

**PACHC Memo 16-04**

**Please share with:** Executive Management

**November 9, 2016**

**TO:** Chief Executive Officers of Pennsylvania Community Health Centers 16-pt FQHC color.JPG and Rural Health Clinics

**FROM:** Cheri Rinehart, President & CEO

**SUBJECT:** FederalEmergency Preparedness Final Rule

**SUMMARY:**

The Centers for Medicare and Medicaid Services (CMS) recently published a Final Rule to establish national emergency preparedness requirements for all Medicare and Medicaid providers. As these requirements apply to health centers, the following information is intended to be a resource for you as you develop plans and polices to **comply with the requirements by November 15, 2017**. Elements of emergency plans must address natural and man-made disasters and be coordinated with federal, state, tribal, regional and local emergency preparedness systems and laws.

**BACKGROUND:**

After review of provider emergency plans and policies across the nation, CMS concluded that, in large part, such preparations were inadequate, and particularly so in light of the frequency of storm-related disasters and public health concerns in the last several years. In response, CMS, to improve performance of providers and have higher standards of care for individuals in the event of an emergency, is imposing new requirements—conditions of participation (CoP) and conditions for coverage (CfC)—for all Medicare/Medicaid certified providers, including federally qualified health centers (FQHCs) and rural health clinics (RHCs), regarding emergency preparedness.

The requirements within the [final rule](https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-21404.pdf) fall into four basic categories:

1) Risk assessment and planning

2) Policies and procedures

3) Communication plan

4) Training and testing

To accomplish these core categories, the following requirements must be met:

* **All-hazards risk assessment** should be conducted and documented to review all potential hazards that are facility- and community-based
  + The ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE) [Evaluation of Hazard Vulnerability Assessment Tools](https://asprtracie.hhs.gov/documents/tracie-evaluation-of-hva-tools.pdf)
  + [Kaiser Permanente Sample Hazard & Vulnerability Analysis Tool](http://cchealth.org/ems/pdf/Kaiser-HVA-Tool-and-Instructions.pdf)
* **Emergency preparedness plan** that outlines proactive and responsive actions following a disaster must be developed and implemented. This includes a process for cooperation and collaboration with local, regional, state and federal efforts. The preparedness plan MUST:

► Address the emergency events identified by the risk assessment

► Address the needs of the client population

► Address the types of services the FQHC has the ability to provide in an emergency

► Provide for continuity of operation, including delegation of authority and succession plans

* **Emergency preparedness policies and procedures** should support the successful execution of the emergency plan. At a minimum, the procedures must address:

► Safe evacuation

► Shelter in place

► Established system of medical documentation

► Use of volunteers to address increased needs of the public

* + [TRACIE Healthcare Emergency Preparedness Information Gateway: Ambulatory Care and Federally Qualified Health Centers (FQHC)](https://asprtracie.hhs.gov/technical-resources/49/Ambulatory-Care-including-primary-care-and-Federally-Qualified-Health-Centers-FQHC/49)
* **Emergency communications plan** must be developed that:

► Provides name and contact information for FQHC staff, physicians, volunteers and other nearby FQHCs/entities providing emergency services

► Provides contact information for federal, regional, local emergency contacts (*local contact information* *included in resources section of this PACHC Memo*)

► Primary *and* alternative means of communicating with the FQHC staff as well as government authority/emergency preparedness organizations

► Method of sharing information about the general condition of patients under the FQHC’s care

► Means to provide information about the FQHC’s needs and ability to provide assistance to the proper authorities having jurisdiction or the Incident Command Center or designee

* + [Crisis Communication Plan](https://www.ready.gov/business/implementation/crisis)
  + [TRACIE Communication Resources](https://asprtracie.hhs.gov/technical-resources/77/Communications)
* **Emergency preparedness training and testing programs** must be conducted to establish proper implementation of the above plans. The training and testing provisions require:

► All staff and volunteers are trained initially and annually on emergency preparedness policies and procedures of the FQHC

► FQHC is able to demonstrate staff knowledge of emergency procedures

► FQHC must participate in one full-scale exercise that is community-based or when a community-based exercise is not accessible, a facility-based exercise should take place

* If unable to participate in a community-based full-scale exercise, FQHC may conduct a “functional exercise” wherein events are projected through simulated scenarios in real-time to challenge staff to present the next action step/response

► FQHC must participate in a second full-scale exercise that is community- and/or facility-based OR conduct a tabletop exercise of a clinically relevant emergency scenario designed to challenge the emergency plan

* If an FQHC experiences an emergency that acts upon the emergency preparedness plan, it is exempt for participating in a full-scale exercise for one year

► FQHC must maintain documentation of training and testing programs

► FQHC must analyze their response to testing and revise preparedness plan as needed

* + [TRACIE Exercise Program Topic Collection](https://asprtracie.hhs.gov/documents/exercise-evaluation.pdf)
  + [Homeland Security Exercise and Evaluation Program (HSEEP)](http://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf)

The Final Rule states that in the development of the plan, the medical director and relevant clinical staff review and provide comments to the health center’s administrator and continue to be involved in updating and maintaining it.

CMS is in the process of developing Interpretative Guidelines for providers which will assist you in the implementation of these requirements. They are anticipated to be made available in early 2017 ahead of the November 15, 2017 deadline to have plans implemented.

**PACHC ACTION:**

PACHC participates on Pennsylvania’s Statewide Advisory Committee for Preparedness and will share information from those meetings as well as carry health center questions to the meetings for resolution. In addition, we will provide, via theweekly*News You Can Use* newsletter, additional resources and notice of trainings or educational materials to assist community health centers with development of emergency preparedness plans. PACHC encourages health centers to contact us to discuss issues and concerns regarding emergency preparedness.

**MEMBER ACTION:**

The emergency preparedness requirements described in this CMS regulation are similar to those established in HRSA PIN 2007-15. As such, health centers are already well-positioned to comply with these regulations. However, demonstrating compliance with the rule will likely increase administrative burden. These CMS regulations are conditions of participation and conditions for coverage.

❑ Please review your current emergency preparedness plan to determine what revisions are needed to be compliant with the Final Rule’s requirements. We also encourage you to review the resources below and within this Memo as they will be helpful for identifying required emergency contacts, conducting exercise drills and to support compliance in general.

❑ Contact your regional health care coalition (see contact information below) to get engaged in community preparedness. The Hospital & Healthsystem Association of Pennsylvania (HAP) currently has the state contract for coordinating this work.

❑ Review your business continuity plan. For example, if electricity and phone service is interrupted have you identified alternate means of communication and alternate means of energy to power buildings and equipment as well as an external battery source for cell phones?

❑ [Sign up for the Keystone Health Preparedness Digest](https://www.haponline.org/Initiatives/Emergency-Preparedness) (published by HAP) to stay informed of important emergency preparedness activities, including recent news, upcoming regional events, training and educational opportunities, and emergency preparedness resources.

**RESOURCES:**

* [CMS Emergency Preparedness Templates and Checklists](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html)
* [CMS MLN National Provider Call from October 5, 2016](https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events-Items/2016-10-05-Emergency-Preparedness.html) (recording and slides)
* [CMS Emergency Preparedness Rule: Resources at Your Fingertips](https://asprtracie.hhs.gov/documents/cms-ep-rule-resources-at-your-fingertips.pdf)
* [CMS EP Rule Frequently Asked Questions](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Frequently-Asked-Questions-FAQs.pdf)
* [PACHC Emergency Preparedness webpage](http://www.pachc.com/resources_emergency.html)
* [Ready.gov/business](https://www.ready.gov/business)

**PA EMERGENCY PREPAREDNESS POINTS OF CONTACT:**

1. Hospital Association of Pennsylvania (HAP) Health Care Coalition (HCC) Emergency Coordination Representatives
2. Northwest: Scott Sherry, [ssherry@haponline.org](mailto:ssherry@haponline.org), cell phone: (814) 227-5448

(Crawford, Erie, Forest, Venago, Warren Counties)

1. Southwest: Frederick Peterson, [fpeterson@haponline.org](mailto:fpeterson@haponline.org), cell phone: (724) 272-0015

(Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Mercer, Somerset, Washington, Westmoreland Counties)

1. North Central: Thomas Kerchinski, [tkerchinski@haponline.org](mailto:tkerchinski@haponline.org), cell phone: (814) 594-3382

(Bradford, Cameron, Clarion, Clearfield, Clinton, Elk, Jefferson, Lycoming, McKean, Potter, Sullivan, Tioga, Union Counties)

1. South Central: Jason Brown, [jbrown@haponline.org](mailto:jbrown@haponline.org), cell phone: (717) 395-1599

(Adams, Bedford, Blair, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, Snyder, York Counties)

1. Northeast: Jason Tomashunas, [jasont@haponline.org](mailto:jasont@haponline.org), cell phone: (570) 466-1356

(Berks, Carbon, Columbia, Lackawanna, Lehigh, Monroe, Montour, Northampton, Northumberland, Luzerne, Pike, Schuylkill, Susquehanna, Wayne, Wyoming Counties)

1. Southeast: Mark Ross, [mross@haponline.org](mailto:mross@haponline.org), cell phone: (610) 656-2497

(Bucks, Chester, Delaware, Montgomery, Philadelphia Counties)

1. [County emergency services & emergency management contacts](http://www.pema.pa.gov/about/Daily%20Document%20Updates/County_Coordinators.pdf)
2. [PA Emergency Management Agency (PEMA)](http://www.pema.pa.gov/Pages/Default.aspx#.WBonLNIrK70)

Western Area Office: 276 Stormer Road, Indiana, PA 15701

(724) 357-2990 or (800) 972-7362 Fax: (724) 357-2992

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**FOR MORE INFORMATION.** Please feel free to contact [Cheryl Bumgardner](mailto:cheryl@pachc.org) or [Jim Willshier](mailto:jim@pachc.org) with questions on compliance with the emergency preparedness requirements or submit questions through the [PACHC electronic mailbox](mailto:pachc@pachc.org).