TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

ASPR Technical Resources, Assistance Center, Information Exchange (TRACIE) & CMS Emergency Preparedness Rule

March 23, 2017

ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

Why ASPR TRACIE?

ASPR TRACIE was developed as a healthcare emergency preparedness information gateway to address the need for:

- Enhanced technical assistance

- Comprehensive, one-stop, national knowledge center for healthcare system preparedness

- Multiple ways to efficiently share and receive (push-pull) information between various entities, including peer-to-peer

- Leveraging and better integrating support (force multiplier)
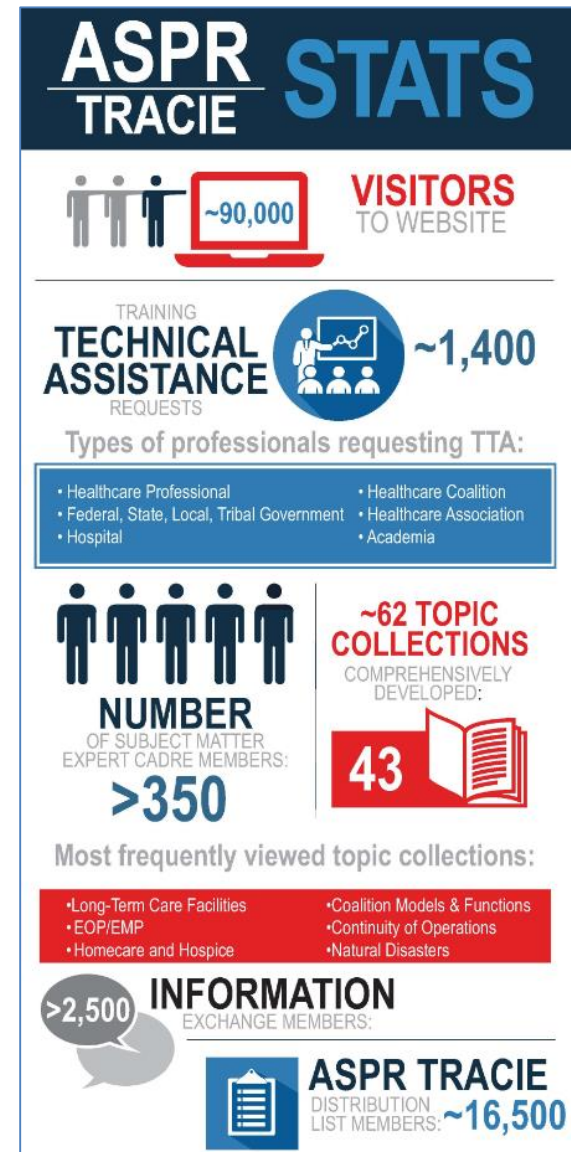
ASPR TRACIE: Three Domains

TECHNICAL RESOURCES

- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed "Topic Collections"
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

ASSISTANCE CENTER

- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)

INFORMATION EXCHANGE

- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

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TRACIE General Support for the CMS EP Rule

- Collaboration with CMS Survey and Certification Group

- ASPR TRACIE's Topic Collections and provider- and supplier-specific resources

- Assistance Center support
  - ASPR TRACIE coordinates with CMS on technical assistance requests
  - All questions related to compliance, interpretation of the regulations, or about how a specific facility will be assessed are sent to CMS

CMS Emergency Preparedness Rule

Disclaimer

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

This presentation is current as of March 2017. Please check asprtracie.hhs.gov/cmsrule for the most current version of this presentation.

CMS Emergency Preparedness Rule

- First published in the *Federal Register* for comment on December 27, 2013.
- Increases patient safety during emergencies.
- Establishes consistent emergency preparedness requirements across provider and supplier types.
- Establishes a more coordinated response to natural and man-made disasters.
- Applies to 17 Medicare and Medicaid providers and suppliers.
- Final rule published in the *Federal Register* on September 16, 2016.
- Rule is effective as of November 15, 2016
- Rule must be implemented November 15, 2017

Goals for the Rule

Address systemic gaps

Establish consistency

Encourage coordination

Conditions of Participation

- Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) are health and safety regulations which must be met by Medicare and Medicaid-participating providers and suppliers.

- They serve to protect all individuals receiving services from those organizations.

Four Provisions for All Provider Types

Risk Assessment and Planning

Policies and Procedures

Emergency Preparedness Program

Communication Plan

Training and Testing

Who is affected?

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

Risk Assessment and Planning

- 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.

Policies and Procedures

- 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

- 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

- 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.

Emergency and Standby Power Systems

- Additional requirements for hospitals, critical access hospitals, and long-term care facilities.

- Locate generators in accordance with National Fire Protection Association (NFPA) guidelines.

- Conduct generator testing, inspection, and maintenance as required by NFPA.

- Maintain sufficient fuel to sustain power during an emergency.

Requirements Vary by Provider Type

- Outpatient providers would not be required to have policies and procedures for the provision of subsistence needs.

- Home health agencies and hospices 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.

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What happens next

- Interpretive Guidelines and State Operations Manual developed by CMS

- CMS trains surveyors

- Covered entities comply with regulations

Where can I get more information or technical assistance?

- CMS

- ASPR TRACIE

- Healthcare Coalitions

CMS Survey and Certification Group

- Developing the Interpretive Guidelines

- Train the surveyors

- Resources and FAQs on their website: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html

- View the final rule at: https://www.regulations.gov/document?D=CMS-2013-0269-0377

- Email: SCGEmergencyPrep@cms.hhs.gov

ASPR TRACIE CMS Rule General Resources

- Dedicated CMS Resources Page: https://asprtracie.hhs.gov/CMSrule

- CMS Emergency Preparedness Rule Resources at Your Fingertips: https://asprtracie.hhs.gov/documents/cms-ep-rule-resources-at-your-fingertips.pdf
  - 17 provider – supplier types that are affected by the CMS EP rule (description of each)
  - Role healthcare coalitions may have with the CMS EP rule
  - Sample TRACIE CMS EP Rule TA responses

- YNHH Emergency Preparedness CMS CoP and Accreditation Organizations Crosswalk: https://www.ynhhs.org/emergency/insights/library.aspx

ASPR TRACIE CMS Rule Sample Resources

- Ambulatory Care and Federally Qualified Health Centers Topic Collection

- Dialysis Centers Topic Collection

- Homecare Topic Collection

- Long-Term Care Facilities Topic Collection

- Communication Systems Topic Collection

- Exercise Program Topic Collection

- Hazard Vulnerability/Risk Assessment Topic Collection

Questions/Comments & Closing Remarks

Contact Us

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