Lessons from SS Sandy

• 1” of water entered the hospital, which compromised the back-up generator, forcing evacuation when the hospital lost power.

Fuel Bucket Line

Back-up generators in 13th floor but fuel pumps located in the flooded basement, requiring a bucket line up 13 flights of stairs.

Lessons Learned

• Staff Training: Newer nurses had little knowledge of alternative procedures, such as visually counting IV drips and performing manual suction of intubated patients.
• Records, both electronic and paper were destroyed by basement flooding. Many patients records communicated only through oral histories provided by caregivers.
• Compromised communications, including landlines, internet and cell phones.
Lessons Learned

• Problems with community collaboration to secure fuel, transportation
• Loading order (acute/vent patients in back of buses, longer wait). Difference between planned evacuation (hospital) vs emergency evacuation (EMS).
• Poor bed tracking/availability.

Lessons Learned

• Surge from other providers (ESRD, Pharmacies, Doctors Offices)

Figure 5: Hospitals With Patient Surge Challenges, by Surge Source, N=172
1135 Waivers

Purpose of 1135 Waivers

| Sufficient health care items and services are available to meet the needs of Medicare, Medicaid and CHIP beneficiaries; | Health care providers that provide such services in good faith can be reimbursed for them and not subjected to sanctions for noncompliance, absent any fraud or abuse |
In short:
Are CMS regulations impeding your ability to respond to or recover from a disaster?

To issue waivers:

Presidential Declaration: Stafford Act or National Emergencies Act
HHS Secretary: Public Health Emergency Declaration
Considerations for Waiver Authority

- Scope and severity of event with specific focus on health care infrastructure
- Are there unmet needs for health care providers?
- Can these unmet needs be resolved within our current regulatory authority?

Examples of 1135 Waiver Authorities

- Conditions of Participation
- Licensure for Physicians or others to provide services in affected state
- Emergency Medical Treatment and Labor Act (EMTALA)
- Stark Self-Referral Sanctions
- Medicare Advantage out of network providers
- HIPAA
What waivers DON’T do:

- 1135 waivers are not a grant or financial assistance program
- Do not allow reimbursement for services otherwise not covered
- Do not allow individuals to be eligible for Medicare who otherwise would not be eligible
- Should NOT impact any response decisions, such as evacuations.
- Do not last forever. And appropriateness may fade as time goes on.

1135 Waivers

<table>
<thead>
<tr>
<th>Scope</th>
<th>Federal Requirements only, not state licensure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Allow reimbursement during an emergency or disaster even if providers can’t comply with certain requirements that would under normal circumstances bar Medicare, Medicaid or CHIP payment</td>
</tr>
<tr>
<td>Duration</td>
<td>End no later than the termination of the emergency period, or 60 days from the date the waiver or modification is first published unless the Secretary of HHS extends the waiver by notice for additional periods of up to 60 days, up to the end of the emergency period.</td>
</tr>
</tbody>
</table>
1135 Waiver Examples

EMTALA
- Request to set up Alternate Screening Locations

Critical Access Hospitals
- 42 CFR 485.620
- Requires 25-bed limit and Average Patient stays of less than 96 ours

Skilled Nursing Facilities
- SSA 1812 (f)
- Three-day prior hospitalization for SNF Patients

1135 Waiver Review Process

- Within defined Emergency Area?
- Is there an actual need?
- Can this be resolved within current regulations?
- What is the expected duration?
- Will Regulatory relief requested actually address stated need?
- Should we consider individual or blanket waiver?
Waiver Review Inputs

Expectations of Waived Providers

- **Request**
  - Provide sufficient information to justify actual need

- **Waived**
  - Providers and suppliers will be required to keep careful records of beneficiaries to whom they provide services, in order to ensure that proper payment may be made.

- **Normal Ops**
  - Providers must resume compliance with normal rules and regulations as soon as they are able to do so
Contact Information

David Wright
David.Wright@cms.hhs.gov

Sandra Pace
Acting 1135 Waiver Coordinator
Sandra.pace@cms.hhs.gov

Questions?

John Gibbons
Regional Emergency Coordinator
john.gibbons@hhs.gov

Dr. Kenneth Sturrock
Regional Emergency Coordinator
kenneth.sturrock@hhs.gov

Ronald Pinheiro
ASPR Regional Administrator
ronald.pinheiro@hhs.gov