



## NWRPCA/CHAMPS Webinar

### Overview of the Emergency Preparedness Requirements

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## Objectives

- Understand the requirements under the CMS emergency preparedness regulations.
- Provide areas where facilities should pay special attention.
- Engage in a Q&A session and share EP best practices/lessons learned.

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## Background

- Original Emergency Preparedness Final Rule: *Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers* (2016)
- Revisions to Emergency Preparedness Requirements: *Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction* (2019)
- Emergency Preparedness is ONE CoP/CfC of many already required

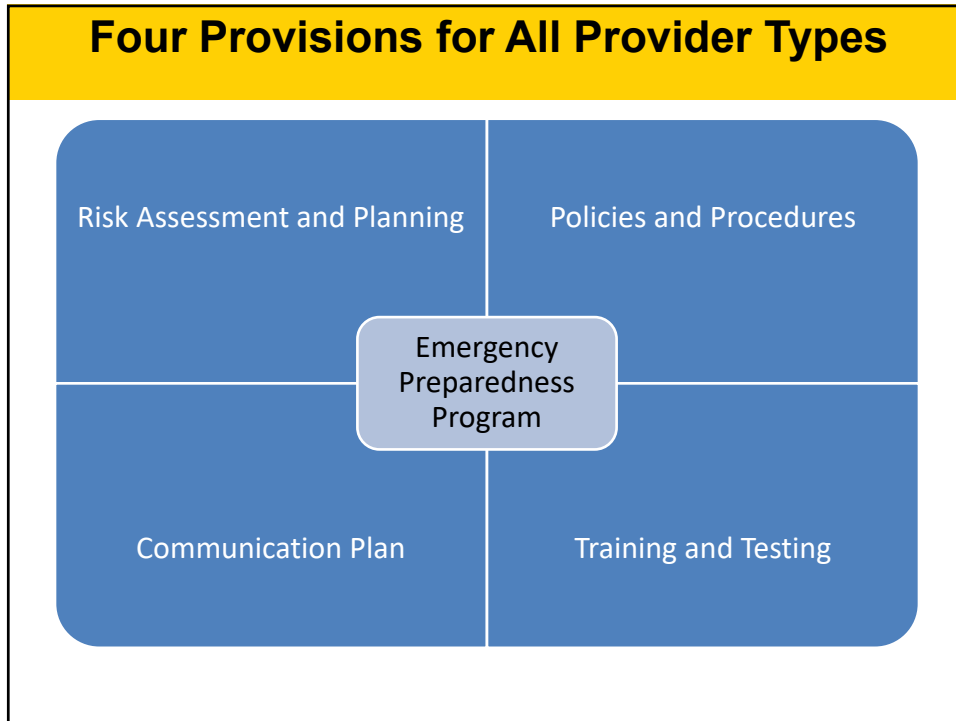
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## Appendix Z of the State Operations Manual

- Latest revision was in 2021. Updates included:
  - Recommendations during PHE's for facilities to monitor Centers for Disease Control and Prevention (CDC) and other public health agencies, which may issue event-specific guidance and recommendations to healthcare workers.
  - Added additional guidance on risk assessment considerations, to include EIDs
  - Added additional guidance/considerations for emerging infectious diseases (EID) planning to include personal protective equipment (PPE).
  - Expanded guidance on the identification and use of best practices related to reporting of facility needs, the facility's ability to provide assistance and occupancy reporting.
  - Expanded guidance for surge planning due to natural disasters and EIDs.
  - Included planning considerations for potential patient surges and staffing needs.

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### Risk Assessment and Planning

- Develop an emergency plan based on a risk assessment.
- Perform risk assessment using an “all-hazards” approach, focusing on capacities and capabilities.
- Facilities must still have a process for cooperation and collaboration with local, tribal (as applicable), regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.
- Update emergency plan at **least every 2 years** (annually for LTC)

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## Top Areas of Focus

- Risk Assessments (or HVAs) must be tailored to the patient population served.
- If participating in a unified/integrated emergency program (health systems), ensure risk assessments account for your specific geographic area and the patient population.

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## Policies and Procedures

- Develop and implement policies and procedures based on the emergency plan and risk assessment, and the communication plan.
- Policies and procedures must address a range of issues including subsistence needs, evacuation plans, procedures for sheltering in place, tracking patients and staff during an emergency.
- Review and update policies and procedures at **least every 2 years** (annually for LTC).

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## Top Areas of Focus

- Account the availability of contracted resources during an emergency event. For instance, a facility has a written arrangement with a transportation company, yet during an emergency the transportation company is unable to reach the facility due to flooding and/or having other arrangements with the community.
- The facility is responsible to ensure these areas are discussed and managed within their policy and procedure to ensure availability of resources during an emergency event.
- Review contracts and agreements as at least every two years.

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## Communication Plan

- Develop a communication plan that complies with both Federal and State laws.
- Coordinate patient care within the facility, across health care providers, and with state and local public health departments and emergency management systems.
- Review and update plan at **least every 2 years** (annually for LTC).
- Updated Appendix Z also provides additional considerations for facility's on reporting occupancy and sharing information with emergency management systems.

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## Training/Testing Requirements

- Conduct initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers
- After initial training, provide emergency preparedness training **every 2 years** (Annually for LTC)
- Demonstrate staff knowledge of emergency procedures.
- Maintain documentation of all emergency preparedness training.
- If the emergency preparedness policies and procedures are significantly updated, conduct training on the updated policies and procedures.

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## Testing Changes with Burden Reduction

- **For outpatient providers:** Facilities are required to only conduct one testing exercise on an annual basis, which may be either one community-based full-scale exercise, if available, or an individual facility-based functional exercise, every other year and in the opposite years, these providers may choose the testing exercise of their choice.
- These outpatient providers are required to conduct one full-scale or individual facility-based exercise every two years, and in the opposite years, the providers can conduct testing exercise of choice, which can include either a full-scale, individual facility-based, drill, tabletop exercise/workshop which includes a facilitator.

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## Testing Exercise- Exemption

- If a facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in its next required community-based or individual, facility-based functional exercise following the onset of the actual event.
- Exemption only applies to the NEXT REQUIRED full-scale exercise.
- Facilities must demonstrate activation of the emergency plan.
- Also see <https://www.cms.gov/files/document/gso-20-41-all-revised-06212021.pdf>

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## Top Areas of Focus

- Facilities must conduct AARs not only after exercises, but also after real emergency events (e.g., COVID-19).
- Testing Exercises- variability and based on risk assessment.
- Staff must be able to demonstrate knowledge.
- Facilities must be able to demonstrate, through written documentation, that they activated their program due to the emergency.
- During natural disasters, facilities generally show activation by providing notice of imminent weather to staff; showing documentation of evacuations; closures etc.

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## State & Accrediting Organization Requirements

- The Emergency Preparedness Rule does not specify quantities within any provisions. The rule is broad and overarching.
- Facilities should check with their State Survey Agencies and Accrediting Organizations (as applicable) for any additional requirements which may exceed the CMS requirements.

Not sure of your designation? Check <https://qcor.cms.gov/main.jsp>

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## Resources

- Our Surveyor Training (available publically) can be found here: [https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep\\_ONL](https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep_ONL)
- CMS Appendix Z (Emergency Preparedness) [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_z\\_emergprep.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf)
- CMS Appendix G (RHC/FQHC) [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_g\\_rhc.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_g_rhc.pdf)

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## Resources Continued

- We would recommend facilities use the checklists developed by ASPR to help guide them to their specific requirements. Review the checklists under Facility-Specific Requirement Overviews at <https://asprtracie.hhs.gov/cmsrule>.
- Consider annotating on the checklist, the location of each of your elements of the plan to assist surveyors reviewing on-site.
- Use ASPR TRACIE for resources, tools and templates.

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**Thank you!**



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