



# Emergency Preparedness & Response Program – IHS Best Practices Meeting

Department of Health Care Services  
May 24, 2018



# Emergency Preparedness & Response Program

## Purpose

The Emergency Preparedness & Response Program provides technical assistance and training to clinics and facilitates communication between tribes and clinics.

- Emergency Operations Plan (EOP) – Creation & Review
- After Action Report (AAR)
- Workshops – CMS Rule
- Trainings – Active Shooter
- Table Top Exercises



# CMS Emergency Preparedness Final Rule - Update

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



# CMS Emergency Preparedness Final Rule - Update

## Minimum requirements:

- **Emergency plan:** Develop an emergency plan focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies specific to location.
- **Policies and procedures:** Develop and implement EP policies and procedures.
- **Communication plan:** Develop and maintain a communication plan that complies with both Federal and State law
- **Training and testing program:** Develop and maintain training and testing program.
  - Develop and maintain training and testing programs, including initial training in policies and procedures.
  - Demonstrate knowledge of emergency procedures and provide training at least annually.
  - Conduct drills and exercises to test the emergency plan.



# Training & Testing

## Conduct two testing exercises annually

- One community based full-scale exercise & one additional exercise of their choice.
- In the event that a provider experiences an actual emergency that tests their plan, they would be exempt from the requirement for a community based full-scale exercise for one year following the emergency event.

## Full-Scale Exercise

- Expectation are that facilities simulate an anticipated response to an emergency involving their actual operations and the community.
- Would involve: creation of scenarios, engagement and education of personnel, and mock patients/victims. In addition, this would include the involvement of other providers, suppliers, and community emergency response agencies.
- When a community-based full-scale exercise is not available, or feasible, the requirement allows providers to conduct a testing exercise that is based on the individual facility.



# CMS Emergency Preparedness Final Rule - Update

- If an ambulatory health care clinic is “provider based” (bills through a hospital or Critical Access Hospital) or bills Medicare Part A, they are surveyed by CMS and must meet a number of Conditions of Participation (CoP) for *Medicare* reimbursement. They need to prepare to meet the Emergency Preparedness (EP) CoP immediately.
- If the ambulatory health care clinic is free standing and bills only Medicaid then they **do NOT** have to meet the EP CoP.
- FQHC “look-alikes” that are free standing and bill **only** Medicaid **do NOT** have to meet the EP CoP. The Emergency Preparedness requirements **only** apply to those *facilities* that are registered as an FQHC *under Medicare*.
- *AAAH* or *Joint Commission* accreditation status does not deem that the FQHC has met the Emergency Preparedness requirements. These sites will still need to focus on the EP requirements separately from any accreditation they may already have. It is anticipated that accrediting bodies may modify their emergency preparedness standards to align with these CMS requirements for certification in the future.



# CMS Emergency Preparedness Final Rule - Resources

- Please see this link to the CMS Survey and Certification webpage with further details on the rule: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>
- CMS Medicare Emergency Preparedness Final Rule Webinar on May 18th, 2017. The recording of the Webinar appears on the CMS Division of Tribal Affairs website which can be viewed at this link: <http://www.cmsitustrainings.net/>
- The following link provides access to no cost training on the EP Final Rule and the EP Condition of Participation. <https://surveyortraining.cms.hhs.gov/>. When accessing the provider training instruction, select the “I AM A PROVIDER” link, then go to the “Course Catalog” at the top of that page within the blue line and then, in the left column, select the “Emergency Preparedness Surveyor Training” which will start the trainings.
- If needed, facilities can also access the CMS QCOR system for reference. To do so, facilities need to go to [https://pdq.cms.hhs.gov/index\\_new.jsp](https://pdq.cms.hhs.gov/index_new.jsp) (You must use Google Chrome to access this link), access the Basic Search and enter their facility information. Their CCN number would then come up with an area which shows what provider they are actually certified as under Medicare. If it lines up with one of the 17 providers/suppliers (attached above) affected, they need to comply with what type they are certified as. Additionally, the facilities can reach out to their CMS State Agencies and CMS Regional Offices for additional assistance or information.



# Trainings

The Emergency Preparedness & Response Program hosted the Active Shooter Incident Management training at Harrah's on May 8-10. There are a number of workshops and trainings that can be offered, which include:

- Active Shooter
- All-Hazards Preparedness for Executives
- Crisis Leadership and Decision Making for Elect Officials
- Emergency Training Assessment and Planning – Creating Effective Training Plans
- Disaster Preparedness for Healthcare Organizations within Community Infrastructure for Resiliency and Sustainability
- Medical Preparedness and Response for Bombing Incidents
- Mass Prophylaxis Preparedness and Planning

In addition to these training, DHCS offers the following:

- On-site assistance
- Presentation, demonstrations
- Provide recommendations regarding emergency preparation
- Technical assistance for emergency preparedness activities
- Development of Emergency Operations Plan





# Contact Information

**Please contact Joshua Standing Horse with any questions, request for assistance or training suggestions.**

**All assistance is at no cost to your organization.**

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