

# CMS Conditions of Participation Emergency Preparedness Requirements

September 27, 2016

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**IROQUOIS**  
*Healthcare Association*

# *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*

December 27, 2013

Proposed rule issued

September 8, 2016

Final Rule issued

September 16, 2016

Final rule published

November 16, 2017

Implementation &  
Compliance Begins

# Rule applies to 17 provider types

- Religious Nonmed HC Institutions §403.748
- Ambulatory Surgical Centers §416.54
- Hospices §418.113
- Psych. Res. Treatment Facilities §441.184
- All-Inclusive Care for the Elderly §460.84
- Hospitals §482.15
- Transplant Centers §482.68- §482.7
- Long-Term Care Facilities §483.73

- Intermediate Care Facilities for Individuals with Intellectual Disabilities §483.475
- Home Health Agencies §484.22
- Comprehensive Outpatient Rehab §485.68
- Critical Access Hospitals §485.625
- Outpatient PT & Speech Pathology §485.727
- Community Mental Health Centers §485.920
- Organ Procurement Organizations §486.360
- Rural Health Clinics and FQHCs §491.12
- End-Stage Renal Disease Facilities §494.62

# Emergency Preparedness Requirements

All provider types must maintain EP programs

- Emergency plans
- Policies and procedures
- Communication plan
- Annual training and testing program

Emergency and Standby Power System requirements for Hospitals and LTC facilities

# Emergency Plans

- Develop and maintain EP plan(s)
- Review and update at least annually
- Utilize an all-hazards approach
- Based on facility & community risk assessment
- Include strategies for addressing emergency events identified by the risk assessment

# Policies and Procedures

- Shelter in place and evacuation
- Subsistence needs for staff and patients
- Patient and staff tracking
- Preservation of patient records/confidentiality
- Surge staffing strategies including use of emergency volunteers
- Describe role of facility in provision of care at alternate care site under 1135 waiver

# Communication Plan

- Primary and alternate means for communication, and contact information
- Provisions for sharing patient information and medical documentation
- Reporting information about occupancy, needs, and ability to provide assistance



# Annual training and testing program

- Initial and annual staff training
- A full-scale, community based exercise
- An additional full-scale or tabletop exercise
- Maintaining documentation and revising the emergency plan(s) as needed

# Emergency and Standby Power Systems

Based on NFPA standards relating to:

- Emergency generator location
- Emergency generator inspection and testing
- Emergency generator fuel

# Integrated Healthcare Systems

If a hospital participates in healthcare system's unified EP program, the program must:

- Demonstrate facility participation in plan development, and compliance
- Include risk assessments for each facility
- Take into account unique circumstances, patient populations, and services offered

# Variations in Applicability

- Outpatient providers are not required to provide for subsistence needs
- Emergency and standby power requirements only apply to hospitals and LTC facilities
- Other standards adjusted reflecting characteristics of care
- LTC providers must have plans for missing residents

# Modifications to Proposed Rule

- Removed additional 4 hr generator testing
- Removed onsite fuel requirement
- Flexibility in locating new generators and not requiring relocation of existing generators.
- Flexibility to choose second annual EX type
- Allow facility within a system to take part in system's EP program

# Upcoming CMS Call

*CMS call to discuss provisions of final rule, enforcement and survey process, and technical assistance.*

Wednesday, October 5<sup>th</sup>

1:30 – 3:00 PM ET

[MLN Connects<sup>®</sup> Event Registration](https://blh.ier.intercall.com/register/9d593e4ae3224028b0a34998e251ef6a)

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# Collaborative Review

Iroquois has begun discussions with NYSDOH and other associations to help providers understand and interpret, assess compliance, and address technical assistance and resource needs.

# Documents

## **Final Rule**

<https://www.regulations.gov/document?D=CMS-2013-0269-0377>

## **Final Rule - Table of Requirements by Provider Type**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/EP-Rule-Table-Provider-Type.pdf>

## **Proposed Rule**

<https://www.regulations.gov/document?D=CMS-2013-0269-0002>



# Information & Resources

## **CMS Emergency Preparedness Rule Guidance**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html>

## **HHS ASPR TRACIE**

<https://asprtracie.hhs.gov/cmsrule>

Questions ...? Please contact me:

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