

CMS Emergency Preparedness Rule – Final Rule

Summary:

This final rule establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations. Despite some variations, our regulations will provide consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.

These regulations must be implemented by November 15, 2017.

Purpose:

CMS has reviewed existing Medicare emergency regulatory preparedness requirements for both providers and suppliers. They found that many providers and suppliers have emergency preparedness requirements, but those requirements do not go far enough in ensuring that these providers and suppliers are equipped and prepared to help protect those they serve during emergencies and disasters. Hospitals, for example, are currently required to have emergency power and lighting in some specified areas and there must be facilities for emergency gas and water supply. CMS is under the belief that these existing requirements are generally insufficient in the face of the needs of the patients, staff and communities, and do not address inconsistency in the level of emergency preparedness amongst healthcare providers. For example, while some accreditation organizations have standards that exceed CMS' current requirements for hospitals by requiring them to conduct a risk assessment, there are other providers and suppliers who do not have any emergency preparedness requirements, such as Community Mental Health Centers (CMHCs) and Psychiatric Residential Treatment Facilities (PRTFs). The conclusion that current emergency preparedness requirements are not comprehensive enough to address the complexities of the actual emergencies. Over the past several years, the United States has been challenged by several natural and man-made disasters. As a result of the September 11, 2001 terrorist attacks, the subsequent anthrax attacks, the catastrophic hurricanes in the Gulf Coast states in 2005, flooding in the Midwestern states in 2008, the 2009 H1N1 influenza pandemic, tornadoes and floods in the spring of 2011, and Hurricane Sandy in 2012, our nation's health security and readiness for public health emergencies have been on the national agenda. This final rule issues emergency preparedness requirements that establish a comprehensive, consistent, flexible, and dynamic regulatory approach to emergency preparedness and response that incorporates the lessons learned from the past, combined with the proven best practices of the present. We recognize that central to this approach is to develop and guide emergency preparedness and response within the framework of our national healthcare system. To this end, these requirements also encourage providers and suppliers to coordinate their preparedness

Key Components :

Looking at the key components of the final rule, have reviewed the requirements for each one of the 17 provider types identified by CMS in the following four categories:

1. Risk Assessment and Emergency Plans
2. Policies & Procedures
3. Communications Plan
4. Training & Testing

Understanding Acronyms

In order to simplify our matrix, we are using the following acronyms for each institution type.

RNHCI - Religious Nonmedical Health Care Institutions

ASC - Ambulatory Surgical Center

PRTF - Psychiatric Residential Treatment Facilities

PACE - Program for the All-Inclusive Care for the Elderly

LTC - Long Term Care

ICFs/IID - Intermediate Care Facilities for Individuals with Intellectual Disabilities

HHA - Home Health Agencies

CORF - Comprehensive Outpatient Rehabilitation Facilities

CAH - Critical Access Hospital

CMHC - Community Mental Health Center

OPO - Organ Procurement Organization

RHC - Rural Health Clinic

FQHC - Federally Qualified Health Center

ESRD - End-Stage Renal Disease

1. Risk Assessment and Emergency Plans

	RNHCI	ASC	Hospice	PRTF	PACE	Hospitals	Transplant Centers	LTC	ICF/IID	HHA	CORF	CAH	Other Orgs.*	CMHC	OPO	RHCs & FQHC	ESRD
"All-Hazards" Approach	✓	✓	✓	✓	✓	✓	✓	✓ ²	✓ ²	✓	✓ ³	✓	✓ ⁴	✓	✓	✓	✓
Annual Updates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Community & Facility-Based Risk Assessments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Events Strategies	✓	✓	✓ ¹	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assessment of Patient Population & Ability to Provide Services During an Emergency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Succession Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Government Cooperation at All Levels***	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ ⁵
Ability to Confirm Program Development Participation for All Provider Types		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ability to Identify Unique Circumstances, Services Offered & Patient Population for Each Provider Type		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demonstration of Facilities' Compliance with the Program		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Documented Community-Based Risk Assessment 'All Hazards' Approach		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Documented Individual Facility-Based Risk Assessment (All Hazards)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Communication Plan & Testing/ Training Plan Coordination		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Representation of All Transplant Centers							✓										
Hospital, Transplant Center & OPO Responsibility Protocol							✓										

CMS is requiring facilities to perform a risk assessment that uses an "all-hazards" approach prior to establishing an emergency plan. The all-hazards risk assessment will be used to identify the essential

components to be integrated into the facility emergency plan. 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. This approach is specific to the location of the provider or supplier and considers the particular types 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. Additional information on the emergency preparedness cycle can be found at the Federal Emergency Management Agency (FEMA) National Preparedness System website located at: <https://www.fema.gov/threat-and-hazard-identification-and-risk-assessment>

2. Policies and Procedures

	RNHCI	ASC	Hospice	PRTF	PACE	Hospitals	Transplant Centers	LTC	ICF/IID	HHA	CORF	CAH	Other Orgs*	CMHC	OPO	RHCs & FQHC	ESRD
Establish Policies & Procedures	✓	✓	✓	✓	✓ ²	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ ⁷	✓	✓ ⁹
Annual Updates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ensure Evacuation & Shelter Contingencies for Staff & Patients **	✓	✓	✓ ¹	✓	✓	✓	✓	✓	✓	✓ ⁴		✓		✓			
Communicate Evacuation Need with State & Local Officials			✓		✓					✓ ⁵							
Patient & Staff Tracking Capability	✓	✓	✓ ¹	✓	✓	✓	✓	✓	✓			✓		✓	✓		✓
Safe Evacuation Plan***	✓	✓	✓ ¹	✓	✓	✓	✓	✓	✓		✓ ⁶	✓	✓	✓	✓	✓ ⁸	✓
Patients, Staff & Volunteers Shelters	✓	✓	✓ ¹	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Secure, Confidential & Immediately Available Medical Documentation System	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Volunteer & Emergency Staffing Integration with Governmental Procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Facility Provision of Care & ACS Treatment Policy	✓	✓		✓	✓ ³	✓	✓	✓	✓			✓		✓			✓
Agreements to Receive Patients from Other Providers	✓		✓	✓	✓	✓	✓	✓	✓			✓		✓			✓

CMS is requiring that facilities develop and implement policies and procedures that support the successful execution of the emergency plan and risks identified during the risk assessment process

3. Communications Plan

CMS is requiring facilities to develop and maintain an emergency preparedness communication plan that complies with both federal and state law. Patient care must be well-coordinated within the facility, across healthcare providers, and with state and local public health departments and emergency management agencies and systems to protect patient health and safety in the event of a disaster. The following link is to FEMA's comprehensive preparedness guide to develop and maintain emergency operations plans:

<https://www.fema.gov/media-library/assets/documents/25975>

[https://www.fema.gov/media-library-data/20130726-1828-25045-](https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf)

[0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf](https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf)

During an emergency, it is critical that hospitals, and all providers/suppliers, have a system to contact appropriate staff, patients' treating physicians, and other necessary persons in a timely manner to ensure continuation of patient care functions throughout the facilities and to ensure that these functions are carried out in a safe and effective manner.

4. Training and Testing

	RNHCI	ASC	Hospice	PRTF	PACE	Hospitals	Transplant Centers	LTC	ICF/IID	HHA	CORF	CAH	Other Orgs.*	CMHC	OPO	RHCs & FQHC	ESRD
Annual Updates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Train Staff Members Annually, Maintain Documentation & Demonstrate Knowledge	✓	✓	✓	✓	✓	✓	✓	✓ ¹	✓	✓	✓ ²	✓ ³	✓	✓	✓	✓	✓ ⁴
Annual Participate in Full-Scale Community-Based Exercise		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Conduct Additional Full-Scale Tabletop Exercise		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Conduct Annual Paper-Based Tabletop Exercise	✓														✓		
Analyze Facilities Response & Maintain Documentation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

CMS is requiring that a facilities develop and maintain an emergency preparedness training and testing program. A well-organized, effective training program must include initial training for new and existing staff in emergency preparedness policies and procedures as well as annual refresher trainings. The facility must offer annual emergency preparedness training so that staff can demonstrate knowledge of emergency procedures. The facility must also conduct drills and exercises to test the emergency plan to identify gaps and areas for improvement. The Homeland Security Exercise and Evaluation Program (HSEEP), developed by FEMA, includes a section on the establishment of a Training and Exercise Planning Workshop (TEPW). The TEPW section provides guidance to organizations in conducting an annual TEPW and developing a Multi-year Training and Exercise Plan (TEP) in line with the (HSEEP):

http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf