CMS Emergency Preparedness Rule Implementation
Overview

- Purpose: Increases patient safety during emergencies, establishes consistent emergency preparedness requirements across all provider and supplier types and establishes a more coordinated response to natural and man-mad disasters. This rule is intended to address system gaps, ensure consistency and encourage coordination.
- Who will be affected: Applies to 17 Medicare and Medicaid providers and suppliers include hospitals, hospices, home health agencies, nursing homes, and many more-click on table link to see the full list.
- What is required: Providers and suppliers must comply with the following four common and well known industry best practice standards:
    - Emergency plan and risk assessment;
    - Policies and procedures;
    - Communication plan;
    - Training and testing program.
    - Emergency power systems are required for hospitals and long-term care facilities. Other requirements will vary by provider type.
- Timeline: Rules are effective November 15, 2016 and providers must be in compliance by November 15, 2017.
- Role of Oregon State Agencies:
    - Regulatory oversight and enforcement:
        - OHA-Public Health-Health Care Regulation and Quality Improvement Section -- hospitals, hospice, home health, ambulatory surgery, dialysis and other types of non-long term care providers,
        - OHA-Health Systems Division-Compliance Unit -- Psychiatric Residential Treatment Facilities,
        - DHS-APD-SOQU-- long-term care facilities. These state agencies responsible for survey and certification of the providers will receive training in the new conditions of participation and include the review of compliance in their regular survey work. This training will also be available for providers/suppliers. There will be no waivers for these requirements.
    - OHA-Health Security Preparedness and Response will work with Hospital Preparedness Program Coalitions and Local Public Health Authorities to reach out to local facilities to assist with meeting the new rules.
        - There may be HPP funds at the coalition level to provide emergency plan templates and exercise design. No HPP funds will be available to single facilities to meet any CMS requirements.
        - Engage with HPP coalitions will assist facilities meet some of the requirements.
        - Participate in regional HPP exercises could also assist facilities meet exercise requirements.
        - Resources are available and will be posted online.

- There is existing hazard vulnerability and risk assessment data available through your county emergency management agency, state health department and regional healthcare preparedness.
- OHA expects this broad impact and short timeline will drive a great deal of local and regional activity between the impacted facility types, possibly local public health agencies, and regional Healthcare Preparedness Program coalitions.

Resources:

The Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers regulation is 651 pages. The beginning is essentially the responses to suggestions and inquiries that were captured during the public comment period. The middle section details estimated costs associated with implementing the rule within provider sectors. The last 50 pages is dedicated to the breakdown of the individual rule requirements for each provider type. Find your provider type and read the requirements carefully. The core elements are essentially the same but there is distinction regarding conducting testing and some variance in infrastructure mitigation and preparation.

The following links serve as a good starting point for documentation review:

- 17 Facility- Provider Supplier Types Impacted [PDF, 89KB]
- EP Rule - Table Requirements by Provider Type [PDF, 126KB]
- Frequently Asked Questions (FAQs) Round One [PDF, 312KB]
- Frequently Asked Questions (FAQs) Round Two [PDF, 32KB]
- CMS Preparedness Rule Page
- ASPR TRACIE CMS Rule Page

The following links serve as a good starting point when initiating preparedness assessments:

- TRACIE Topic Collection: Hazard Vulnerability & Risk Assessment
- Organizational Resilience: Security, Preparedness & Continuity Management Systems
- California Hospital Association: Hazard Vulnerability Analysis Tool

The following links serve as a good starting point for emergency planning:

- TRACIE Topic Collection: Emergency Operations Plans/ Emergency Management Program
- TRACIE Topic Collection: Communication Systems

The following links serve as a good starting point for training resources:

- TRACIE Topic Collection Incident Management Training
- FEMA Independent Study Program

The following links serve as a good starting point for researching testing and exercising:

- TRACIE Topic Collection Exercise Program Design, Evaluation & Facilitation
- HSEEP Preparedness Toolkit

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Providers/Suppliers
Facilities Impacted by the Emergency Preparedness Rule

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

Note: While all 17 Provider/Suppliers are impacted; requirements may differ between types