

Provider Type	Subject Type	Question Submitted	Answer
Answers Provided During the Webinar			
ALL	General related to Webinar	What does this entail?	This webinar will cover the Emergency Preparedness Final Rule, what we are seeing after several months of surveys; it will cover the 1135 waiver process and contact information; best practices and lessons learned from recent disasters as well as highlight resources available. We are working to ensure that the recording will be posted somewhere publically, but that is yet to be determined.
ALL	General related to Webinar	I have a simple question related to proof of attendance for the Hurricane program offered earlier. How do we obtain a proof of attendance to the webinar? I'm sure CMS will require this documentation as part of the preparedness.	You can print your registration confirmation or a screenshot. However, I do want to be clear that this webinar on the 19th is geared to providers and suppliers affected by the EP Final Rule, but does not count for any preparedness training exercises as outlines within the requirements of the rule. This webinar is for an overview of the rule, the requirements, process for 1135 waivers, lessons learned and resources. It is not intended to serve as an exercise of proof of training on the emergency plan, as those are required to be done based on a facility's risk assessment and individual facility plan.
ALL	General related to Webinar	We received a question asking if this webinar counts as your facility's "training" requirement under the Final Rule	No, it will not count as part of the facility's training. This is solely informational and to provide additional assistance, clarity and provide resources.
ALL	General related to Webinar	Is the RO's role only applicable in designated emergencies, or are they available for questions / guidance in more limited localized emergency situations?	The CMS Regional Office is available for both designated emergencies as well as more limited localized emergency situations. CMS ROs work in conjunction with State Survey Agencies. Provider and supplier communication with the State Agency regarding localized emergency situations is critical. Providers and suppliers can also reach out to their CMS Regional Office for guidance related to continuing compliance with Medicare requirements during challenging situations.
ALL	All Hazards Planning	Can you provide more input on there is a lack of understanding of ALL HAZARDS approach—they are primarily concerned with hurricanes? What else should we be prepared for?	Per our definition of all-hazards, this isn't limited to natural disasters. Facilities need to take into consideration their geographical area but also the current environment. We've seen issues such as the Ransomware attacks; Active Shooter situations; individual facility incidents. This all should be considered in facilities mapping their emergency risk assessments.
ALL	Policies and Procedures	What specific information needs to be shared with residents and families about our emergency prep plan? Any tips or advice for how to communicate information within the Emergency Plan with families and residents? Is there specific information that should be shared?	There should a policy in place to communicate what the facility's program entails. It doesn't need to be too specific, nor does the rule specify how this needs to be documented, however residents and family members should know in the event of a community disaster- such as in the event of an evacuation, the facility will notify the family members of the condition of their loved one, evacuated location, etc. Additional considerations should include the basics on fire drill evacuation rally point, or contact information for family members to contact the facility. Some facilities have pamphlets for residents and family members that provide some of these details.

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ALL	Training	Provide additional clarity on Post Action Reviews	Some providers are required to: Analyze the [facility's] response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the [facility's] emergency plan, as needed. There is not specific format for the AARs or how these should be conducted. Some facilities which were affected in Hurricane Harvey and Irma, conducted a review process with their local emergency officials or healthcare coalitions. This is acceptable, however they need to provide written documentation at the time of the survey showing this was conducted.
ALL	Training	Participation in Coalitions (two different coalitions with different geographic borders which causes affiliation confusion/inabilities)	We've encouraged facilities to link with their healthcare coalitions in their state. Our website has a list of the different healthcare coalitions per state. We are not requiring participation, however healthcare coalitions by nature require certain facility types, health departments, emergency management agencies, which helps ensure that the key players are involved in planning, and also supports the full-scale exercises.
ALL	Training	Can facilities participate in 2 tabletop exercise to satisfy exercise requirement?	No. The requirement is a full scale exercise or individual facility based exercise and the 2nd exercise of either another full-scale, individual facility based exercise, or table top.
ALL	Training	Are facilities only exempt from the full scale exercise for that year only if impacted by natural disaster?	Facilities must show that they activated their emergency preparedness plan. It is not limited to natural disaster, but can be for mass surge incidents such as a result of a mass shooting; infectious disease outbreak, etc. However it would not count for activating the plan as part of testing, such as during a fire drill.
ALL	Training	Hospitals are still asking what the expectation is regarding providing EP training to volunteers and vendors. Could you please elaborate? Hospitals want to be in compliance but are not sure what is expected.	Training for volunteers and vendors should be on the policies and procedures. They should receive the basic initial type of training as new staff receive. If a disaster occurred in the facility, does the volunteer know who to contact, their responsibilities, where to go, etc.? They need to have some training, which facilities can do via a handout, or other method, but the expectation would be volunteers know.
ALL	Training	What are the standards used by CMS to determine compliance or lack thereof with the requirement for "full-scale community based" exercises regarding whether or not a community based exercise is available? For example, will the "simple" refusal of the responding police, fire, EMS, and emergency management agencies for the jurisdiction in which the facility resides (so long as it's verified in writing) be sufficient, even if it may be not a "1 year, 1 time thing", but could be the case for 5-10 years?	If there are local and state limitation on support that the emergency officials are able to provide for a full-scale exercises, facilities are required to document their efforts for coordination AND complete the individual facility based exercise.

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Questions Received After Webinar			
ALL	General	Emergency Preparedness seems to be a hat many directors wear, but the updates are a job in their own. Is there a recommendation, based off staff size or square footage for the number of dedicated Emergency Preparedness employees?	The number of employees which a provider or supplier dedicates to Emergency Preparedness is a decision of the provider or supplier.
ALL	General	Does the Final Rule apply to community pharmacies as providers of care to patients?	The EP Final Rule applies to 17 provider and supplier types which participate in Medicare: 1. Hospitals; 2. Religious Nonmedical Health Care Institutions (RNHCIs); 3. Ambulatory Surgical Centers (ASCs); 4. Hospices; 5. Psychiatric Residential Treatment Facilities (PRTFs); 6. All-Inclusive Care for the Elderly (PACE); 7. Transplant Centers; 8. Long-Term Care (LTC) Facilities; 9. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID); 10. Home Health Agencies (HHAs); 11. Comprehensive Outpatient Rehabilitation Facilities (CORFs); 12. Critical Access Hospitals (CAHs); 13. Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services; 14. Community Mental Health Centers (CMHCs); 15. Organ Procurement Organizations (OPOs); 16. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs); and, 17. End-Stage Renal Disease (ESRD) Facilities.
ALL	1135 Waivers	Can we get some examples of when an 1135 waiver would be necessary? It sounds like it might be an unlikely and daunting process to get one. When explaining this to staff, I'm not sure how to demonstrate the application.	Due to the numerous Conditions of Participation and Conditions of Coverage covering certified providers and suppliers, we suggest you review the references we have provided such as https://www.cms.gov/Medicare/Provider-Enrollment and Certification/SurveyCertEmergPrep/Downloads-All-Hazards-FAQs.pdf .url. As mentioned in the presentation, common waivers have related to bed and stay limits on critical access hospitals, temporary patient/resident relocations, and MDS submissions.

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ALL	1135 Waivers	In reference to 1135 waivers, how would you suggest facilities go about developing their policies? If they base it on their top risks, would they simply address the type of waiver they may apply for in that situation?	<p>Overall, there is no specific form or document template. To be compliant with the requirement under the Emergency Preparedness Final Rule, you'll need to have <u>in writing</u> a policy and procedure for addressing your facility's awareness of the 1135 Waiver Process. This specific requirement under the Emergency Preparedness Final Rule addresses the scenario when an 1135 waiver is granted allowing services to be temporarily provided at an alternate site. These waivers are rarely granted. However, in the event that this specific waiver is granted, E-0026 looks for how would the facility would execute the transition from the facility to the alternate site and how it would ensure continuity of care.</p> <p>Some elements that could be considered and reflected (but not limited to) in the policies and procedures:</p> <ul style="list-style-type: none"> - Facility role in providing care and treatment at alternate site – for example: equipment and supplies, command and control, staffing - Collaboration with local officials – proactive planning, pre-designated site? Predestinated roles, emergency credentialing procedures for providers to practice at alternate site (if waiver does not cover provider licensure), - The procedure for applying for an 1135 waiver and contact information for Regional Office and State Survey Agency. <p>Overall, we would expect for facilities to be able to demonstrate through their policy and procedure, a general awareness of the 1135 waiver, whom they would contact to request a waiver at a minimum. A facility should consider what are their top risks, what types of waivers may be needed under these risks, research the relevant CFR Conditions of Participation or Conditions of Coverage, have knowledge of and update contacts with the Licensure and Survey State Agencies regarding state flexibilities vs. waivers. We recommend you download the information under https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.html, have a contact sheet for your Regional Office and State Survey Agency at a minimum. You can also reach out to the Regional Office to see if they have additional information for you.</p>
ALL	1135 Waivers	1135 Waiver... is there any place for this in home health?	Yes, please refer to website listed in question 18 for more information.
ALL	1135 Waivers	In the event of a natural disaster, EP was activated, but 1135 waiver was not requested. How will that affect compliance with CMS?	If a local or state disaster is declared, CMS will partner with your Licensure and Survey State Agency to see what impact has occurred and what can be resolved under current regulation or flexibilities.
ALL	1135 Waivers	I'm not sure if I'm clear about the waiver? Under what circumstances does a provider file for one?	Section 1135(b) of the Social Security Act permits CMS and its agents to waive or modify certain requirements, or modify certain deadlines and timetables for the performance of required activities, but only to the extent necessary to ensure that sufficient health care items and services are available to meet the needs of the individuals enrolled in Medicare, Medicaid, Children's Health Insurance Program, and to ensure that health care providers that furnish such items in good facility, but are unable to comply with one or more of the requirements, may be reimbursed and exempted from sanctions that might otherwise apply, absent any determination of fraud or abuse. Again, please review the CMS websites on Emergency Preparedness and other Resources referenced in the educational webinar. Also, it is helpful to network with you Licensure and State Survey Agencies, your provider associations, and health care coalitions, who can assist you in understanding applicability in your situation.

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ALL	1135 Waivers	Can a hospital transfer inpatients to an ASC in case of emergency? Would both parties complete the 1135 and when approved be able to bill for services?	In general, the answer is no – a hospital would not be able to transfer inpatients to an ASC in the case of an emergency. This is based on several factors including the definition of an ASC (distinct entity, exclusively providing surgical services 416.2), level of care, billing/reimbursement and site of service, etc. However, there are a lot of caveats to that question to consider: - Is the ASC a separately certified Medicare participating ASC or is it an outpatient surgical department of the hospital – if it is an HOPD then the issue of definitions and site of service may not be an issue at all - What type of “emergency” are we talking about? Is there an option for transfer to another acute care hospital - If an 1135 waiver is in place, CMS may be able to waive certain requirements (payment, health & safety regs, etc). -In the case of a disaster with an 1135 – there may be flexibility for a hospital to transfer patients to an ASC with similar capabilities – ie: general surgery patients could go to a general surgery ASC. If an 1135 waiver is in place – the situation, the ASC capabilities, and the individual patients would need to be evaluated on a case by case basis.
ALL	1135 Waivers	Do practices need to comply with the 1135 Waiver or only hospitals?	For the Final Rule, the requirement to have a policy and procedure addressing the 1135 Waiver and the facility role applies to all facilities, except: Transplant Centers, HHAs, CORFs, Clinics, Rehabilitation Agencies and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services, OPOs, RHCs/FQHCs.
ESRD	Training	If a facility is new and the first date of dialysis is 6/1/18, what is the timeframe for the facility have completed their initial table top exercise and the Full scale exercise?	Facilities are required to be able to demonstrate compliance with all CoPs/CfCs in their initial surveys for certification, which includes EP. Therefore as of 11/15/2017, facilities must demonstrate completion of their exercises on an annual year basis.
ICF/IID	Policies and Procedures	In an ICF/IID do we have to have a p&p for volunteers if the setting is 8 or less individuals?	During an emergency, a facility may need to accept volunteer support from individuals with varying levels of skills and training. The facility must have policies and procedures in place to facilitate this support regardless of the number of residents in an ICF/IID setting.
ESRD	Subsistence Needs	Is it the intention of CMS to have food supplies for an emergency for the entire dialysis population and staff members for days? If so how many days?	Not applicable to ESRD per Tag E15-NOTE: This does not apply to ASCs, Outpatient Hospice Providers [applies to inpatient hospices], Transplant Centers, HHA, CORFs, CMHCs, RHCs/FQHCs, ESRD facilities.
ALL	Generators	What do we know about generators being or not being required?	The guidance for alternate source power and emergency stand-by power systems can be found under Appendix Z of the State Operations Manual.