CMS Emergency Preparedness Rule

Development Planning & Compliance Matrix
by Facility Type

651 Pages Condensed To 5

That's what we set out to do in this report, provide you a bird's eye view of the primary areas of plan development and compliance of the final rule for Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers.

Looking at the key components of the final rule, we have reviewed the requirements for each one of the 17 provider types identified by CMS in the following four categories:

- Emergency Plan
- Policies & Procedures
- Communications Plan
- Training & Testing

We hope this document will allow your organization to determine the areas in which you are already compliant, as well as determine the gaps that need to be improved upon by the November 16, 2017 deadline.

The Intermedix Team

Understanding Acronyms

In order to simplify our matrix, we are using the following acronyms for each institution type.

RNHCIs - Religious Nonmedical Health Care Institutions

ASC - Ambulatory Surgical Center

PRTF - Psychiatric Residential Treatment Facilities

PACE - Program for the All-Inclusive Care for the Elderly

LTC - Long Term Care

ICFs/IID - Intermediate Care Facilities for Individuals with Intellectual Disabilities

HHA - Home Health Agencies

CORF - Comprehensive Outpatient Rehabilitation Facilities

CAH - Critical Access Hospital

CMHC - Community Mental Health Center

OPO - Organ Procurement Organization

RHC - Rural Health Clinic

FQHC - Federally Qualified Health Center

ESRD - End-Stage Renal Disease

Emergency Plan

	RNHCI	ASC	Hospice	PRTF	PACE	Hospitals	Transplant Centers	LTC	ICF/IID	HHA	CORF	CAH	Other Orgs.*	CMHC	OPO	RHCs & FQHC	ESRD
"All-Hazards" Approach	✓	✓	✓	✓	✓	✓	✓	✓[2]	✓[2]	✓	✓[3]	✓	✓[4]	✓	✓	✓	✓
Annual Updates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Community & Facility-Based Risk Assessments	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Emergency Events Strategies	✓	✓	✓[1]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assessment of Patient Population & Ability to Provide Services During an Emergency	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Succession Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Government Cooperation at All Levels***	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓[5]
Ability to Confirm Program Development Participation for All Provider Types		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ability to Identify Unique Circumstances, Services Offered & Patient Population for Each Provider Type		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Demonstration of Facilities' Compliance with the Program		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Documented Community-Based Risk Assessment 'All Hazards' Approach		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Documented Individual Facility-Based Risk Assessment (All Hazards)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Communication Plan & Testing/ Training Plan Coordination		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Representation of All Transplant Centers							✓										
Hospital, Transplant Center & OPO Responsibility Protocol							✓										

* Clinics, rehabilitation agencies, public health agencies, and providers of outpatient physical therapy and speech-language pathology services.

**Including documenting contact activities.

1. To include the management of consequences of power failure natural disasters and other emergencies.

2. To include missing residents.

3. To be developed with assistance from fire, safety, and other appropriate experts.

4. To include addressing the location and use of alarm systems and signals; and methods fire containment. Must also be developed and maintained with the assistance from fire, safety, and other appropriate experts.

5. Including facility contact of local emergency preparedness agency at least annually to confirm the agency is aware of the facilities' needs during an emergency.

Policies & Procedures

	RNHCI	ASC	Hospice	PRTF	PACE	Hospitals	Transplant Centers	LTC	ICF/IID	HHA	CORF	CAH	Other Orgs.*	CMHC	OPO	RHCs & FQHC	ESRD
Establish Policies & Procedures	✓	✓	✓	✓	✓[2]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓[7]	✓	✓[9]
Annual Updates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ensure Evacuation & Shelter Contingencies for Staff & Patients **	✓	✓	✓[1]	✓	✓	✓	✓	✓	✓	✓[4]		✓		✓			
Communicate Evacuation Need with State & Local Officials			✓		✓					✓[5]							
Patient & Staff Tracking Capability	✓	✓	✓[1]	✓	✓	✓	✓	✓	✓			✓		✓	✓		✓
Safe Evacuation Plan***	✓	✓	✓[1]	✓	✓	✓	✓	✓	✓		✓[6]	✓	✓	✓	✓	✓[8]	✓
Patients, Staff & Volunteers Shelters	✓	✓	✓[1]	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Secure, Confidential & Immediately Available Medical Documentation System	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Volunteer & Emergency Staffing Integration with Governmental Procedures	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Facility Provision of Care & ACS Treatment Policy	✓	✓		✓	✓[3]	✓	✓	✓	✓			✓		✓			✓
Agreements to Receive Patients from Other Providers	✓		✓	✓	✓	✓	✓	✓	✓			✓		✓			✓

* Clinics, rehabilitation agencies, public health agencies, and providers of outpatient physical therapy and speech-language pathology services.

** Food, water, medical and pharmacy supplies, and alternative sources of energy: temp lighting fire detections and systems waste disposal.

*** Including care coordination, staff responsibility allocation, transportation and alternative options for communications.

1: Inpatient only.

2. To include, but not limited to, fire; equipment, power, or water failure; care-related emergencies; and natural disasters.

3. To include having emergency equipment and staff immediately available to use said equipment at every center. Must also include a documented plan to obtain emergency medical assistance.

4. For this section, HHAs must have individual plans for each patient as a part of their comprehensive patient assessment

5. To include follow up with on-duty staff and patients if there is an interruption in service, as well as informing state and local officials about unreachable individuals.

6. To include safe evacuation from the CORF, which includes staff responsibilities and needs of the patients

7. Each OPO must have continuity operation plans to continue operation during an emergency, as well as protocols identifying the responsibilities of the program, the hospitals, and the OPO.

8. To include safe evacuation from the RHC/FQHC, which includes appropriate placement of exit signs, determining staff responsibilities, and determining patients' needs.

9. To include how emergency medical assistance can be obtained when needed. Must also include the process by which staff can confirm emergency equipment is on the premises at all times and immediately available.

Communications Plan

	RNHCI	ASC	Hospice	PRTF	PACE	Hospitals	Transplant Centers	LTC	ICF/IID	HHA	CORF	CAH	Other Orgs.*	CMHC	OPO	RHCs & FQHC	ESRD
Annual Updates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
All Inclusive Plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Develop & Update Annual Plans in Compliance with Federal, State & Local Law	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ability to Release Patient Information During Evacuation	✓[1]	✓	✓	✓	✓	✓	✓	✓	✓			✓		✓			✓
Exchange of Documentation with Healthcare Providers			✓	✓				✓	✓	✓	✓		✓	✓			✓
Ability to Share General Condition & Location of Patients	✓	✓	✓	✓	✓	✓	✓	✓[2]	✓[2]	✓		✓		✓		✓	✓
Ability to Share Facilities' Occupancy Needs & Ability to Provide Assistance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

* Clinics, rehabilitation agencies, public health agencies, and providers of outpatient physical therapy and speech-language pathology services.
1. Based upon the written election statement made by the patient, or his or her legal representative.
2. To include a method for sharing information with residents and their families.

Digging Deeper: Annual Plans

All annual communication plans must include details on staff (including alternate contact details); provider services; physician and volunteers; as well as federal, state, tribal, regional and local preparedness staff (including alternate contact details).

That includes making sure they are accounted for and that their contact information is included. Additionally, each provider type must also include this information regarding:

Hospitals - Other hospital staff and CAHs

RNHCI - Next of kin/guardians

ASC - Other sources of assistance

Hospice - Other hospice providers

PRTF - Other PRTFs

PACE - Other PACE organizations

LTC - Other LTCs, the State licensing and certification agency, and the office of the state long-term care Ombudsman

ICF/IID - Other ICFs/IIDs, the state licensing and certification agency, and the office of the state protection and advocacy agency

CAH - Other CAHs and hospitals

CMHC - Other CMHCs

OPO - Other OPOs and transplant/donor hospitals in the DSA

RHCs & DQHC - Other RHC/FQHCs

ESRD - Other dialysis facilities

Transplant Centers - Other hospital staff and CAHs

Training & Testing

	RNHCI	ASC	Hospice	PRTF	PACE	Hospitals	Transplant Centers	LTC	ICF/IID	HHA	CORF	CAH	Other Orgs.*	CMHC	OPO	RHCs & FQHC	ESRD
Annual Updates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Train Staff Members Annually, Maintain Documentation & Demonstrate Knowledge	✓	✓	✓	✓	✓	✓	✓	✓[1]	✓	✓	✓[2]	✓[3]	✓	✓	✓	✓	✓[4]
Annual Participate in Full-Scale Community-Based Exercise		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Conduct Additional Full-Scale Tabletop Exercise		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Conduct Annual Paper-Based Tabletop Exercise	✓														✓		
Analyze Facilities Response & Maintain Documentation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

* Clinics, rehabilitation agencies, public health agencies, and providers of outpatient physical therapy and speech-language pathology services.

1. To include unannounced staff drills.

2. To include orienting all new personnel and assigning specific responsibilities regarding the CORFs emergency plan within two weeks of first work day. The training program must include instruction, location and use of alarm systems, signals, and firefighting equipment.

3. To include prompt reporting and extinguishing of fires, protection, and, where necessary, evacuation of patients, personnel, and guests. Must also include fire prevention and cooperation with firefighting and disaster authorities.

4. To include informing patients of what to do, where to go, who to contact and how to disconnect themselves from machines. Demonstrate that CPR certification is maintained for staff and that nursing staff is trained on the use of emergency equipment and drugs, as well as provide appropriate orientation and training to patients.

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About Intermedix

Intermedix provides disaster preparedness and response technology solutions for emergency management and healthcare organizations around the world.

Intermedix also provides technical consulting, emergency policy and advocacy communication consulting, resource and patient tracking, crisis information management, pre-hospital data collection, and collaborative alerting solutions for a broad client base that spans a wide service area and diverse geographic landscape.

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