

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

**Center for Medicaid and State Operations
7500 Security Boulevard Baltimore, MD 21244-185C**

September 30, 1999

Dear State Survey Agency Director:

This letter informs you of the Health Care Financing Administration's (HCFA) plans for Day One activities for the new millennium and to solicit the State's cooperation in supporting our information needs regarding the status of State Survey Agency (SA) monitoring of the health and safety of individuals in Medicare/Medicaid approved facilities.

For SAs, HCFA defines Day One as the period beginning January 1, 2000, until the period in which all immediate and serious health and safety issues related to the millennium have been resolved. HCFA's primary objective regarding Day One is for us and our partners to maintain communication regarding the status of the health and safety of our beneficiaries across the millennium threshold and on into the Year 2000 (Y2K).

Our own Day One plan (DOP) under the Department of Health and Human Services' (DHHS) guidelines requires us to be aware of the status of SA monitoring of immediate and serious health and safety problems so that we can provide this information upon request. We need the assistance of you and your staff. We attach Day One Guidelines, including reporting requirements, to enable us to gather this information from your Agency and provide it to DHHS, if requested.

HCFAs Requirements for States

HCFA requires that the SA identify staff who will provide full coverage on the millennium weekend, to implement the DOP reporting schedule described in Attachment I. Each contact person will be responsible for responding to inquiries from HCFA with the information required by Attachment II (checklist) to enable HCFA to monitor the health and safety of beneficiaries in facilities.

HCFA requires each SA to share its Day One schedule and plans with its provider community. SA's must also furnish contact information (who will be available, how to make contact, and what to report) to the provider community, well in advance of the Day One period.

HCFAs Recommendations to States

HCFA strongly recommends that all SAs develop a complete DOP. A DOP will help ensure transition through the millennium.

HCFA will not formally review your DOP. However, we have requested SA contingency plans and will review the ones we have received to assess the State's ability to respond to provider failures due to Y2K. We recommend that SAs share their DOPs with their HCFA regional office (RO) contact. (See attached list for your RO contact.) We may be able to provide some technical assistance to the SAs if requested.

HCFA recommends that you coordinate all information regarding Day One activities with your RO contacts. The RO contacts will be reporting frequently to HCFA central office (CO) on the status of State operations. The RO staff will develop a list of SA contacts and maintain this list through the millennium period. Please report any contact changes to the RO if they occur.

As part of their Y2K provider outreach activities, HCFA expects SAs to keep their provider communities informed about their schedule, plans, and ability to respond to provider inquiries during the day one period.

HCFA recommends that States develop DOP templates/checklists that track key information. The checklist that we are planning to use to monitor health and safety issues at Medicare approved facilities is attached and will be the basis for Day One dialog between the RO staff and State staff to assess providers' ability to care for patients. We suggest that your template/checklist be modeled after the attached checklist to facilitate status reporting between HCFA and the State. We also suggest that you incorporate the checklist in your DOP.

HCFA also recommends that States establish a Day One Team whose function is to evaluate key business operations and to provide status information. The team could include personnel such as the Y2K Project Manager, coordinators, functional area managers, business analysts, technical support staff, etc. The areas of responsibilities and the functions of each Day One Team member should be defined in the DOP. A precise timetable of activities to be performed, the personnel required, documentation, and reporting requirements should also be included in the DOP.

Schedule of HCFA Activities

Our Command and Control Center in CO will be staffed over the holiday weekend so that CO staff can receive reports of any State operational problems. Our RO staff will be your primary point of contact to report status information. From January 1 through January 7, 2000, the ROs will report the status of your operations to HCFA CO staff who in turn will notify DHHS. HCFA's reporting schedule will be coordinated with the RO staff, who in turn will coordinate time frames with States.

- o Friday, December 31, 1999 is a Federal holiday and, as such, there will be no expectations of the SAs to provide

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- o Monday, January 3, 2000, is not a Federal holiday. HCFA will be open for business as usual and all normal
- o From Saturday, January 1, 2000, thru Friday, January 7, 2000, HCFA CO will receive daily updates from H
provide monitoring if problems are encountered in a particular State. These additional calls will receive stat
- o If problems are reported and remain unresolved, HCFA/CMSO will continue to actively monitor the situation

It is critical that we set up a process to rapidly detect and address potential immediate and serious situations that may impact the health and safety of our beneficiaries who depend on us. This can only be accomplished through our joint efforts and commitment. Thank you for your continued cooperation and commitment. If you have particular questions regarding Day One activities please call your RO contact person or call Mavis Connolly (410-786-6707) or James Merrill (410-786-6998) in the HCFA CO.

Sincerely,

/s/

Rachel Block Deputy Director

Attachments cc:

All HCFA Regional Administrators

All HCFA Associate Regional Administrators for Medicaid and State Operations

Attachment I

DAY ONE PLAN GUIDELINES

for State Survey Agency Directors

DAY ONE PLAN--DEFINITION

The Day One Plan (DOP) is a plan of activities to ensure business continuity and ensure that systems and operations function without disruption as we move into the new millennium. Good business practice recommends that organizations develop a plan of their activities for the Day One period. The goal of this activity and other Year 2000 (Y2K) readiness activities is simple: thorough preparedness and accurate knowledge of operational status of Medicare/Medicaid health care providers generate beneficiary confidence that they will continue to have access to quality care throughout the millennium. For the purposes of these guidelines Day One will cover the period from Thursday, December 30, 1999, through Friday, January 7, 2000. There are some additional activities that will occur outside of Day One that need to be considered related to that period; e.g., staff training, additional staff needed to assess provider ability to care for patients, sufficient paper supplies to document problems manually, planning for and securing additional backup lines of communication (FAX machines, phone lines, phones, cellular phones.)

DOP DEVELOPMENT

HCFA suggests that all SAs develop a thorough and complete DOP based on the schedule and activities discussed below. The DOP should establish a Day One Team that would include personnel such as the Y2K Project Manager, coordinators, survey and certification managers, business analysts, surveyors, etc. The areas of responsibilities and the functions of each Day One Team member should be defined in the DOP. A precise timetable of activities to be performed, the personnel required, a contractor point of contact (if necessary), a communication plan for providers, documentation, and reporting requirements should also be included.

State agency personnel responsible for survey and certification activities should establish central command centers to monitor key DOP activities, receive information reports, assess business functions, and direct problem resolution or implement contingency plans. The State Survey Agency (SA) should identify specific contact people whom the regional office (RO) can communicate with during the DOP. **States should notify their regional office (RO) contact person of the name(s) of the SA liaison staff by October 15, 1999.**

As part of their Y2K provider outreach activities with all potential emergency processes, SAs MUST keep their provider communities informed about their schedule and plans for accepting complaints, provider inquiries, and assessing provider operating problems during the Day One period. Some State agencies have published this information in provider bulletins and letters.

DOP -ASSUMPTIONS/EXPECTATIONS

The following assumptions/requirements should be used in developing DOPs:

- o Friday, December 31, 1999, is a Federal/State holiday and, as such, beneficiaries, providers, and the general public will not expect the SA to be open or that business will be conducted in any
- o Staff will be on duty at all HCFA ROs and central office throughout the millennium weekend. HCFA staff will be regularly reporting the status of the State agencies operations to HCFA's Command and Control Center in Central Office (CO) during this period so that summary DOP.
- o State agencies should provide adequate staff and coverage to answer telephone calls from facilities for the entire
- 1. As with any potential emergency conditions, SA staff must be able to respond to reports of Y2K failures that ha
- 2. SA staff should provide a designated contact person to the HCFA RO.
- 3. SA should contact known facilities affected by power and water failures to assess their ability to continue operation
- o State agencies should plan to provide adequate staffing to respond to a possible increase in beneficiary inquiries

PRE-DAY ONE ACTIVITIES 09/01/99 -12/01/99

Develop a DOP for survey and certification activities.

As suggested to you in our March 10, 1999 letter, please take steps to raise provider awareness about the Y2K system problems in all facilities under your jurisdiction, with special emphasis on those facilities (SNFs, hospitals) that care for the frail, elderly and/or acutely ill patients, those facilities that are reliant on computer driven equipment (laboratories), and those facilities that are heavily dependent on outside suppliers of essential water and electrical services (ESRD).

Remind facilities to pay particular attention to critical areas such as, water, electricity, life support systems, biomedical equipment with embedded chips (defibrillator, ventilators, infusion pumps,) elevators, fire control systems, medical devices, monitoring equipment, HVAC systems and communication systems. Facilities should have contingency plans to respond to a failure of one or more of these critical areas.

Notify providers of the SA phone numbers and contacts for the Day One period and request that they report Y2K failures that could potentially result in serious injury, harm, impairment or death. Plan for adequate staff for the Day One period to monitor calls or reports of Y2K failures that could potentially result in serious injury, harm, impairment, or death.

Plan for adequate staff for the Day One period for possible on site monitoring for troubled facilities and for possible assistance with transfer and relocation of residents.

DOP SCHEDULE

All States should have plans in place for dealing with disasters. Such plans should be adapted as necessary and activated when normal monitoring identifies potential serious care problems as a result of Y2K. There should be a heightened awareness and particular attention paid to any known area affected by power and water supply failure. In the event that the SA becomes aware of those types of critical failures, it should make calls to the providers in the affected area. Particular attention should be paid to the impact of the water supply on ESRD facilities.

Activities to be Completed on Saturday, January 1, 2000

1:00 A.M. (Local time)

Shortly after midnight local time, SAs should be available to receive any reports of known immediate and serious health and safety problems in the Medicare/Medicaid approved facilities within their jurisdiction.

7:30 A.M. EST

RO staff in regions 1-4 will contact a designated SA contact person at this time. SA will report to the RO the status of any known immediate and serious health and safety problems in the Medicare/Medicaid approved facilities within their jurisdiction. See Attachment II for a checklist of information needed for RO report.

8:30 A.M. EST

RO staff in regions 5-7 will contact a designated SA contact person at this time as above.

10:00 A.M. EST

ROs 1-4 will call the CO Command and Control Center (C2C) contact and relay the initial SA report.

10:30 A.M. EST

ROs 8-10 will contact a designated SA contact person at this time as above (7:30 AM EST Report)

11:00 A.M. EST

ROs 5-7 will call the CO C2C contact and relay the initial SA report.

1:00 P.M. EST

ROs 8-10 will call the CO C2C contact and relay the initial SA report.

ROs 1-4 will call the CO C2C and relay the follow-up SA report.

2:00 P.M. EST

ROs 5-7 will call the CO C2C and relay the follow-up SA report.

3:00 P.M. EST

ROs 8-10 will call the CO C2C and relay the follow-up SA report.

6:00 P.M. EST

ROs 8-10 will contact the SA and follow-up on an initial problems as necessary.

6:30 P.M. EST

All components will report to the CO C2C contact any outstanding problems raised during the day.

Activities to be Completed January 2, 2000

9:00 A.M. EST

ROs 1-4 will contact a designated SA contact person at this time. SA will report any known immediate and serious health and safety problems in the Medicare/Medicaid approved facilities within their jurisdiction.

10:00 A.M. EST

ROs 1-4 will contact the CO contact and relay the follow-up SA report.

ROs 5-7 will contact the SA and follow-up on initial problems as necessary

11:00 A.M. EST

ROs 5-7 will contact the CO contact and relay the follow-up SA reports.

12:00 Noon. EST

ROs 8-10 will contact the SA and follow-up on any initial problems as necessary.

1:00 P.M. EST

ROs 1-4 will call the CO C2C contact and report on the follow-up assessments.

ROs 8-10 will call the CO C2C contact and report on the follow-up assessments.

2:00 P.M. EST

ROs 5-7 will call the CO C2C contact and report on the follow-up assessments.

4:00 P.M. EST

ROs 8-10 will call the CO C2C contact and report on the follow-up assessments.

5:00 P.M. EST

ROs 1-4 will call the CO C2C contact and report on the follow-up assessments.

6:00 P.M. EST

ROs 5-7 will call the CO C2C contact and report on the follow up assessments.

6:30 P.M. EST

All components will report to the CO C2C contact any outstanding problems raised during the day.

Activities to Be Completed January 3, 2000

Each SA will continue to monitor and investigate any reports of known immediate and serious health and safety problems in the Medicare/Medicaid approved facilities within their jurisdiction. In the event that immediate and serious problems related to Y2K failures are multiple, the SA will suspend all routine certification activities until the problems/complaints received return to normal operating levels.

7:30 A.M. EST

RO staff in regions 1-4 will contact a designated SA contact person at this time. SA will report to the RO any known immediate and serious health and safety problems in the Medicare/Medicaid approved facilities within their jurisdiction.

8:30 A.M. EST

RO staff in regions 5-7 will contact a designated SA contact person at this time and follow-up on initial problems as necessary.

10:00 A.M. EST

ROs 1-4 will call the CO Command and Control Center (C2C) contact and relay the follow-up SA report.

10:30 A.M. EST

ROs 8-10 will contact a designated SA contact person at this time as and follow-up on any initial problems as above (7:30 AM EST Report)

11:00 A.M. EST

ROs 5-7 will call the CO C2C contact and relay the follow-up SA report.

12:00 Noon EST

ROs 8-10 will call the CO C2C contact and relay the follow-up SA report.

1:00 P.M. EST

ROs 1-4 will call the CO C2C and relay the follow-up SA report.

2:00 P.M. EST

ROs 5-7 will call the CO C2C and relay the follow-up SA report.

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3:00 P.M. EST

ROs 8-10 will call the CO C2C and relay the follow-up SA report.

5:00 P.M. EST

ROs 1-4 will call the CO C2C contact and relay the follow-up SA report.

6:00 P.M. EST

ROs 5-7 will call the CO C2C contact and relay the follow-up SA report.

6:30 P.M. EST

All components will report to the CO C2C contact any outstanding problems raised during the day.

Activities to Be Completed January 4 thru 7, 2000

Each SA will continue to monitor and investigate any reports of known immediate and serious health and safety problems in the Medicare/Medicaid approved facilities within their jurisdiction. In the event that immediate and serious problems related to Y2K failures are multiple and affect the quality of patient care, the SA should ensure that these Y2K problems are dealt with as quietly as possible. The SA may need to suspend all routine certification activities until the problems/complaints received return to normal operating levels.

8:30 A.M. EST

RO staff in regions 1 -4 will contact a designated SA contact person at this time. SA will report to the RO the status of any known immediate and serious health and safety problems in the Medicare/Medicaid approved facilities within their jurisdiction.

9:30 A.M. EST

ROs 5-7 will contact a designated SA contact person at this time and follow-up on initial problems as necessary.

10:00 A.M. EST

ROs 1-4 will call the CO C2C contact and relay the follow-up SA report.

10:30 A.M. EST

ROs 8-10 will contact a designated SA contact person at this time as and follow-up on any initial problems as above (7:30 AM EST Report)

11:00 A.M. EST

ROs 5-7 will call the CO C2C contact and relay the follow-up SA report.

12:00 Noon EST

ROs 8-10 will call the CO C2C contact and relay the follow-up SA report.

1:00 P.M. EST

ROs 1-4 will call the CO C2C and relay the follow-up SA report.

2:00 P.M. EST

ROs 5-7 will call the CO C2C and relay the follow-up SA report.

2:30 P.M. EST

All components will report to the CO C2C contact any outstanding problems raised during the day.

ATTACHMENT II
Checklist

Information Collection Necessary for State Agency Monitoring CP-007

Section One

Affected Facility information:

The SA will report on facilities affected by power and/or water failures.

1. Number and Type of Facilities contacted

2. Status of the affected facilities

A. No identified problems affecting serious and immediate health and safety.

B. Serious and immediate problems which could affect health and safety.

Complete Section Two for this provider.

Section Two

The RO will collect the following information from the SA on any reports of Y2K failures that have caused health and safety problems for beneficiaries receiving care from a Medicare/Medicaid approved facility:

Provider Specific Information:

1. Date RO received complaint
2. Provider or Supplier Type
3. Provider Name
4. Type of Problem(s) that are causing or likely to cause serious injury, harm or death.
5. Number of patients affected by problem
6. SA plan of action

Status Reports

7. Resolution of problem date
8. OSCAR System: Is the SA telephone access to OSCAR operational? List any problems.
9. MDS System: Is MDS operational? List any problems.
10. ASPEN Is ASPEN operational? List any problems.

Attachment III

Regional Office Contacts

Region I	Charlie Reynolds	617-565-9156
Region II	Sue Kelly	212-264-2058
	Joel Truman	212-264-3926
Region III	Mike Gregory	215-861-4296
	Timothy Hock	215-861-4311
Region IV	Brenda Nimmons	404-562-7405
Region V	Chuck Bennett	312-886-5561
Region VI	Mitchell Chunn	214-767-4446
Region VII	James Scott	816-426-3406 x3204
	Demetria Wills	816-426-2408 x3205
Region VIII	Helen Jewell	303-844-7048
	Nancy Walker	303-844-7037
	Annette Brauchler	303-844-7053
	Dr. Paul Long	303-844-1978
Region IX	Stan Marcisz	415-744-3746
	Richard Shirasawa	415-744-3712
Region X	Mary (Fran) Lassiter	206-615-2313
	Mo Lynch	206-615-2340
	Ed Prichard	206-615-2313