



Section	Psychiatric Health Facility (PHF)	Effective:	DRAFT
Sub-section	Crisis and Emergency Response	Version:	1.0
Policy	Communication with Officials Under an 1135 Waiver	Last Revised:	New policy
Director's Approval	_____	Date	_____
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Medical Director's Approval	_____	Date	_____
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Supersedes:	New policy	Audit Date:	DRAFT

1. PURPOSE/SCOPE

- 1.1. To address the role of the Santa Barbara County Psychiatric Health Facility (hereafter "PHF") in providing treatment under a waiver declared by the Health and Human Services (HHS) Secretary under section 1135 of the Social Security Act.
- 1.2. To ensure compliance with the Centers of Medicare & Medicaid Services (CMS) Emergency Preparedness Final Rule (42 CFR 482.15), emergency preparedness and response health care industry standards set forth by the California Hospital Association, and all other applicable federal, state and local laws.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Emergency** – a hazard or other critical incident that causes adverse physical, social, psychological, economic or political effects that challenges the facility's ability to respond rapidly and effectively to an interruption in normal facility functioning. Emergencies can affect the facility internally as well as the overall target population, the community at large or a geographic area.
 1. For purposes of this policy, "Emergency" refers to a facility-level hazard situation, not an individual patient medical emergency. For patient-related medical emergencies, please refer to the "Emergency Medical Condition" policy.
- 2.2. **PHF Leadership** – managerial and executive-level personnel responsible for high-level decision-making, including those decisions concerning evacuations. This may include the PHF Chief Executive Officer (CEO), Medical Director, Director of Nursing, Manager, and Nursing Supervisor.

3. BACKGROUND

- 3.1. The PHF is a 16-bed facility that provides 24-hour inpatient care to individuals requiring psychiatric hospitalization. It is a Lanterman-Petris-Short-designated facility and the only Acute Psychiatric Inpatient Hospital that accepts Medi-Cal within Santa Barbara County. The PHF is licensed by the State Department of Health Care Services (DHCS) as a “psychiatric health facility” and is eligible under Health and Safety Code section 1250.2(d) to participate as a hospital in the federal Medicare program if it meets all the federal conditions of participation. Participation in Medicare qualifies the facility for designation as a “Super-PHF,” meaning that it can bill both Medicare and Medi-Cal for services provided to qualified client beneficiaries. The PHF is one of only two such free-standing psychiatric hospitals in the State of California.

- 3.2. In an emergency or disaster situation declared by state and federal authorities, Medicare and Medi-Cal requirements may be waived or modified. When the President of the United States declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the HHS Secretary is authorized to take certain actions in addition to their regular authorities. Under Section 1135 of the Social Security Act (also known as “1135 waiver”), the HHS Secretary may temporarily waive or modify certain Medicare and Medi-Cal requirements to ensure that sufficient health care services are available to meet the needs of beneficiaries in the emergency area. Providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse). Examples of these 1135 waivers or modification include but are not limited to:
 1. Conditions of participation or other certification requirements.
 2. Requirements that physicians and other health care professional be licensed in the state in which are providing services, so long as they have equivalent licensing in another state.
 3. Performance deadlines and timetables may be adjusted (but not waived).

4. POLICY

- 4.1. In an emergency or disaster situation wherein a 1135 waiver applies, the PHF shall make efforts to communicate and coordinate with state and emergency officials to provide ongoing care for PHF patients.

5. COMMUNICATION WITH STATE & EMERGENCY OFFICIALS

- 5.1. Many emergency and disaster situations may disrupt day-to-day operations (e.g., sheltering psychiatric patients from neighboring counties impacted by a disaster) but may not require that PHF patients receive care at an alternate site. In these situations, PHF Leadership shall communicate and consult with state officials regarding the ongoing provision of services, including but not limited to DHCS, the California Department of Public Health, and state emergency service personnel.

1. The ability to provide ongoing services is dependent on and determined by various factors, including but not limited to, safety, acuity staffing and capacity. For example, in a case where the PHF exceeds its usual 16-bed capacity, safe staffing levels must still be maintained. Please see the “Emergency Staffing” and “Acuity Staffing” policies for further information.

6. PROVISION OF CARE AT ALTERNATE CARE SITES

- 6.1. In some situations (e.g., direct damage to the PHF by a disaster, imminent danger from wildfire), the PHF may need to seek alternate sites at which to provide care.
 1. For situations resulting in evacuation from the PHF and transfer of PHF patients to nearby facilities, please consult the “Emergency Facility Evacuation” policy and the “Emergency Transfer Agreements with Other Facilities” policy.
 2. If a widespread disaster renders it impossible to transfer patients to the facilities with which the PHF maintains agreements (e.g., the same disaster threatens many facilities within the geographical area), PHF Leadership shall communicate and coordinate with state and emergency officials to organize care of patients at an alternate site. For information and guidance on PHF communication with state and emergency officials, please see the PHF Emergency Communication Plan.

REFERENCE

Code of Federal Regulations – Condition of Participation: Emergency Preparedness
Title 42 Section 482.15(b)(8)

Centers for Medicare & Medicaid Services (CMS)
Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures
Ref: S&C 17-29-ALL, 6/2/2017

Centers for Medicare & Medicaid Services (CMS)
1135 Waiver – At A Glance

Centers for Medicare & Medicaid Services (CMS)
1135 Waivers and The Emergency Preparedness Rule. Accessed 5/16/18:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/CMS-Presentation-1135-Waivers.pdf>

RELATED POLICIES/DOCUMENTS

PHF Emergency Response Plan

PHF Emergency Communication Plan

Emergency Staffing

Acuity Staffing

Emergency Facility Evacuation Policy

Emergency Transfer Agreements with Other Facilities Policy

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).