, train, and exercise for all types of disasters

# CMS EMERGENCY PREPAREDNESS REQUIREMENTS

Since 2017, the Centers for Medicare and Medicaid Services (CMS) issued final Conditions of Participation (CoP) for 17 types of Medicaid and Medicare providers

- Requirements included:
  1. Conduct Risk Assessment and Planning
  2. Develop Policies and Procedures
  3. Create Communication Plan
  4. Training and Plan Testing



# 17 CMS PROVIDER AND SUPPLIER TYPES IMPACTED

- Hospitals
- Religious Nonmedical Health Care Institutions (RNHCIs)
- Ambulatory Surgical Centers (ASCs)
- Hospices
- Psychiatric Residential Treatment Facilities (PRTFs)
- All-Inclusive Care for the Elderly (PACE)
- Transplant Centers
- Long-Term Care (ICF/IID) Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Home Health Agencies (HHAs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Critical Access Hospitals (CAHs)
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers (CMHCs)
- Organ Procurement Organizations (OPOs)
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
- End-Stage Renal Disease (ESRD) Facilities



# CMS EP Rule Updates Since 2017

- **June 2017** – CMS releases the [Emergency Preparedness Interpretative Guidance](#) to clarify “Full Scale Exercise” requirements
- **September 2017** – [CMS Releases Surveyor Training Available for Providers](#)
- **November 15, 2017** – All CMS providers and suppliers needed to meet all the 4 core requirements
- **September 2018** – CMS asked for public comment on proposed Emergency Preparedness rule changes to relating to the exercise requirements- not finalized, only proposed
- **February 2019** – [CMS providers must now add an Infectious Disease response plan to their emergency operations plans](#)
  - And allows 2 plan activations to count towards 2 exercise requirements



# Newest CMS EP Rule Effective November 29, 2019



**November 29, 2019-** [Omnibus Burden Reduction \(Conditions of Participation\) Final Rule CMS-3346-F](#)



Removing the requirement from the emergency preparedness rules for CMS providers to contact and document local, tribal, regional, State, and Federal emergency preparedness officials coordination



Review emergency plans **every other year** instead of annually- but Long Term Care need to every year



**Train staff every two years** instead of annually except for Long Term Care who must still train every year



Reduced the testing requirement from two exercises to one exercise annually for outpatient providers, which may be either one community-based full-scale exercise, or an individual organizational - based functional exercise

# CMS Omnibus Burden Reduction

- This rule advances CMS's Patients over Paperwork initiative by saving providers an estimated 4.4 million hours of time previously spent on paperwork with an overall total projected savings to providers of \$800 million annually
- This rule finalizes the provisions of the following three distinct proposed rules:
  - *Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction ("Omnibus Burden reduction")*, published September 20, 2018;
  - *Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care*, published June 16, 2016; and
  - *Fire Safety Requirements for Certain Dialysis Facilities*, published November 4, 2016
- While each proposed rule was published separately, CMS finalized them in one final rule for administrative efficiency as well as to promote transparency

# 2017 CMS EP Rule Vs. 2019 CMS EP Rule

## 2017 CMS EP Rule

- Same plan review, training and exercise requirements for all 17 providers
- Most of the CMS EP Rule variances were in the policies and procedures area
- Inpatient providers had more requirements v. outpatient requirements, i.e., sustenance, generators, patient tracking, etc.

## 2019 CMS EP Rule

- Changed the frequency of activities but did not eliminate when most providers when need to review and update plans
- Inpatient providers still need 2 exercises annually but have flexibility on what type
- Outpatient providers need 1 exercise annually
- Eliminated the local, state, federal, and tribal coordination requirement
- Other specific provider only requirements
- Clarified generator requirements

# CMS Emergency Preparedness Survey Trends on E-Tags



Surveys are being conducted by either health surveyors or Life Safety Code (LSC) surveyors – varies by state



Not building an emergency Plan based upon a Hazard Vulnerability Analysis



Not developing required policies and procedures by provider type



Not establishing and coordinating with local, state, and federal EM officials



Not training staff on emergency procedures



Not conducting and documenting required drills and exercises



Not developing communications plans

# What We Hear From Providers

- “We had no idea about the plan and training requirements.”
- “It has been hard to find another provider or agency to conduct a ‘community- based exercise’ with to meet the community requirement.”
- “We passed our survey and they barely looked at our documentation.”
- “We have not been surveyed yet – when will that happen?”
- “Do we really need to do all this stuff?”
- “Our state surveyors are still going to hold us to the 2017 CMS EP Rule and not the 2019 requirements.”

# Elimination of the Coordination With Local, State, Tribal, and Federal Officials Requirement

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- While the coordination with Local, State, Tribal, and Federal Officials requirement is eliminated, it is an emergency management best practice, so we highly recommend it
- Having a relationship (training, exercises, MOUs) with both officials and your healthcare partners in advance will make your entire community more disaster resilient

# Ways to Encourage Emergency Preparedness Compliance

Form a Safety Team to work on Emergency Preparedness activities and conduct regular meetings

Incorporate Emergency Preparedness activities, training, and exercises throughout your organization

Make Emergency Preparedness activities DO-ABLE so that you reach your compliance goals

Make an annual plan for Emergency Preparedness training and exercises

Create a culture of Compliance in your Organization

Compliance is a Condition for Participation for receiving Medicare and Medicaid reimbursement



# What are CMS Surveyors Looking For...



# How CMS Surveyors Determine Compliance



**CMS Surveyors use two (2) methods to determine compliance:**

- (1) Surveyors will **ask staff** to explain a particular part of your organization's Emergency Preparedness Plan (i.e. Interview the staff and ask them to describe your organization's evacuation routes or alternative care sites)
- (2) Surveyors will ask to see your organization's **Emergency Preparedness documentation** (i.e. Sign In Sheets for "New Hire Orientation", updates and revisions to your EOP, exercise after action reports)

# Emergency Planning Resources

- [ASPR - CMS Update on CMS EP Survey Trends 2018](#)
- [ASPR TRACIE Resources](#)
- [CMS Releases Surveyor Training Available for Providers](#)
- [CMS Emergency Preparedness Updates](#)
- [Healthcare Preparedness Coalition Listing](#)

# Questions or Comments about Your Organization's CMS Compliance Process?

- Please share with us!



# CCS' CMS EMERGENCY PREPAREDNESS COMPLIANCE Toolkit Offer

- A comprehensive Do It Yourself CMS Compliance Planning Toolkit
  - Emergency Preparedness Program Plan (EMPP)
  - Site Specific Appendices and Annexes
  - Communication Plan
  - Hazard Response Guides
  - Incident Command System Documents
  - Training and Exercise Resources
  - Sample CMS Policy and Procedures
- Purchase by December 31, 2019 for \$500.00 + 2 hours of consulting hours and get the 2020 version for free!
- Wait to purchase, the 2020 version will be \$800.00 + 2 hours of consulting

## CMS Emergency Preparedness Compliance Toolkit



# 2020 CMS Emergency Preparedness Toolkit

- Will reflect all the changes from the [Omnibus Burden Reduction \(Conditions of Participation\) Final Rule CMS-3346-F](#)
- Streamlined, more user-friendly Toolkit layout
- New provider reference chart on all changes relating to frequency of plan review and updates, training, drills, and exercises cycles as well as the type of drills and exercises that are allowed by provider type for all 17 provider types
- Updated training, drill, and exercise resources
- Available to you at no charge in early 2020 if purchased the 2019 version by December 31, 2019

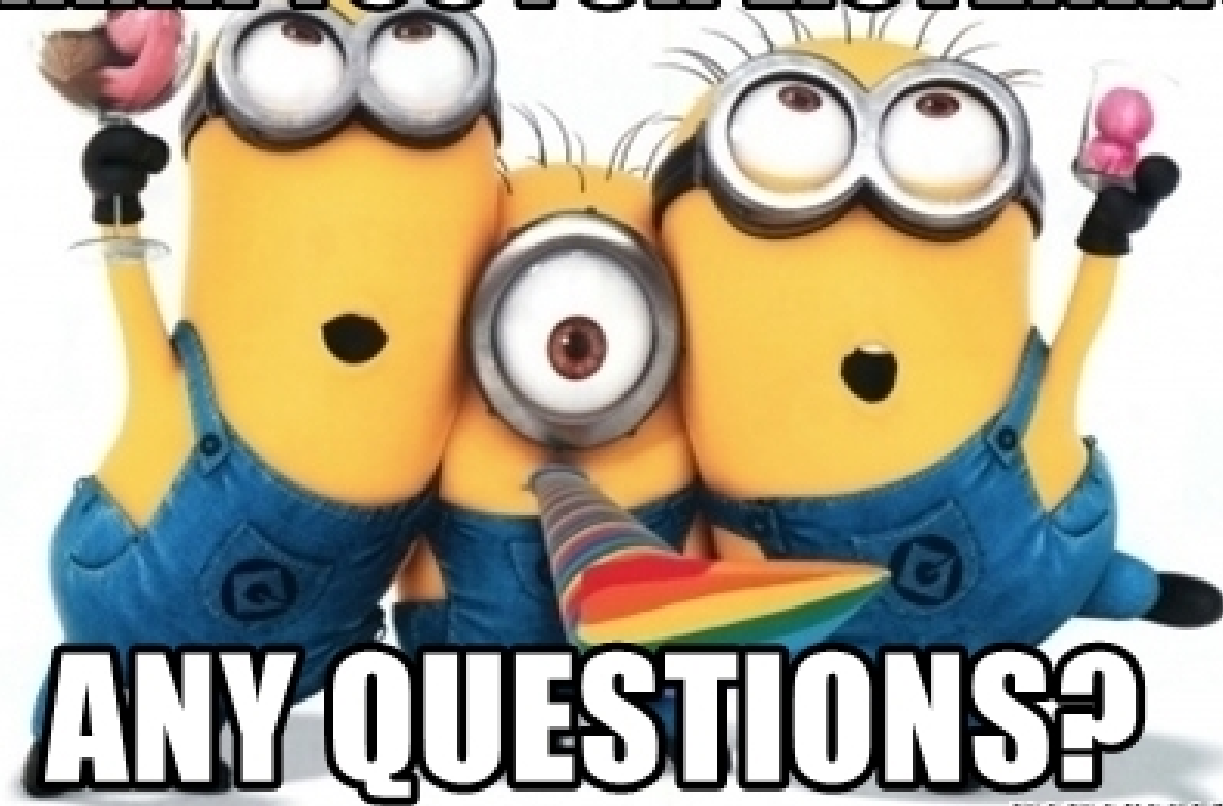


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**ANY QUESTIONS?**

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