Centers for Medicare & Medicaid Services (CMS) Planning Workshop

Thursday, January 12, 2017
12 High Street, Lewiston, ME
CMMC Conference Rooms ABC

PRESENT: **Art Churchill**, Kennebec EMA; **Richard Comstock**, MaineGeneral Medical Center; **Dwight Corning**, Stephens Memorial Hospital; **Joel Dutton**, Maine Veterans Home; **Tom Denison**, Life Safety Specialists; **Robert Dube**, Orchard Park Rehabilitation; **Rebecca Eastman**, Riverview; **Robert Ferris**, Central Maine Healthcare; **Norm Gauthier**, Clover Healthcare; **Teresa Glick**, Oxford EMA; **Chris Gorham**, Tri-County Mental Health; **Jane Greenblatt**, Home, Hope and Healing; **Don Grinnell**, Knox EMA; **Debra Halm**, Maine Primary Care Associates; **Allyson Hill**, Oxford EMA; **Marc Lavalliere**, Montello Manor; **Jessica Dagneau,** d'Youville Pavilion; **Howard Mette**, Inland Hospital; **Dennis Passmore**, Togus VA; **Robert Patnaude**, Riverview**; Cindy Quinlan**, Clover Healthcare; **John Rice**, Schooner Estates; **Lisa Starling,** Montello Manor; **Todd Tracy**, United Ambulance; **Paula Varney**, Harris House; **Scott Verrill,** Pinnacle Health and Rehab.; **Wayne Werts**, Atlantic Partners; **Kathleen Wescott**, Maine CDC
CMRRC: **Kara Walker**, Director; **Kris Gammon**, Operations Manager

Presenter and Topic	Discussion/Talking Points	Minutes	Action/ Follow Up
Review of Previous Workshop	Review Progress	In order to keep the momentum going forward and keep new participants up to date on our progress, at the beginning of each workshop we will review the progress and decisions that have been made from previous workshops.	
Kara Walker, Director	Risk Assessment	We will be using the Kaiser Permanente Hazard and Vulnerability Assessment (HVA) tool to determine the risk assessment for your location. Decision was made to hold one healthcare specific HVA workshop in each of the four counties (Androscoggin, Franklin, Kennebec, and Oxford). We will be working with our county Emergency Management Agencies to determine when and where these will be held.	
	Planning Decision	It was determined that it would be best that each organization use the same format. Having a similar plan will make it easier to support one another. - We will develop a template plan based on the Comprehensive Preparedness Guide (CPG) 101 traditional format. - Organizations with existing plans will transition their current plan formats to the CPG 101 format.	To view the CPG guidance: https://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf

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		- New organizations will be encouraged to use this all hazards template for their plan. - The CPG 101 is more than just a template; it provides guidance to your planning team.	
	Policies and Procedures	This was tabled until after the development of the EOP template.	
	Communication Plan	It was decided to develop a communications plan template in the Functional Annex format associated with the CPG 101 documentation.	If you are interested in sharing your communications plan, e-mail examples to either Kara or Kris.
	Training and Testing	Central Maine Regional Resource Center (CMRRC) will provide Homeland Security Exercise and Evaluation Program (HSEEP) training.	
CMS Emergency Preparedness Requirements by Provider Type Kris Gammon, Operations Manager	Four Core Elements and the 17 Provider Types	The new CMS Emergency Preparedness Rules affect the following core elements: ➢ Risk Assessment and Planning ➢ Policies and Procedures ➢ Communications Plan ➢ Training and Testing Inpatient providers affected are: Critical Access Hospitals (CAHs), Hospices, Hospitals, Long Term care (LTC), Psychiatric Residential Treatment Facilities (PRTFs), Religious Nonmedical Health Care Institutions (RNHCIs) and Transplant Centers. Outpatient providers affected are: Ambulatory Surgical Centers (ASCs), Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy	

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		and Speech-language Pathology Services, Community Mental Health Centers (CMHCs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), End-Stage Renal Disease (ESRD) Facilities, Home Health Agencies (HHAs), Hospices, Organ Procurement Organizations (OPOs), Programs of the All Inclusive Care for the Elderly (PACE), Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Goals for these rules are to address gaps identified in past responses; establish consistency for all healthcare entities; and encourage coordination amongst agencies.	
	Risk Assessment and Planning Requirements	What is required: - Develop a plan based on risk assessment using an al-hazards approach. - Focusing on capacities and capabilities is critical to preparedness for a full spectrum of emergencies and disasters. - Update annually. - All 17 provider types are affected Additional requirements: ✓ LTC and ICF/IID must also account for missing residents. ✓ CORFs and Clinics, Rehabilitation and Therapy facilities must develop a plan with assistance from fire and safety experts. Discussion: - There was a request to provide our CMRHCC coalition member/contact list.	You are invited to attend our annual HVA / Training and Exercise Workshop scheduled **on April 27, 2017 from 8:30 am – 4:30 pm** in Conference Rooms A/B/C.

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	Policies and Procedure Requirements	- Smaller organizations should work with other facilities to make it simple so that it is not a road block. What is required: ➢ Develop and implement policies and procedures based on the emergency plan, risk assessment, and communications plan. ➢ Include a system to track on-duty staff and sheltered patients during an emergency. ➢ Updated annually. ➢ All 17 provider types are affected. Additional Requirements: ✓ LTC, PRTF, ICF/IID and CMHC facilities need a policy in place to track on-duty staff and sheltered residents during and after the emergency. ✓ Hospice, PACE and Home Health Agencies need to inform officials of patients in need of evacuation. ✓ Organ Procurement Organizations need to have a system in place to maintain medical documentation. ✓ ESRDs must include emergencies regarding fire equipment, power failures, care related emergencies, water supply interruption and natural disasters. Exceptions: ✓ RHC and FQHCs do not have to track staff and patients; do not have to make arrangements with other like facilities and do not have to have an alternate care site plan. ✓ CORFs do not need to provide transportation to an evacuation site and does not need to have alternate	

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		arrangements with other like facilities to receive patients.	
		Discussion:	
		- Some LTC facilities may have a challenge tracking visitors and contractors as they do not have a sign-in/out process.	
		- There was a question regarding tracking both on-duty and off-duty staff. Do they both need to be accounted for? Answer: only staff on the clock.	
		- The Maine HAN program allows you to see if a staff member received a response.	
		- "Where are my people" is important in case of an injury. Employee Health can assist with tracking because they have policies in place for injuries.	
		- Question: Is there a need for LTC facilities to contact families. Answer: Yes.	
	Communications Plan	What is required:	
		➢ Develop and maintain a communications plan that complies with both federal and state laws.	
		➢ Patient care must be well coordinated within the facility, across health care providers and with state and local public health departments and emergency systems.	
		➢ Plan must include contact information for other like facilities	
		➢ Need to include a method for sharing information and medical documentation for patients.	
		➢ All 17 provider types affected.	

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	Training and Testing	**Additional Requirements**: ✓ LTCs, in the event of an evacuation, need a documented method in which they release patient information consistent with the HIPAA Privacy Rule. **Exceptions**: ✓ RNHCIs do not need to include a requirement to coordinate with state or federally designated healthcare professionals. ✓ Hospice, ASCs, HHAs, COREs, OPOs, RHCs, FQHCs and ESRDs do not need to include occupancy information. ✓ ASCs are not required to make arrangements with other like-facilities to receive patients in the event of an emergency and are not required to include names and contact information for other like facilities. **Discussion**: - The potential use of HealthInfoNet as a communications portal. - Providing release forms upon intake which would allow for the release of medical records during an emergency would be helpful. **What is required**: ➢ Develop and maintain training and testing programs. ➢ Include initial training policies and procedures and demonstrate knowledge of emergency procedures. ➢ Provide training of policies and procedures annually. ➢ Annually participate in a full-scale exercise that is community or facility based and one exercise of your facilities choice.	HealthInfoNet – Maine's Statewide Health Information Exchange: https://www.healthit.gov/techlab/ipg/node/4/submission/1406

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		➢ All 17 provider types are affected. Additional requirements: ✓ ESRDs need to ensure patients know how to disconnect themselves from dialysis machine; staff is current on CPR and nursing staff are trained in the use of emergency equipment and emergency drugs. Discussion: - Being part of the CMRHCC can provide the community based requirement. Generators (all 17 provider types are affected): - Develop policies and procedures that address alternate source of energy to maintain temperature, emergency lighting and fire detection. Discussion: - Question: Is the burden of expense for a generator on the families for home health agencies? - Back up batteries should be planned for if a generator is not an option. - HHAs should pre-determine how long clients have before their equipment's batteries run out; how long they have to get to a hospital. - Plans should also consider a relocation plan to a family member or other location, such as an EMA shelter that has electricity. - Make sure plans include how to procure CMS data through the eMPower map access via Maine CDC.	HHS emPOWER: http://empowermap.phe.gov/
	Additional Requirements		

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	Helpful Websites	Information Sharing (LTCs, ICFs and IIDs are affected) - Share with residents, families and appropriate representative's information sharing from your emergency plan. Centers for Medicare & Medicaid Services https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html ASPR TRACIE https://asprtracie.hhs.gov/cmsrule	
Develop Timeline Implementation for Templates Kara Walker, Director	HVA Workshops by County	CMRRC will provide an HVA workshop in each of our four counties. This should be complete by our yearly HVA and Training and Exercise Workshop in April. Oxford County EMA has agreed to provide this in February or March. Discussion: - CMRRC website has recent risk assessment and templates to view that can assist with your planning. - Could we video conference or have Maine Quality Counts tape an HVA workshop? - Contact state licensing to see if they are able to send out dates/locations of our HVA workshops.	CMRRC will reach out to each EMA director to determine date and location.
	Planning	CMRRC will develop a template for the review team to review. - The review team consists of Howard Mette, Mike Hatch, Jessica Dagneau, Ray Lussier and Richard Comstock.	Template should be complete by mid-February so that it can be briefed at the March 16th CMS workshop.

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	Communications Plan	Discussion: It was determined this template should be ready by fall 2017. This template will be more organization specific rather than regional. - Template may have quite a bit of "insert here" portions. - Robert Patneaude agreed to be part of the review team. - It was suggested that Nate Riethman, Maine Health Alert Network Coordinator from Maine CDC, or Steven Mallory, Statewide Interoperability Coordinator from MEMA, present at a workshop or review the finished template. - Another suggestion is to have Public Information Officers of larger facilities review our template.	CMRRC will provide a Communications template by fall 2017.
	Training and Testing	Formal HSEEP is not an option through Maine Emergency Management Agency (MEMA) in 2017. Other options include: - Kara providing a half or full day overview of the HSEEP FEMA slides provided by MEMA. No certification will be acquired but it will give participants enough information to provide an exercise for their facility. Howard volunteered to assist with training. - Members can seek out training opportunities out of state by looking at this website for dates/locations: https://training.fema.gov/emicourses/schedules.aspx - Training options are available on-line through a webinar course through FEMA. K/L0146 is a basic course with dates available April through September.	CMRRC provide an informal, abbreviated HSEEP training **on May 31, 2017 from 8:00 am – 4:00 pm**. Those interested in pursuing further training can look into other HSEEP training options presented.

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		https://training.fema.gov/emigrams/2015/1206%20-%20training%20bulletin%20-%20l_k0146%20hseep%20training%20bulleting%2010-22-15.pdf?d=10/22/2015 - Patrick Furey, Training and Exercise Coordinator from Maine CDC will look into getting formal training through TEEX. Discussion: - How important is a certificate for HSEEP training? - FEMA certificate leads to credibility. - HSEEP is a good training tool. - Organizations need the training sooner rather than later.	
Next Meeting Agenda Items	March 16th Meeting Agenda Items	The following was agreed upon for our next workshop: - Always have standing agenda items to stay on top of what has already been decided upon. - Update on the progress of each of the templates being developed (no changes, changes, in progress, etc.) Discussion: - Need to come up with ideas on how to communicate with others working on their plan. - Regional Resource Centers are critical in your emergency preparedness planning. Surveyors look into who your community partners are. How can we better support the RRCs? - It was suggested to provide address to those interested in writing a letter of support.	

NEXT MEETING:
CMRHCC, Thursday, February 16th, 0830 – 1200, CMMC CR A/B/C

CMS EP Workshop, Thursday, March 16th, 8:00 – 12:00 PM, CMMC CR A/B/C