



MLN Connects®

National Provider Call Transcript



**Centers for Medicare & Medicaid Services
Emergency Preparedness Requirements Final Rule Training Call
MLN Connects National Provider Call
Moderator: Hazeline Roulac
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Operator: At this time, I would like to welcome everyone to today's MLN Connects® National Provider Call.

All lines will remain in a listen-only mode until the question-and-answer session. This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time.

I will now turn the call over to Hazeline Roulac. Thank you. You may begin.

Announcements and Introduction

Hazeline Roulac: Thank you, Holley.

Hello, everyone. Thank you for joining us today. I am Hazeline Roulac from the Provider Communications Group here at CMS. Welcome to this MLN Connects National Provider Call on the Emergency Preparedness Requirements Final Rule. MLN Connects Calls are part of the Medicare Learning Network®.

Is your facility prepared to meet the new emergency preparedness requirements by the November 15, 2017 compliance date? During this call, you will learn about the implementation of the final rule, including an overview of the regulation and training and testing requirements. A question-and-answer session will follow the presentation. Before we begin, I have a few announcements.

There is a slide presentation for this call. You should have received a link to the presentation in your registration email. If you have not already done so, please view or download the presentation from the CMS website at go.cms.gov/npc. That's go.cms.gov/npc. Select today's date from the list and click on the slide presentation under Call Materials.

The second announcement is this call is being recorded and transcribed. An audio recording and written transcript will be posted to the MLN Connects Call website under Call Materials. We will put an announcement in the MLN Connects Provider eNews when these are available.

At this time, it is my pleasure to turn the call over to Lisa Marunycz. Lisa?

Presentation

Lisa Marunycz: Thank you. Hi, everyone. This is Lisa Marunycz. I am with the Survey and Certification Group here at the central office of CMS, and with me is CeCe Blondiaux. Today, as Hazeline, we are going to talk to you – give you a brief overview of the final rule. And our focus today will be on the training and testing requirements. If you refer to slide 2, there is a disclaimer that you can read.

And we're going to start right into slide 3, the agenda for today. We will start with an overview, a very brief overview of the regulatory requirements. We will discuss training and testing exercise requirements. And, then, we will have a question-and-answer session.

Overview of the Regulation Requirements

Slide 4. The final rule was published back in September. These regulations went into effect on November 15th of 2016. There is 1-year lag time for when the rule will be implemented, meaning that surveyors will start showing up at facilities and can start citing for noncompliance with the requirements of the final rule starting after November 15th of 2017.

The rule applies to all 17 provider and supplier types that are certified to participate in Medicare through the Survey and Certification Group here at CMS. So the 17 provider and supplier types are all listed and named in the final rule. So you should refer to the final rule to look for whether or not your facility is required to meet these requirements.

Compliance is required for participation in Medicare. And it is one of new – it is only one of a CoP, as we call, conditions of participation or a CfC, conditions for coverage. It's important to understand that these requirements are not a new program, if you will.

These are incorporated into every provider and supplier types that – of requirements that they must meet to be certified to participate in Medicare and/or continued participation in Medicare.

Slide 5. There are four general provisions of this rule that apply to the providers and suppliers. There is a risk assessment and planning piece to emergency preparedness where facilities will have to perform risk assessments and, from that, develop an

emergency plan. They will be required to develop policies and procedures based upon the risk assessment and planning.

A communication plan with many requirements are also required for each provider and supplier. And then, finally there are – will be training and testing requirements for the emergency plan, which CeCe will discuss more in depth in a few minutes.

So, under – slide 6, please. Under risk assessment and planning, an emergency plan is based off of a risk assessment. So in order to put a plan together, facilities have to assess what are their risks. Are they in a flood plain? Are they in an area that experiences a lot of tornadoes, power outages, those sorts of things? The risk assessment should cover all hazards from the capabilities and capacities that the facility has. Can you receive patients?

If not – if you couldn't handle patients in a – during an emergency, would you have to transfer them? Those are the types of hazards and things that facilities need to be looking to to create their plan. The emergency plan must be updated and reviewed at least annually.

Slide 7. As we talked about, an all-hazards approach – there's a definition on slide 7 for you. And it's important to focus on the location of the provider or supplier. Again, this, you know, covers thousands and thousands of different types of providers and suppliers, from inpatient-type facilities to outpatient-type facilities, facilities on the East Coast, West Coast, in the north, and in the south.

So everybody's plan is going to look different. So the all-hazards approach is based on the location – the geographic location is where a facility should start to look at where those hazards are that they are most likely vulnerable to.

Slide 8. Once an all-hazards approach has been conducted and a facility starts to put their emergency plan together, of course, this goes without saying, any type of facility has to develop policies and procedures to implement a plan of any kind. But it will be based on the risk assessment and emergency plan. And, again, policies and procedures will be required to be reviewed and updated on an annual basis.

Slide 9, the communication plan. The communication plan must comply with both Federal and State laws. It is to coordinate patient care within a facility, across health care providers, with State and local public health departments, and with management systems. So a communication plan isn't just to focus upon the communication within your own facility. The requirements discuss, again, across different providers within your locality, with your state and local emergency response officials. It could even be with Federal officials – whatever is within your emergency plan that would make sense for communication during an – during a disaster. The communication plan is required to be reviewed and updated annually as well.

The fourth piece is a training and testing program. So once an emergency plan has been developed, a communication plan, the policies and procedures are in place, training and testing, of course, must take place so that all personnel within the facility know how to respond to emergencies that were identified in the risk assessment.

The focus today will be on conducting drills and exercises to test the emergency plan. And CeCe will give you more information on that.

Slide 11. So we want to let you know up front – and you may have seen this if you've already read through the rule, the requirements do vary slightly by provider type. In general, the rules apply across – in general, they apply pretty much the same across all provider and supplier types. But there are some requirements that vary, and it may be based on outpatient providers versus inpatient providers, and you will see some variations within the rule.

For example, outpatient providers are not required to have policies and procedures for the provision of subsistence needs. The rule talks about outpatient providers, again, we would hope that during an – in a disaster, either facilities or outpatient providers would be able to close enough in advance so that they would not need to shelter in place and would not be required to have subsistence needs available.

Home health agencies and hospices, they have a variant that requires them to inform officials of patients that are in need of evacuation. Long-term care and psych residential treatment facilities must share information from their emergency plan with residents and family members or representatives.

So, you will see different variances across the different provider and supplier types. So, if you see something and if you're within a health system that has many different types of providers and suppliers and one type of provider within your system has a different requirement than another, that's okay. It is probably one of these variances that you will see.

So at this time, I am going to turn over the presentation to CeCe Blondiaux, who is going to talk to you about the training and testing and exercise requirements.

Training and Testing Exercise Requirements

Caecilia Blondiaux: Thank you, Lisa.

So, just touching based on what Lisa mentioned earlier, the final rule became effective on November 16th – I mean, November 15th, 2016, with a 1-year delay in implementation to provide the providers and suppliers affected the opportunity to come into compliance. Therefore, the training and testing requirements of the final rule must be implemented by November 15th, and the facilities must be able to demonstrate completion of the training and testing requirements during surveys that take place starting on November 16th of this year and thereafter.

We did receive several inquiries about what is considered annual. So, what we wanted to clarify is that annual will be considered within 12 months' timeframe from when the last exercise was completed.

For instance, if a facility completed a full-scale exercise on October 1st, 2017, then they must complete another exercise or the two exercises before September 30th, 2018. But, this is also to clarify that between the effective date, which was November last year, and this year, they must complete the two exercises.

So, we'll get into slide – I'll just go ahead and skip to slide 13, which means, again, like I said, the implementation date is November 15th of this year. And facilities have to conduct additional exercises that may include, but are not limited to, a full-scale exercise, a tabletop exercise.

Slide 14. We'll discuss the facility-based exercise and a full-scale exercise. So, on this slide, you will see the definitions and differences on what CMS considers a facility-based

exercise and a full-scale exercise. Facility-based includes, but is not limited to, hazard-specific facility-based – on the geographical location, resident population, facility type and surrounding community assets.

A full-scale is an operations-based exercise, which typically involves multiple agencies such as your local emergency management officials and disciplines, and incorporates the requirements for facilities to coordinate with their State and local emergency officials. So the final rule requires facilities to participate in a full-scale exercise that is community-based or, when not available or accessible, the facility must conduct an individual-based facility exercise.

So you'll see on slide 15 there's a definition for what we consider a tabletop exercise. It varies. Different sectors have different definitions. But for these requirements, please reference these definitions, which will also be included in our interpretive guidelines.

So, skipping to the term "community," we've also received a lot of inquiries on the word "community." If you reference page 63892 of the final rule, it specifically states that we don't define community to afford providers and suppliers the flexibility to develop emergency exercises that reflect their risk assessments.

This can mean multi-State regions. The goal behind the full-scale exercises and broad term of "community" is to ensure health care providers collaborate with other entities and, when possible, promote an integrated response to disasters.

By allowing this flexibility, especially taking into account rural areas, facilities are able to more realistically reflect the risks and composition of their communities.

Additionally, facilities should actively engage their emergency officials and also their health care coalitions in their States to see if there's any opportunities for community-wide exercise. This will allow for the facility to access their emergency plan – assess their emergency plan but, also, better understand how they can contribute during an emergency in their community.

Facilities which are not able to coordinate a full-scale community-based exercise can instead meet this requirement by conducting the individual-based exercise. In this case, facilities that – such as a long-term care facility, a hospital, and an ESRD all given within

one area – it may be less burdensome for them to coordinate together to conduct an exercise with all of these facilities involved.

Ultimately, though, it's the individual facility-based exercise. So, the – when – upon survey, the – it's up to the facility to demonstrate compliance that they have met the requirements of the rule.

So, then, skipping over to slide 17. Again, we're letting you know not to wait on the interpretive guidelines to start completing this, especially when it comes to the training and testing. As we know, there's coordination that needs to happen between your State, your local officials with your facilities.

And then, for slide 17, you can see that the *Federal Register* even states that facilities do not require the interpretive guidelines in order to implement these regulatory requirements.

Again, moving on to slide 18. We just want to ensure that everybody becomes – is aware that they need to be in compliance by November 15th of this year. We also want to address some inquiries we've gotten from facilities to activate their emergency plan for real-world emergencies.

If a facility experienced an actual natural or man-made emergency that required activation of its emergency plan, it will be exempt from engaging in a community or individual facility-based full-scale exercise for 1 year following the onset of the actual event.

Depending on the specific training and testing requirements for the provider and supplier types and the specific requirements for that provider and supplier type, the facility may still need to conduct a tabletop exercise in the event requirements call for one tabletop exercise and one full-scale exercise.

On slide 19, you'll see we have a link that links you to our emergency prep website, which we have dedicated an area to the emergency preparedness rule. There you'll find questions and answers as well as our website, which will be at the end of the slide, for followup questions and concerns.

The website also links you to who this rule affects along with a link to our colleagues over at ASPR TRACIE, who have been a tremendous help in helping us with technical assistance requests. So if you have “I don’t know how to draft a communication plan” or “Can we provide a template for a risk assessment,” our colleagues at ASPR have been phenomenal at giving you all of that information. So feel free to reach out to them as well.

And, then, I’ll turn it over to Hazeline to – for the questions and answers.

Keypad Polling

Hazeline Roulac: Thank you, CeCe. In just a moment, we will start the question-and-answer portion of our call. But before we do, we will pause to complete keypad polling so that CMS has an accurate count of the number of participants on the line with us today. There will be a few moments of silence while we tabulate the results. Holley, we are ready to start polling.

Operator: CMS appreciates that you minimize the Government’s teleconference expense by listening to these calls together using one phone line. At this time, please use your telephone keypad and enter the number of participants that are currently listening in. If you are the only person in the room, enter one.

If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter nine.

Again, if you are the only person in the room, enter one. If there are between two and eight of you listening in, enter the corresponding number. If there are nine or more of you in the room, enter nine.

Please hold while we complete the polling. Please continue to hold while we complete the polling.

Please continue to hold while we complete the polling. Please continue to hold while we complete the polling. Again, please hold while we complete the polling. Thank you for your participation. I’ll now turn the call back over to Hazeline Roulac.

Question-and-Answer Session

Hazeline Roulac: Thank you, Holley.

We will now move into our question-and-answer session portion of the call. But before we begin taking your questions, our subject matter experts will address a few questions submitted by you during the registration process. I will now turn the call back over to Lisa.

Lisa Marunycz: Thank you.

Hi, everyone. This is Lisa Marunycz again from the Survey and Certification Group here at central office in CMS. I want to point out, because I know this is a million-dollar question, to tell you that we do appreciate everyone's interest in questions about when the interpretive guidelines will be published.

What we can tell you is that CMS is currently working on finalizing the interpretive guidelines to accompany the final rule as well as surveyor training, and we are not able to provide a timeline for release of both of these. However, we will notify you when the interpretive guidelines have published and when training will be available. So, we just want to put that up front, get that on the table, because that is probably the most-asked question we receive.

So on to the questions that were submitted through the registration process. We received an overwhelming number of questions that we could not possibly respond to every single one individually during the call. So we are going to – or I will at this time attempt to answer the questions in general based on the trends and themes that we saw in all of the questions we received.

So we have gotten this question many times. What types of facilities does the rule apply to? Again, you have to go back to the final rule and look to see if your specific provider or supplier type is included in that final rule. There are 17 different types of providers and suppliers, from hospitals to nursing homes to religious non-medical health care institutions, Federally Qualified Health Centers.

There are many, many types of facilities. You need to check with your administrative officers, your CEOs in your facilities to verify whether or not your facility is categorized

or classified and/or certified as one of those 17 different types of providers and suppliers that this rule applies to.

Effective – and the implementation dates – we will go through that one more time. We receive this quite a bit. I know CeCe covered it. The rule is effective – it was effective as of November 2016. The implementation date is November 15th, 2017, of this year, meaning that is the time when surveyors will start to survey and assess this condition of participation and can cite for noncompliance, which means on that date, everyone must be ready to be in compliance.

If there is not compliance, the – in general, the normal standard enforcement procedures will be in effect as if they were for any other type of noncompliance citation for a hospital, a CAH, a nursing home. That does not change.

So we were asked if there are any exceptions to this rule for rural or small facilities. And the easy answer is no. There are no exceptions to this final rule for any providers or suppliers.

We also have seen many questions come in and also through the registration process of whether the Joint Commission or other accrediting organization's emergency requirements meet the CMS requirements of the new final rule for emergency preparedness.

At this time, we cannot give you – we cannot say yes or no. And the reason being is that whenever there are any type of new regulations that are put into effect, accrediting organizations must submit their standards that meet or exceed the standards of the new published rule. And there is a process for that that we review here and we either say yes, they have met our standards or have exceeded them. So, at this point, we can't say whether or not they have met or exceeded those standards at this time.

Who will survey for this and how will they cite? The health and safety surveyors, as always, that would come to your particular facility will be the surveyors who will survey this particular requirement and will cite as they normally would cite any other type of condition or requirement for your facility.

Now, I want to talk about the health systems and integrated emergency plan requirement of the rule. And this is an optional requirement. So, the final rule incorporated what's called integrated health care systems of standard.

And we've received many questions about this. And through those questions, what we have seen is there is a great deal of confusion of what is really – what constitutes a health care system as opposed to a certified facility that has many locations of that facility. And there is a very distinct difference, and it has major implications.

And, so, a health care system is made up of many separately certified facilities. So, under the standards – it is an optional – it's an option – a facility does not have to participate in an integrated health system emergency plan.

We are giving you the option. But within that, the different separately certified, meaning separate CCN numbers – that is the key – separate CCN numbers, it's a separately certified facility – those different facilities within that system can opt to come together and put an integrated plan together through the system.

For an example that is on the other side that more people have confusion – if there is a certified hospital and they have 15 other locations of that hospital – it could be clinics, it could be another inpatient location – whatever it is – it could be an off-campus emergency department, but they're all part of the hospital operating under that CCN, that is not a health system. That is one provider, the hospital, with many locations, and they all have to be in alignment with one emergency plan under that hospital's plan.

Now, that hospital, if it is part of a bigger system, can certainly then become part of an integrated plan. But you have to understand, you know, we get a lot of questions that say, "We are a doctor's office," or "We're a clinic, and do we have to abide by this and can we be part of the integrated plan with our health system?" The answer from us is, "Well, we don't know because we really don't know what your situation is."

You have to go back and check with your facility and know is that – is your location, your clinic, your off-campus ED – is that location part of an – of a hospital, a CAH, whatever it is under that particular CCN, is all one large entity? You have to know that. And if it is, you – that is part of that hospital, and you have to be part of that plan.

But if it's a separately certified type of facility, then you have to meet it separately. And if you are a part of a health system, then by all means, if your system is opting for this integrated health care system emergency plan, then look into it. But you have to understand and you have to know whether or not your location, clinic, facility, whatever it is – how is that certified under Medicare?

Is it a separately certified facility, or is your, I guess, place of business location part of another facility operating under one CCN, because that makes a lot of difference? So, with that said, I am ready to turn it back over to Hazeline.

Hazeline Roulac: Well, thank you, Lisa.

We ready to start the question-and-answer session. I want to remind everyone that this call is being recorded and transcribed. Before asking your question, please give you name and the name of your organization. In an effort to get to as many of your questions as possible, we ask that you limit your question to just one.

If you would like to ask a follow-up question or have more than one question, you may press star, one to get back into the queue, and we'll address additional questions as time permits. All right, Holley. We are ready to take our first question.

Operator: To ask a question, press star followed by the number one on your touch-tone phone. To remove yourself from the queue, please press the pound key. Remember to pick up your handset before asking your question to assure clarity. Please note your lines will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference.

Our first question comes from the line of Jocelyn Montgomery.

Jocelyn Montgomery: Hi. Thanks for the overview. My question is basically for skilled nursing facilities and IIDs who are going to be – there's – they're really plentiful in a community and, I think there will be commonly limits to how many of them can play along in a community-based exercise.

So many of them will be doing facility-based. But I feel like we need more definition in terms of facility-based exercise, which is how it's been referred to, and the difference between a full-scale, functional, and a drill. And for instance, if a functional exercise

suffices, that has to do with actually operating or operationalizing some aspect of the plan and performing the actions and having that...

Caecilia Blondiaux: Hi, Jocelyn. This is CeCe So, I will just answer for – again, more definitions will come out with our interpretive guidelines. Again, we refer you to the FAQs on our website that address some of these. But facilities that conduct an individual-based exercise – they’re – that’s considered they can demonstrate compliance by showing, for instance, that any risk that’s in their risk assessment.

So, for instance, if you’re doing a facility-based exercise and part of your disaster risk assessment is flooding. which would cause for the facility to do a full evacuation – so, an individual-based exercise for a nursing home, for instance, is saying, “Hey, for this year, we’re going to test a full evacuation of our facility. That would be an individual-based facility exercise.

Operator: Our next question will come from the line of Sue Wolf-Fordham.

Sue Wolf-Fordham: Hi. I have a question about slides 12 and 13 because I’m still not sure I understand the training and testing requirements. So, I’m going to say what I think this is, and if you could let me know that I’m being correct. So, first, all of the staff have to be trained on the emergency plan and policies.

Then, there has to be participation in either a full-scale community-based exercise or, depending on circumstances, a full-scale facility-based exercise. And, then, am I right that the third piece of this is there has to be an additional exercise that may include a full-scale exercise or it may include a tabletop? Do I have that right?

Caecilia Blondiaux: Hi. This is CeCe again. So, you are correct in terms of your staff training requirements. It would be implied that your facility, when they develop this program, that all staff are trained on emergency policies and procedures.

As to the training and testing program, it asks that facilities participate in a full-based exercise that is community-based or, when not accessible, they do an individual facility-based exercise, which is what we just covered. And then it says conduct an additional exercise that may include, but is not limited to, a second full-scale exercise or a tabletop exercise.

So, for instance, if your facility goes and does a full-scale exercise at the individual-based level and does, like I mentioned previously, a full evacuation drill, they can go ahead and do their second, if required by – under their provider and supplier type, a second full-scale exercise that might test something like a shelter in place or they can go ahead and do a tabletop exercise that includes group discussion led by a facilitator using a narrated clinically relevant emergency scenario. So, for instance, you might have an influx of patients. How do you deal with that? That could be a tabletop exercise.

Operator: Our next question is going to come from the line of Charlotte Roy.

Charlotte Roy: Hi. I want to thank you, first of all, for your time today. A question on slide 8 and also in the regulations about developing and implementing policies and procedures. Typically, in hospitals – and I work in a hospital – we conduct risk assessments and we have a plan based on that which includes the procedures.

I'm really hesitant to break this down into policy form because you'll have a lot of redundancy with information in two places and, typically, one never ends up getting updated. So, if we have a plan which includes evacuation, shelter, tracking patients, etc., will that be compliant?

Lisa Marunycz: Hi. This is Lisa. It will need to be a policy. The regulation is very specific. It says a policy. We've had questions about operating procedures, can those be in lieu of policies? No. The answer is there must be a policy. And that is – and it's, you know – and as you said, you know, as – you know, it's hard sometimes for policies to be updated.

But the rule does say that policies and procedures are to be updated annually. So, now, you know, you might as well include all your other policies in your annual review of these ones because an actual policy is required by the regulation and it must be reviewed and updated on an annual basis.

Operator: And our next question is going to come from the line of Raymond Cavazos.

Raymond Cavazos: Hi. This is Raymond Cavazos, I'm with the Children's Hospital of San Antonio. We are an ESRD facility within a hospital. So we have actually a different CCN from the hospital for the dialysis facility.

Do we – will we still fall under the hospital for all of their emergency policies and emergency plans? Like we were part of a community drill recently with the hospital. Will that count for us? Or will we have to do a separate one since we have a different number?

Caecilia Blondiaux: Yes. Since you're a different CCN and you're a certified as an ESRD, you'd have to meet the requirements for an ESRD.

Raymond Cavazos: Okay.

Operator: And our next question is going to come from the line of Timothy Kornacki.

Timothy Kornacki: Hi. My question pertains to the annual training requirement. So, the language seems somewhat vague. Staff must demonstrate knowledge of emergency procedures annually. I guess my question – we have over 10,000 employees within our health care system. We train them upon hire in the basics of emergency preparedness within our own organization.

And then, annually, they certainly touch on a refresher of emergency procedures, our code system, recognizing hazmat, evacuation, etc. But with 10,000 employees, we don't take them necessarily for a half day, sit down with them in, you know, 80-, 90-, 100-page procedures and plans and work through that with them. So my question is, how far into the weeds does that annual training requirement have to get?

Caecilia Blondiaux: Hi. Thank you for your question. This is CeCe. So, I think it's important to note that all staff should be trained. So if a surveyor were to go into a facility and randomly interview a staff member and say, "Hey, do you know how to evacuate the building," they should be able to demonstrate some kind of compliance or knowledge that they know how to evacuate the building.

And additional to that, when a surveyor – and, again, this will come out in interpretive guidelines. You know, more clarification will be there. But, it's up to the facility to demonstrate compliance with this requirement. So if you have training, sign-in rosters, or something along those lines that can show that, you know, staff have actually been trained, then, you know, that's one way of looking at it.

Operator: And our next question is going to come from the line of Cindy Davidson.

Cindy Davidson: Yes. My question is about documentation. For the hospitals, obviously, we follow HCEP. We do instant action plans. We have after-action review and improvement plans. For these outpatient facilities, what is the expectation of the documentation for their drills?

Hello?

Lisa Marunycz: Hi. This is Lisa. Outpatient facilities – it's going to be the same for any facility. You have to just show some form of documentation. The guidance – or the rule and the preamble are not explicit, and it actually says We are not dictating or specifying the type of – the format of the documentation. So, it is really up to the facility to decide how they feel that they can demonstrate compliance with the rule.

Cindy Davidson: I'm just thinking that that's very – it's going to be very difficult in trying to train some of these facilities who are very new to even having an emergency management plan. That's going to be very difficult for them to figure out, what is it that they're putting down.

Lisa Marunycz: Hi. This is Lisa again. We understand, and we do hear, you know, the anxiety that you and I'm sure others have. And all we can say is that, again, more information will be coming in guidance.

But please, do not wait for the guidance. And it sounds like you are already doing what you need to be doing and looking through the rule and trying to get prepared. But, you know, it just – it has to be done. Even for those facilities that are not used to this requirement, it is a requirement now that must be complied with.

Cindy Davidson: Thank you.

Hazeline Roulac: Thank you for your question.

Operator: Our next question is going to come from the line of Ron Stewart.

Ron Stewart: Yes. Just quickly, could you tell me the site or the abbreviation or how to find ASPR?

Caecilia Blondiaux: So it is going to be – this is CeCe. I’m sorry.

Ron Stewart: That’s Okay.

Caecilia Blondiaux: On the last slide of the presentation, on slide 19, you will see our CMS website.

Ron Stewart: Yes.

Caecilia Blondiaux: You can click on that. If you go under the Emergency Preparedness Rule under the Important Links section...

Ron Stewart: Yes.

Caecilia Blondiaux: ...of the page, there should be a link that says, “ASPR TRACIE,” which stands for...

Ron Stewart: Right.

Caecilia Blondiaux: ...the Technical Resources Assistance Center and Information Exchange.

Ron Stewart: Thank you so much.

Caecilia Blondiaux: You’re welcome.

Operator: And our next question is going to come from the line of Antonio Vargas.

Antonio Vargas: Hi. Good afternoon. Thank you for your time. As it pertains to skilled nursing facilities, we have a facility that has approximately 160 residents ranging from completely ambulatory to bedbound.

Some of these patients, in order to do a full-scale evacuation – it’s possible – however, it’s a lot of stress on patients. Is it possible to demonstrate the full-scale evacuation or the full-scale demonstration by just using one wing or closing down – evacuating one wing of the facility? Would that meet the requirement?

Caecilia Blondiaux: Hi. This is CeCe. And previously, when I spoke to you, a full-scale evacuation, I meant that as an example. So, it really has to be based on your emergency plan and risk assessment. Now, if you have patients that are of different, you know, needs of services – for instance, you can say the more ambulatory ones – we’re going to focus on them for a training exercise and then, you know, subsequently focus on another wing – those types of things.

We’re not being specific on how you actually have to evacuate and those types of areas. We’re just – you have to meet the requirements within the regulation. So, it addresses – it should address in your policies and procedures as well as your risk assessment and emergency plan the patient population.

Antonio Vargas: Okay. And lastly, you mentioned something about we must share the information with family and representatives. Is that more of a poster we can post or do we just make the emergency preparedness manual accessible? Or, what’s your experience in that realm?

Caecilia Blondiaux: This is CeCe again. And, again, more guidance will come out with our interpretive guidelines. I will say, you know, we’re – the regulation isn’t very specific on what type of information has to be shared. So, I would just reference back to you the nursing home requirements for sharing information and just make sure it doesn’t violate HIPAA laws and protects patient safety.

Operator: And our next question is going to come from the line of Linda Brady.

Linda Brady: My question has been answered. Thank you.

Operator: Our next question is going to come from the line of Bill White.

Bill White: Hello. My question was on slide 11, home health and hospice. It says that patients that are in need of evacuation, we have to let officials know about that. And we had an event not too long ago where we did have a big evacuation. But my question is, how is that really supposed to be accomplished?

Is there going to be a timeframe or something? Because some of our patients, when we call them, they’re telling us, we think we are going to be able to or trying to get it together and then we call them back in a half hour to find out if they’re gone or not. And

then, of course, there's a huge number you can't reach when people are trying to evacuate. Is there more stuff coming out on that?

Hazeline Roulac: Just one moment.

Lisa Marunycz: Hi. This is Lisa. To answer your question about a timeframe, the regulation does not specify a timeframe for notification. So, I mean, it sounds like what you're doing already, you know, you do – make the calls and, you know, do the best that you can.

You can only do what you can in an emergency. But there are – there's no specific requirement of a timeframe, whether you wait 5 minutes or an hour to communicate this information to officials. So that's – there really isn't any more guidance about that right now.

Bill White: Okay. Just as a side note, when we called some of our emergency operation centers and staff like that and told them this was a new regulation so, we'd be calling them, their answer was – a lot of them – “Why? Why are you doing that to us? We're going to get inundated. What are we supposed to do with that information?” And I said, “Well, that's our regulation. We have to do it. I don't – what you do with it will be up to you.”

Lisa Marunycz: Absolutely. We don't have the jurisdiction over the States, region – I mean, the local, you know, emergency officials. So, this regulation – you know, we don't want to lose the intent of the regulation, is to try to do our best to collaborate and coordinate with local officials. So in the event of an emergency, if they're able and willing to help throughout this entire program and regulation that, you know, we're doing our best to make sure that patients are protected and can be evacuated.

Bill White: Thank you.

Operator: And our next question is going to come from the line of Jack Finkelstein.

Jack Finkelstein: Hi. Good afternoon. Yes. I was just wondering about what type of penalties can be imposed for noncompliance. Is it monetary? Is it some type of restriction? Because that's the kind of thing that the uppers would like to know.

Caecilia Blondiaux: I understand. This is CeCe. So, again, this type of guidance will come out with our interpretive guidelines. We're not being specific as to what imposition will be placed on facilities or, you know, providers at this time for noncompliance.

However, that information will be forthcoming. As we mentioned before, we are – each noncompliance that is cited will follow the general process. So, however hospitals cite another condition at this time, it will follow that process. For nursing homes, it will follow the nursing home process. So we're not changing any survey process. We're just – it's just one consolidated requirement, in essence.

Lisa Marunycz: Right. And this is Lisa. To piggyback onto that, again, you know, it's a condition of participation, a requirement or a condition for coverage. So it's like anything else. If you were out of compliance with, say, nursing services or medical records services, you'd be cited for that. You'd have to submit a plan of correction. And if you don't come into compliance, you risk termination of your provider agreement.

Jack Finkelstein: That's what I need to let them know so that they figure out how important that is. Thank you very much.

Caecilia Blondiaux: You're welcome.

Lisa Marunycz: You're welcome.

Operator: And our next question is going to come from the line of Rebecca Vosberg.

(Male on participant line): There are 20 people coming in.

(Multiple people): (Inaudible).

(Male on caller line): I already had calls from...

Operator: That question's been withdrawn. Our next question will come from the line of Henry Rosales.

Henry Rosales: Hi. Good afternoon. Our agency is a home health agency and is Joint Commission–accredited. Does that mean that the one who will survey us for compliance with this standard is from the Joint Commission? Or are we expecting another surveyor?

Caecilia Blondiaux: Hi. This is CeCe. It will be the Joint Commission. If you're accredited through the Joint Commission, you know, you'll be surveyed as with any other survey process. But it's important to note that, you know, any accrediting organization is going to have to meet or exceed our standards within this rule.

Henry Rosales: Okay. Thank you.

Operator: And our next question is going to come from the line of Edward Colson.

Edward Colson: Hi. Yes. Thank you for all the information here. In regards to – we do the full-scale exercise but, then, the second optional is tabletop via facilitator. Does the facilitator have to be within the organization or does that have to come from outside like an emergency management agency or so?

Caecilia Blondiaux: Hi. This is CeCe. And, no, we're not being specific on who the actual facilitator needs to be as long as they have some kind of general understanding of the facility, its patient population, and those types of things.

Edward Colson: Okay. Perfect. Thank you.

Operator: Our next question is going to come from the line of Lisa Robinson.

Lisa Robinson: Hi. Can you please define shelter in place plan? Do you – are you – meaning a restricted access for civil unrest or are you implying a plan for sheltering in place for an environmental hazard that would require us to shut down an HVAC system. And this is in regards to either a hospital or an outpatient clinic.

Lisa Marunycz: Hi. This is Lisa. Whatever your emergency is, if you feel that it is – you know, if it's the best plan of action to shelter in place, no matter what type of emergency, whether it's civil unrest or, you know, weather-related, that is up to the facility to decide if you would shelter in place.

Hazeline Roulac: Hi, Holley. We have time for one more question.

Operator: All right, our final question, then, will come from the line of Patrick Robertson.

Patrick Robertson: Good afternoon. I'm a behavioral health hospital. We get – Joint Commission does our piece as far as the surveys and that kind of thing. But I was wondering, because it was mentioned earlier about the deeming authorities having to reach out to CMS and get their standards validated that they comply.

So when are the deeming authorities – or what's the date that the deeming authorities have to have that completed? My fear is we're due a survey, and the surveyors show up after November 16th of this year.

They may take CMS documentation and hold that to us when they haven't even identified, you know, what we're using. And so, we could be caught in a situation where we're trying to comply to both. So what is that date or when is the due date for the deeming authorities to have theirs validated?

Lisa Marunycz: Hi. This is Lisa. At this time, we do not have a date. And when we have information, it will be broadcast.

Patrick Robertson: Okay.

Hazeline Roulac: Thank you for your question.

Additional Information

So we realized that there are a lot of questions out there about this topic, and we're sorry we're not able to get to all of the questions today. Unfortunately, that's all the time we have for questions. If we did not get to your question, you can email it to the address that is listed on slide 21 of the presentation.

If you missed any information presented today or would like to review again, an audio recording and written transcript of today's call will be posted to the MLN Connects Call website in approximately 2 weeks. We will place an announcement in the MLN Connects newsletter, and you will receive an email when these resources are available.

On slide 23 of the presentation, you will find information and a URL to evaluate your experience with today's call. Evaluations are anonymous, confidential, and voluntary. We hope you will take a few moments to evaluate your call experience.

This document has been edited for spelling and punctuation errors.

Again, my name is Hazeline Roulac. I would like to thank our presenters and thank you, our participants, for joining us for today's presentation on the Emergency Preparedness Requirements Final Rule Training. Have a great day, everyone.

Operator: This concludes today's call. Presenters, please hold.

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