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INFORMATIONAL LETTER #2017-06

DATE: July 6, 2017

TO: ALL IDAHO HEALTH CARE FACILITIES

FROM: DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

SUBJECT: **S&C-17-29-ALL— ADVANCED COPY-APPENDIX Z, EMERGENCY
PREPAREDNESS FINAL RULE INTERPRETIVE GUIDELINES AND
SURVEY PROCEDURES**

The CMS S&C: 17-29-ALL Advanced Copy-Appendix Z, Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures is being distributed to all Health Care Facilities in Idaho.

If you have any questions, please contact our office at 208/334-6626.

DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

DR/lg
Attachment



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 17-21-ALL

DATE: March 24, 2017

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Information to Assist Providers and Suppliers in Meeting the New Training and Testing Requirements of the Emergency Preparedness Requirements for Medicare & Medicaid Participating Providers and Suppliers Final Rule

Memorandum Summary

Information for Implementation: The Centers for Medicare & Medicaid Services (CMS) is providing information to assist providers and suppliers in meeting the Training and Testing requirements of the new Emergency Preparedness Final Rule that was published on September 16, 2016 (81 FR 63860) and became effective on November 15, 2016.

Background

The Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule became effective on November 15, 2016 with an implementation date of November 15, 2017 (a correction notice was published on November 15, 2016 (81 FR 80594) correcting technical, typographical errors and did not alter the effective date). This means that as of November 15, 2017, all affected providers and suppliers must meet all of the applicable requirements of the rule. For additional background information, providers and suppliers may reference policy memorandum SC-17-05 *Information on the Implementation Plans for the Emergency Preparedness Regulation* published, on October 28, 2016.

Many providers and suppliers have asked whether they will be expected to have completed the “exercises” per the training and testing requirements in each standard (d) of the Final Rule, by the implementation date. Because the Final Rule has an implementation date of November 15, 2017, one year following the effective date, providers and suppliers are expected to meet the requirements of the training and testing program by the implementation date.

Exercise Requirements and Recommendation

When referring to the standard (d) Training and Testing Program provisions, we are referencing the following requirements under §403.748(d), §416.54(d), §418.113(d),

§441.184(d), §460.84(d), §482.15(d), §483.73(d), §483.475(d), §484.22(d), §485.68(d), §485.625(d), §485.727(d), §485.920(d), §486.360(d), §491.12(d), §494.62(d) of the Final Rule.

In order to meet these requirements, we strongly encourage providers and suppliers to seek out and to participate in a full-scale, community-based exercise with their local and/or state emergency agencies and health care coalitions and to have completed a tabletop exercise by the implementation date. We realize that some providers and suppliers are waiting for the release of the interpretive guidance to begin planning these exercises, but that is not necessary nor is it advised. Providers and suppliers that are found to have not completed these exercises, or any other requirements of the Final Rule upon their survey, will be cited for non-compliance.

While providers and suppliers are encouraged to partner with local and state emergency agencies and health care coalitions to conduct full-scale community exercises, not all agencies and coalitions will have the ability or resources to engage with all providers and suppliers. Therefore, we understand that a full-scale, community-based exercise may not always be possible for some providers and suppliers. In such cases, we expect those who have been unable to complete a full-scale exercise by November 15, 2017 to complete an individual facility-based exercise and document the circumstances as to why a full-scale, community-based exercise was not completed. The documentation should include what emergency agencies and or health care coalitions the provider or supplier contacted to partner in a full-scale community exercise and the specific reason(s) why a full-scale exercise was not possible.

Resources

To assist providers and suppliers in meeting the requirements of the new Final Rule, CMS has developed a website that contains various resources such as checklists, links to emergency preparedness agencies, planning templates and many other valuable resources. The website also provides a State-by-State listing of Health Care Coalitions. The information can be found at our website at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>.

Contact: For questions regarding the Emergency Preparedness Rule, please contact SCGEmergencyPrep@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
David R. Wright

cc: Survey and Certification Regional Office Management