



CMS Burden Reduction III

Updates to AAASF Standards as it Relates to CMS Regulation Changes for RHC's – December, 2019



- December 2019 CMS announced a set of approved changes referred to as the “Burden Reduction III” affecting the following programs:
 - **ASC**
 - **RHC**
 - **RA/OPT**
- The following presentation is a breakdown of the changes related to the CMS Burden Reduction in the RHC program including revised crosswalks with standards revisions.



RHC Changes

RHC: 900.010.065

- CMS has changed the requirements related to the annual review of clinic policies to biennial instead of annual.
- AAAASF has modified our standards **900.010.065** to align with the new CMS specified time frames.

AAAASF's standard 900.010.065 now requires:

The clinic's policies are reviewed at least biennially by the group of professional personnel identified in standard **900.010.035** and reviewed as necessary by the RHC.

RHC:
900.010.065
Survey
Activities

- Onsite surveyors must request the RHC's documentation/ evidence of clinic policy review:
 - Review for evidence that the policies been reviewed and updated at least every 2 years.
 - Review documentation/evidence that a group of professional personnel conducting the policy review includes one or more physicians and one or more physician assistants or nurse practitioners, and at least one member that is not a member of the clinic staff. (As required in **900.010.035**)

RHC: 1100.010.005

- CMS has changed the requirements related to the annual clinic total program evaluation to biennial instead of annual.
- AAAASF has modified our standard **1100.010.005** to align with the new CMS specified time frames.

AAAASF's standard 1100.010.005 now requires:

The clinic has carried out, or arranged for, a biennial evaluation of its total program.

Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.

RHC: 1100.010.005 Survey Activities

- Onsite surveyors must request the RHC's documentation/ evidence of clinic policy review:
 - Review for evidence that the clinic's program has been reviewed and updated at least every 2 years.
- If this is a new facility that has been in operation for less than one year, interview staff for presence/knowledge of the written plan for the program evaluation:
 - Review plan for: responsible person, how the evaluation will be conducted, time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.
 - All required elements must be included in the plan, in order to deem the facility compliant with this requirement.

RHC:
1600.010

- CMS has modified multiple EPP requirements.
- AAAASF has modified our standards to align with the new CMS specified requirements and time frames (most of the annual requirements are now biennial requirements).

**RHC:
1600.010.002
&
1600.010.007**

AAAASF's standard 1600.010.002 now requires:

Emergency plan. The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed and updated at least every two (2) years.

AAAASF's standard 1600.010.007 now requires:

The plan must 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.

**RHC:
1600.010.002
&
1600.010.007
Survey
Activities**

- Onsite surveyors must request a copy of the RHC's Emergency Preparedness Plan:
 - Review Emergency Preparedness Plan for documentation/evidence that it has been reviewed and updated at least every 2 years.
 - Review plan for inclusion of 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.

RHC:
1600.010.009

AAAASF's standard 1600.010.009 now requires:

Policies and procedures. The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard **1600.010.002** of this section, risk assessment in standard **1600.010.003** of this section, and the communication plan in standard **1600.010.023** of this section. The policies and procedures must be reviewed and updated at least every two (2) years.

RHC: 1600.010.009 Survey Activities

- Onsite surveyors must request a copy of the RHC's Emergency Preparedness Policies and Procedures:
 - Review for evidence that policies and procedures include all required elements as outlined in **1600.010.002**, **1600.010.3**, and **1600.010.023**.
 - Review for documentation/evidence that policies and procedures have been fully implemented:
 - Assess for policy & procedure approval.
 - Assess for staff education on policies & procedures.
 - Assess staff knowledge, as appropriate, via staff interview.
 - Review policies and procedures for evidence that they have been reviewed and updated at least every 2 years.

RHC: 1600.010.023

AAAASF's standard 1600.010.023 now requires:

Communication plan. The Provider/Supplier 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 every two (2) years.

- Onsite surveyors must request a copy of the RHC's Emergency Preparedness Communication Plan.
 - Review for evidence that the Communication Plan complies with applicable Federal, State, and local laws.
 - Review policies and procedures for evidence that they have been reviewed and updated at least every 2 years.

RHC:

1600.010.031

1600.010.033

1600.010.034

AAAASF's standard 1600.010.031 now requires:

Training and testing. The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard **1600.010.002** of this section, risk assessment in standard **1600.010.003** of this section, policies and procedures in standard **1600.010.009** of this section, and the communication plan in standard **1600.010.023** of this section. The training and testing program must be reviewed and updated at least every two (2) years.

AAAASF's standard 1600.010.033 now requires:

The training program must provide emergency preparedness training at least every two (2) years.

AAAASF's standard 1600.010.034 now requires:

If the emergency preparedness policies and procedures are significantly updated, the RHC must conduct training on the updated policies and procedures.

RHC:

1600.010.031

1600.010.033

1600.010.034

Survey Activities

- Onsite surveyors must request a copy of the RHC's Emergency Preparedness Training Plan:
 - Review for evidence that the Training Plan has been reviewed and updated at least every 2 years.
 - Review documentation/evidence that staff training on the Emergency Preparedness Plan has taken place at least every 2 years.
 - Review Emergency Preparedness policies and procedures for interim updates. If significant updates in policies and procedures have taken place, request that the RHC provide documentation/evidence that staff training on these significant revisions to the plan have occurred.
 - Review policies and procedures for evidence that they have been reviewed and updated

RHC:

1600.010.037

1600.010.038

AAAASF's standard 1600.010.037 now requires:

Testing. The Provider/Supplier must conduct exercises to test the emergency plan at least annually.

AAAASF's standard 1600.010.038 now requires:

The Provider/Supplier must participate in a full-scale exercise that is community-based every two (2) years; or

When a community based exercise is not accessible, conduct a facility-based functional exercise every two (2) years; or

If the Provider/Supplier experiences an actual natural or man-made emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.

**RHC:
1600.010.039**

AAAASF's standard 1600.010.039 now requires:

The Provider/Supplier must conduct an additional exercise at least every two (2) years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section **1600.010.038** is conducted, that may include, but is not limited to the following:

- A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or
- B) A mock disaster drill; or
- C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

RHC:

1600.010.037

1600.010.038

1600.010.039

Survey Activities

- Onsite surveyors must review documentation/evidence that the RHC has tested the emergency plan at least annually:
 - Participation in a full-scale community-based exercise, at least every 2 years; **or**
 - Participation in a facility-based functional exercise has been conducted every 2 years.
 - If the facility has experienced an actual emergency requiring the activation of its EPP, the facility is exempt from participating in the required community-based or facility-based functional exercise following that emergency event. Documentation of this activation must be available for review, in order to be deemed compliant.
- Review documentation/evidence that the RHC has completed one of the following exercises at least every 2 years, opposite the year that the full-scale or functional exercise was conducted:
 - A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; **or**
 - A mock disaster drill; **or**
 - A tabletop exercise or workshop, meeting all requirements identified in **1600.010.039**



AAAASF's RHC Crosswalk for CMS Burden Reduction III
December 2019

AAAASF's Updated RHC Crosswalk for CMS Burden Reduction III

<u>CFR</u>	<u>CMS Regulation</u>	<u>AAAASF Standard</u>	<u>Revised AAAASF Standard Language</u>
491.9(b)(2)	The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners. At least one member is not a member of the clinic or center staff.	900.010.035	The clinic's policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners, and at least one member that is not a member of the clinic staff.
491.9(b)(4)	These policies are reviewed at least biennially by the group of professional personnel required under paragraph (b)(2) of this section and reviewed as necessary by the RHC or FQHC.	900.010.065	The clinic's policies are reviewed at least biennially by the group of professional personnel identified in standard 900.010.035 and reviewed as necessary by the RHC.
491.11(a)	The clinic or center carries out, or arranges for, a biennial evaluation of its total program.	1100.010.005	The clinic has carried out, or arranged for, a biennial evaluation of its total program. Compliance Note: A facility operating for less than one year or in the start-up phase may satisfy the standard without having conducted a program evaluation as long as the facility has a written plan specifying the party responsible for conducting the program evaluation, how the evaluation is to be conducted, a time frame for completing the evaluation, and the areas of operation to be covered by the evaluation.
491.12(a)	Emergency plan. The RHC or 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	1600.010.002	Emergency plan. The Provider/Supplier must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every two (2) years.
491.12(a)(1)	Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.	1600.010.003	The plan must be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
491.12(a)(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.	1600.010.007	The plan must 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.

AAAASF's Updated RHC Crosswalk for CMS Burden Reduction III

<u>CFR</u>	<u>CMS Regulation</u>	<u>AAAASF Standard</u>	<u>Revised AAAASF Standard Language</u>
491.12(b)	Policies and procedures. The RHC or FQHC 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 every 2 years. At a minimum, the policies and procedures must address the following:	1600.010.009	Policies and procedures. The Provider/Supplier must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, and the communication plan in standard 1600.010.023 of this section. The policies and procedures must be reviewed and updated at least every two (2) years.
491.12(c)	Communication plan. The RHC or FQHC 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 every 2 years. The communication plan must include all of the following:	1600.010.023	Communication plan. The Provider/Supplier 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 every two (2) years.
491.12(d)	Training and testing. The RHC or FQHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years.	1600.010.031	Training and testing. The Provider/Supplier must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in standard 1600.010.002 of this section, risk assessment in standard 1600.010.003 of this section, policies and procedures in standard 1600.010.009 of this section, and the communication plan in standard 1600.010.023 of this section. The training and testing program must be reviewed and updated at least every two (2) years.
491.12(d)(1)(ii)	Provide emergency preparedness training at least every 2 years.	1600.010.033	The training program must provide emergency preparedness training at least every two (2) years.
491.12(d)(1)(v)	If the emergency preparedness policies and procedures are significantly updated, the RHC/FQHC must conduct training on the updated policies and procedures.	1600.010.034	If the emergency preparedness policies and procedures are significantly updated, the Provider/Supplier must conduct training on the updated policies and procedures.
491.12(d)(2)	Testing. The RHC or FQHC must conduct exercises to test the emergency plan at least annually. The RHC or FQHC must do the following:	1600.010.037	Testing. The Provider/Supplier must conduct exercises to test the emergency plan at least annually.

AAAASF's Updated RHC Crosswalk for CMS Burden Reduction III

<u>CFR</u>	<u>CMS Regulation</u>	<u>AAAASF Standard</u>	<u>Revised AAAASF Standard Language</u>
491.12(d)(2)(i)	Participate in a full-scale exercise that is community-based every 2 years; or		The Provider/Supplier must participate in a full-scale exercise that is community-based every two (2) years; or When a community based exercise is not accessible, conduct a facility-based functional exercise every two (2) years; or If the Provider/Supplier experiences an actual natural or man-made emergency that requires activation of the emergency plan, the Provider/Supplier is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the emergency event.
491.12(d)(2)(i)(A)	When a community-based exercise is not accessible, an individual, facility-based functional exercise every 2 years; or.		
491.12(d)(2)(i)(B)	If the RHC or FQHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC or FQHC is exempt from engaging in its next required full-scale community-based or individual, facility-based functional exercise following the onset of the emergency event.		
491.12(d)(2)(ii)	Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to following:	1600.010.038	The Provider/Supplier must conduct an additional exercise at least every two (2) years, opposite the year the full-scale or functional exercise (standard 1600.010.038) is conducted, that may include, but is not limited to the following: A) A second full-scale exercise that is community-based, or an individual, facility-based functional exercise; or B) A mock disaster drill; or C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
491.12(d)(2)(ii)(A)	A second full-scale exercise that is community-based or an individual, facility-based functional exercise; or		
491.12(d)(2)(ii)(B)	A mock disaster drill; or		
491.12(d)(2)(ii)(C)	A tabletop exercise or workshop that is led by a facilitator and includes a group discussion, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.		
		1600.010.039	

AAAASF's Updated RHC Crosswalk for CMS Burden Reduction III

<u>CFR</u>	<u>CMS Regulation</u>	<u>AAAASF Standard</u>	<u>Revised AAAASF Standard Language</u>
491.12(d)(2)(iii)	Analyze the RHC or FQHC's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the RHC or FQHC's emergency plan, as needed.	1600.010.040	The Provider/Supplier must analyze the Provider/Supplier's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the Provider/Supplier's emergency plan, as needed.