EMERGENCY PREPAREDNESS Webinar For RHCs
CMS Policy and Procedure Template
Meet the Panelist

RuralHealthClinic.com
Experienced Knowledge

HBS
Healthcare Business Specialists
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RHC Information Exchange Group on Facebook
•"A place to share and find information on RHCs."
Subscribe to our Newsletter – HBS Update

Email “subscribe” to marklynnrhc@gmail.com

Or click the link to sign up for our Newsletter: Sign up for our Constant Contact Newsletter
What does Healthcare Business Specialists do?

1. We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics. In 2016, we will prepare 140 cost reports.
2. We prepare annual evaluations of RHCs. We conduct 50 of these on an annual basis.
3. We help clinics startup as RHCs. (about 30 per year)
About this Webinar
Disclaimer

1. This is being recorded, if you do not agree – please disconnect.
2. To watch this and our other Webinars: https://www.youtube.com/channel/UCXW4pkwNzDXVTMFrFwMy2_A
3. Information is current as of 7/25/2017.
Files and PDFs

1. There are five files and PDFs that you can use to prepare the Emergency Preparedness Policy and Procedures.
Questions or Comments?

Press the raise your hand button and I will open your phone line after the 30 minute presentation.
The New Emergency Preparedness Plans Must be implemented by 11/15/2017
CRITICAL DECISION SUPPORT
BEFORE, DURING AND AFTER CRISIS

FIRESTORM is the nationally recognized leader in Crisis Management
Learn More about the Firestorm and University of Alabama BeRThA® Initiative

RULE READY?
If you are a Health Care Provider and unprepared for the 2017 Emergency Preparedness Rule,
you will be out of compliance in exactly:

01 months 16 days 15 hours 27 min 56 sec
Definitions of Key Terms

Source
Emergency Preparedness

• Emergency Preparedness Program: The Emergency Preparedness Program is a facility’s comprehensive approach to meeting the health and safety needs of their patient population and provides facilities with guidance on how to respond to emergency situations that could impact the operation of the facility, such as natural or man-made disasters. It includes (1) all-hazards risk assessment and emergency planning, (2) development and implementation of policies and procedures, (3) a communication plan, and (4) training and testing. The program as a whole consists of the Emergency Plan, which is based on the four core elements.
Emergency Plan

• Emergency Plan: An emergency plan is one part of a facility’s emergency preparedness program and provides the framework which includes conducting facility-based and community-based risk assessments that will assist a facility in addressing patient needs along with the continuity of business operations. Additionally, a plan will support, guide and ensure a facility’s ability to collaborate with local emergency preparedness officials.
Hazard Vulnerability Assessments (HVAs)

• Hazard Vulnerability Assessments (HVAs) are systematic approaches to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community. The HVA describes the process by which a provider or supplier will assess and identify potential gaps in its emergency plan(s).

(2) The Assistant Secretary for Response and Preparedness (ASPR) Technical Resources Assistance Center and Information Exchange (TRACIE) Hazard Vulnerability/Risk Assessment.

https://asprtracie.hhs.gov/technicalresources/3/Hazard-Vulnerability-Risk-Assessment/0

Kaiser Permanente Tool: https://www.calhospitalprepare.org/hazard-vulnerability-analysis
Full-Scale & Facility-Based Exercises

• Full-Scale Exercise: A full scale exercise is a multi-agency, multijurisdictional, multi-discipline exercise involving functional (for example, joint field office, emergency operation centers, etc.) and “boots on the ground” response (for example, firefighters decontaminating mock victims).

• Facility-Based: When discussing the terms “all-hazards approach” and facility-based risk assessments, we consider the term “facility-based” to mean that the emergency preparedness program is specific to the facility. Facility-based includes, but is not limited to, hazards specific to a facility based on the geographic location; Patient/Resident/Client population; facility type and potential surrounding community assets (i.e. rural area versus a large metropolitan area).
Full-Scale & Facility-Based Exercises

Lessons Learned: If you are having a drill ensure that all authorities and participants are informed ahead of time.
What does an EP Plan look like?

- **Emergency Preparedness Program** must be established and maintained by RHCs. An EP program includes:
  - A facility-based and community-based **Risk Assessment** utilizing an all hazards approach and an **Emergency Plan** based upon the RA.
  - **Emergency Policies and Procedures** based upon Risk Assessment and Emergency Plan. (How are you going to implement the EP)
  - A **Communication Plan which** identifies staff, providers, volunteers, state and federal contacts and methods to contact them.
  - **Testing and Training** of the procedures annually through exercises including at least one community-based or facility-based exercise and one Table-Top Exercise. (or two community-based/facility based)
Table-Top Exercise

- Table-top Exercise (TTX): A table-top exercise is a group discussion led by a facilitator, using narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan. It involves key personnel discussing simulated scenarios, including computer-simulated exercises, in an informal setting. TTXs can be used to assess plans, policies, and procedures.
The Hierarchy of EP Planning

Why – Emergency

What – Emergency Plan

# The Emergency Preparedness Action Plan

1. **Read the Regulations, Resources, Templates & watch MLM Videos.**

2. Document any and all activities that are spent on EP. (phone calls)

3. Select an Emergency Preparedness Champion to lead the process and an Executive Team of three or more to implement EP.

4. Reach out to the local, CERT, county, state EP officials or coalitions and piggyback off their efforts. Be involved with any drills or tabletops.

5. Conduct the all hazards risk assessment or use the one obtained in 4. if appropriate.

6. Prepare your Emergency Plan to address the most common hazards.

7. Prepare your Emergency Policy and Procedures implementing EP.

8. Prepare your Communication Plan including how to contact people.
The Emergency Preparedness Action Plan (2)

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>10. Train volunteers (spouses or immediate family in smaller RHCs) on HIPAA, OSHA, and the Emergency Plan.</td>
</tr>
<tr>
<td>11. Participate in a community-wide drill or a facility-drill if one is not available. Write up any lessons learned from the drill.</td>
</tr>
<tr>
<td>12. Participate in another community-wide drill or facility-drill or conduct a table-top exercise instead. (Recommended)</td>
</tr>
<tr>
<td>13. Review, Update and Approve (RUA) changes to the EP, EPP, and CP yearly.</td>
</tr>
</tbody>
</table>
## Information for the Communication Plan

<table>
<thead>
<tr>
<th>Description</th>
<th>What is needed for the Communication Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
<td>Names, Position, Phone Numbers – Cell, Home phone, Email, Emergency Contact including name and Cell, Home phone, Email. Any other secondary ways to contact them in case of emergency.</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Names, Licensure, Phone Numbers – Cell, Home phone, Email, Emergency Contact including name and Cell, Home phone, Email. Any other secondary ways to contact them in case of emergency.</td>
</tr>
<tr>
<td>Incident Command Center/County EP</td>
<td>Name, Phone Number, Email. Secondary way to communicate. Address to report if needed or to call.</td>
</tr>
<tr>
<td>Director/Coalitions</td>
<td></td>
</tr>
<tr>
<td>911 Emergency</td>
<td>Phone number to call in case of an emergency.</td>
</tr>
<tr>
<td>Utilities</td>
<td>Who to call in case of an emergency. Phone Number.</td>
</tr>
<tr>
<td>Fire Depart.</td>
<td>Who to call in case of an emergency. Phone Number.</td>
</tr>
<tr>
<td>Telephone</td>
<td>Who to call in case of an emergency. Phone Number.</td>
</tr>
</tbody>
</table>
Emergency Preparedness Resources at www.ruralhealthclinic.com

Healthcare Business Specialists, LLC has included a Resource page for RHCs to comply with Emergency Preparedness regulations on our website. We have copied the information and links in this newsletter for your convenience and will continue to update the website as obtain more information and resources for RHCs in complying with the Emergency Preparedness requirements. Here is the link:

HTTP://WWW.RURALHEALTHCLINIC.COM/EMERGENCY-PREPAREDNESS
The language of Emergency Preparedness is very specific. CMS has provided definitions of the terms used when discussing Emergency Planning for healthcare providers. We provide the link to the definitions below:

- CMS Definitions of terms used in Emergency Preparedness
- CMS Resources at your Fingertips by ASPR Tracie (16 page PDF with a list of resources)
- CMS Interpretative Guidelines - Appendix Z released June 8, 2017
Healthcare Business Specialists has provided some sample Emergency Preparedness policies and procedures for RHCs:

- [Emergency Preparedness Sample Policies and Procedures for RHCs](#)
CMS Online Training Modules: CMS has recently published training modules for Emergency Preparedness and it is highly recommended that you go through these modules to help you understand what the RHC inspectors will be looking for:

- CMS Online Training Module for Emergency Preparedness Inspectors (includes more than just RHCs)
- FEMA Online Training Module for Incident Command Center operations

Emergency Preparedness Resources at [www.ruralhealthclinic.com](http://www.ruralhealthclinic.com)
Back to the Basics – How we got Here
Why do we have these new Emergency Preparedness Rules?

The difference between an Emergency and a Disaster is often Preparation.
Out with the Old

The prior regulations required RHCs to prepare for emergencies via three provisions:

1. Training staff in handling emergencies;
2. Placing exit signs in appropriate locations; and
3. Taking other appropriate measures consistent with the conditions of the area where the clinic is located.
Facilities are expected to be in compliance with the requirements by 11/15/2017.

In the event facilities are non-compliant, the same general enforcement procedures will occur as is currently in place for any other conditions or requirements cited for non-compliance.

Source: CMS MLM Webinar

CMS will follow the normal inspection schedule for RHCs. There will not be special inspections for Emergency Preparedness.
Emergency Preparedness Timeline

- Final CFR Regulations: 9/16/2016
- Interpretative Guidelines: 6/2/2017
- Must Comply: 11/15/2017

Emergency Preparedness (EP) Regulations Website
## The CMS Rules Apply to...

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>• Hospitals</td>
<td>• Ambulatory Surgical Centers</td>
</tr>
<tr>
<td>• Critical Access Hospitals</td>
<td>• Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services</td>
</tr>
<tr>
<td>• Religious Nonmedical Health Care Institutions (RNHCIs)</td>
<td>• Community Mental Health Centers (CMHCs)</td>
</tr>
<tr>
<td>• Psychiatric Residential Treatment Facilities (PRTFs)</td>
<td>• Comprehensive Outpatient Rehabilitation Facilities (CORFs)</td>
</tr>
<tr>
<td>• Long-Term Care (LTC) / Skilled Nursing Facilities</td>
<td>• End-Stage Renal Disease (ESRD) Facilities</td>
</tr>
<tr>
<td>• Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)</td>
<td>• Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)</td>
</tr>
<tr>
<td></td>
<td>• Home Health Agencies (HHAs)</td>
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<td></td>
<td>• Hospice</td>
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<td></td>
<td>• Organ Procurement Organizations (OPOs)</td>
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<td>• Programs of All-Inclusive Care for the Elderly (PACE)</td>
</tr>
<tr>
<td></td>
<td>• Transplant Centers</td>
</tr>
<tr>
<td>Why is Emergency Preparedness important for RHCs?</td>
<td>Adds a 9(^{th}) Condition of Participation</td>
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<tr>
<td>--------------------------------------------------</td>
<td>---------------------------------------------</td>
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<tr>
<td>Is a Condition Level Deficiency. (You can be terminated – Lose RHC Status)</td>
<td>Is time consuming and costly to implement.</td>
</tr>
</tbody>
</table>
Emergency Preparedness (EP) will be Time Consuming and Costly

Estimated to cost Independent RHCs $6,016 annually
## Emergency Preparedness Videos

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/5/2016</td>
<td>Emergency Preparedness Requirements MLN Connects® Call 10/5/16</td>
<td><a href="https://www.youtube.com/watch?v=GcPdvw4nZuU">https://www.youtube.com/watch?v=GcPdvw4nZuU</a></td>
</tr>
<tr>
<td>3/10/2014</td>
<td>Understanding the Proposed Rule on Emergency Preparedness</td>
<td><a href="https://www.youtube.com/watch?v=8splScqEEQM&amp;t=1151s">https://www.youtube.com/watch?v=8splScqEEQM&amp;t=1151s</a></td>
</tr>
<tr>
<td>3/7/2017</td>
<td>CMS Emergency Preparedness: Local Community Guidelines</td>
<td><a href="https://www.youtube.com/watch?v=IaMkR8d_BYY">https://www.youtube.com/watch?v=IaMkR8d_BYY</a></td>
</tr>
<tr>
<td>10/6/2016</td>
<td>10 Keys to Healthcare Emergency Planning</td>
<td><a href="https://www.youtube.com/watch?v=ip-mTeGqaql">https://www.youtube.com/watch?v=ip-mTeGqaql</a></td>
</tr>
</tbody>
</table>
### Appendix Z Interpretative Guidelines

On June 2, 2017, CMS released Appendix Z which is the Interpretative Guidelines for Emergency Preparedness. (All 17 provider types are included)

Surveyor Tool Microsoft Excel which lists surveyor procedures for all 17 provider types.

| --- | --- |
The Compliance Team Issues EP Standards in July, 2017

(14 page PDF)

http://www.thecomplianceteam.org/
<table>
<thead>
<tr>
<th>Description and Importance</th>
<th>Link</th>
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<tbody>
<tr>
<td>Description and Importance</td>
<td>Link</td>
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<td>-------------------------------------------------------</td>
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CERT – Community Emergency Response Team
https://www.fema.gov/media-library/assets/documents/107886

Community Emergency Response Team (CERT) Dataset

The Community Emergency Response Team (CERT) Program educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. Using the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. CERT members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community. Visit https://www.fema.gov/community-emergency-response-teams for more information about CERT Program. This dataset provides the CERT registration program information for approved CERT programs that is featured online at http://www.citicenscorps.fema.gov.

Resource Type: Document / Report | Last Updated: November 4, 2015

<table>
<thead>
<tr>
<th>Resource Type</th>
<th>CERT Dataset</th>
<th>Size</th>
<th>Publication Date</th>
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<tbody>
<tr>
<td>CERT Dataset</td>
<td>CERT Dataset</td>
<td>1.45M</td>
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Share This Page.
Emergency Preparedness
What is Required?
Words to Live By

“The time to repair the roof is when the sun is shining”

-JFK
What are the Goals and Objectives of EP

Goals

- Address systemic gaps.
- Provide a regulatory framework to ensure a coordinated emergency preparedness process.
- Encourage coordination within communities and states as well as across state lines.
**Four Mandated Components**

- **Emergency Plan**
  - Based on a risk assessment
  - Using an all-hazards approach
  - Update plan annually

- **Policies & Procedures**
  - Based on risk assessment and emergency plan
  - Must address: subsistence of staff and patients, evacuation, sheltering in place, tracking patients and staff

- **Communications Plan**
  - Complies with Federal and State laws
  - Coordinate patient care within facility, across providers, and with state and local public health and emergency management

- **Training & Exercise Program**
  - Develop training program, including initial training on policies & procedures
  - Conduct drills and exercises
Identify the Following:

- Hazards likely in geographic area (an all hazards approach)
- Care-related emergencies
- Equipment and Power failures (one emergency leads to another)
- Interruption in Communications, including cyber attacks
  - Back up communication plans if primary plan fails.
- Loss of all/portion of facility
  - Test your generator for 4 hours at full 100% power annually.
    (not required for RHCs)
- Loss of all/portion of supplies
- Plan is to be reviewed and updated at least annually
- Risk Assessment may already be done by local agencies if the RHCs reasoning for using it is included in the EP Policies.
6 Types of Preparedness Planning

- Pandemic/Epidemic
- Biological
- Chemical
- Nuclear
- Fire/Power/etc.
- Natural
What is an All Hazards Risk Assessment

**Hazard Identification**
- Fire
- Explosion
- Natural hazards
- Hazardous materials spill or release
- Terrorism
- Workplace violence
- Pandemic disease
- Utility outage
- Mechanical breakdown
- Supplier failure
- Cyber attack

**Assets at Risk**
- People
- Property including buildings, critical infrastructure
- Supply chain
- Systems/equipment
- Information Technology
- Business operations
- Reputation of or confidence in entity
- Regulatory and contractual obligations
- Environment

**Impacts**
- Casualties
- Property damage
- Business interruption
- Loss of customers
- Financial loss
- Environmental contamination
- Loss of confidence in the organization
- Fines and penalties
- Lawsuits
Four Core Elements of Emergency Preparedness – 2. Policies & Procedures

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.

At a minimum, the policies and procedures must address the following:

1. Safe evacuation from the RHC, which includes appropriate placement of exit signs; staff responsibilities and patient needs.
2. A means to shelter in place for patients, staff, and volunteers who remain in the facility. (Not required to maintain food, water, etc.)
(3) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

(4) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Emergency Plan</th>
<th>Policies and Procedures</th>
<th>Communication Plan</th>
<th>Training and Testing</th>
<th>Additional Requirements</th>
</tr>
</thead>
</table>
| Hospital           | Develop a plan based on a risk assessment using an "all hazards" approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually. | Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff & sheltered patients during the emergency. | Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients. | Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in:  
- A full-scale exercise that is community- or facility-based;  
- An additional exercise of the facility's choice. | Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain:  
1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions;  
2) emergency lighting; and  
3) fire detection, extinguishing, and alarm systems. |
| Critical Access    | *                                                                               | *                                                                                      | *                                                                                  | *                                                                                  | Generators                                                                           |
| Hospital           |                                                                                   |                                                                                       |                                                                                   |                                                                                   |                                                                                       |
|                      |                                                                                   |                                                                                       |                                                                                   |                                                                                   |                                                                                       |
The Regulations are not one size fits all

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<thead>
<tr>
<th>Provider Type</th>
<th>Emergency Plan</th>
<th>Policies and Procedures</th>
<th>Communication Plan</th>
<th>Training and Testing</th>
<th>Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHC/FQHC</td>
<td>*</td>
<td>Does not have to track staff and patients, or have arrangements with other RHCs to receive patients or have alternate care sites.</td>
<td>Does not need to provide occupancy information.</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

- No need for subsistence for staff and patients.
- No need to communicate with hospitals about occupancy.
- A generator is not required.
2. Communication Plan

(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. The communication plan must include all of the following:

(1) Names and contact information for the following:
   (i) Staff.
   (ii) Entities providing services under arrangement.
   (iii) Patients' physicians.
   (iv) Other RHCs.
   (v) Volunteers.
Communication Plan - Continued

(2) Contact information for the following:
   (i) Federal, State, tribal, regional, and local emergency preparedness staff.
   (ii) Other sources of assistance.

(3) Primary and alternate means for communicating with the following:
   (i) RHC staff.
   (ii) Federal, State, tribal, regional, and local emergency management agencies…
(1) *Training program*. The RHC must do all of the following:

(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles,
(ii) Provide emergency preparedness training at least annually.
(iii) Maintain documentation of the training.
(iv) Demonstrate staff knowledge of emergency procedures.
(1) Testing. The RHC/FQHC must conduct exercises to test the emergency plan at least annually. The RHC must do the following:

(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the RHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the RHC is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
Training & Testing (3)

(i) Conduct an additional exercise that may include, but is not limited to following:

(A) A second full-scale exercise that is community-based or individual, facility based.
(B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
Homeland Security Exercise and Evaluation Program

The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response, and recovery.

<table>
<thead>
<tr>
<th>Resource Type: Document / Report</th>
<th>Last Updated: June 17, 2016</th>
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<tbody>
<tr>
<td><a href="https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdf">homeland Security Exercise and Evaluation Program</a></td>
<td>0.72M April 1, 2013</td>
</tr>
</tbody>
</table>

Information and Resources

It is very easy to get lost in all the information on Emergency Preparedness. Here are some resources.
What is ASPR Tracie

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) sponsors the ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE).

https://asprtracie.hhs.gov/cmsrule

Note: Think Regional Extension Center for Emergency Preparedness
ASPR TRACIE

Self-service collection of audience-tailored materials

- Subject-specific, SME-reviewed "Topic Collections"
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

Personalized support and responses to requests for information and technical assistance

- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)

Area for password-protected discussion among vetted users in near real-time

- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

ASPRtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov

Emergency Preparedness Requirements MLN Connects® Call
10/5/16

CMS Emergency Preparedness Guidelines with Bob McKee, DO, Boston University
CMS Resources

Get Started. This will take Time!!!
Questions & Contact Information

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