



NC Triangle Coalition
HEALTHCARE PREPAREDNESS

Overview of the CMS Emergency Preparedness Final Rule



EMERGENCY PREPAREDNESS RULE

- Published in the Federal Register on December 27, 2013.
- Final rule published in the Federal Register on September 16, 2016.
- Applies to 17 Medicare and Medicaid providers and suppliers
- Effective November 15, 2016 with an implementation deadline of November 15, 2017.



CMS Rule Document

Section I. OVERVIEW

Section II. PROVISIONS OF THE PROPOSED RULE AND RESPONSES TO PUBLIC COMMENTS

Section III. PROVISIONS OF THE FINAL REGULATIONS

Section IV. INFORMATION COLLECTION REQUIREMENTS

Section V. REGULATORY IMPACT ANALYSIS

Section VI. WAIVER OF PROPOSED RULE MAKING



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Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 403, 416, 418, et al.

Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; Final Rule

Hospitals - Conditions of Participation: (64028)

Public Health Agencies (as providers of physical therapy and speech language pathology services) - Condition of Participation: (64037)

Community Mental Health Centers - Condition of Participation: (64039)

Federally Qualified Health Centers - Condition of Participation: (64041)

Skilled Nursing Facilities - Conditions of Participation: 175 (64030)

CMS EM RULE -THE FOUR CORE ELEMENTS

**Risk assessment /
Emergency Planning**

Policies / Procedures

Communications Plan

Training / Testing

CMS EM RULE

**Emergency and Standby Power
Systems**

Integrated Healthcare Systems

Transplant Organizations

Risk assessment and Emergency Planning

- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Update emergency plan at least annually.

Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at least annually.

Communication Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan annually.

Training and Testing

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually
- Conduct drills and exercises to test the emergency plan.

Emergency and Standby Power Systems

- Additional requirements for hospitals, critical access hospitals, and long-term care facilities.
- Locate generators in accordance with National Fire Protection Association (NFPA) guidelines.
- Conduct generator testing, inspection, and maintenance as required by NFPA
- Maintain sufficient fuel to sustain power during an emergency

Integrated Healthcare Systems

- Can elect to have a unified and integrated EM plan
- MUST show that each actively participates in development
- Program must take into account each facilities unique circumstances.
- Must demonstrate capability to use program and be compliant with the core components discussed.

CMS EM RULE -THE FOUR CORE ELEMENTS

Risk assessment / Emergency Planning

- **Healthcare Facility Emergency Management Training**
- **Hazard Vulnerability / Risk Assessment Training**

Policies / Procedures

- **Healthcare Facility Emergency Management Training**
- **NCTC Support Plan**

Communications Plan

- **NCTC Support Plan**

Training / Testing

- **Operation Safe Corridor Community Exercise**
- **WebEOC training**
- **NC SMARTT training**

CMS EM RULE

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Questions?