

# CMS adds a Ninth Condition of Participation - Emergency Preparedness

Uncle Sam wants you!!! In a new final regulation issued on September 16, 2016, effective November 16, 2016 and scheduled to be enforced starting on or after November 15, 2017 (possibly move that back 60 days due to President Trump's Executive Order) the government has enlisted 17 provider groups that participate in Medicare Part A to be defacto first responders in community disasters and emergencies by adding a condition of participation requiring providers to participate in community wide training drills annually and conducting tabletop exercises as well. There are four essential elements to the regulations which require RHCs to develop an emergency plan, emergency policy and procedures, a communication plan, and training and testing of the system. The 186-page regulation published on September 16, 2016 can be found at the following link: (note pages 182 and 183 are specific to RHCs) <https://www.gpo.gov/fdsys/pkg/FR-2016-09-16/pdf/2016-21404.pdf>

The regulations add a ninth condition of participation which could result in termination from the RHC program if the Condition Level is not achieved to the satisfaction of the RHC inspector or deeming authority. CMS is having a teleconference on Thursday, April 27 from 2:30 to 3:30 pm ET to discuss these regulations and if you would like to register or for more information, visit [MLN Connects Event Registration](#).



The regulations are somewhat daunting and appear to be beyond the scope of something that any individual RHC could comply without some outside resources. RHCs should reach out to the local hospital, the local Emergency Planning Committee In your county, or any of the over 500 coalitions that have formed throughout the country. See Link to the listing. [By Name By State Healthcare Coalitions - Updated 1-12-17 \[PDF, 361KB\]](#) Currently 20% of all RHCs participate in a healthcare coalition and 83% of all hospitals are in one. Hospitals can develop an integrated approach to complying with the regulation; however, each individual subunit or in this case rural health clinic must have a plan that will comply on its own.

There is also an organization that has been established to assist with emergency preparedness by the U.S. Department of Health and Human Services (HHS) called the Office of the Assistant Secretary for Preparedness and Response (ASPR) which sponsors the ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE). TRACIE is like the Regional Extension Centers that assisted with Meaningful Use except for Emergency Preparedness. Here is the link: <https://asprtracie.hhs.gov/>. I would start with ASPR TRACIE as it has policies and procedures and information to help health providers comply with these regulations. One of the best ways to understand the regulation is spend 50 minutes watching the Emergency Preparedness Requirements MLN Connects® webinar on October 5, 2016. Here is the link: <https://www.youtube.com/watch?v=GcPdvw4nZuU>. NARHC is also offering an Emergency Preparedness TA webinar on May 4 at 2 PM EST. Details will be forthcoming later on the TA List Serve. To be added to that list serve, click link: <http://narhc.org/resources/listserve-ta-calls/>

Here is a sample of the regulation with just the highlights. The actual regulation as more detail on what is expected and Interpretative guidelines are due out any day to provide additional insight on what is expected from rural health clinics.

## § 491.12 Emergency preparedness.

The Rural Health Clinic (RHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The RHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

- (a) *Emergency plan.* The RHC must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. ....
- (b) *Policies and procedures.* The RHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually....
- (c) *Communication plan.* The RHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually....
- (d) *Training & testing.* The RHC must develop and maintain an emergency preparedness training and testing program....

Good luck in implementing this regulation. I would get started as early as possible to meet the compliance deadline as it will be difficult to respond timely if the RHC receives a condition level deficiency for Emergency Preparedness.

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