# EMERGENCY PREPAREDNESS FOR RHCs
## EP Update Webinar
## October 17, 2019

RuralHealthClinic.com
Experienced Knowledge

# Contact Information

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Become a fan and Like us on Facebook for more RHC information

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RHC Information Exchange Group on Facebook

- *"A place to share and find information on RHCs."*

# What does Healthcare Business Specialists do?

1. We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
2. We prepare Program evaluations of RHCs.
3. We help clinics startup as RHCs.
4. Emergency Preparedness for RHCs.

Our Cost Reporting Brochure can be found at the following link:

**RHC Cost Report Brochure**

# RHC Information Exchange
# Group on Facebook

**Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs**

**https://www.facebook.com/groups/1503414633296362/**

# RHC Information Exchange Group on Facebook

# RHC Update Seminar - Nashville
## Agenda and Topics Outline
### October 30, 2019

Healthcare Business Specialists, Azalea Health, and chartspan are providing a **free** seminar for RHCs at the Tennessee Hospital Association, 5201 Virginia Way, Brentwood, TN 37027. To register go to our website at www.ruralhealthclinic.com or use this link: http://bit.ly/rhc-nashville

| Time | Subject Matter |
|---|---|
| 9:00 AM to 9:50AM Catch-Up Session for people new to RHCs | Welcome and Introductions. Mark Lynn will provide a Catch-Up session for people new to the Rural Health Clinic Program. We will go over the 9 Conditions of Participation for RHCs and some basic 101 information for people new to the program. If you have been an RHC for awhile you may want to just come at 10. |
| 10:00 AM to 10:50AM Omnibus Burden Reduction and RHC Modernization Act | Mark Lynn, CPA, CRHCP will present information on the Omnibus Burden Reduction Regulations which reduces the compliance thresholds for Emergency Preparedness & Program Evaluations and the RHC Modernization Act which could increase the independent RHC cap to $115 per visit. |
| 11:00 AM to 12:00AM What you need to know about the RHC Cost Report | Cost Reporting Updates, Electronic Filing of Cost Reports, what is needed to file cost reports. How to accumulate your information, Prevnar 13 and 23, Influenza and Pneumococcal and Medicare Bad Debts. Timing of settlements and critical deadlines. Mark Lynn, CPA, CRHCP and Dani Gilbert, CPA, CRHCP |
| 12:00 to 1:00 Lunch Provided by Azalea Health & chartspan | Boxed Lunches Provided on site by Azalea Health, chartspan, and Healthcare Business Specialists- At 12:30 Clark Bishop will discuss Rural Health Services provided by Azalea Health including the new Telehealth offering. |
| 1:00 PM to 1:50 PM Emerging Trends in Reimbursement | In this session, Mark Lynn will discuss Telehealth, Mental Health, and Remote Monitoring in RHCs as well as Travis Stephens of chartspan will discuss Chronic Care Management and how RHCs can utilize chronic care management to increase revenues. |
| 2:00 PM to 2:50 PM RHC Billing | Billing Update. Questions and Answers. What is a visit, bundled services, preventive services, incident to, procedure billing, no global billing, no groups, non-rhc services, commingling, **setting up non-RHC time, and other FAQs.** |
| 3:00 PM to 3:30 PM Tenncare Moratorium Lifted & Quarterly Reporting | Tenncare Moratorium, Block Grant Update and Tenncare Quarterly Reporting. How to complete the Quarterly Tenncare Wrap-around Settlement report. Dani Gilbert, CPA, CRHCP |

Join our Facebook Group for more RHC Information: https://www.facebook.com/groups/1503414633296362/

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www.ruralhealthclinic.com

Emerging Issues in RHC Reimbursement: Telemedicine,
Behavioral Health, and Remote Monitoring Webinar

October 23, 2019

11:00 AM to 12:00 PM Eastern Time

### Overview

The purpose of this webinar is to provide a rapid review of the use of telemedicine in rural health clinics. Additionally, we will identify barriers to use either technological, reimbursement issues, or legalities which hinder the acceptance of telehealth in rural health clinics. The webinar will take a deeper dive into telemedicine uses in behavioral health and Remote Monitoring.

The webinar will provide RHC managers the following:

- Guidance on Medicare reimbursement for emerging technologies
- Pitfalls to implementation and reimbursement issues with RHC status
- Changes in technology costs and capabilities
- Improved patient experiences and outcomes using telehealth

The Speakers and time frames are as follows:

Mark R. Lynn CPA – RHC Consultant, Healthcare Business Specialists, Chattanooga Tennessee – Topic – A Rapid Review of use of Telemedicine in Rural Health Clinics. 10 minutes

(Not yet Confirmed) Jay Ostrowski  – President, Adaptive Telehealth, West Virginia?

Topic: Telemedicine and Behavioral Health Opportunities and Risks. 20 minutes

Bonnie Britton – President, Reconnect4Health, Greenville, North Carolina.

Topic – Remote Monitoring for Rural Health Clinics. 20 minutes.

https://www.azaleahealth.com/webinars/emerging-issues-in-rhc-reimbursements/?fbclid=IwAR3cdDdQ1J1usnPqCE_28nXk7cN6t8witoRFhWUV4A39ONLsEISn9ULI9p8

Changes to Emergency Preparedness for RHCs
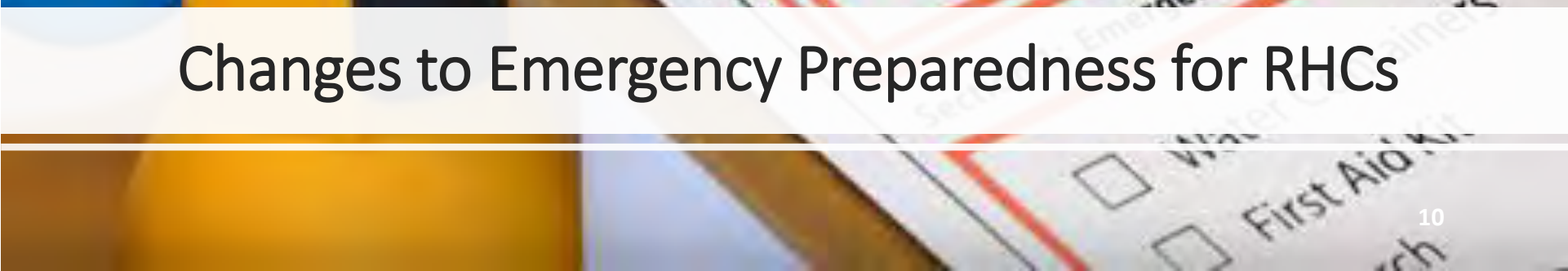
# The Omnibus Burden Reduction Final Rule

Finalizes the following:

- "**Regulatory Provisions to** Promote Program Efficiency, Transparency, **and Burden Reduction,**" published September 20, 2018 (83 FR 47686);

https://www.federalregister.gov/documents/2019/09/30/2019-20736/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and

# The following four changes are made to the Emergency Preparedness requirements for RHCs

- *Emergency program:* decreased the requirements for RHCs to conduct an **annual review of their emergency program to a biennial review.**

- *Emergency plan:* Eliminating the requirement that the emergency plan include **documentation** of efforts to contact local, tribal, regional, State, and federal emergency preparedness officials and a facility's participation in collaborative and cooperative planning efforts;

The following four changes are made to the Emergency Preparedness requirements for RHCs (continued)

- *Training:* Decreasing the training requirement from **annually to every two years.**
- *Testing:* Decreased the requirement for RHCs to **conduct two testing exercises to one testing exercise annually.**

- *Contact:* Kristin Shifflett, 410-786-4133, Ronisha Blackstone, 410-786-6882.
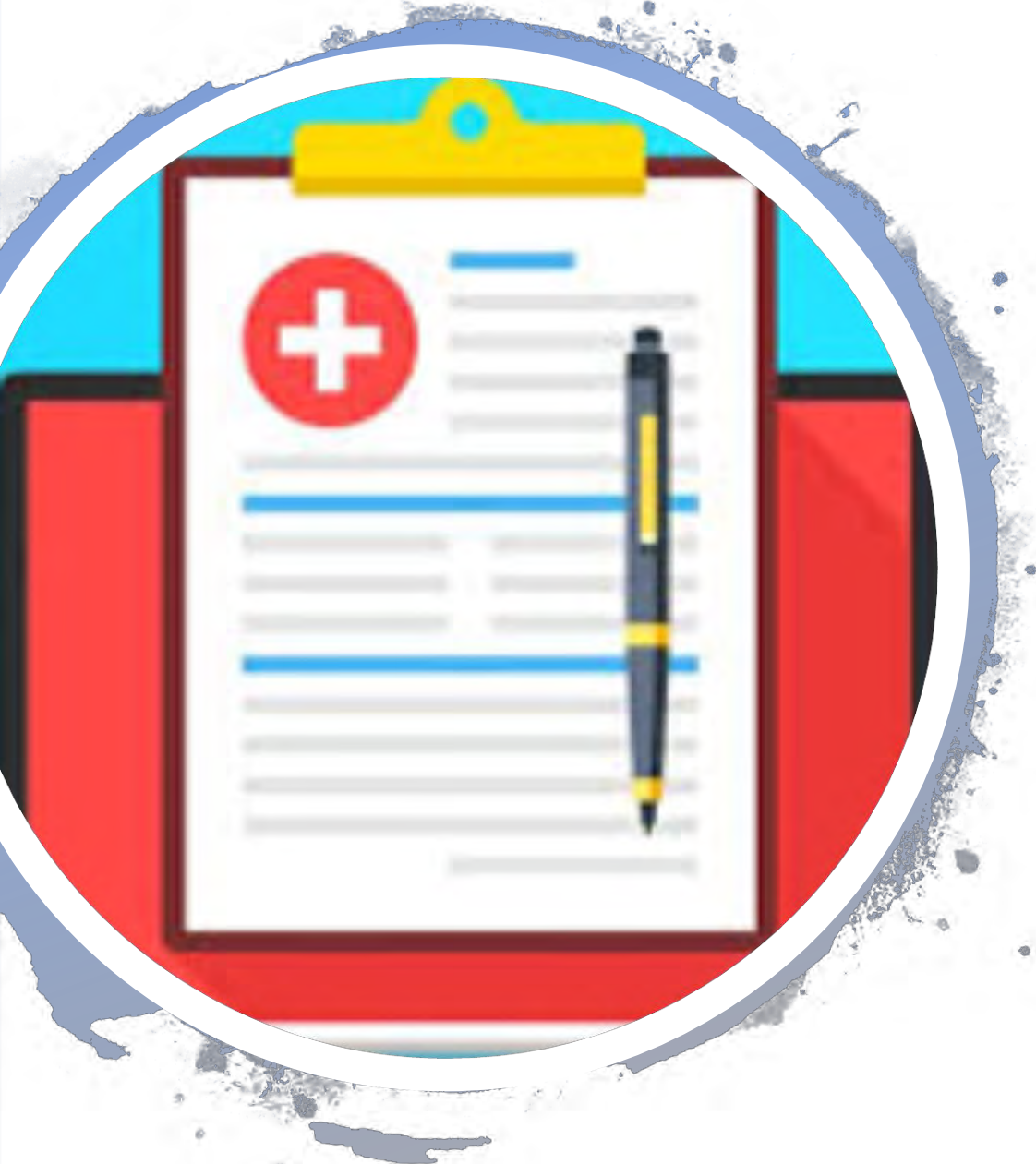
# The Emergency Preparedness Regulations - Documentation

- P. EMERGENCY PREPAREDNESS REQUIREMENTS: REQUIREMENTS FOR EMERGENCY PLANS

- We are removing the requirements from our emergency preparedness rules for Medicare and Medicaid providers and suppliers that facilities **document efforts to contact local, tribal, regional, State, and Federal emergency preparedness officials,** and that facilities document their participation in collaborative and cooperative planning efforts.

RHCs are still required to work with local EMA officials

• *Response:* We would like to point out that providers would **still be required at the respective emergency preparedness requirements for each provider and supplier to include a process for collaboration/cooperation with officials; however, they would not be required to document efforts to contact these officials.** Therefore, this maintains the existence of a process for collaboration with officials without posing additional documentation burdens. Therefore, we are finalizing this requirement as proposed and eliminating the documentation requirement for collaboration with emergency preparedness officials.

# The Emergency Preparedness Regulations

- Q. EMERGENCY PREPAREDNESS REQUIREMENTS: REQUIREMENTS FOR ANNUAL REVIEW OF EMERGENCY PROGRAM

- We are revising this requirement so that applicable providers and suppliers review their Emergency program **biennially,** except for Long Term Care facilities, which will still be required to review their emergency program annually.

# Louisiana Will continue to require annual review of the EP Plans

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY
SECRETARY

**State of Louisiana**
Department of Health and Hospitals
Office of the Secretary

October 8, 2019

To: ESF8 Response Network

From: Cecile Castello, RN
Deputy Assistant Secretary
Health Standards Section

Subject: CMS Rule Changes

The recently released CMS rules issued September 30, 2019 relaxes the frequency of updating Emergency Preparedness plans from annually to every 2 years. Please note that LDH Health Standards' rules have not changed regarding Emergency Preparedness for annual update of the plan, the annual update of supporting components, the requirement for annual community exercises, as well as annual self-attestations for readiness as part of the annual license renewal application process

The location, scope and scale of any disaster is hard to predict. Annually updated plans, annually updated policies and procedures, and (a minimum) of annual engagement with emergency preparedness officials - prior to a disaster event - ensures that all facilities are postured for no-notice disaster events.

The frequency of severe weather to our state has increased. The nature of disasters is changing with compelling scientific evidence and studies indicating that the frequency, scope and scale of disasters is influenced by a changing climate. The last 3 years alone have demonstrated 'catastrophic' levels of disasters; namely, August 2016 flood disrupted as many homes as Katrina 2005; 2017 had 4 storms of a Category 4 or higher; and recently, Hurricane Dorian 2019 had 178mph winds (which exceeded Category 5 defined storm). Annual update of a facility's Emergency Preparedness Plan driven by exercises and drills assures that a facilities are prepared at all times.

Preparedness and Recovery is heavily dependent upon medical infrastructure being fortified and resilient. Annual community-based exercises are intended to advance preparedness at the facility and community level.

Exercises and updating the emergency plan ensures outreach to parish, state, federal and other critical stakeholders. These requirements are intended to advance transparency, as well as ensure a unified, scalable and integrated response during a time of disaster.

# The Emergency Preparedness Regulations

- R. EMERGENCY PREPAREDNESS REQUIREMENTS: REQUIREMENTS FOR TRAINING

- We are revising the requirement that facilities develop and maintain **a training program based on the facility's emergency plan annually by requiring facilities to provide training biennially (every 2 years)** after facilities conduct initial training for their emergency program, except for long term care facilities which will still be required to provide training annually. In addition, we are requiring additional training when the emergency plan is significantly updated.

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# Testing - The Emergency Preparedness Regulations
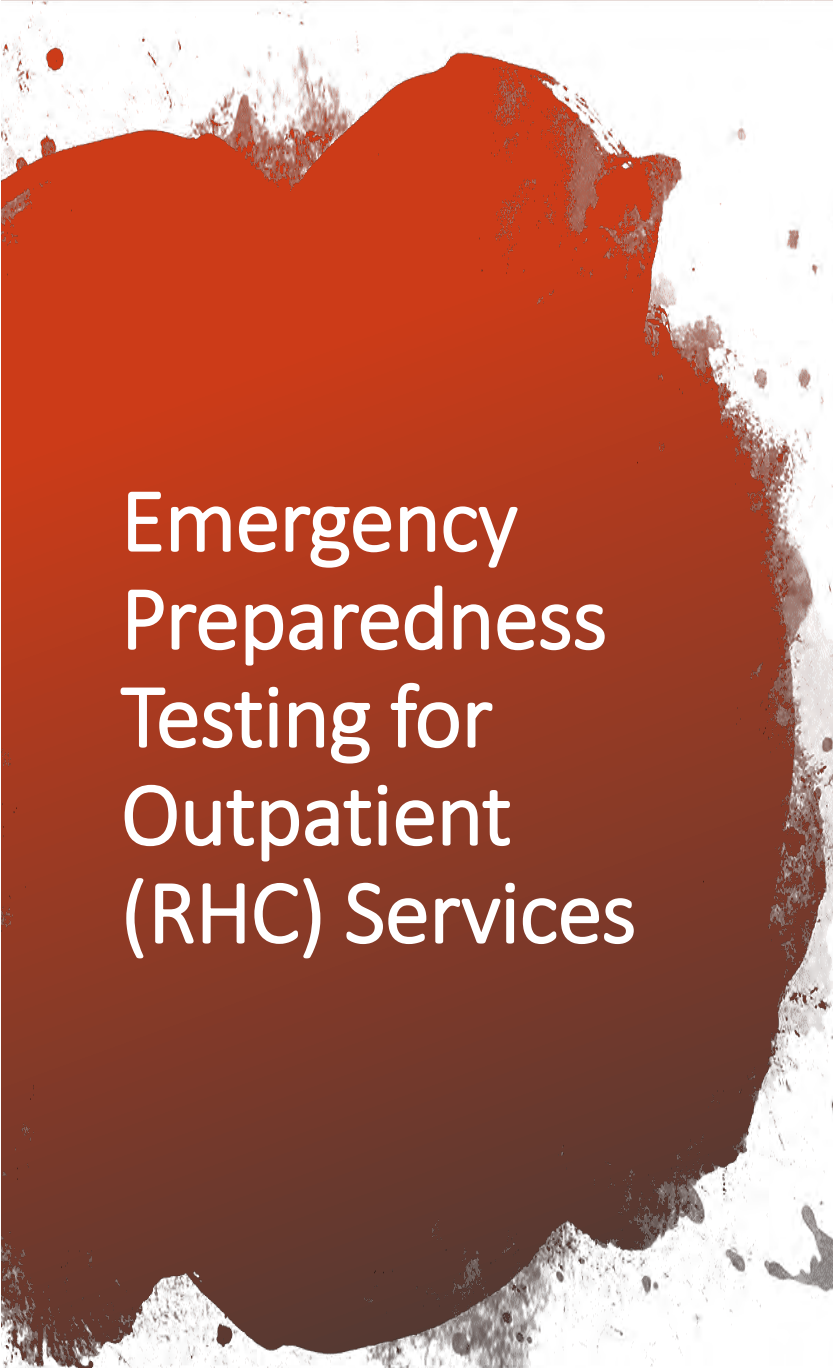
- S. EMERGENCY PREPAREDNESS REQUIREMENTS: REQUIREMENTS FOR TESTING

- For inpatient providers, we are **expanding the types of acceptable testing exercises** that may be conducted. For outpatient providers, we are revising the requirement such that **only one testing exercise is required annually, which may be either one community-based full-scale exercise, if available, or an individual facility-based functional exercise, every other year and in the opposite years,** these providers may choose the testing exercise of their choice.



VIRGINIA GARCIA CLINIC

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Virginia Garcia
Memorial Health Center
Centro Memorial de Salud Virginia Garcia

- For providers of inpatient services (inpatient hospice facilities, Psychiatric Residential Treatment Facilities (PRTFs), hospitals, long-term care facilities (LTCFs), ICFs/IIDs, and CAHs), we proposed to retain the existing requirement for these provider and supplier types **to conduct two emergency preparedness testing exercises annually.**

- We proposed to **expand the testing requirement options,** such that one of the two annually required testing exercises could be an exercise of their choice, which could include one community-based full-scale exercise (if available), an individual facility-based functional exercise, a drill, or a tabletop exercise or workshop that included a group discussion led by a facilitator.

# Emergency Preparedness Testing for Outpatient (RHC) Services

- For providers of outpatient services we proposed to require that providers of outpatient services conduct only one testing exercise per year.

- Furthermore, we proposed to require that these providers participate in either a community-based full-scale exercise (if available) or conduct an individual facility-based functional exercise every other year.

- In the opposite years, we proposed to allow these providers to conduct the testing exercise of their choice, which may include either a community-based full-scale exercise (if available), an individual, facility-based functional exercise, a drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.

# In the Event of an Emergency

- We proposed to **clarify the testing requirement exemption by noting that if a provider experiences an actual natural or man-made emergency that requires activation of their emergency plan, inpatient and outpatient providers will be exempt from their next required full-scale** community-based exercise or individual, facility-based functional exercise following the onset of the actual event.

# How much does the Emergency Preparedness rules save annually

- *RHCs/FQHCs:* Combined total savings of $4,284,104 (((4 hours for an administrator at $107 per hour plus 4 hours for a registered nurse at $71 per hour) × 4,160 RHCs × 50 percent) $1,480,960+ (4 hours for an administrator at $107 per hour plus 4 hours for a registered nurse at $71 per hour) × 7,874 FQHCs × 50 percent) 2,803,144.

# What did not change?

- The All-Inclusive Risk Assessment still must be reviewed annually.
- The Communication Plan still must be updated annually.

# CMS EP Rule Updates Since 2017

CMS releases the Emergency Preparedness Interpretative Guidance to clarify "Full Scale Exercise" requirements

CMS Releases Surveyor Training Available for Providers

All CMS providers and suppliers needed to meet all the 4 core requirements

CMS asked for public comment on proposed EP rule changes to relating to the exercise requirements

CMS providers must now add an Infectious Disease response plan to their emergency operations plans

| June 2017 | Sep. 2017 | Nov. 2017 | Sep. 2018 | Feb. 2019 |

# Appendix Z Updated in Feburary, 2019

# Appendix Z Revised on 2/1/2019

- Appendix Z updated as of 2/1/2019. The red italics show the changes made with this revision (see downloads section). For the full Appendix Z, please see

- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-06-ALL.pdf

# Revisions and Updates to Appendix Z

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-06-ALL.pdf

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

**CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO19-06-ALL

DATE: February 1, 2019

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Emergency Preparedness- Updates to Appendix Z of the State Operations Manual (SOM)

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### Memorandum Summary

- **Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers:** On September 16, 2016, the *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers* (Emergency Preparedness Rule) final rule was published in the Federal Register.
- Health care providers and suppliers affected by the rule were required comply and implement all regulations by November 15, 2017.
- We are updating Appendix Z of the SOM to reflect changes to add emerging infectious diseases to the definition of all-hazards approach, new Home Health Agency (HHA) citations and clarifications under alternate source power and emergency standby systems.

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**Background**

The Emergency Preparedness Final Rule (81 Fed. Reg. 63860, September 16, 2016) sets out requirements for all providers and suppliers in regards to planning, preparing and training for emergency situations. The rule includes requirements for emergency plans, policies and procedures, communications and staff training. While there are minor variations based on the specific provider type, the rule is applicable to all providers and suppliers. The emergency preparedness requirement is a Condition of Participation/Condition for Coverage which covers the requirement for facilities to have an emergency preparedness program.

**Discussion**

CMS is adding "emerging infectious diseases" to the current definition of all-hazards approach. After review, CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.

# Include Infectious Diseases in All Hazards Risk Assessment & Develop a Policy

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• CMS is adding "emerging infectious diseases" to the current definition of all-hazards approach. After review, CMS determined it was critical for facilities to include planning for infectious diseases within their emergency preparedness program. In light of events such as the Ebola Virus and Zika, we believe that facilities should consider preparedness and infection prevention within their all-hazards approach, which covers both natural and man-made disasters.

• http://www.ruralhealthclinic.com/s/2019-Master-Infectious-Disease-Policy-E50-to-add-to-the-Emergency-Preparedness-Policy-and-Procedure.docx

• http://www.ruralhealthclinic.com/s/2019-Emergency-Preparedness-Forms-Infectious-Disease-Forms.pdf

# Risk Assessment

Include Infectious Disease Outbreak as a risk in your assessment

**2018**

| TOP 10 HVA | RANK | OCCURRENCE |
|---|---|---|
| Inclement Weather | 1 | 0 |
| Power Outage | 2 | 0 |
| Tornado | 3 | 0 |
| Fire | 4 | 0 |
| Infectious Diseae Outbreak | 5 | 0 |
| Internal Fire | 6 | 0 |
| Explosion | 7 | 0 |
| Flood | 8 | 0 |
| Active Shooter | 9 | 0 |
| Earthquake | 10 | 0 |

**FEMA**

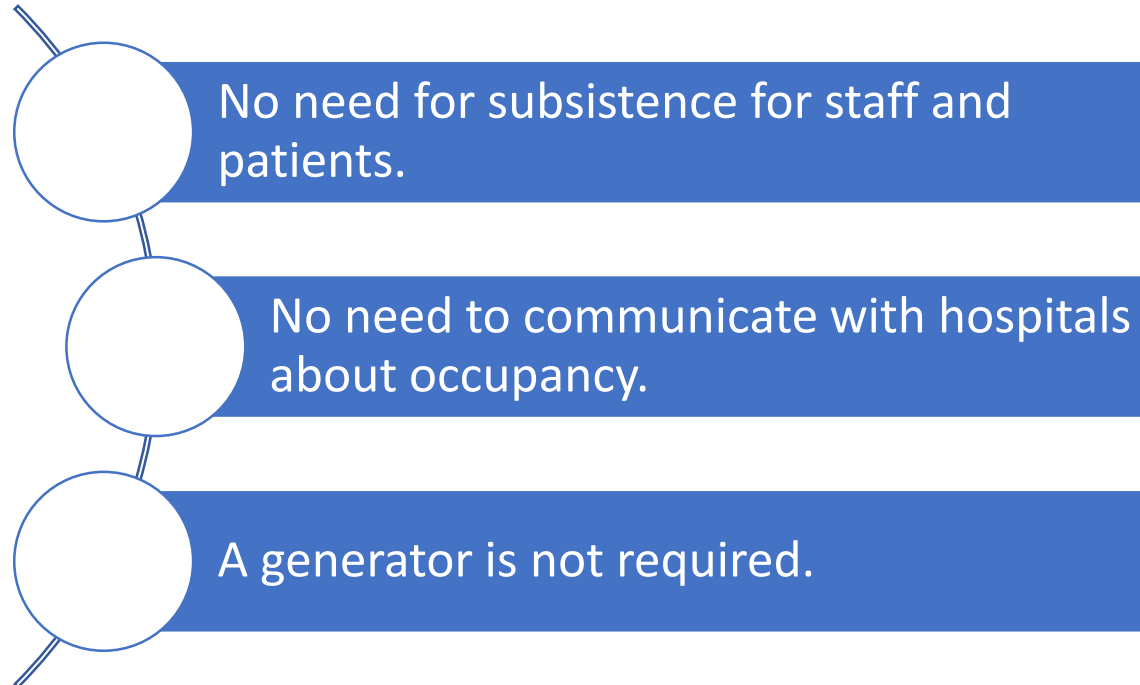# What have we learned in the last two years of surveys?

- I was not aware of the Emergency Preparedness rules is not an acceptable response.

- Printing off our EP Manual and not even searching and replacing your name is not going to work.

- Condition Level Deficiencies require a re-survey and getting a everything completed in only 30 days is extremely stressful.

- Surveyors will sometimes request RHCs to abide by stricter regulations applicable to Hospitals/Nursing Homes.

- If you do not update your EP plan timely, it will likely lead to a condition level deficiency.

- The Communication plan should be updated annually and should have your Healthcare Coalition contacts, EMA officials, Contracted personnel, and closest 4 RHCs.

# This is what you do not want to do!!!

| Deficiency ID: Correction Plan: Monitor Correction Steps - Section 1600 Subsection 10  Item 1 | Title | Date Plan submitted | Date Plan Complete | Monitor Freqency | Next Monitor Date | Monitor Status | Reference |
|---|---|---|---|---|---|---|---|
| The RHC must maintain an emergency preparedness plan that includes all elements of an Emergency plan | | | | | | | Scan of EP Policy and procedure manual |
| Correction: The clinic has hired an outside consulting firm to oversee the EP Plan and its implementation. | Office Coordinator | 9/19/2019 | 9/24/2019 | NA | NA | √ | |
| Monitor Quarterly: The Office Coordinator will review the EP Plan to ensure it is still in place and effective. | Office Coordinator | 9/19/2019 | 9/30/2019 | Quarterly | 12/31/2019 | | |
| Monitor Annually: The Office Coordinator will review the EP Plan to ensure it is still in place and effective. | Office Coordinator | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |
| Monitor Annually: The Professional Advisory Group will review the EP Plan during the Annual Evaluation Process. | Professional Advisory Group | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |

| Deficiency ID: Correction Plan: Monitor Correction Steps - Section 1600 Subsection 10  Item 21 | Title | Date Plan submitted | Date Plan Complete | Monitor Freqency | Next Monitor Date | Monitor Status | Reference |
|---|---|---|---|---|---|---|---|
| The RHC must develop a policy on the use of volunteers in an emergency and other staffing strategies. | | | | | | | EP Policy Number E0024 |
| Correction: The clinic revised Policy Number E0024 to include the use and training of volunteers | Office Manager | 9/19/2019 | 9/24/2019 | NA | NA | √ | |
| Monitor Quarterly: The Office Coordinator will review the policy on the use of volunteers each quarter and revise as necessary | Office Coordinator | 9/19/2019 | 9/30/2019 | Quarterly | 12/31/2019 | | |
| Monitor Annually: The Office Coordinator will review the policy on the use of volunteers annually and revise as necessary | Office Coordinator | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |
| Monitor Annually: The Professional Advisory Group will review the policy on the use of volunteers annually and revise as necessary | Professional Advisory Group | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |

| Deficiency ID: Correction Plan: Monitor Correction Steps - Section 1600 Subsection 10  Item 23 | Title | Date Plan submitted | Date Plan Complete | Monitor Freqency | Next Monitor Date | Monitor Status | Reference |
|---|---|---|---|---|---|---|---|
| The RHC will review and update the communication plan at least annually. | | | | | | | Tab 5 of Scan of EP Manual |
| Correction: The clinic revised the communication plan and updated the points of contact and information in the communcation plan | Office Manager | 9/19/2019 | 9/24/2019 | NA | NA | √ | |
| Monitor Quarterly: The Office Coordinator will review the communication plan and update the contact information in the communcation plan | Office Coordinator | 9/19/2019 | 9/30/2019 | Quarterly | 12/31/2019 | | |
| Monitor Annually: The Office Coordinator will review the communication plan and update the contact information in the communcation plan | Office Coordinator | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |
| Monitor Annually: The Professional Advisory Group will review the communication plan and approve the plan annually. | Professional Advisory Group | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |

| Deficiency ID: Correction Plan: Monitor Correction Steps - Section 1600 Subsection 10  Item 24 | Title | Date Plan submitted | Date Plan Complete | Monitor Freqency | Next Monitor Date | Monitor Status | Reference |
|---|---|---|---|---|---|---|---|
| The Communication plan must include names and contact information for staff, contractors, providers, volunteers, other RHCs | | | | | | | Tab 5 of Scan of EP Manual |
| Correction: The clinic revised the communication plan and included the required contact information. | Office Manager | 9/19/2019 | 9/24/2019 | NA | NA | √ | |
| Monitor Quarterly: The Office Coordinator will review the communication plan and update the contact information in the communcation plan | Office Coordinator | 9/19/2019 | 9/30/2019 | Quarterly | 12/31/2019 | | |
| Monitor Annually: The Office Coordinator will review the communication plan and update the contact information in the communcation plan | Office Coordinator | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |
| Monitor Annually: The Professional Advisory Group will review the communication plan and approve the plan annually. | Professional Advisory Group | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |

| Deficiency ID: Correction Plan: Monitor Correction Steps - Section 1600 Subsection 10  Item 25 | Title | Date Plan submitted | Date Plan Complete | Monitor Freqency | Next Monitor Date | Monitor Status | Reference |
|---|---|---|---|---|---|---|---|
| The Communication plan must include names and contact information for EP officials and sources of assistance | | | | | | | Tab 5 of Scan of EP Manual |
| Correction: The clinic revised the communication plan and included the required contact information for EP Officials and sources of assistance | Office Manager | 9/19/2019 | 9/24/2019 | NA | NA | √ | |
| Monitor Quarterly: The Office Coordinator will review the communication plan and update the contact information in the communcation plan | Office Coordinator | 9/19/2019 | 9/30/2019 | Quarterly | 12/31/2019 | | |
| Monitor Annually: The Office Coordinator will review the communication plan and update the contact information in the communcation plan | Office Coordinator | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |
| Monitor Annually: The Professional Advisory Group will review the communication plan and approve the plan annually. | Professional Advisory Group | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |

| Deficiency ID: Correction Plan: Monitor Correction Steps - Section 1600 Subsection 10  Item 26 | Title | Date Plan submitted | Date Plan Complete | Monitor Freqency | Next Monitor Date | Monitor Status | Reference |
|---|---|---|---|---|---|---|---|
| The Communication plan must include an alternative means for communicating with staff and EP officials. | | | | | | | Invoice for purchase of walkie talkies |
| Correction: The clinic purchased walkie talkies to contact staff and the discussed alternative means to communicate with the EMA. | Office Manager | 9/19/2019 | 9/24/2019 | NA | NA | √ | Discuss with EMA Director |
| Monitor Quarterly: The Office Coordinator will review the communication plan for secondary ways to communicate with staff and the EMA. | Office Coordinator | 9/19/2019 | 9/30/2019 | Quarterly | 12/31/2019 | | |
| Monitor Annually: The Office Coordinator will review the communication plan for secondary ways to communicate with staff and the EMA. | Office Coordinator | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |
| Monitor Annually: The Professional Advisory Group will review the communication plan and approve the plan annually. | Professional Advisory Group | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |

| Deficiency ID: Correction Plan: Monitor Correction Steps - Section 1600 Subsection 10  Item 29 | Title | Date Plan submitted | Date Plan Complete | Monitor Freqency | Next Monitor Date | Monitor Status | Reference |
|---|---|---|---|---|---|---|---|
| The Communication plan must include a means of providing information about patients under the facilities care. | | | | | | | See Form Developed in EP manual. |
| Correction: The clinic developed a plan and form to communicate patient information and general condition to the EMA. | Office Manager | 9/19/2019 | 9/24/2019 | NA | NA | √ | Discuss with EMA Director |
| Monitor Quarterly: The Office Coordinator will review the plan and form to communicate patient information and general condition to the EMA. | Office Coordinator | 9/19/2019 | 9/30/2019 | Quarterly | 12/31/2019 | | |
| Monitor Annually: The Office Coordinator will review the plan and form to communicate patient information and general condition to the EMA. | Office Coordinator | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |
| Monitor Annually: The Professional Advisory Group will review and approve the plan to communicate patient information to the EMA. | Professional Advisory Group | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |

| Deficiency ID: Correction Plan: Monitor Correction Steps - Section 1600 Subsection 10  Item 30 | Title | Date Plan submitted | Date Plan Complete | Monitor Freqency | Next Monitor Date | Monitor Status | Reference |
|---|---|---|---|---|---|---|---|
| The Communication plan must include a means of providing information about provider needs & ability to assist to the ICC | | | | | | | See Form we developed. |
| Correction: The clinic developed a Form to communicate about provider needs & ability to assist to the ICC | Office Manager | 9/19/2019 | 9/24/2019 | NA | NA | √ | |
| Monitor Quarterly: The Office Coordinator will review the plan and form to communicate about provider needs & ability to assist to the ICC | Office Coordinator | 9/19/2019 | 9/30/2019 | Quarterly | 12/31/2019 | | |
| Monitor Annually: The Office Coordinator will review the plan and form to communicate about provider needs & ability to assist to the ICC | Office Coordinator | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |
| Monitor Annually: The Professional Advisory Group will review/approve the plan to communicate about provider needs & ability to assist the ICC | Professional Advisory Group | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |

| Deficiency ID: Correction Plan: Monitor Correction Steps - Section 1600 Subsection 10  Item 7 | Title | Date Plan submitted | Date Plan Complete | Monitor Freqency | Next Monitor Date | Monitor Status | Reference |
|---|---|---|---|---|---|---|---|
| The Communication plan must include a process for cooperation and collaboration with EMA during a disaster. | | | | | | | See email from Candece |
| Correction: The clinic joined the local Healthcare Coalition and partcates in Emergency Preparedness | Office Manager | 9/19/2019 | 9/24/2019 | NA | NA | √ | Candece.Adkins@adph.state.al.us |
| Monitor Quarterly: The Office Coordinator will partcipate in the Health Coalition activities when possible. | Office Coordinator | 9/19/2019 | 9/30/2019 | Quarterly | 12/31/2019 | | |
| Monitor Annually: The Office Coordinator will review the process for cooperation and collaboration with EMA officals and the Coalition | Office Coordinator | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | See Tab 8 in EP manual |
| Monitor Annually: The Professional Advisory Group will review/approve the process for cooperation and collaboration with EMA officals and the Coalit | Professional Advisory Group | 9/19/2019 | 9/30/2019 | Annually | 9/30/2020 | | |

# The Regulations are not one size fits all

| | | Outpatient Providers | | | |
|---|---|---|---|---|---|
| | | Outpatient providers are not required to provide subsistence needs for staff and patients. | | | |
| Provider Type | Emergency Plan | Policies and Procedures | Communication Plan | Training and Testing | Additional Requirements |
| RHC/FQHC | * | Does not have to track staff and patients, or have arrangements with other RHCs to receive patients or have alternate care sites. | Does not need to provide occupancy information. | * | |

No need for subsistence for staff and patients.

No need to communicate with hospitals about occupancy.

A generator is not required.

## Listing of Closest RHCs and Relevant Contact Information

**Bedford Urgent Care**
1612 North Main Street, Suite A
Shelbyville, TN 37160
(615) 555-5555

**J Howard Rupard MD**
883 Union Street
Shelbyville, TN 37160
(931) 685-1145

**Kids Are Special**
880 Colloredo Blvd
Shelbyville, TN 37160
(931) 685-8111

**Lynette M Adams, MD**
1612 North Main, Suite 13
Shelbyville, TN 37160
(931) 685-2022

**Madison Street Family Clinic**
1401 Madison Street
Shelbyville, TN 37160
(931) 685-2022

# How to find the contact information of the four closest RHCs?

- You can look up their address on the following website:
- https://qcor.cms.gov/main.jsp

**Name and Address Listing For Rural Health Clinic Based on Current Survey Maine**

Run Date: 09/08/2016
Job # 50077740
Last Update: 09/07/2016
Page 1 of 2

| CCN | Key | Provider Name | Address | City, State and ZIP | Telephone # | County Name |
|---|---|---|---|---|---|---|
| 203825 | * | ISLESBORO HEALTH CENTER | 150 MAIN ROAD | ISLESBORO, ME 04848 | (207)734-2213 | Waldo |
| 203835 | * | DEXTER FAMILY HEALTH | 51 HIGH STREET SUITE A | DEXTER, ME 04930 | (207)924-7349 | Penobscot |
| 203839 | * | SEAPORT FAMILY PRACTICE, P A | 41 WIGHT ST | BELFAST, ME 04915 | (207)338-6900 | Waldo |
| 203849 | * | ARNOLD MEMORIAL MEDICAL CENTER | 70 SNARE CREEK LANE | JONESPORT, ME 04649 | (207)497-5614 | Washington |
| 203857 | * | NEWPORT FAMILY PRACTICE | 26 MAIN STREET, SUITE 2, PO BOX J | NEWPORT, ME 04953 | (207)368-5747 | Penobscot |
| 203881 | * | FAMILY MEDICINE | 6 FACTORY RD | EAST MACHIAS, ME 04630 | (207)255-3338 | Washington |
| 203889 | * | FULL CIRCLE HEALTH CARE, LLC | 1063 ALLAGASH RD | ALLAGASH, ME 04774 | (207)398-1022 | Aroostook |
| 203890 | * | FAMILY PLANNING ASSOCIATION OF MAINE INC | 147 WALDO AVE | BELFAST, ME 04915 | (207)338-3736 | Waldo |
| 203975 | * | LMP FAMILY CARE CENTER | 19 ST ANDREWS LANE | BOOTHBAY HARBOR, ME 04538 | (207)633-7820 | Lincoln |
| 203983 | * | ARTHUR JEWELL COMMUNITY HEALTH CENTER | 55 REYNOLDS RD | BROOKS, ME 04921 | (207)338-2500 | Waldo |
| 203985 | * | STOCKTON SPRINGS REGIONAL HEALTH CENTER | MILL ROAD PO BOX 309 | STOCKTON SPRINGS, ME 04981 | (207)567-4000 | Waldo |
| 203987 | * | NORTHWOODS HEALTHCARE | PRITHAM AVE | GREENVILLE, ME 04441 | (207)695-2084 | Piscataquis |
| 203988 | * | ELSEMORE-DIXFIELD FAMILY MEDICINE | 146 WELD STREET | DIXFIELD, ME 04224 | (207)562-4226 | Oxford |
| 203989 | * | SWIFT RIVER HEALTH CARE | 430 FRANKLIN ST | RUMFORD, ME 04276 | (207)369-0146 | Oxford |
| 203991 | * | MILO FAMILY PRACTICE | 135 PARK STREET - PO BOX 7 | MILO, ME 04463 | (207)943-7752 | Piscataquis |
| 203992 | * | DEXTER INTERNAL MEDICINE | 41 HIGH ST | DEXTER, ME 04930 | (207)924-5226 | Penobscot |
| 203993 | * | DOVER-FOXCROFT FAMILY PRACTICE | 891 W MAIN ST | DOVER FOXCROFT, ME 04426 | (207)924-3424 | Piscataquis |
| 203994 | * | GUILFORD MEDICAL ASSOCIATES | 3 PARK ST | GUILFORD, ME 04443 | (207)876-3547 | Piscataquis |
| 208501 | * | HOULTON FAMILY PRACTICE | 20 HARTFORD ST | HOULTON, ME 04730 | (207)532-3289 | Aroostook |
| 208502 | * | ACADIA FAMILY HEALTH CENTER | 460 MAIN STREET SUITE 104 | MADAWASKA, ME 04756 | (207)728-6359 | Aroostook |
| 208503 | * | VALLEY MEDICAL ASSOCIATION | 194 E MAIN ST | FORT KENT, ME 04743 | (207)834-5877 | Aroostook |
| 208504 | * | NEW HORIZONS HEALTHCARE | 80 MAIN ST | UNITY, ME 04988 | (207)984-2100 | Waldo |
| 208505 | * | NEW HORIZONS HEALTHCARE | 167 MAIN STREET | NORTH ANSON, ME 04958 | (207)635-2330 | Somerset |
| 208506 | * | NEW HORIZONS HEALTHCARE | 344 LAKEWOOD ROAD | MADISON, ME 04950 | (207)474-2994 | Somerset |
| 208507 | * | MILBRIDGE MEDICAL CENTER (RHC) | 5 SCHOOL ST | MILBRIDGE, ME 04658 | (207)546-2391 | Washington |
| 208508 | * | SIGRID E TOMPKINS HEALTH CENTER | 20 HARTFORD STREET | HOULTON, ME 04730 | (207)532-2234 | Aroostook |

* = Non-Deemed

## If you do not know the 4 closest RHCs, we have a list that will help you.

- To Help you find the closest 4 RHCs and their name and address we have provided a list of RHCs from 2017

35

We used to send out the **EP Policy and Procedure Manual** and ask the client to fill in certain sections of the manual with contact information and delegation of duties along with emergency numbers. Now we send out a form and have them complete the form and we complete the manual before mailing. Here is the form to complete:

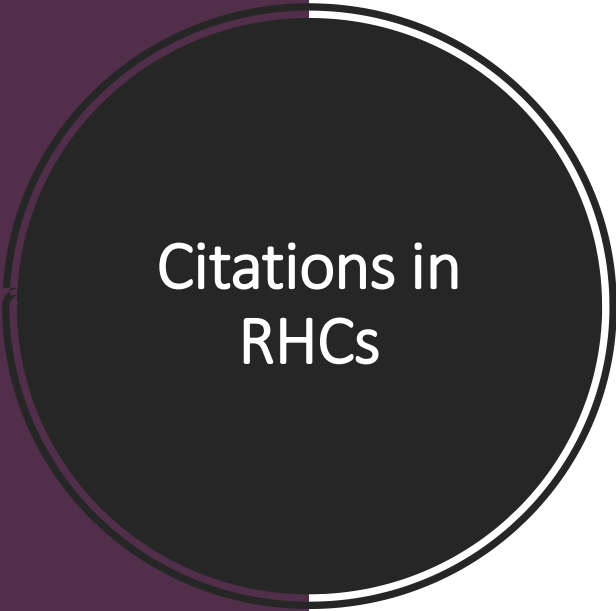[Emergency Preparedness Policy and Procedure Manual Client Questionnaire updated in October, 2019](#)

[Emergency Preparedness Policy and Procedure Manual Client Questionnaire updated in October, 2019 (W0rd Format)](#)

**Lessons Learned**

# Citations in RHCs

## Citation Frequency Report

| National Tag # | Tag Description | # Citations | % Providers Cited | % Surveys Cited |
|---|---|---|---|---|
| Totals represent the # of providers and surveys that meet the selection criteria specified above. | | Active Providers=4469 | | Total Number of Surveys=86 |
| J0043 | PHYSICAL PLANT AND ENVIRONMENT | 168 | 3.8% | 19.4% |
| J0042 | PHYSICAL PLANT AND ENVIRONMENT | 102 | 2.3% | 11.8% |
| J0123 | STAFFING AND STAFF RESPONSIBILITIES | 100 | 2.2% | 11.5% |
| J0161 | PROGRAM EVALUATION | 82 | 1.8% | 9.4% |
| J0152 | PATIENT HEALTH RECORDS | 70 | 1.6% | 8.1% |
| J0135 | PROVISION OF SERVICES | 70 | 1.6% | 8.1% |
| J0044 | PHYSICAL PLANT AND ENVIRONMENT | 63 | 1.4% | 7.3% |
| J0124 | PROVISION OF SERVICES | 61 | 1.4% | 7.0% |
| J0136 | PROVISION OF SERVICES | 59 | 1.3% | 6.8% |
| E0037 | EP Training Program | 58 | 1.3% | 6.7% |
| E0004 | Develop EP Plan, Review and Update Annually | 57 | 1.3% | 6.6% |
| E0001 | Establishment of the Emergency Program (EP) | 51 | 1.1% | 5.9% |
| E0036 | EP Training and Testing | 48 | 1.1% | 5.5% |
| J0101 | STAFFING AND STAFF RESPONSIBILITIES | 48 | 1.1% | 5.5% |
| E0039 | EP Testing Requirements | 46 | 1.0% | 5.3% |
| J0041 | PHYSICAL PLANT AND ENVIRONMENT | 45 | 1.0% | 5.2% |
| J0160 | PROGRAM EVALUATION | 42 | 0.9% | 4.8% |
| E0006 | Plan Based on All Hazards Risk Assessment | 41 | 0.9% | 4.7% |
| E0009 | Local, State, Tribal Collaboration Process | 40 | 0.9% | 4.6% |
| E0032 | Primary/Alternate Means for Communication | 40 | 0.9% | 4.6% |
| E0029 | Development of Communication Plan | 33 | 0.7% | 3.8% |
| E0013 | Development of EP Policies and Procedures | 33 | 0.7% | 3.8% |
| E0024 | Policies/Procedures-Volunteers and Staffing | 32 | 0.7% | 3.7% |
| J0153 | PATIENT HEALTH RECORDS | 31 | 0.7% | 3.6% |
| J0102 | STAFFING AND STAFF RESPONSIBILITIES | 31 | 0.7% | 3.6% |
| E0022 | Policies/Procedures for Sheltering in Place | 29 | 0.6% | 3.3% |
| E0031 | Emergency Officials Contact Information | 28 | 0.6% | 3.2% |
| E0020 | Policies for Evac. and Primary/Alt. Comm. | 27 | 0.6% | 3.1% |
| E0034 | Information on Occupancy/Needs | 25 | 0.6% | 2.9% |
| J0100 | STAFFING AND STAFF RESPONSIBILITIES | 25 | 0.6% | 2.9% |
| J0162 | PROGRAM EVALUATION | 24 | 0.5% | 2.8% |
| E0007 | EP Program Patient Population | 23 | 0.5% | 2.6% |
| J0040 | PHYSICAL PLANT AND ENVIRONMENT | 22 | 0.5% | 2.5% |
| E0030 | Names and Contact Information | 20 | 0.4% | 2.3% |
| J0062 | ORGANIZATIONAL STRUCTURE | 19 | 0.4% | 2.2% |
| E0023 | Policies/Procedures for Medical Documentation | 19 | 0.4% | 2.2% |
| E0033 | Methods for Sharing Information | 15 | 0.3% | 1.7% |
| E0042 | Integrated EP Program | 13 | 0.3% | 1.5% |

Healthcare Business Specialists has provided some sample Emergency Preparedness policies and procedures for RHCs:

Emergency Preparedness Policy and Procedure Manual Template Updated with Omnibus Burden Reduction Update. October, 2019

•Emergency Preparedness Sample Policies and Procedures 8-Tab Index (Word)

# Emergency Preparedness Resources

- October 4, 2019: There have been a number of changes to the Emergency Preparedness Program over recent months and specifically due to changes implemented because of The Omnibus Burden Reduction regulations finalized on September 30, 2019. You will find an updated Emergency Preparedness Policy and Procedure manual in the list of files below. RHCs should update their EP Policies and Procedures to reflect the new less intensive regulations. Here is the website:

- http://www.ruralhealthclinic.com/emergency-preparedness

- Emergency Preparedness Infectious Disease Policy

- Emergency Preparedness Infection Disease Transfer Form

- Appendix Z Update on February 1, 2019 adding an Infectious Disease Policy and adding infectious disease to all hazards risk assessment

- Emergency Preparedness Policy and Procedure Manual Template Updated with Omnibus Burden Reduction Update. October, 2019

- Emergency Preparedness Policy and Procedure Manual Client Questionnaire updated in October, 2019

- Emergency Preparedness Policy and Procedure Manual Client Questionnaire updated in October, 2019 (W0rd Format)

# Great Resources

**https://recoverydiva.com/**

**https://disasterbookstore.com/**

https://connectconsulting.biz/

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Disasterbookstore.com

Emergency Management Info Resources

## The Disaster Bookstore

This site has the latest news about books and the Disaster Time Line Charts.

Two New Books Coming Soon:

- Third Edition of Emergency Management; the American Experience. Claire B. Rubin, Editor. Routledge Press; available in August 2019. The newly revised edition covers historic disaster events and their outcomes for the years 1900–2010.

- U.S. Emergency Management in the 21st Century: From Disaster to Catastrophe; Claire B. Rubin and Susan L. Cutter, Editors. Routledge Publisher (Winter 2019). This all new book follows in the footsteps of the history book noted above. It is broader in scope, however, giving more attention to the recovery phase planning process as well as to changes in federal requirements and programs since 2010. ( A summary is not yet available online.)

Disaster Time Line Charts Available to Browse Online:

- Disaster Time Line: Major Focusing Events and U.S. Outcomes (1988 – 2008)
- Terrorism Time Line: Major Focusing Events and U.S. Outcomes (2001 – 2008)
- Earthquake Planning in California (1906 – 2008 )
- Disaster Time Line for B.C. and Canada: Major Focusing Events and Their Outcomes (1917 – 2007)

Note: Most of these charts end with 2008 information. They need to be updated and digitized, plans for which are in progress.

To order hard copies, contact the owner/author at cbrubin at yahoo dot com

Claire B. Rubin has 40 years of experience as a researcher, consultant, and educator in the fields of emergency management and homeland security.

Great Shakeout Drill - October 17, 2019

# Shakeout Drill- October 17, 2019

https://www.shakeout.org/healthcare/index.html?fbclid=IwAR0PW4ocf7LGU86WrxFtGia_4T_Ou32Fsol14UWZvg2Ka63IaPh85dxsUVo

# The Great Shakeout
# Facility Drill – October 17, 2019

https://www.shakeout.org/centralus/register/

# ToDo –Earthquake Drill

- Register for the Shake out Drill at the following website:
https://www.shakeout.org/centralus/  and include the Registration documentation in Tab 7 of your Emergency Preparedness Manual.
- Review the Shakeout Exercise Manual provided in EP Manual.
- Have all of your staff watch this introductory video.
https://www.fema.gov/el/media-library/assets/videos/79032
- Have all of your staff watch this video on what to do in case of an earthquake.
https://www.youtube.com/watch?v=6Rjyt7XAZrA
- Everyone should participate in the following drill. It will last one minute.
https://www.youtube.com/user/greatshakeout
- Have everyone sign and date the sign in sheet.
- Include all documentation in Tab 7 of your Emergency Preparedness Policy and Procedure Manual and you **MUST PREPARE AN AFTERACTION PLAN.**

How Can Your Shakeout Exercise Participation Count Towards your CMS Full-Scale Exercise Requirement?

- Coordinate your ShakeOut Exercise with others in your community

- Physically evacuate your facility

- Activate your Emergency Plan and Incident Command Team at your facility

- Evaluate your exercise based on your exercise objectives

- Document your exercise and what was noted as improvement items. i.e. After-Action Report (AAR)

- Implement your Improvement Plan (IP)

# To Count as an Emergency Preparedness Drill, you need an After-Action Report

## After Action Plan Template

After-Action Report/
Improvement Plan (AAR/IP)

[Exercise Name]
[Exercise Name Continued]

### EXERCISE OVERVIEW

| | |
|---|---|
| **Exercise Name** | [Insert the formal name of exercise, which should match the name in the document header] |
| **Exercise Dates** | [Indicate the start and end dates of the exercise] |
| **Scope** | This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters]. |
| **Mission Area(s)** | [Prevention, Protection, Mitigation, Response, and/or Recovery] |
| **Core Capabilities** | [List the core capabilities being exercised] |
| **Objectives** | [List exercise objectives] |
| **Threat or Hazard** | [List the threat or hazard (e.g. natural/hurricane, technological/radiological release)] |
| **Scenario** | [Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)] |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable] |
| **Participating Organizations** | [Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.] |
| **Point of Contact** | [Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)] |

[Exercise Name]

After-Action Report/Improvement Plan

[Date]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

Rev. April 2013
HSEEP-IP01

# Back to the Basics – How we got Here

# Why do we have these new Emergency Preparedness Rules?

The difference between an Emergency and a Disaster is often Preparation. Katrina is cited as an example.

# The New Emergency Preparedness Plans Began being Enforced on 11/15/2017

# Compliance Deadlines for RHCs

Facilities were expected to be in compliance with the requirements as of 11/15/2017.
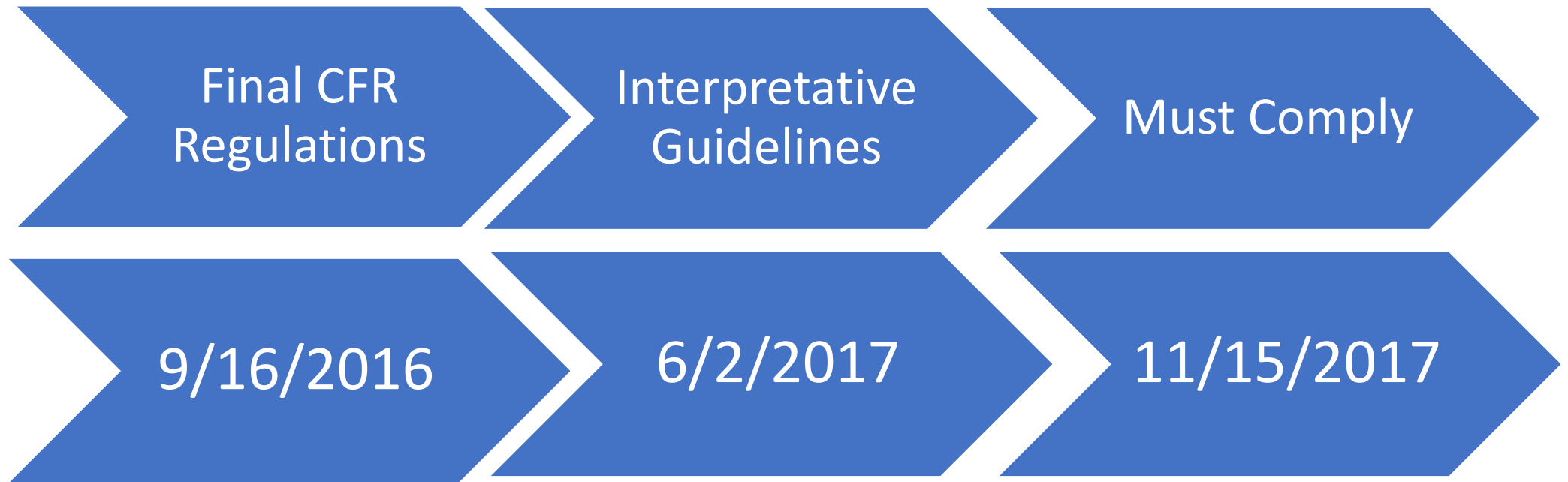
In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.

Source: CMS MLM Webinar



CMS will follow the normal inspection schedule for RHCs. There will not be special inspections for Emergency Preparedness.

# Emergency Preparedness Timeline

| Final CFR Regulations | Interpretative Guidelines | Must Comply |
|:---:|:---:|:---:|
| 9/16/2016 | 6/2/2017 | 11/15/2017 |

Final EP Regulation (186 PDF) https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf

# 17 Provider Types and 72,000 providers are affected by these regulations

- **If you have a CCN Number you must comply.**
- **RHCs must comply.**
- **Physician offices do not.**

## The CMS Rules Apply to…

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

# Why is Emergency Preparedness important?

Adds a Condition of Participation

Is a Condition Level Deficiency. (You can be terminated – Lose Medicare Certification)

Is time consuming and costly to implement.
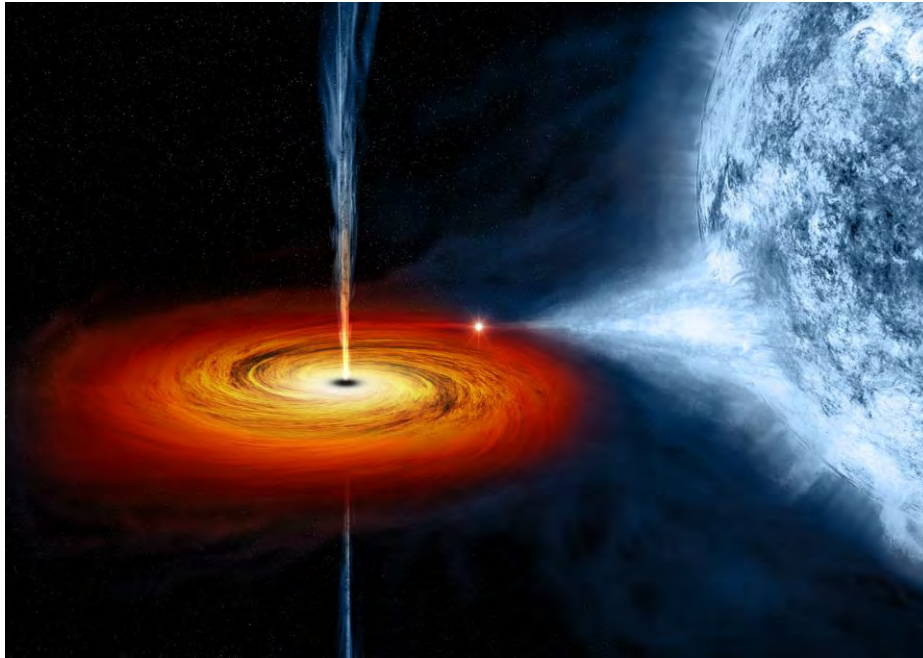
# What are the Goals and Objectives of EP

# Emergency Preparedness (EP) will be Time Consuming and Costly

# Emergency Preparedness (EP) Regulations Website

https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/emergency-prep-rule.html

# Emergency Preparedness Videos

| Date | Title | Link |
|------|-------|------|
| 10/5/2016 | Emergency Preparedness Requirements MLN Connects® Call 10/5/16 | https://www.youtube.com/watch?v=GcPdvw4nZuU |
| 3/10/2014 | Understanding the Proposed Rule on Emergency Preparedness | https://www.youtube.com/watch?v=8splScqEEQM&t=1151s |
| 3/7/2017 | CMS Emergency Preparedness: Local Community Guidelines | https://www.youtube.com/watch?v=IaMkR8d_BYY |
| 10/6/2016 | 10 Keys to Healthcare Emergency Planning | https://www.youtube.com/watch?v=ip-mTeGqaqI |

# Emergency Preparedness Interpretative Guidelines
# June 2, 2017
# Appendix Z

# Appendix Z Interpretative Guidelines

| On June 2, 2017, CMS released Appendix Z<br>Which is the Interpretative Guidelines for Emergency Preparedness. (All 17 provider types are included) | https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertification GenInfo/Downloads/Survey-and-Cert-Letter-17-29.pdf<br>(74 page PDF) |
| --- | --- |
| Surveyor Tool Microsoft Excel which lists surveyor procedures for all 17 provider types. | https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Surveyor-Tool-EP-Tags.xlsx |

# The Compliance Team Issues EP Standards in July, 2017

https://www.dropbox.com/s/16lp7y2d2abib2e/2017%20Emergency%20Preparedness%20The%20Compliance%20Team%20Standards%20Appendix%20Z.docx?dl=0

(14 page PDF)

http://www.thecomplianceteam.org/

# EP Basic Surveyor Training Course



https://surveyortraining.cms.hhs.gov/pubs/ClassInformation.aspx?cid=0CMSEmPrep_ONL

# Knowledge Check

Which of the following contain resources specific to developing emergency plans and responses that meet the requirements of the emergency preparedness rule? Select all that apply.

A. Survey & Certification Group (SCG) Emergency Preparedness Website

B. Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, & Information Exchange (TRACIE)

C. Disaster Relief and Emergency Assistance Center

D. National Disaster Risk Reduction Center

E. Appendix Z of the State Operations Manual (SOM)

Correct. The SCG Emergency Preparedness Website, ASPR TRACIE, and Appendix Z contain resources specific to developing emergency plans and responses that meet the requirements of the emergency preparedness rule.

Submit

# Definitions of Key Terms



**Source**

# Emergency Preparedness

- Emergency Preparedness Program: The Emergency Preparedness Program is a facility's comprehensive approach to meeting the health and safety needs of their patient population and provides facilities with guidance on how to respond to emergency situations that could impact the operation of the facility, such as natural or man-made disasters. It includes **(1) all-hazards risk assessment and emergency planning, (2) development and implementation of policies and procedures, (3) a communication plan, and (4) training and testing.** The program as a whole consists of the Emergency Plan, which is based on the four core elements.

# Four Mandated Components



## Emergency Plan

- Based on a risk assessment
- Using an all-hazards approach
- Update plan annually

## Policies & Procedures

- Based on risk assessment and emergency plan
- Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

## Communications Plan

- Complies with Federal and State laws
- Coordinate patient care within facility, across providers, and with state and local public health and emergency management

## Training & Exercise Program

- Develop training program, including initial training on policies & procedures
- Conduct drills and exercises

# Step One – Complete a Hazards Vulnerability Assessment

# Hazard Vulnerability Assessments (HVAs)

Hazard Vulnerability Assessments (HVAs) are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community. The HVA describes the process by which a provider or supplier will assess and identify potential gaps in its emergency plan(s). **Potential loss scenarios should be identified first during the risk assessment.** Once a risk assessment has been conducted and an facility has identified the potential hazards/risks they may face, the organization can use those hazards/risks to conduct a Business Impact Analysis.

Tools from http://www.ruralhealthclinic.com/emergency-preparedness

Kaiser Risk Assessment Tools
Kaiser Risk Assessment Instructions from Tabletop Exercise
CMS All Hazards FAQ (42 pages)
Kaiser Permanente has developed a revised Hazard Vulnerability Analysis tool and instruction sheet..

FEMA

# Four Core Elements of Emergency Preparedness
# 1. Risk Assessment and Emergency Plan

Identify the Following:
- Hazards likely in geographic area (an all hazards approach)
- Care-related emergencies
- Equipment and Power failures (one emergency leads to another)
- Interruption in Communications, including cyber attacks
  - Back up communication plans if primary plan fails.
- Loss of all/portion of facility
  - Test your generator for 4 hours at full 100% power annually. (not required for RHCs)
- Loss of all/portion of supplies
- Plan is to be reviewed and updated at least annually
- Risk Assessment may already be done by local agencies if the RHCs reasoning for using it is included in the EP Policies.

# What is an All Hazards Risk Assessment

## Hazards

- Fire
- Explosion
- Natural hazards
- Hazardous materials spill or release
- Terrorism
- Workplace violence
- Pandemic disease
- Utility outage
- Mechanical breakdown
- Supplier failure
- Cyber attack

**Probability & Magnitude**

## Assets at Risk

- People
- Property including buildings, critical infrastructure
- Supply chain
- Systems/equipment
- Information Technology
- Business operations
- Reputation of or confidence in entity
- Regulatory and contractual obligations
- Environment

**Vulnerability**

## Impacts

- Casualties
- Property damage
- Business interruption
- Loss of customers
- Financial loss
- Environmental contamination
- Loss of confidence in the organization
- Fines and penalties
- Lawsuits

**Hazard Identification**

**Vulnerability Assessment**

**Impact Analysis**

# EP – 2. Policies & Procedures (continued)

(3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

(4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.

# Stafford Act – Risk Mitigation

The **Robert T. Stafford Disaster Relief and Emergency Assistance Act** (**Stafford Act**)[1] is a United States federal law designed to bring an orderly and systemic means of federal natural disaster assistance for state and local governments in carrying out their responsibilities to aid citizens. Congress's intention was to encourage states and localities to develop comprehensive disaster preparedness plans, prepare for better intergovernmental coordination in the face of a disaster, encourage the use of insurance coverage, and provide federal assistance programs for losses due to a disaster.

Local communities and jurisdictions are required to have a Risk Mitigation plan updated every five years. Search for those plans to aid in our planning.

FEMA

# Morgan County – Risk Mitigation

**Table 5-2. Comparison of Identified Morgan County Hazards to 2013 State Plan**

| Hazards Identified in 2013 Alabama State Plan | Equivalent 2014 Morgan County Identified Hazards | Differences |
|---|---|---|
| Floods (storm surge, riverine, flash floods, etc.) | Floods | No storm surge or coastal floods in Morgan County due to its inland location. |
| High Winds (hurricanes, tornadoes and windstorms) | Tornadoes – High Winds Severe Storms – High Winds Hurricanes – High Winds | High winds included as components of tornadoes, severe storms, and hurricanes in Morgan County plan. |
| Winter/Ice Storms | Winter Storms/Freezes | Morgan County plan identifies extreme cold as an associated hazard. |
| Landslides | Landslides | Morgan County plan identifies mudslides as an associated natural hazard. |
| Sinkholes and Land Subsidence | Sinkholes (Land Subsidence) | No difference. |
| Earthquakes | Earthquakes | Morgan County plan identifies landslides as an associated natural hazard. |
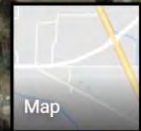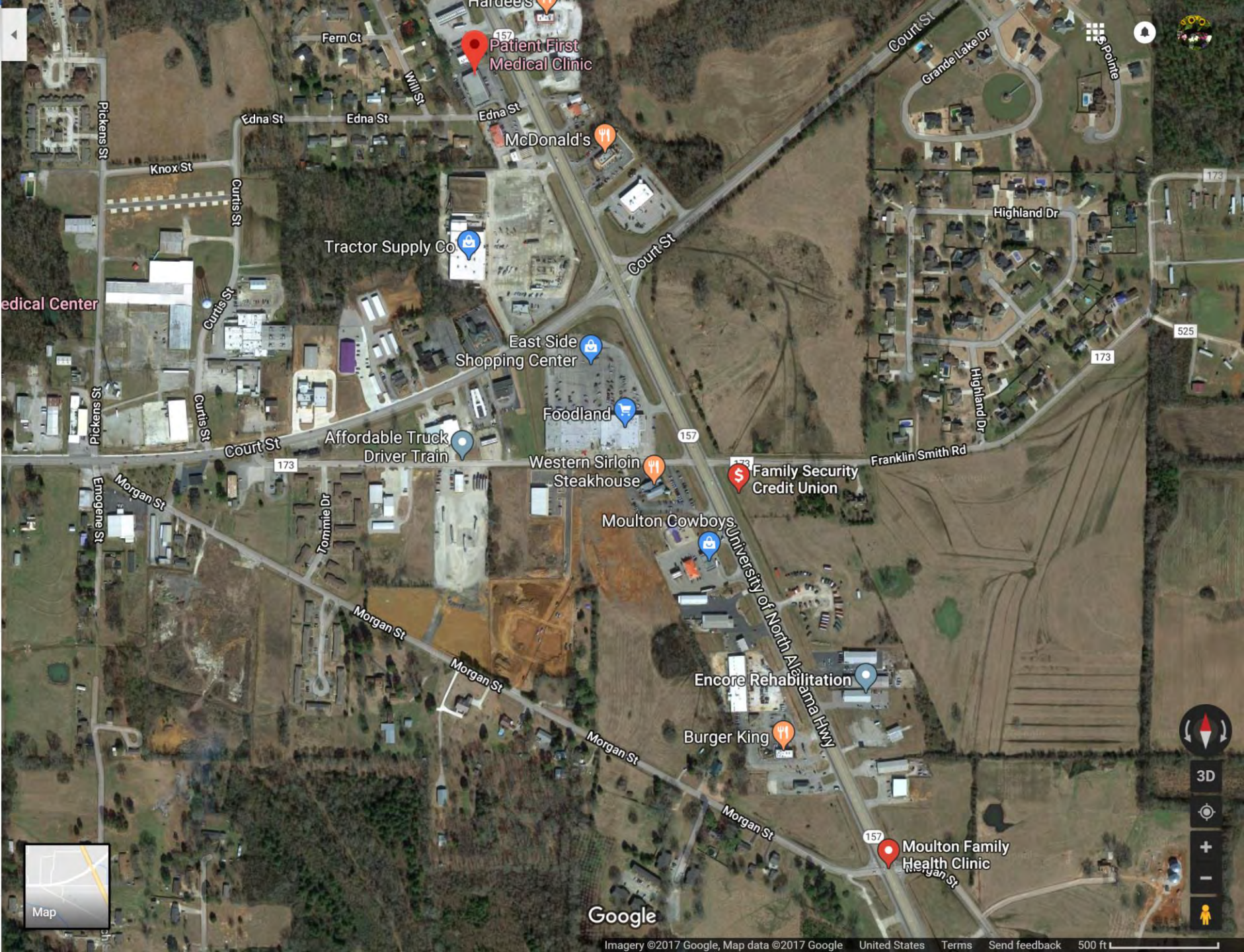
# All Hazards Risk Assessment

| Event | PROBABILITY | ALERTS | ACTIVATIONS | SEVERITY = ( MAGNITUDE - MITGATION ) | | | | | | RISK |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HUMAN IMPACT | PROPERTY IMPACT | BUSINESS IMPACT | PREPARED-NESS | INTERNAL RESPONSE | EXTERNAL RESPONSE | RISK |
| | Likelihood this will occur | | | Possibility of dealth or injury | Physical losses and damages | Interuption of services | Preplanning | Time, effectiveness, resources | Community/Mutual Aid staff and supplies | * Relative threat |
| SCORE | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | Number of Alerts | Number of Activations | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low | 0 = N/A<br>1 = High<br>2 = Moderate<br>3 = Low | 0 = N/A<br>1 =High<br>2 = Moderate<br>3 = Low | 0 - 100% |
| Generator Failure | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Hazmat Incident | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Hazmat Incident with Mass Casulaties | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Hostage Situation | 1 | 0 | 0 | 2 | 1 | 1 | 1 | 1 | 1 | 8% |
| Hurricane | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0% |
| HVAC Failure | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Inclement Weather | 3 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 20% |
| Infectious Diseae Outbreak | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Internal Fire | 2 | 0 | 0 | 2 | 3 | 3 | 1 | 1 | 1 | 24% |
| Internal Flood | 2 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 13% |
| IT System Outage | 2 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 13% |
| Landslide | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Large Internal Spill | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Mass Casualty Incident | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Natural Gas Disruption | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Natural Gas Failure | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Other | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Other Utility Failure | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Pandemic | 1 | 0 | 0 | 3 | 1 | 1 | 1 | 1 | 1 | 9% |
| Patient Surge | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Picketing | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Planned Power Outages | 1 | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 1 | 8% |
| Power Outage | 2 | 0 | 0 | 1 | 1 | 2 | 1 | 1 | 1 | 16% |
| Radiation Exposure | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |
| Seasonal Influenza | 2 | 0 | 0 | 2 | 1 | 1 | 1 | 1 | 1 | 16% |
| Sewer Failure | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 7% |

# Risk Assessment

Include Infectious Disease Outbreak as a risk in your assessment

**2018**

| TOP 10 HVA | RANK | OCCURRENCE |
|---|---|---|
| Inclement Weather | 1 | 0 |
| Power Outage | 2 | 0 |
| Tornado | 3 | 0 |
| Fire | 4 | 0 |
| Infectious Diseae Outbreak | 5 | 0 |
| Internal Fire | 6 | 0 |
| Explosion | 7 | 0 |
| Flood | 8 | 0 |
| Active Shooter | 9 | 0 |
| Earthquake | 10 | 0 |

**FEMA**

# Poll Question 3 – Community Hazards

Which natural hazards pose the largest threat to the clinic based upon your assessment?

A. Flood
B. Fire
C. Storms
D. Tornado
E. Other

# Four Core Elements of Emergency Preparedness – 2. Policies & Procedures

*Policies and procedures.* The RHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least <span style="color:red">biennially.</span>

At a minimum, the policies and procedures must address the following:

(1) Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and patient needs.

(2) A means to shelter in place for patients, staff, and volunteers who remain in the facility. <span style="color:red">(Not required to maintain food, water, etc.)</span>
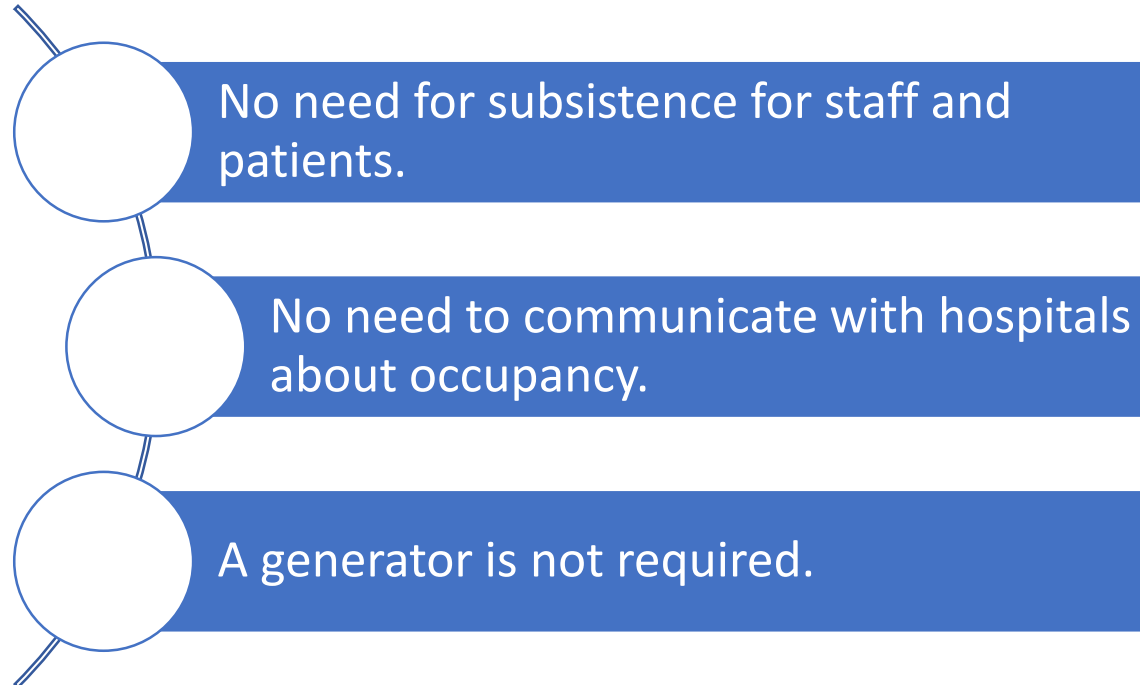
Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type

| Inpatient | | | | | |
|---|---|---|---|---|---|
| **Provider Type** | **Emergency Plan** | **Policies and Procedures** | **Communication Plan** | **Training and Testing** | **Additional Requirements** |
| Hospital | Develop a plan based on a risk assessment using an "all hazards" approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually. | Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff & sheltered patients during the emergency. | Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients. | Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually.<br><br>Also annually participate in:<br>• A full-scale exercise that is community- or facility-based;<br>• An additional exercise of the facility's choice. | Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain:<br>(1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;<br>(2) emergency lighting; and<br>(3) fire detection, extinguishing, and alarm systems. |
| Critical Access Hospital | * | * | * | * | Generators |

# The Regulations are not one size fits all

| Outpatient Providers | | | | | |
|---|---|---|---|---|---|
| Outpatient providers are not required to provide subsistence needs for staff and patients. | | | | | |
| Provider Type | Emergency Plan | Policies and Procedures | Communication Plan | Training and Testing | Additional Requirements |
| RHC/FQHC | * | Does not have to track staff and patients, or have arrangements with other RHCs to receive patients or have alternate care sites. | Does not need to provide occupancy information. | * | |

No need for subsistence for staff and patients.

No need to communicate with hospitals about occupancy.

A generator is not required.

# Four Core Elements of Emergency Preparedness – 3. Communication Plan

2. Communication Plan

(c) *Communication plan.* The RHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least **annually.** The communication plan must include all of the following:

  (1) Names and contact information for the following:

    (i) Staff.

    (ii) Entities providing services under arrangement.

    (iii) Patients' physicians.

    (iv) Other RHCs.

    (v) Volunteers.

# Communication Plan - Continued

(2) Contact information for the following:

    (i) Federal, State, tribal, regional, and local emergency preparedness staff.

    (ii) Other sources of assistance.

(3) Primary and alternate means for communicating with the following:

    (i) RHC staff.

    (ii) Federal, State, tribal, regional, and local emergency management agencies…

# Four Core Elements of Emergency Preparedness
## 4. Training & Testing

*(1)Training program.* The RHC must do all of the following:

(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles,

(ii) Provide emergency preparedness training at least **biennially.**

(iii) Maintain documentation of the training.

(iv) Demonstrate staff knowledge of emergency procedures.

# Four Core Elements of Emergency Preparedness
## 4. Training & Testing (2)

*(1)Testing.* The RHC/FQHC must conduct **one exercise** to test the emergency plan at least annually. The RHC must do the following:

(i)Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based.

(ii) **The clinic can substitute a Tabletop exercise every other year. Only one test is required per year effective November 29, 2019.**

If the RHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.

# Biennial Employee Training – Initial Testing

We have developed a 10 question test for all Employees with an answer key and a place to obtain communication plan information. See Handouts.

**ADVANCED FAMILY MEDICAL CLINIC**
**Emergency Preparedness - Initial Training Testing**

Please answer each question related to Emergency Preparedness, sign, and turn in for Grading. Each person must score 80% or higher.

1. _____True or False? RHCs must develop and maintain an emergency preparedness plan that is reviewed and updated annually?
2. _____Emergency plans must be based on and include a documented, _____ risk assessment utilizing an all-hazards approach.
   a. Facility-based
   b. Community-based
   c. Contingency-based
   d. Facility-based and Contingency-based
   e. Facility-based and Community-based
3. _____True or False? Health Insurance Portability and Accountability Act (HIPAA) Privacy requirements are often suspended during emergencies.
4. _____True or False? When assessing compliance with emergency training and testing requirements, the surveyor should review personnel or training records to verify that all staff completed initial and annual training.
5. _____Which of the following exercises must facilities perform annually to test their emergency preparedness program?
   a. One full-scale exercise
   b. One Tabletop Exercise
   c. One full-scale exercise and one Tabletop Exercise
   d. One full-scale exercise and one additional exercise, either a full-scale or Tabletop Exercise
6. _____True or False? When a local area community disaster drill is not available, an RHC may substitute an individual facility-based disaster drill to meet the requirement for a full-scale community-based exercise.
7. _____True or False? RHCs are required to develop and maintain an emergency preparedness training and testing program based on the standards set forth by state and local emergency management agencies.
8. _____True or False? RHCs are required to develop a communication plan to support coordination of patient care within the facility, across health care providers, with state and local public health departments and emergency management agencies, and with systems to protect patient health and safety in the event of a disaster.
9. How often must an RHC review and update their communication plan contact information?
   a. Monthly
   b. Biannually
   c. Annually
   d. Only when there are staff changes
10. _____True or False? RHCs are not required to develop policies and procedures for patients and staff to shelter in place during and emergency.

Employee Name: _____ Date: _____ Score_____

# Full-Scale & Facility-Based Exercises



Lessons Learned: If you are having a drill ensure that all authorities and participants are informed ahead of time.

# TESTING THE PLAN

- Participate in a full scale exercise (FSX) that is community–based (annually)
  - If not available, conduct a facility-based exercise

- Conduct a second formal exercise (can be a TTX) at least annually, involving a narrated, clinically relevant emergency scenario, with questions/problems to challenge the plan

- Analyze response to exercise using an After Action Report
  - Use as your action-item list for training priorities over the next year

# Table-Top Exercise

| Type | Abbrev. | Minimum Involvement | Boots on the Ground | Planning | Expense for RHC |
|---|---|---|---|---|---|
| Full-Scale Exercise | FSE | Multi-agency, Multi-Jurisdictional | Yes | Extensive (1 to 2 years) | minimal |
| Functional Exercise | FE | Multi-Agency | No | Moderate | minimal |
| Operations Based Drill | None | RHC | No | Minimal | More |
| Tabletop Exercise | TTX | RHC | No | Depends | Most expensive |

# The Medal Count



| Medal | Type of Exercise | Participation |
|-------|------------------|---------------|
| Gold | Community-based Exercise | Representation from the clinic |
| Silver | Facility Based Exercise | All Employees |
| Bronze | Tabletop | All Employees |

# Types of Drills

- **Tabletop Exercise (TTX):** A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures.

- **Operations-based Exercises** validate plans, policies, agreements and procedures, clarify roles and responsibilities, and identify resource gaps in an operational environment. Types of operations-based Exercises include:
  - **Drill:** A drill is a coordinated, supervised activity usually employed to test a single, specific operation or function within a single entity (e.g., a fire department conducts a decontamination drill).

- **Functional Exercise (FE):** A functional exercise examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). A functional exercise does not involve any "boots on the ground" (i.e., first responders or emergency officials responding to an incident in real time).

- **Full-Scale Exercises (FSE):** A full-scale exercise is a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and "boots on the ground" response (e.g., firefighters decontaminating mock victims).

# Full-Scale & Facility-Based Exercises

- Full-Scale Exercise: A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and ''boots on the ground'' response (for example, firefighters decontaminating mock victims).

- Facility-Based: When discussing the terms "all-hazards approach" and facility-based risk assessments, we consider the term "facility-based" to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).

# Table-Top Exercise

- Table-top Exercise (TTX): A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.

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

# Falkville Medical Clinic
## Emergency Preparedness
## Three Year EP Drill/ Exercise Plan

| Drill/Year | 2017 | 2018 | 2019 |
|---|---|---|---|
| Full Scale Community Exercise | Skakeout.org Earthquake Drill | | |
| Scheduled Date | 12/20/2017 | | |
| Facility Specific Exercise: | | | |
| Scheduled Date: | | | |
| Tabletop Exercise (limit 1) | Tornado at Falkville Medical Clinic | | |
| Scheduled Date: | 12/20/2017 | | |

The clinic will reach out and contact the local EMA director for the city/county (see Communication Plan for contacts) and participate in drills sponsored by the state, city, county, or other coalitions throughout the year. We have at least two drills each year to test/improve our Emergency Preparedness system.

# Please Sign In

## Falkville, Tanner, Moulton, Cullman RHCs
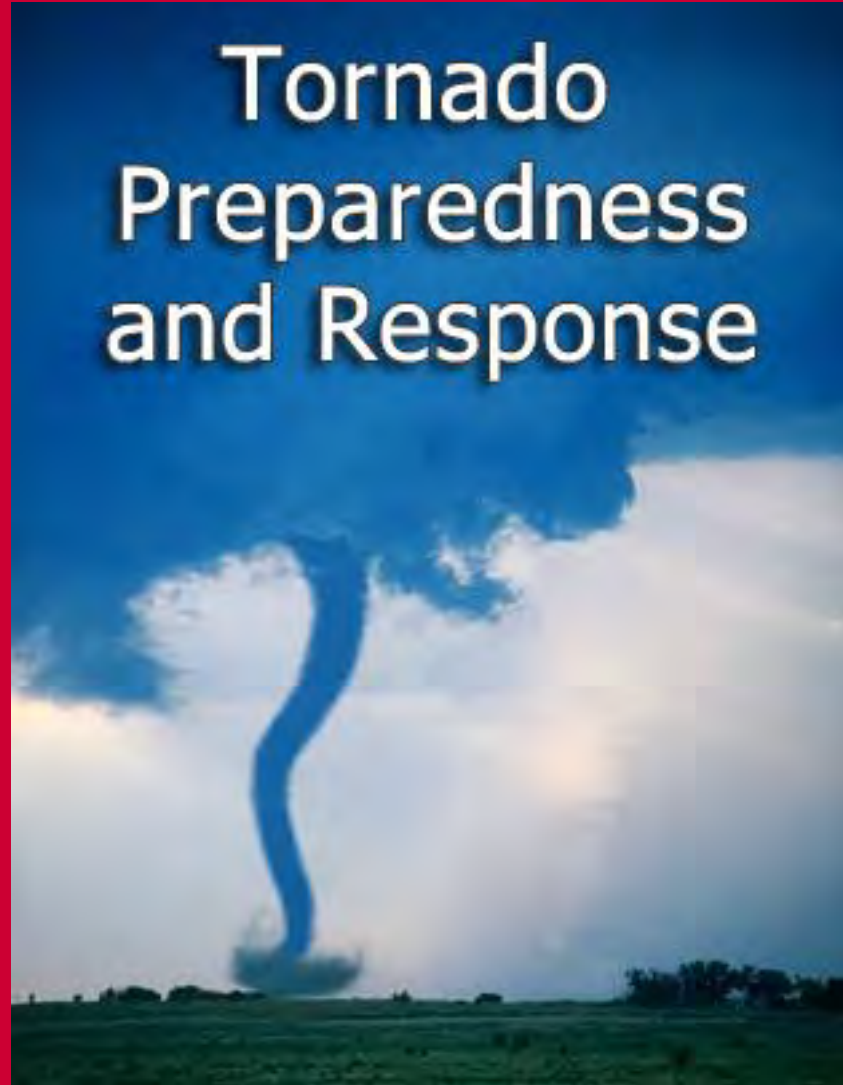
**Risk Assessment Emergency Plan, Training & Tabletop**

**December 20, 2017 Sign-In Sheet**

| Name | Organization | Telephone | Email |
|------|--------------|-----------|-------|
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FEMA

# Module 1

https://www.ready.gov/tornadoes


Tornado Preparedness and Response

# Module 1: Warning

- **April 23, 2018: 8:15 AM**
- The current temperature is 74 degrees Fahrenheit. There is a high potential for tornado outbreaks in the southeastern U.S. this year. Five days ago, various weather outlets have reported that there is a high probability for violent severe weather throughout the southeastern U.S. today. There is a strong possibility for straight line winds with speeds that are in excess of 70 MPH and golf-sized hail. It has also been reported that today's storms have a high potential for yielding powerful tornadoes. The Weather Channel gave Alabama a TORCON rating of 9 to indicate a high risk for tornadic activity.

# Module 1: Warning (2)

**April 23, 2018:11:00 AM**

Local weather forecasters and the National Weather Service has received confirmation from weather chasers that there is a large tornado heading towards your community. Wind speeds have been estimated at being close to 200 MPH. It was reported that they witnessed large vehicles in its debris cloud. The weather forecasters plead for everyone in the area to take proper precautions and seek shelter. The Warning for your community has been elevated to an Emergency.

FEMA

# Key Issues

- There is a high potential for the outbreak of powerful tornadoes in Alabama.

- It has been confirmed that a powerful tornado is heading towards your community.

- The Warning for your community has been elevated to an Emergency.

**Morgan County Emergency Management Agency**
302 Lee Street N.E., P.O. Box 668
Decatur, AL. 35602
Phone (256) 351-4620, FAX (256) 350-3857
24 Hour Emergency Phone (256) 350-4613
H. E. "Eddie" Hicks, Jr., Director

## Shelters for Morgan County

2 Shelters (98 capacity each)
**Danville Volunteer Fire Dept**
5798 Hwy. 36 W
Danville, AL 35619

2 Shelters (98 capacity each)
**Trinity Town Hall**
35 Preston Drive
Trinity, AL  35673

1 Shelter (96 capacity)
**Somerville Community Shelter**
(located behind Library)
192 Broad Street
Somerville, AL  35670

1 Shelter (98 capacity)
**Somerville Community Shelter**
(Cross Creek Subdivision)
72 Cross Creek Loop
Somerville, AL  35670

1 Shelter (98 capacity)
**Punkin Center Volunteer Fire Dept**
116 Kirby Bridge Road
Danville, AL  35619

1 Shelter (98 capacity)
**Massey Volunteer Fire Dept**
386 Evergreen Road
Danville, AL  35622

1 Shelter (150 capacity)
**Cotaco Volunteer Fire Dept**
8384 Hwy. 36 East
Somerville, AL  35670

3 Shelter Areas
(A-576, B-750, C-576 capacity)
**Hartselle High School**
1000 Bethel Road NE
Hartselle, AL  35640

1 Shelter (96 capacity)
**Brindlee Mountain Volunteer Fire Dept**
4373 U.S. Hwy. 231
Union Grove, AL  35175

1 Shelter
**Eva Volunteer Fire Dept**
4238 Eva Road
Eva, Al  35621

**Morgan County Courthouse**
302 Lee Street NE
Decatur, AL 35601
(Courthouse Basement opens when
there is a tornado watch issued)

2 Shelter (98 capacity each)
**Shorty Ryan Park**
3824 Eva Road
Eva, AL 35621

1 Shelter
**Oak Ridge Volunteer Fire Dept**
200 NW Simmons Road
Hartselle, AL 35640

1 Shelter
**Neel Volunteer Fire Dept**
70 Neel School Road
Danville, AL 35622

**FEMA**

**NO SMOKING OR NO PETS AT ANY SHELTER**

# Module 1: Discussion Questions

1. Would the knowledge of the strong potential for violent tornadic weather catalyze the reexamination of disaster plans? What preparations are being made in the event of a five-day forecast stating a strong probability for severe inclement weather occurring with a high potential for yielding strong tornadoes? What preparations are taking place when a tornado warning has been issued?

2. What redundant communication methods are in place? What communication protocols are in place? Is there an essential contact list?

3. What are the internal communication policies? How would they be used at this time. What protocols are in place in the event that additional employees have to be called in?

# Poll Question 6. Tornado Watch

What preparations are taking place when a tornado watch (may last several hours) has been issued?

A. Listen to NOAA Weather Radio, radio or TV for updates.

B. Be alert to changing weather conditions. Look for storms.

C. Follow instructions from local EMA officials.

D. All of the Above.

# Poll Question 7 – Tornado Warning

What should occur when a Tornado Warning (tornado cited- 30 minutes or so) is issued?

A. Begin shelter in place procedures.
B. Evacuate the building immediately.
C. Notify the Emergency Management Director in the community.
D. Call 911.
E. Other

# Keep this documentation in your EP Plan

To: Health Care Coalitions

Dear Health Care Coalitions:

Thank you for your recent and continued efforts to assist with the implementation of the Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule. CMS and the Assistant Secretary for Preparedness and Response (ASPR) National Healthcare Preparedness Programs (NHPP) have collaborated greatly together to ensure facilities affected by this rule have a variety of resources available to them, including more participation with your coalitions.

facilities annually complete two exercises and document their participation. To assist facilities in demonstrating this compliance, we request that health care coalitions provide facilities who participate in their exercises with some confirmation of their participation, which could include an email confirmation, listing of facilities, meeting minutes, or After-Action Reviews, as long as they identify the participating facilities.
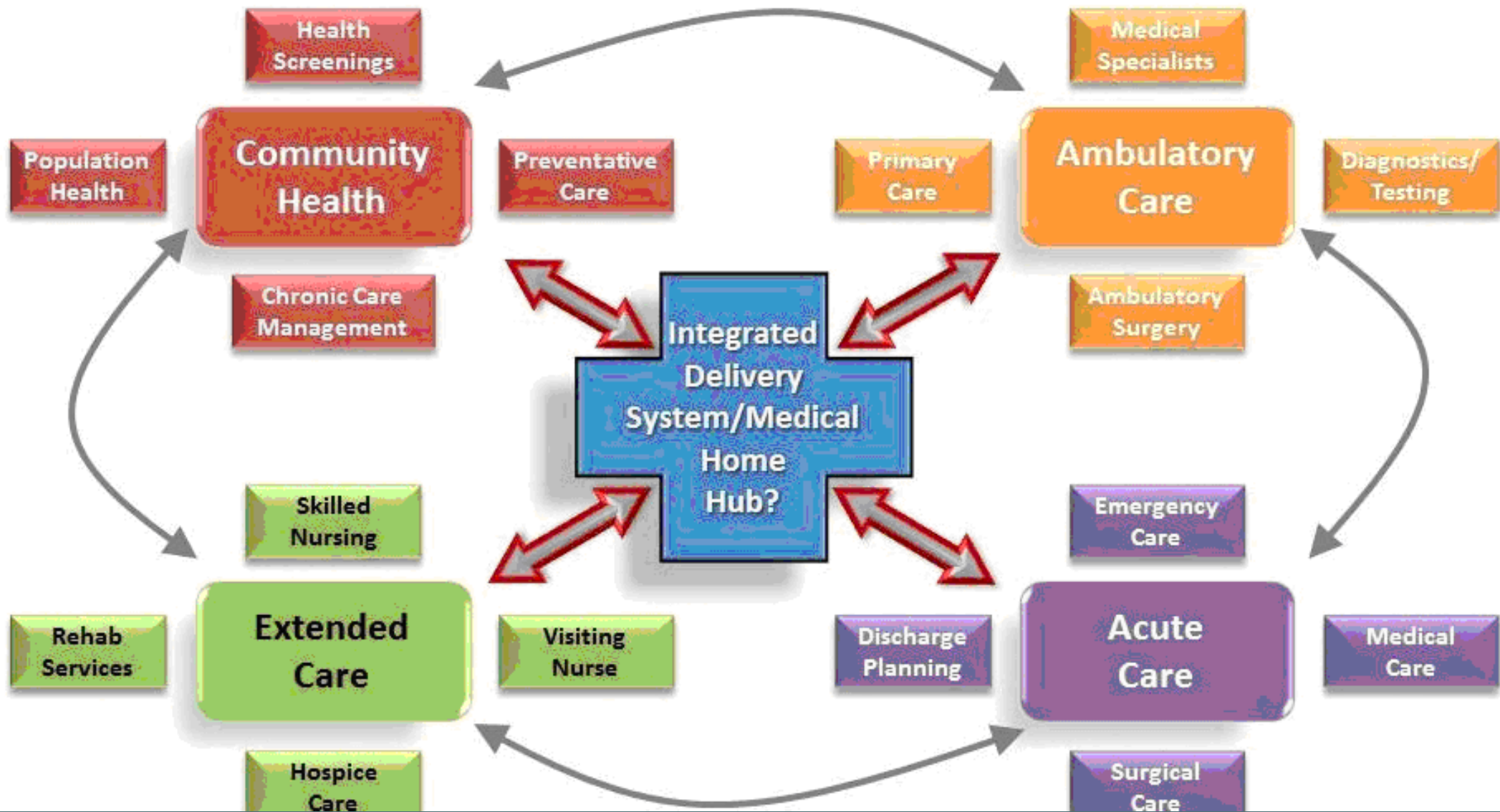
Sincerely,

David R. Wright
Director, Survey and Certification Group
CMS

Melissa Harvey, RN, MSPH
Director, Division of National Healthcare Preparedness Programs (NHPP)
ASPR

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS-and-NHPP-Letter-Healthcare-Coalitions.pdf

# The Elephant in the Room
## How do provider-based RHCs and other provider types comply

| Policy Number | E0042 |
|---|---|
| Subject | **Establishment of Emergency Preparedness Integrated Health Systems** |

If the RHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the clinic may choose to participate in the healthcare system's coordinated emergency preparedness program.  If elected, the unified and integrated emergency preparedness program must- [do all of the following:]

(1)  Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.

(2)  Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

(3)  Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [with the program].

(4)  Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section.  The unified and integrated emergency plan must also be based on and include the following:

 (i)  A documented community-based risk assessment, utilizing an all-hazards  approach.

 (ii)  A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

(5)  Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan, and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

**Q: If multiple sites within the same county, each with separate CCN (such as an RHC/FHQC) exist, does each location need to have its own program/risk assessment?**

A: Each separately certified facility (separate CCNs) must have its own risk assessment.

*Determining Needs for Compliance- Medicare Certification*

*Note:* Medicare certified providers are issued a CMS Certification Number (CCN). All locations of the certified provider that operate and bill under that CNN are considered to be part of that provider (even if located off campus.) For example, a hospital may have several off-campus clinics that operate under the hospital's CCN. Therefore those off-campus clinics are not free-standing clinics and are part of the hospital. Those clinics are required to comply with all of the hospital CoPs, including the Emergency Preparedness CoP. One CCN means one provider, but that provider can have multiple locations. More than one provider cannot exist under one CCN.

**Question**: What are the requirements for facilities with multiple locations versus a separately certified facility that is part of an integrated health system that elects to have a unified and integrated emergency preparedness program?

**Answer**: Each separately certified Medicare participating facility (i.e. different Certification Number (CCN) numbers), is responsible for maintaining compliance with the Emergency Preparedness requirements whether the facility is part of an integrated health system or not. If a separately certified facility is part of a health system that has elected to have a unified and integrated emergency preparedness program, the facility may choose to participate in the healthcare system's unified and coordinated emergency preparedness program. This does not exempt a separately certified facility from demonstrating independent compliance with the emergency preparedness regulations. Rather, it permits a separately certified facility to partner with the health system in meeting the emergency preparedness requirements. Surveyors assess compliance in separately certified facilities. They do not assess compliance of "health systems". It is important to understand that a separately certified facility can have multiple locations all operating under one CCN. All locations of a facility operating under the same CCN must be included in the facility's emergency preparedness program and be in compliance with all of the
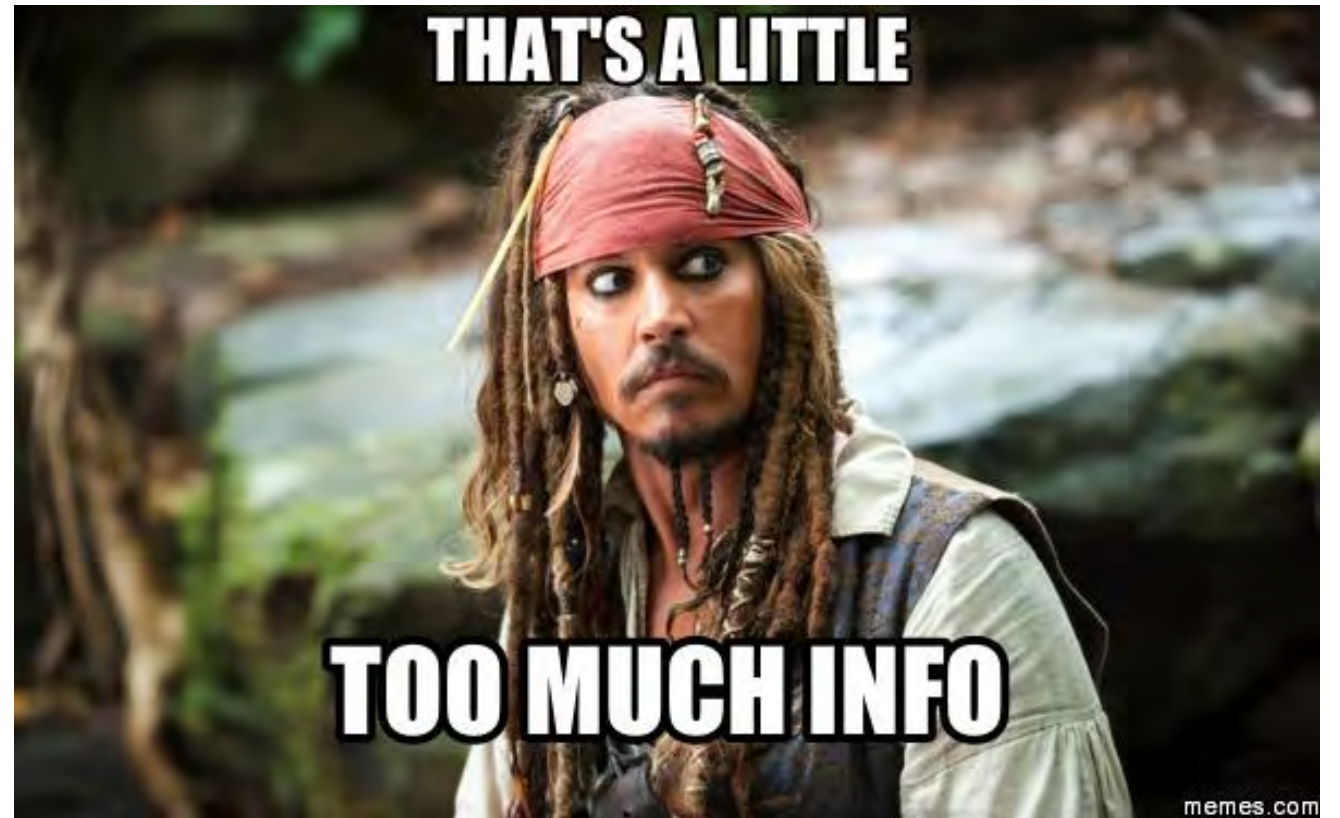
**Continued from previous slide**

emergency preparedness requirements. This means that all locations of a facility must also be included in the annual training/exercise requirements too. A health system is different in that it contains multiple separately certified facilities all operating under different CCNs. The health system is not certified by CMS and is not assessed for compliance. It is up to each provider/supplier to demonstrate compliance with the requirements upon survey. See examples below.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Frequently-Asked-Questions-FAQs-Round-Five.pdf

# Information and Resources

It is very easy to get lost in all the information on Emergency Preparedness. Here are some resources.

# HBS
**Healthcare Business Specialists**

HOME   ABOUT   SERVICES   **RESOURCES**   WEBINARS   STORE   CALENDAR   BLOG   CONTACT

## EMERGENCY PREPAREDNESS RESOURCES FOR RHCS

Healthcare Business Specialists, LLC works with Rural Health Clinics on Cost Reporting, Billing, and Compliance issues. As a part of that commitment to RHCs we are providing the following resources for RHCs to use in complying with the Emergency Preparedness requirements that must be complied with by November 15, 2017. Good luck and get started as soon as possible as the regulation is very time intensive.

**Initial Emergency Preparedness Training** for Employees (November 17, 2017). Healthcare Business Specialists has developed a very brief training program for employees which includes a one page description of the Emergency Preparedness requirements, a request for contact information for the communication plan, and a test to document the employee's understanding of the RHC regulations. We have provided both a Word and PDF version below:

- Initial Employee Training for Emergency Preparedness (PDF - 3 pages)
- Initial Employee Training for Emergency Preparedness (Word - 3 pages)

### NARHC Handout on 10/19/2017 (2-Page PDF)

- **Self Assessment:** Where do you stand on being ready for Emergency Preparedness? Take this self assessment form to determine your readiness for compliance. Self Test for Emergency Preparedness.

The Compliance Team Emergency Preparedness Checklist: Kate Hill provides another great tool for RHCs. This EP Checklist is a great starting point for your clinic to document your compliance steps.

- TCT Emergency Preparedness Checklist for RHCs

**CFR and Regulatory Citations:** Emergency Preparedness and related regulations

- CFR publication of the Emergency Preparation Regulations (September 16, 2016, 186 page PDF)
- The Stafford Act requiring Mitigation Plans for States and local governments (181 page PDF)

- Risk Mitigation Regulations for Local jurisdictions

**CFR and Regulatory Citations:** Emergency Preparedness and related regulations

- CFR publication of the Emergency Preparation Regulations (September 16, 2016, 186 page PDF)
- The Stafford Act requiring Mitigation Plans for States and local governments (181 page PDF)

- Risk Mitigation Regulations for Local jurisdictions

**Definitions, Resources, Interpretative Guidelines:** The language of Emergency Preparedness is very specific. CMS has provided definitions of the terms used when discussing Emergency Planning for healthcare providers. We provide the link to the definitions below:

- CMS Definitions of terms used in Emergency Preparedness
- CMS Resources at your Fingertips by ASPR Tracie (16 page PDF with a list of resources)
- CMS Interpretative Guidelines - Appendix Z released June 8, 2017
- CMS Surveyor's Citations for RHCs only (ETags) Excel

**Healthcare Business Specialists webinars:** First here are a couple of **Healthcare Business Specialists webinars** on Emergency Preparedness. Just click on the title and it will open the webinar.

- Emergency Preparedness Webinar on October 13, 2017 on how to use the EP Template for RHCs
- Emergency Preparedness Webinar on September 29, 2017
- Emergency Preparedness Webinar on July 27, 2017
- Regulatory Update including Emergency Preparedness on April 27, 2017

**CMS Webinars** - Please find below several links to webinars that CMS has conducted on Emergency Preparedness recently that will help you understand your responsibilities under the Emergency Preparedness Guidelines:

- On April 27, 2017 CMS presented a webinar on Emergency Preparedness. This link will take you to landing page to download the webinar and slide presentation.
- Emergency Preparedness Requirements MLN Connects® Call 10/5/16

- Understanding the CMS Proposed Rule on Emergency Preparedness Webinar on March 18, 2014

- This link will take you to the CMS Emergency Preparedness website titled Survey & Certification. It is a general landing page that will take you to other valuable resources provided by CMS.
- This link will take you to CMS's templates and Checklist website.

**CMS Website and Links:** CMS (Centers for Medicare and Medicaid Services) has several websites dedicated to Emergency Preparedness. These links will take you to those websites and those websites have a number of links that you can explore and contain resources and requirements:

- CMS Survey & Certification Emergency Preparedness

# What is ASPR Tracie

The U.S. Department of Health and Human Services (HHS) Office of the **Assistant Secretary for Preparedness and Response (ASPR)** sponsors the ASPR **Technical Resources, Assistance Center, and Information Exchange (TRACIE).**

https://asprtracie.hhs.gov/cmsrule

Note: Think Regional Extension Center for Emergency Preparedness

# ASPR TRACIE

**TECHNICAL RESOURCES (TR)**
- 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 (AC)**
- 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 (IE)**
- 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

**ASPRtracie.hhs.gov/CMSrule**
- ASPR TRACIE's Topic Collections and provider- and supplier-specific resources can help organizations involved in implementing the CMS requirements with resources tailored to their specific needs
- Resources for hazard vulnerability assessments, emergency plans, policies and procedures, communications plans, trainings, and testing

ASPRtracie.hhs.gov    1-844-5-TRACIE    askasprtracie@hhs.gov

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# CMS Resources

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html

# Emergency Preparedness Documents

| Description and Importance | Link |
| --- | --- |
| Emergency Preparedness Checklist | https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf |
| Emergency Preparedness Healthcare Coalitions | https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/By-Name-by-State-Healthcare-Coalitions.pdf |
| Tabletop Exercise from FEMA on Winter Storms | https://www.dropbox.com/s/prbwuz4ndi4v8ou/2017%20Emergency%20Preparedness%20How%20to%20prepare%20for%20a%20winter%20storm%20with%20Tabletop%20Exercise.pdf?dl=0 |

# The Emergency Preparedness Action Plan

**1. Read the Regulations, Resources, Templates & watch MLM Videos.**

2. Document any and all activities that are spent on EP. (phone calls)

3. Select an Emergency Preparedness Champion to lead the process and an Executive Team of three or more to implement EP.

4. Reach out to the local, CERT, county, state EP officials or coalitions and piggyback off their efforts. Be involved with any drills or tabletops.

5. Conduct the all hazards risk assessment or use the one obtained in 4. if appropriate.

6. Prepare your Emergency Plan to address the most common hazards.

7. Prepare your Emergency Policy and Procedures implementing EP.

8. Prepare your Communication Plan including how to contact people.

# The Emergency Preparedness Action Plan (2)

**9. Train everyone in the RHC about the EP Plan. Test and document.**

10. Train volunteers (spouses or immediate family in smaller RHCs) on HIPAA, OSHA, and the Emergency Plan.

11. Participate in a community-wide drill or a facility-drill if one is not available. Write up any lessons learned from the drill.

12. Participate in another community-wide drill or facility-drill or conduct a table-top exercise instead. (Recommended)

13. Review, Update and authorize changes to the EP, EPP, and CP yearly.

14. Repeat the following year. Document. Document. Document.

# A Vinyl Guide to Emergency Procedures is a good idea



https://www.gcckc.com/guide-to-emergency-preparedness-large-vinyl-guide

# Get Started. This will take Time!!!

# Questions & Contact Information

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