

Florida ARF-Fly In Meeting February 12, 2020

Regulatory Update

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Top Ten Deficiencies

January 1, 2018- December 31, 2018

Rank	Tag	Description
1	W249	Program Implementation
2	W454	Infection Control
3	W124	Protection of Clients Rights
4	W159	Qualified Intellectual Disability Professional
5	W331	Nursing Services
6	W250	Program Implementation
7	W189	Staff Training Program
8	W369	Drug Administration
9	W252	Program Documentation
10	W262	Program Documentation



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7	W436 W426	Space and Equipment Client Bedrooms
8	W120	Services Provided with Outside Services
9	W124	Protection of Client Rights
10	W104	Governing Body



CMS Memo Reminder

QSO-18-16-ICF/IID

- You may know this, but a reminder;
 - In 2018 the ICF/IID survey process changed.
 - Focus on more observations and effective use of interviews and client records.
 - Specific changes to Tasks One, Two and Three of the survey process.
 - Tasks Four through Seven unchanged.



Changes Include

- Task One
 - Core sample selected from a list of facility's client list without regard to client developmental levels;
- Task Two
 - Review of facility systems to prevent abuse, neglect and mistreatment.
 - Focus on client observations, including staff-to-client and client-to-client interactions.



Changes Include, cont.

- Task Three
 - Observations in this task are focused in the areas of active treatment, staffing, the qualified intellectual disability professional (QIDP) role, healthcare services and physical environment.
 - Associated interviews and record reviews are conducted based on concerns identified in these areas during observations.



Top Ten Federal EP Deficiencies

January 1, 2019- December 31, 2019

Rank	Tag	Description
1	E0015	Subsistence Needs for Staff and Patients
2	E0004	Develop Emergency Plan, Review and Update
3	E0026	Roles Under A Wavier
4	E0039	Emergency Testing Requirements
5	E0006	Plan Based on All Hazards Risk Assessment
6	E0036	Emergency Plan Training and Testing
6	E0035	LTC and ICF/IID Sharing Plan with Patients
6	E0032	Primary/Alternate Means of Communication
6	E0024	Policies and Procedures/Volunteers and Staffing
6	E0023	Polices and Procedures for Medical Documentation



Important Changes:

Federal Emergency Preparedness



Primary Changes as of 2019's Burden Rule

- **Review & Updates:**

- Plans, policies and procedures, communication plan **reduced to at least every 2 years** (annually for LTC). Review/updates should still occur as needed with changes.

- **Training/Testing**

- For inpatient providers, expanded the types of acceptable testing exercises that may be conducted.
- For outpatient providers, revised the requirement such that only one testing exercise is required annually, which may be either one community-based full-scale exercise, if available, or an individual facility-based functional exercise, every other year and in the opposite years, these providers may choose the testing exercise of their choice.



Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Facilities must still have a process for cooperation and collaboration with local, tribal (as applicable), regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation. **Facilities should be able to describe the process, but it no longer needs to be documented in writing (2019).**
- Update emergency plan at least **every 2 years** (annually for LTC)



All-Hazards Approach

- An all-hazards approach is an 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; and emerging infectious disease (EID) threats.



Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at **every 2 years** (annually for LTC).



Communication Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan at least **every 2 years** (annually for LTC).



Training and Testing Program

- Develop and maintain training and testing programs, including initial training in policies and procedures.
- Demonstrate knowledge of emergency procedures and provide training at least annually.
- Conduct drills and exercises to test the emergency plan.



New Definitions for Training/Testing

- **Functional Exercise (FE):** “FEs are designed to validate and evaluate capabilities, multiple functions and/or sub-functions, or interdependent groups of functions. FEs are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions” as defined by HSEEP. We are aligning our definitions with those guidelines.
- For additional details, please visit HSEEP guidelines located at https://preptoolkit.fema.gov/documents/1269813/1269861/HSEEP_Revision_Apr13_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da



New Definitions for Training/Testing

- **Mock Disaster Drill:** A drill is a coordinated, supervised activity usually employed to validate a specific function or capability in a single agency or organization. Drills are commonly used to provide training on new equipment, validate procedures, or practice and maintain current skills.
- For example, drills may be appropriate for establishing a community-designated disaster receiving center or shelter. Drills can also be used to determine if plans can be executed as designed, to assess whether more training is required, or to reinforce best practices.



New Definitions for Training/Testing

- **Workshop:** A workshop, for the purposes of this guidance, is a planning meeting/workshop which establishes the strategy and structure for an exercise program. CMS is aligning their definitions with those guidelines. For additional details, please visit HSEEP guidelines.



Training Requirements

- Conduct initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers
- After initial training, provide emergency preparedness training **every 2 years** (Annually for LTC)
- Demonstrate staff knowledge of emergency procedures.
- Maintain documentation of all emergency preparedness training.
- If the emergency preparedness policies and procedures are significantly updated, conduct training on the updated policies and procedures.



Testing Changes with Burden Reduction

- **For inpatient providers:** The types of acceptable testing exercises are expanded. Inpatient providers can choose one of the two annually required testing exercises to be an exercise of their choice, which may include one community-based full-scale exercise (if available), an individual facility-based functional exercise, a drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator.
- **NOTE:** For LTC facilities, while the types of acceptable testing exercises was expanded, LTC facilities must continue to conduct their exercises on **an annual basis**.



Testing Exercises- Reminder

- CMS is not specifying a minimum number of staff which must attend these exercises, however facility leadership and department heads should participate in each exercise.
- If an exercise is conducted at the individual facility-based level and is testing a particular clinical area, the expectation is that staff who work in this clinical area participate in the exercise for a clear understanding of their roles and responsibilities.



Testing Exercises- Reminder

- Additionally, facilities can review which members of staff participated in the previous exercise, and include those who did not participate in the subsequent exercises to ensure all staff members have an opportunity to participate and gain insight and knowledge.
- A sufficient number of staff should participate in the exercise to test the scenario and thoroughly assess the risk, policy, procedure, or plan being tested



Reminders and Important Notes

- While we encourage the use of healthcare coalitions, we recognize this is not always feasible for all providers and suppliers.
- For facilities participating in coalitions, we are not specifying the “level” of participation. However, if facilities use healthcare coalitions to conduct exercises or assist in their efforts for compliance, we ask this would be documented and in writing.



Reminders and Important Notes

Continued

- When developing transfer agreements, facilities must take into account the patient population and the ability for the receiving facility to provide continuity of services.
- If a facility has a transfer arrangement with another facility and this facility could not accommodate all patients, then the facility should plan accordingly to provide continuity of services with another facility who could receive the remaining residents.



Reminders and Important Notes

Continued

- Facilities should also take into account the availability of contracted resources during an emergency event. For instance, a facility has a written arrangement with a transportation company, yet during an emergency the transportation company is unable to reach the facility due to flooding and/or having other arrangements with the community.
- The facility is responsible to ensure these areas are discussed and managed within their policy and procedure to ensure availability of resources during an emergency event.
- It would be appropriate for the facility to have discussions with transportation vendors about their competing contracts during an emergency and the vendor's continuity of business plans in the event of an emergency.



Life Safety Code v. Emergency Prep

- Additionally, Hospitals, CAHs, NHs, Inpatient Hospices, ASCs, **ICF-IIDs**, RNHCIs, and certain ESRDs all have life safety from fire protection CoPs/CfCs that require compliance with the LSC. The LSC typically requires an emergency power system/generator to provide **limited** emergency power in Hospitals, CAHs, NH, Inpatient Hospice and ASCs.
- Therefore, in these facility types, as determination has to be made whether a deficiency is associated with an EP requirement that goes beyond what is required by the LSC. **It is recommended that health surveyors who perform EP evaluations consult with their LSC survey team colleagues to make this determination.**



Legislative Budget Request – ICF/IID Reimbursement for Individuals with Severe Behavioral Needs

- The Agency proposes altering the two-level Medicaid reimbursement methodology for ICF/IIDs to add a level for recipients with severe behavioral needs.
- The Agency commissioned a study that identified a potential solution as creating a new Level III reimbursement level to cover the increased cost of caring for individuals with severe behavioral needs.



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