

## Emergency Preparedness Protocol



South Carolina's Contract Management Team (CMT) recognizes the increased health risks of Healthy Connections Prime members and the crucial role that Medicare-Medicaid Plans (MMPs) have in supporting members in the event of a disaster or emergency. This document outlines Emergency Preparedness guidance for MMPs to be applied during times when there is potential for a significant disruption in care that can impact the delivery of health care services and access to prescription drugs. This document is inclusive of all requirements for Medicare Advantage organizations, Part D Sponsors as well as Community Long Term Care (CLTC). The Centers for Medicare & Medicaid Service (CMS) and South Carolina's CMT still reserve the right to assess each disaster or emergency on a case-by-case basis and issue further guidance supplementing or modifying the information outlined below.

### Service Coverage in an Emergency

Each MMP must have an established emergency protocol to be reviewed annually by the External Quality Review Organization beginning in 2017. In any declared emergency or disaster in the service coverage area, the MMP's protocol must cover the following CMS requirements:

#### ***Access to Part C Provider Network***

1. Allow Part A/B and supplemental Part C plan benefits to be furnished at specified non-contracted facilities (note that Part A/B benefits must, per 42 CFR 422.204(b)(3), be furnished at Medicare certified facilities);
2. Waive in full, requirements for gatekeeper referrals where applicable;
3. Temporarily reduce plan approved out-of-network cost sharing amounts;
4. Waive the 30-day notification requirement to enrollees provided all the changes (such as reduction of cost sharing and waiving authorization) benefit the enrollee.

#### ***Access under Part D***

1. Lift "refill-too-soon" edits and allow access to Part D drugs at the point-of-sale, if circumstances create a disruption in access to covered prescription drugs. MMPs must also allow affected members to obtain the maximum extended day supply, if requested and available at the time of refill.

Emergencies or disasters may be declared by the Governor, FEMA (<http://www.fema.gov>), the President or the Secretary of Health and Human Services.

### Policies and Procedures Specific to Members Who Are Waiver Participants

As part of the initial visit to a member who is a waiver participant, the Waiver Case Manager will conduct the following activities pertaining to emergency preparedness:

- Review, complete and update as needed Emergency Disaster Priority Section and the Emergency Disaster Preparedness Section in the Home Assessment section of Phoenix (see Appendix 1 of this document). In the Disaster Plan Box (see Appendix 1 of this document), record the name and contact information of the individual responsible for assisting the participant in the event of an emergency/disaster. Review and update the information in each quarterly visit and re-evaluation visit
- Complete the checklist for goods and services if the member plans to remain in the home during an emergency/disaster

- Provide the member the CLTC Information Folder with the Emergency Preparedness Information, Emergency Telephone Numbers Form, Evacuation Information, Emergency Checklist (if applicable), and Helpful Reminders in an Emergency Brochure (see Appendix 2 of this document for sample forms). Review and update the aforementioned portions in Home the Assessment section in each quarterly visit and re-evaluation visit.
- Coordinate with formal and informal services for members whose needs and/or informal supports are such that an emergency/disaster would have a substantial impact on the member's health and safety

In case of an emergency/disaster, Waiver Case Managers are expected to:

- Contact all their members, beginning with those identified as being "at risk" in Phoenix, both pre-disaster and post-disaster.
- Use a Pre-Disaster Checklist and Post-Disaster Checklist (see Appendix 3 of this document) to document and report efforts when an emergency or disaster is imminent and the Emergency/Disaster Plan has been implemented by Central Office or the Area Office. The checklists will be monitored by CLTC Central Office.

MMPs can use their discretion regarding contacting members in the waiver. If the MMPs need to monitor the checklists or contact members before, during, or after an emergency or disaster (as part of their protocol for example), they can access the checklists in Phoenix.

A copy of CLTC's emergency preparedness protocol will soon be posted in the policy area of the Phoenix Help section. Please check for this protocol for further details on CLTC's emergency preparedness protocols that pertain to MMPs and providers.

## Activating and Ending the Protocol

MMPs may voluntarily implement all, or portions, of this guidance without explicit guidance from CMS or South Carolina's Contract Management Team (CMT). The MMP should notify the CMT of its voluntary actions.

The protocol is activated in the event of a Presidential emergency declaration, a Presidential (major) disaster declaration, a declaration of emergency or disaster by the Governor, or an announcement of a public health emergency by the Secretary of Health and Human Services. Typically, the source that declared the disaster will clarify when the disaster or emergency is over or upon the expiration of the 30-day period beginning from the initial declaration, whichever occurs first. For access to prescription drugs, if the disaster or emergency is not declared over within 30 days, MMPs may extend the lift of "refill-too-soon" edits but are not required to do so. If they choose to remove the edits, they need to work closely with members who indicate that they are still displaced or otherwise impacted by the disaster or emergency. In the case of a public health emergency, the lift of "refill-too-soon" edits terminate when the emergency is declared over or upon the expiration of the 90-day period beginning from the initial declaration, whichever occurs first. Note: even without an emergency or disaster declaration – for instance, in advance of an impending disaster, MMPs may consider lifting edits if they determine it is appropriate to do so to ensure pharmacy access and in these instances can terminate them as they see fit.

If the Secretary of Health and Human Services declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary has the right to exercise waiver authority under Section 1135 of the Social Security Act. If the Secretary exercises this waiver authority, detailed guidance and requirements will be made available.

### Multiple declarations

- If both the Governor and the President issues a declaration but not on the same date, the 30-day period begins on the date of the Presidential declaration.

- If a declaration of emergency or disaster is not statewide and a subsequent declaration covers additional locations, the date of the Presidential declaration is still considered the start of the 30-day period but MMPs have the option to extend the Part C and Part D protocols for those additional locations beyond the 30 days.

When the emergency protocol is activated, the CMT will notify the MMPs, while provider agencies and independent Waiver Case Managers will receive an email from CLTC. Provider agencies must then share the communications with their case managers. The Area Offices may also communicate with Waiver Case Managers.

## Developing and Testing the Protocol

Plans should develop and implement the following four items, modeled after the CMS rule ([link](#)) to establish emergency preparedness requirements for Medicare and Medicaid health care providers to increase patient safety during emergencies and establish a more coordinated response to disasters:

1. **Emergency plan:** Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters that can impact members.
2. **Protocol:** Develop and implement policies and procedures based on the plan and risk assessment.
3. **Communication plan:** Develop and maintain a communication plan that complies with both Federal and State law. Member care should be well-coordinated within the plan, its care coordinators, and key health care providers and community resources.
4. **Training and testing:** Develop and maintain training and testing programs, including initial and annual trainings.

## Reporting

During each emergency and disaster, the MMP must update the CMT via the CMT's preferred method of communication (for example, a conference call, email, or both). The frequency of the updates will be determined by the CMT, and may be changed based on need. A written update must also be sent to the Prime mailbox ([prime@scdhhs.gov](mailto:prime@scdhhs.gov)). Updates should include the following metrics:

- Notification of CMT of the activation of the MMP's emergency action plan
- Confirmation that all required activities are completed including but not limited to:
  - Refill-too-soon edits
  - Prior authorization for out-of-network providers
  - Outreach to high-risk members
  - Website updates, if applicable
- Status of call center operations
- Status of affected staff and care coordination operations
- Serious reportable events, both during and 30-days post declaration
- Identification of members transitioned to a facility or shelter

Reports should be submitted weekly, at a minimum, until the declaration is lifted or the CMT instructs the MMP to cease the reports. MMPs should submit a post disaster report summarizing activities, outcomes, and lessons learned no later than three (3) days after the declaration is lifted.

## For More Information

Please contact Dustin Welch, Program Coordinator II, at [Dustin.Welch@scdhhs.gov](mailto:Dustin.Welch@scdhhs.gov) or 803-898-0695 if you have any questions.

## References

- July 20, 2009 CMS memo on “Pharmacy and Provider Access during a Federal Disaster or Other Public Health Emergency Declaration”
- Chapter 5 of CLTC’s Community Choices Policy and Procedure Manual (Case Management)
- CMS Survey & Certification - Emergency Preparedness site ([link](#))
- Chapter 4 of the Medicare Managed Care Manual, Section 150 (Benefits during Disasters and Catastrophic Events) and Section 160 (Beneficiary Protections Related to Plan-Directed Care) ([link](#))
- Chapter 5 (Benefits and Beneficiary Protections) of the Medicare Prescription Drug Manual, Section 50.12 (Pharmacy Access During a Federal Disaster or Other Public Health Emergency Declaration) ([link](#))
- CMS Rule on Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, finalized on September 8, 2016 ([link](#))

## Appendices

### Appendix 1: Location of the Emergency Disaster Priority and the Emergency Disaster Preparedness sections in Phoenix

The screenshot shows a web application interface with a top navigation bar and a main content area. The top navigation bar includes icons for Home, Home Assessment, PASARR, Waiver Supports, Non-Waiver Supports, Claims, and Forms. Below this is a secondary navigation bar with tabs for Overview, Special Alerts, Home Condition, Environmental Needs, and Ramp. The Home Condition tab is highlighted with a red circle. The main content area displays a list of sections: Basic Information, Additional Information, Home Needs, Emergency Disaster Priority, and Emergency Disaster Preparedness. Red arrows point to the 'Emergency Disaster Priority' and 'Emergency Disaster Preparedness' sections. The 'Emergency Disaster Preparedness' section is expanded, showing options for Evacuation, Non-Evacuation, and Disaster Plan. The 'Disaster Plan' section is highlighted with a red arrow. At the bottom, there is a 'Comments' section with an 'Add comment:' input field.

Appendix 2: Sample Emergency Preparedness documents in the CLTC Information Folder provided to waiver participants

TORNADO • FLASH FLOOD • EARTHQUAKE • WINTER STORM • HURRICANE • FIRE • HAZARDOUS MATERIALS SPILL

## Emergency Preparedness Checklist

**The next time disaster strikes, you may not have much time to act. Prepare now for a sudden emergency. Learn how to protect yourself and cope with disaster by planning ahead. This checklist will help you get started. Discuss these ideas with your family, then prepare an emergency plan. Post the plan where everyone will see it—on the refrigerator or bulletin board.**

**For additional information about how to prepare for hazards in your community, contact your local emergency management or civil defense office and American Red Cross chapter.**

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### Emergency Checklist

**Call Your Emergency Management Office or American Red Cross Chapter**

- Find out which disasters could occur in your area.
- Ask how to prepare for each disaster.
- Ask how you would be warned of an emergency.
- Learn your community's evacuation routes.
- Ask about special assistance for elderly or disabled persons.

**Also...**

- Ask your workplace about emergency plans.
- Learn about emergency plans for your children's school or day care center.

**Create an Emergency Plan**

- Meet with household members. Discuss with children the dangers of fire, severe weather, earthquakes and other emergencies.
- Discuss how to respond to each disaster that could occur.

**Prepare a Disaster Supplies Kit**

Assemble supplies you might need in an evacuation. Store them in an easy-to-carry container such as a backpack or duffel bag.

**Include:**

- A supply of water (one gallon per person per day). Store water in sealed, unbreakable containers. Identify the storage date and replace every six months.
- A supply of non-perishable packaged or canned food and a non-electric can opener.
- A change of clothing, rain gear and sturdy shoes.
- Blankets or sleeping bags.
- A first aid kit and prescription medications.
- An extra pair of glasses.
- A battery-powered radio, flashlight and plenty of extra batteries.
- Credit cards and cash.
- An extra set of car keys.
- A list of family physicians.
- A list of important family information, the style and serial number of medical devices such as pacemakers.
- Special items for infants, elderly or disabled family members.

### Emergency Plan

**Out-of-State Contact**

Name \_\_\_\_\_

City \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Local Contact**

Name \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Nearest Relative**

Name \_\_\_\_\_

City \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**Family Work Numbers**

Father \_\_\_\_\_ Mother \_\_\_\_\_

Other \_\_\_\_\_

**Emergency Telephone Numbers**

In a life-threatening emergency, dial 911 or the local emergency medical services system number.

Police Department \_\_\_\_\_

Fire Department \_\_\_\_\_

Hospital \_\_\_\_\_

**Family Physicians**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Reunion Locations**

1. Right outside your home \_\_\_\_\_

2. Away from the neighborhood, in case you cannot return home \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Route to try first \_\_\_\_\_

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### Escape Plan

**I**n a fire or other emergency, you may need to evacuate your home apartment or mobile home on a moment's notice. You should be ready to get out fast.

Develop an escape plan by drawing a floor plan of your residence. Using a black or blue pen, show the location of doors, windows, stairways, and large furniture. Indicate the location of emergency supplies (Disaster Supplies Kit), fire extinguishers, smoke detectors, collapsible ladders, first aid kits and utility shut off points. Next, use a colored pen to draw a broken line charting at least two escape routes from each room. Finally, mark a place outside of the home where household members should meet in case of fire.

Be sure to include important points outside such as garages, patios, stairways, elevators, driveways and porches. If your home has more than two floors, use an additional sheet of paper. Practice emergency evacuation drills with all household members at least two times each year.

**Example:**

### Home Hazard Hunt

In a disaster, ordinary items in the home can cause injury and damage. Anything that can move, fall, break or cause a fire is a potential hazard.

- Repair defective electrical wiring and leaky gas connections.
- Fixen shelves securely.
- Place large, heavy objects on lower shelves.
- Hang pictures and mirrors away from beds.
- Brace overhead light fixtures.
- Secure water heater. Strap to wall studs.
- Repair cracks in ceilings or foundations.
- Store weed killers, pesticides and flammable products away from heat sources.
- Place oily polishing rags or waste in covered metal cans.
- Clean and repair chimneys, the pipes, vent connections and gas vents.

**If You Need to Evacuate**

- Listen to a battery powered radio for the location of emergency shelters. Follow instructions of local officials.

The Federal Emergency Management Agency (FEMA) and the American Red Cross are pleased to provide you with this brochure. FEMA's Emergency Public Information Program and the American Red Cross' Disaster Education Program are nationwide efforts to increase the ability of citizens to respond quickly and efficiently to disasters and emergencies of all types.

For more information, please contact your local emergency management office and your local American Red Cross chapter.

Write up FEMA, ask for "Am You Ready?"

11-24, Item #9-0928  
P.O. Box 71274  
Washington, D.C. 20074

AIC 4471  
Rev. 1/89

Your Local Contact is: \_\_\_\_\_

### Floor Plan

**Floor One**

**Floor Two**

**Normal Exit Route**

**Emergency Exit Routes**

**Fire Extinguisher**

**Smoke Detectors**

**Disaster Supplies Kit**

**Doors**

**Collapsible Ladder**

**Reunion Location (Outside)**

**Stairways**

**Utility Shut Off**

**Windows**

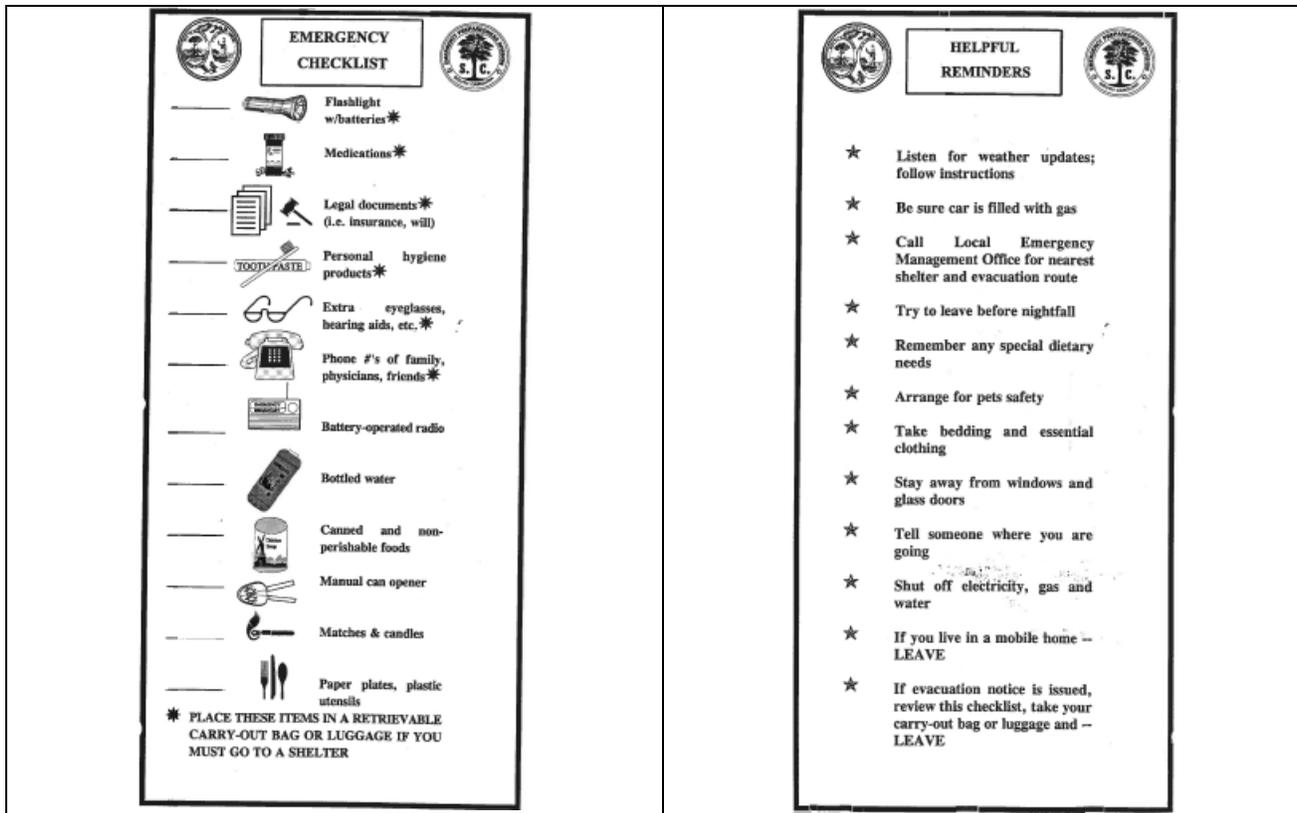
**First Aid Kit**

## Emergency Preparedness Checklist

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Appendix 3: Location of the Pre-Disaster Checklist and Post-Disaster Checklist in Phoenix

