COMMUNITY HEALTH CARE ASSOCIATION of New York State

chcanys.org

2nd Annual Community Healthcare Emergency Preparedness Academy (CHEPA)

Planning for Electrical/Utility Failure through the Prism of the CMS Emergency Preparedness Final Rule

June 21, 2022

Welcome

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Sr. Director – Emergency Management

CHCANYS

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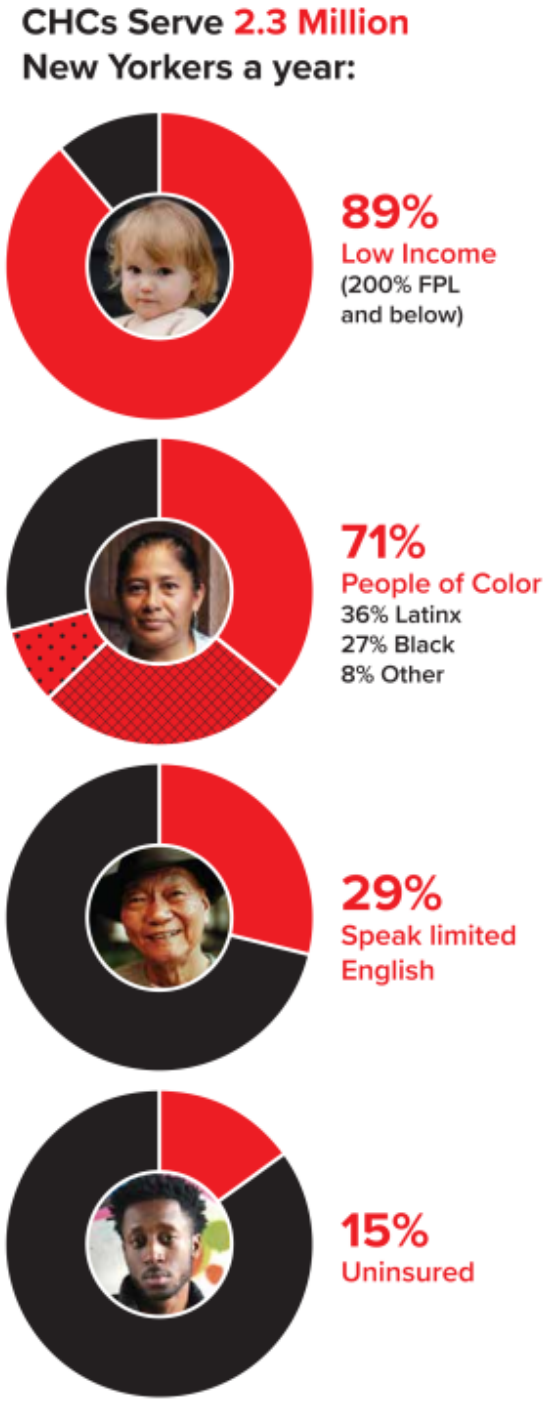
About CHCANYS

- The Community Health Care Association of New York State (CHCANYS) is New York's Primary Care Association (PCA), a membership organization representing New York's 70-plus Community Health Centers (CHCs). CHCs provide care for 1-in-9 New Yorkers at more than 800 locations across the state.
- CHCs are a "one-stop shop" for health care, providing high quality primary and preventive care and support services to all New Yorkers, regardless of their immigration status, insurance coverage, or ability to pay. Each CHC has a Board of Directors comprised primarily of people who live in the communities they serve.
- For almost 50 years, CHCANYS has represented a diverse membership, from the large metropolitan community health systems of New York City to the rural health centers of Upstate and Western New York, and everything in between.

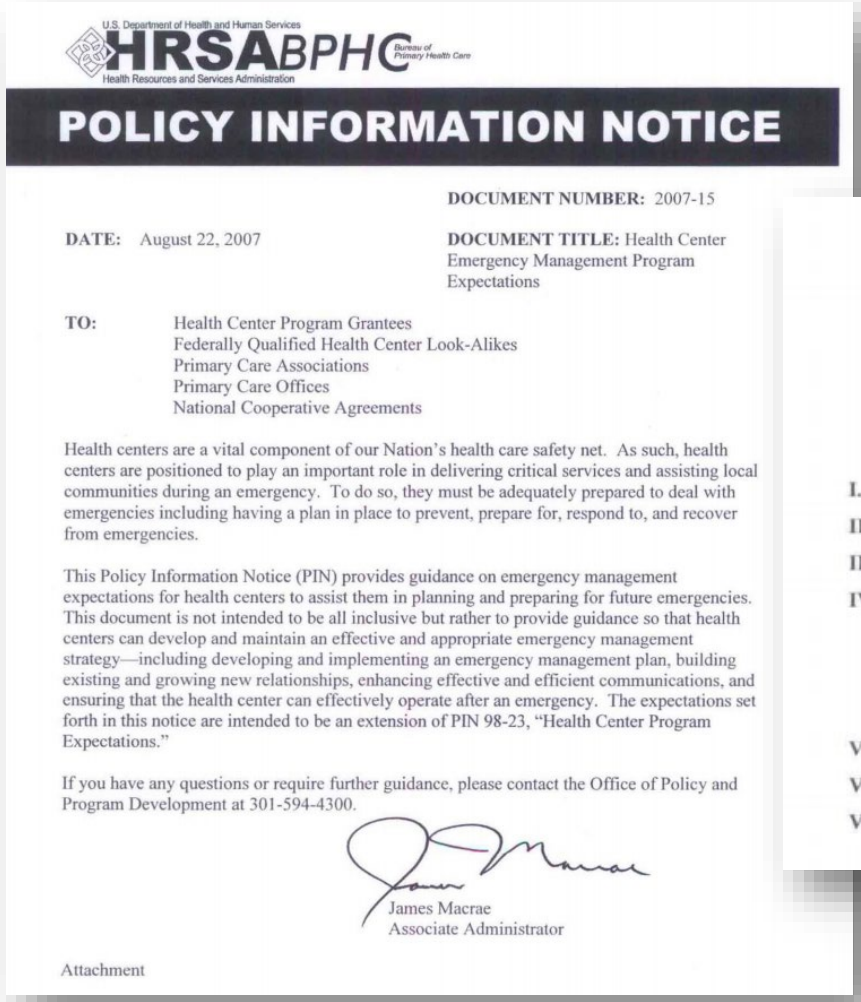


COMMUNITY HEALTH CARE ASSOCIATION of New York State

Regulatory Considerations for Emergency Preparedness

FQHC Perspective

PIN 2007-15 "Health Center Emergency Management Program Expectations"



U.S. Department of Health and Human Services
HRSA BPHC Bureau of Primary Health Care
Health Resources and Services Administration

POLICY INFORMATION NOTICE

DOCUMENT NUMBER: 2007-15

DATE: August 22, 2007

DOCUMENT TITLE: Health Center Emergency Management Program Expectations

TO: Health Center Program Grantees
Federally Qualified Health Center Look-Alikes
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

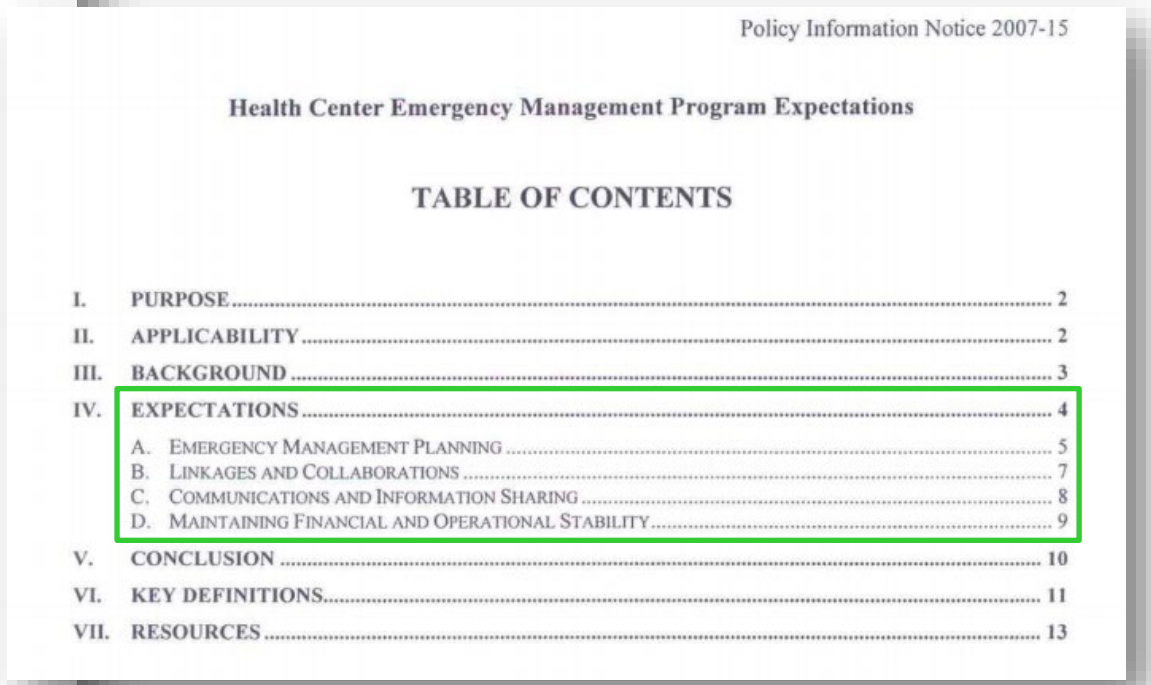
Health centers are a vital component of our Nation's health care safety net. As such, health centers are positioned to play an important role in delivering critical services and assisting local communities during an emergency. To do so, they must be adequately prepared to deal with emergencies including having a plan in place to prevent, prepare for, respond to, and recover from emergencies.

This Policy Information Notice (PIN) provides guidance on emergency management expectations for health centers to assist them in planning and preparing for future emergencies. This document is not intended to be all inclusive but rather to provide guidance so that health centers can develop and maintain an effective and appropriate emergency management strategy—including developing and implementing an emergency management plan, building existing and growing new relationships, enhancing effective and efficient communications, and ensuring that the health center can effectively operate after an emergency. The expectations set forth in this notice are intended to be an extension of PIN 98-23, "Health Center Program Expectations."

If you have any questions or require further guidance, please contact the Office of Policy and Program Development at 301-594-4300.

James Macrae
Associate Administrator

Attachment



Health Center Emergency Management Program Expectations

TABLE OF CONTENTS

Federally Qualified Health Centers (FQHCs) in the Medicare Program

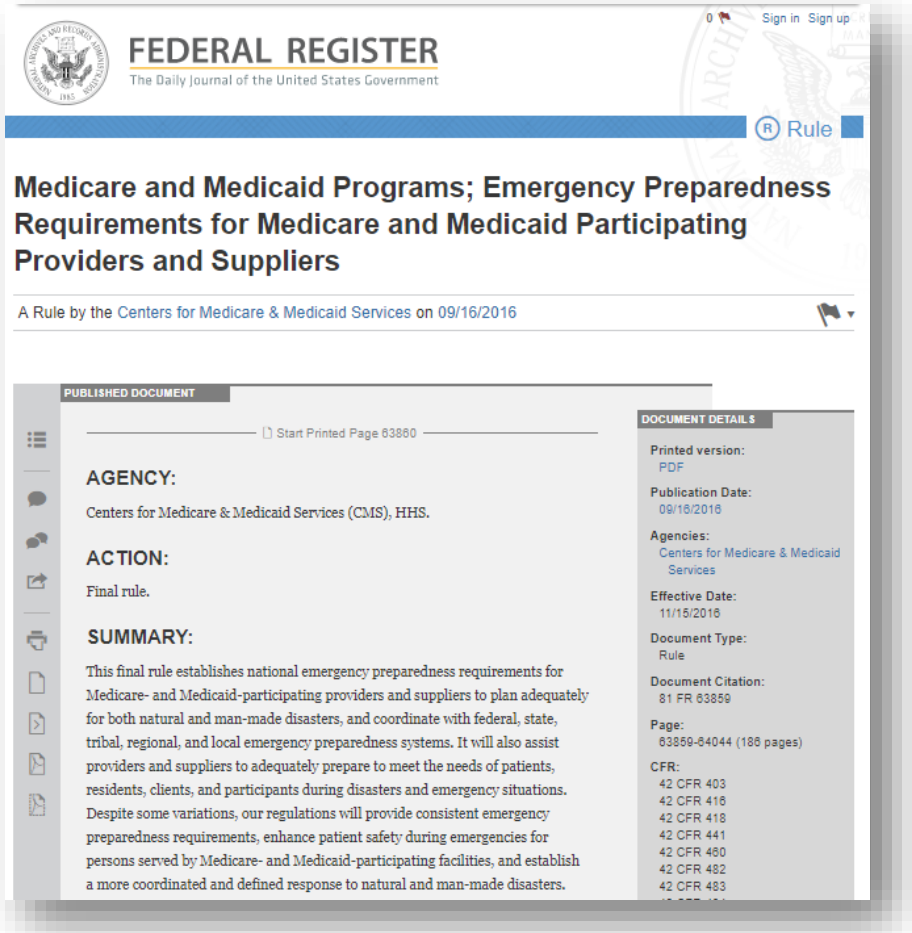
42 CFR Part 405 Subpart X

Federal Health Insurance For The Aged And Disabled

Subpart X – Federally Qualified Health Center Services (§§ 405.2430 - 405.2452)

https://www.govinfo.gov/app/details/CFR-2011-title42-vol2/CFR-2011-title42-vol2-part405-subpartX

CMS Emergency Preparedness Final Rule
42 CFR Part 491



FEDERAL REGISTER
The Daily Journal of the United States Government

Sign in Sign up

Rule

Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

A Rule by the Centers for Medicare & Medicaid Services on 09/16/2016

PUBLISHED DOCUMENT

Start Printed Page 63860

AGENCY:

Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION:

Final rule.

SUMMARY:

This final rule establishes national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to plan adequately for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems. It will also assist providers and suppliers to adequately prepare to meet the needs of patients, residents, clients, and participants during disasters and emergency situations. Despite some variations, our regulations will provide consistent emergency preparedness requirements, enhance patient safety during emergencies for persons served by Medicare- and Medicaid-participating facilities, and establish a more coordinated and defined response to natural and man-made disasters.

DOCUMENT DETAILS

Printed version:
PDF

Publication Date:
09/16/2016

Agencies:
Centers for Medicare & Medicaid Services

Effective Date:
11/15/2016

Document Type:
Rule

Document Citation:
81 FR 63859

Page:
63859-64044 (186 pages)

CFR:
42 CFR 403
42 CFR 416
42 CFR 418
42 CFR 441
42 CFR 460
42 CFR 482
42 CFR 483

Certification of Certain Health Facilities

Subpart A – Rural Health Clinics: Conditions for Certifications, and

FQHC Conditions for Coverage

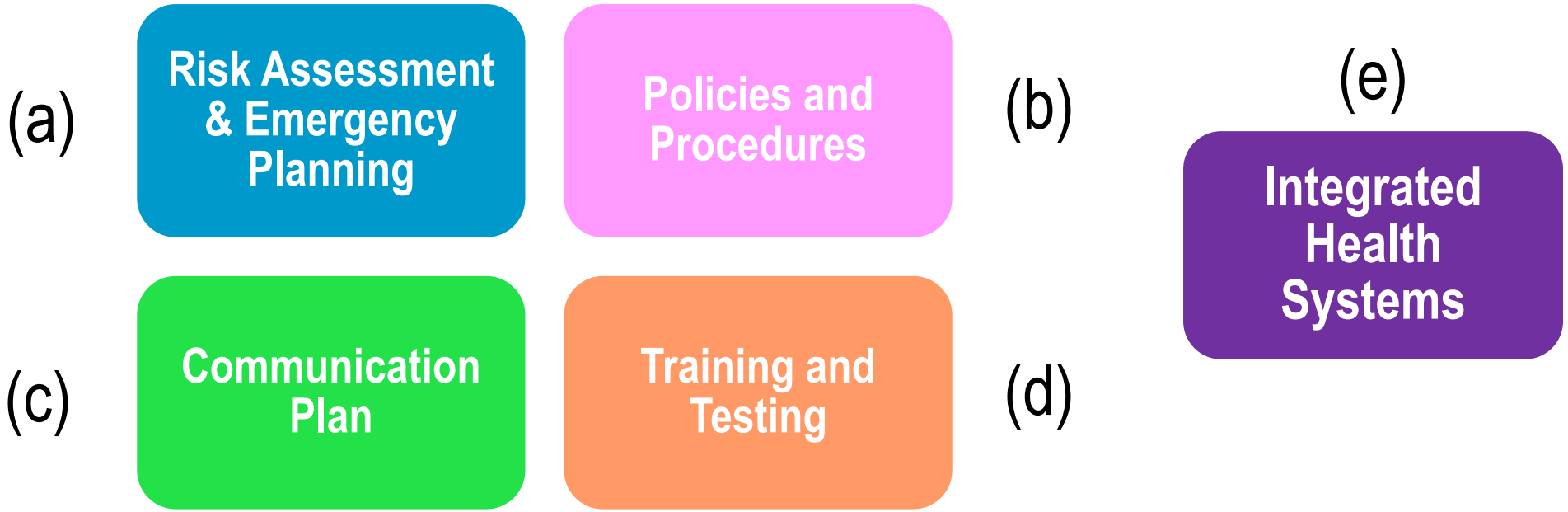
https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-491

Subpart A — FQHCs Conditions for Coverage

- 491.1 Purpose and scope.
- 491.2 Definitions.
- 491.3 Certification procedures* (self-attestation for FQHCs)
- 491.4 Compliance with Federal, State and local laws.
- 491.5 Location of clinic.
- 491.6 Physical plant and environment.
- 491.7 Organizational structure.
- 491.8 Staffing and staff responsibilities.
- 491.9 Provision of services.
- 491.10 Patient health records.
- 491.11 Program evaluation.
- **491.12 Emergency preparedness.** CMS EP Rule Addition

Four Core Elements + One Optional

The CMS Emergency Preparedness Final Rule outlines four core (mandatory) elements of emergency preparedness and included an additional (optional) element:



(a) Emergency Plan

Risk Assessment / Emergency Planning

The FQHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every 2 years. The plan must do all of the following:

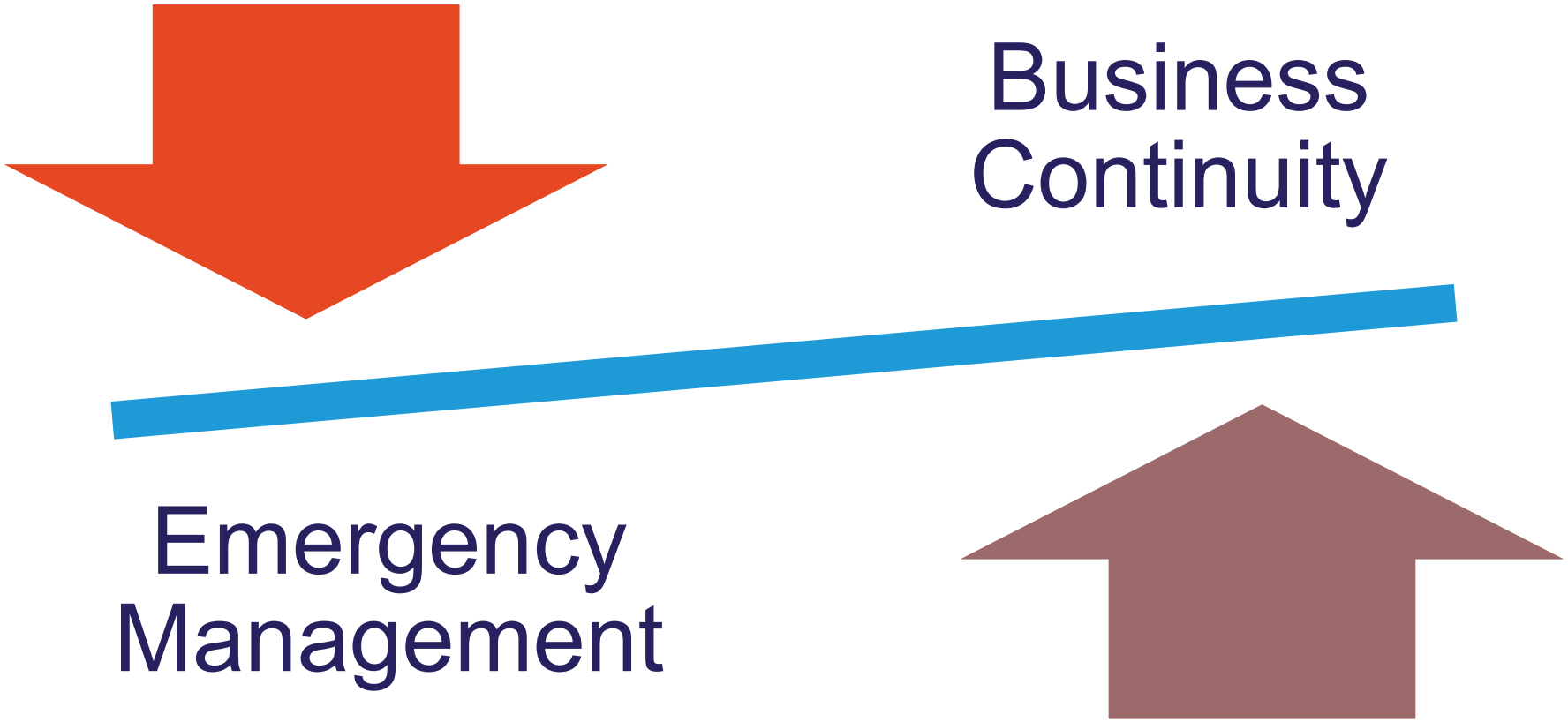
1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.

(a) Emergency Plan

Risk Assessment / Emergency Planning

3. Address patient population, including, but not limited to, the type of services the FQHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

Emergency Management (EM) vs. Business Continuity (BC)



An All-Hazards Approach

- Integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters.
- This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and interruptions in the normal supply of essentials, such as water and food.
- Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others.
- All facilities must develop an **all-hazards emergency preparedness program and plan**.

Source: Appendix Z- EP SOM March 2021

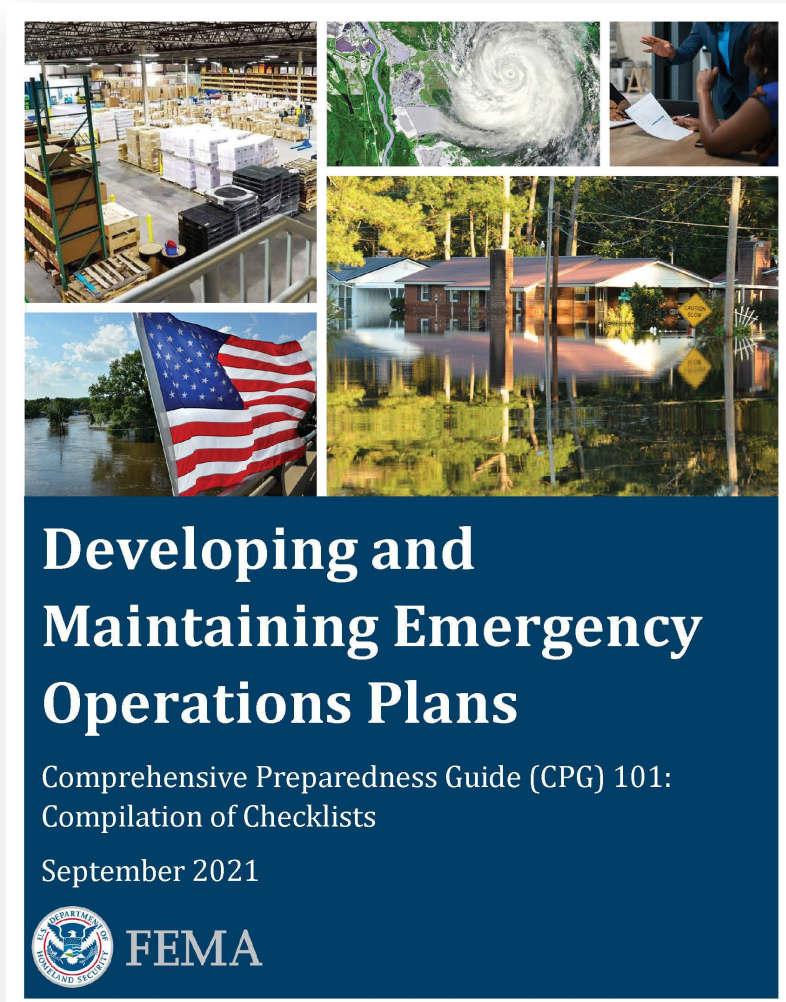
Hazard Vulnerability vs. Business Impact

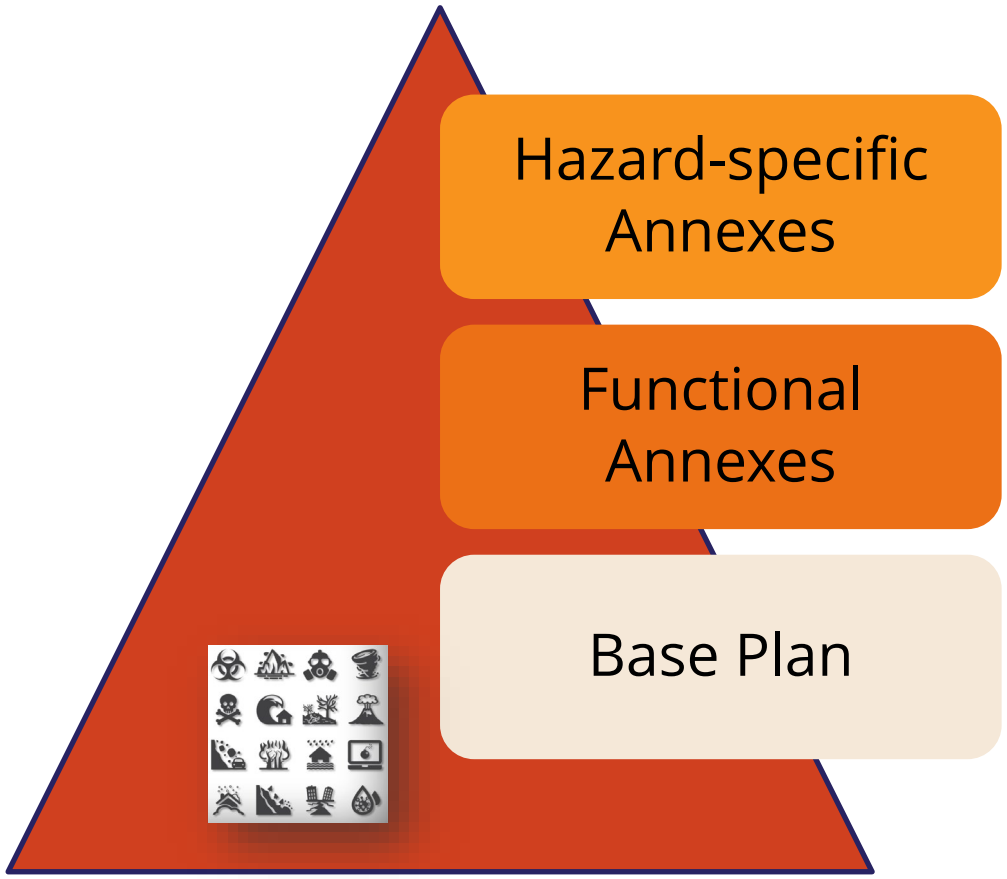
Hazard Vulnerability Analysis (HVA)	Business Impact Analysis (BIA)
Event focused	Process focused
A systematic approach to identify, assess, and prioritize each hazard that may affect a community to show vulnerabilities	Assessing an organizations' financial and non-financial exposures to sudden loss of critical business functions and resources, due to an emergency
The vulnerability is related to both the impact on the organizational function and the likely service demands created by the hazard impact	The purpose is to identify, prioritize and document the relative importance of various business processes conducted by business units (departments)
• Power Outage • Severe Thunderstorm • Fire • Earthquake	• Patient Care • Billing & Payroll • Patient Records • Supply Management

Integrating Community Risk Assessment Data

- Ideally, community risk data should be integrated with your facility's HVA.
- As per CMS' Updated Guidance for Emergency Preparedness-Appendix Z of the State Operations Manual (SOM), "Facilities may rely on a community-based risk assessment developed by other entities, such as public health agencies, emergency management agencies, and regional health care coalitions or in conjunction with conducting its own facility-based assessment.
    - If this approach is used, facilities are expected to have a copy of the community-based risk assessment and to work with the entity that developed it to ensure that the facility's emergency plan is in alignment."
- Consider:
    - FEMA National Risk Index
    - Social Vulnerability Index
    - Community Disaster Resilience Tool (CDRT)

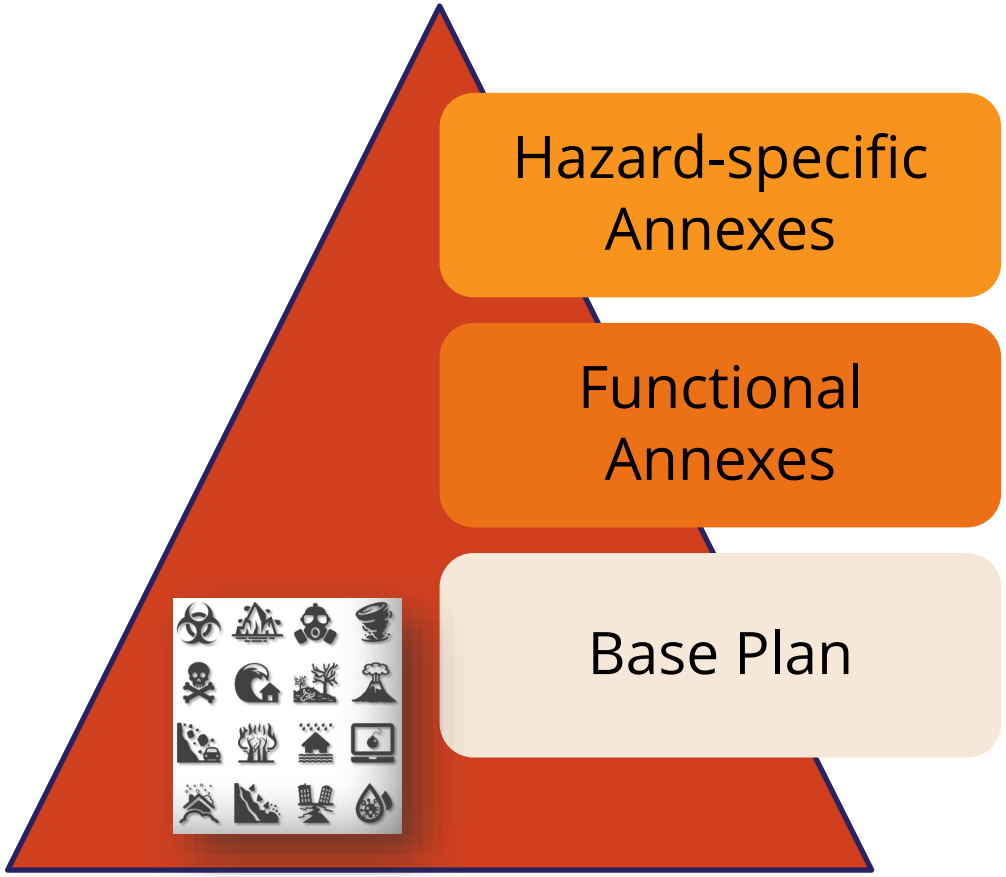
Traditional Format (aka "Function-Focused")





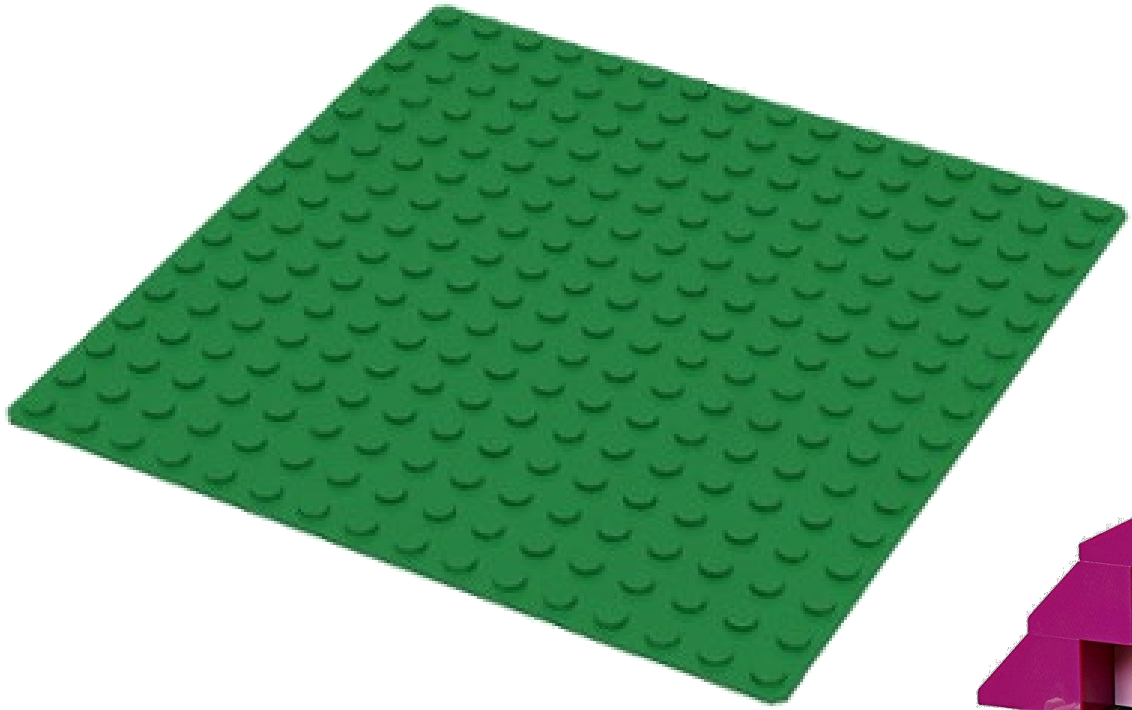
Source: [FEMA Comprehensive Preparedness Guide (CPG) 101 – Developing and Maintaining Emergency Operations Plans]

Traditional Format Structure Examples



- **Base Plan**
  - E.g. Intro, Purpose, ConOps, Situation Overview, Communications, etc.
- **Functional Annexes**
  - E.g. Business Continuity, Volunteer Management, Employee Safety and Health, etc.
- **Hazard-, Threat-, or Incident- Specific Annexes**
  - Power/Utility Outage, Cyber Incident, Wild Fires,, Terrorism, etc.

Source: FEMA Comprehensive Preparedness Guide (CPG) 101 – Developing and Maintaining Emergency Operations Plans



Questions?

Contact Us

emteam@chcanys.org