

Memorandum

To: Public Health and Healthcare Preparedness Stakeholders

From: Health Security Preparedness and Response and Health Care Regulation Quality Improvement

Date: March 6, 2017

Subject: CMS Emergency Preparedness Rule Implementation

CMS Emergency Preparedness Rule Implementation

Purpose: Increases patient safety during emergencies, establishes consistent emergency preparedness requirements across all provider and supplier types and establishes a more coordinated response to natural and man-made disasters. This rule is intended to address system gaps, ensure consistency and encourage coordination.

Who will be affected: Applies to 17 Medicare and Medicaid providers and suppliers include hospitals, hospices, home health agencies, nursing homes, and many more- click on <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/17-Facility-Provider-Supplier-Types-Impacted.pdf> link to see the full list.

What is required: Providers and suppliers must comply with the following four common and well known industry best practice standards: 1) Emergency plan and risk assessment; 2) Policies and procedures; 3) Communication plan; 4) Training and testing program. Emergency power systems are required for hospitals and long-term care facilities. Other requirements will vary by provider type.

Timeline: Rules are effective November 15, 2016 and providers must be in compliance by November 15, 2017.

Role of Oregon State Agencies:

- Regulatory oversight and enforcement: These state agencies are responsible for survey and certification of the providers will receive training in the new conditions of participation and include the review of compliance in their regular survey work. This

training will also be available for providers/suppliers. There will be no waivers for these requirements.

- Oregon Health Authority (OHA)-Public Health Division-Health Care Regulation and Quality Improvement Section -- hospitals, hospice, home health, ambulatory surgery, dialysis and other types of non-long term care providers.
- OHA-Health Systems Division-Compliance Unit -- Psychiatric Residential Treatment Facilities.
- Department of Human Services (DHS)-Aging and People with Disabilities (APD)- Safety Oversight and Quality Unit (SOQU) -- long-term care facilities.
- Training and Resources
 - OHA-Health Security Preparedness and Response will work with Healthcare Preparedness Program (HPP) Coalitions and Local Public Health Authorities to reach out to local facilities to assist with meeting the new rules.
 - There may be HPP funds at the coalition level to provide emergency plan templates and exercise design. No HPP funds will be available to single facilities to meet any CMS requirements.
 - Engaging with HPP coalitions will assist facilities meet some of their requirements.
 - Participating in regional HPP exercises could also assist facilities meet exercise requirements.
 - CMS Resources are available and are posted online:
<https://public.health.oregon.gov/Preparedness/Partners/Pages/index.aspx>
 - There is existing hazard vulnerability and risk assessment data available through your county emergency management agency, state health department and regional healthcare preparedness.
 - OHA expects this broad impact and short timeline will drive a great deal of local and regional activity between the impacted facility types, possibly local public health agencies, and regional Healthcare Preparedness Program coalitions.
 - OHA- Health Systems Division (HSD) will provide some oversight and response to Coordinated Care Organizations (CCO) Business Continuity Planning (BCP) including the ICSA review and report process conducted by HealthInsight (formerly Acumentra).
 - HSD's Business Continuity Coordinator is charged with providing assistance to HSD clients and stakeholders with BCP and Emergency Preparedness.
 - HSD is reviewing the concept of building a resource page for CCO's on HSD webpages = HSD parent Site, Additions and Mental Health (AMH) and/or Oregon Health Plan (OHP).