

## Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

### Implementation is Required by November 15, 2017

In the aftermath of the recent hurricanes that engulfed Texas and Florida, the risk of not having a disaster/emergency preparedness and recovery plan could be devastating for facilities. Whether it be a natural disaster, cyber-attack or caused by human intervention, having policies, procedures and a disaster recovery plan outlined is critical.

The Final Rule for Emergency Preparedness was published in September 2016, became effective November 15, 2016 and is required to be implemented by facilities on November 15, 2017. The Emergency Preparedness mandate affects 17 provider and supplier types eligible to participate in Medicare, (e.g., hospitals, critical access hospitals, long-term facilities, rural health clinics and federally qualified health centers, community mental health centers, etc.).<sup>1</sup>

The Final Rule establishes requirements for national emergency preparedness, including creation of an emergency preparedness plan with annual updates to all Medicare providers and suppliers. Additionally, long-term care and psychiatric residential treatment facilities must share information on the emergency plan with patient family members or representatives by ensuring communication of changes in daily operations, such as, intent to evacuate with location (if known). Facilities should educate designated family members/representatives of the emergency preparedness plan and security and safety measures taken in the event of a disaster. Ensure the designated parties are aware of what to expect from the facility and what is expected of them, for example, in the case of a resident requiring rapid decision making after becoming confused or disoriented when an unconventional event occurs. Facilities must keep accurate documentation records of who they contacted with details of the communication.

CMS has also provided tools to assist in the planning and implementation of emergency situation protocols for patients, clients, residents and participants safety should an emergency or disaster occur. Efficiently implementing the requirements set forth by CMS will ensure facilities are able to respond quickly, successfully and recover rapidly following an emergency or disaster.

If your facility is a Medicaid-only facility, you will need to contact their State Medicaid Agency to determine if the facility is required to meet the Final Rule's Emergency Preparedness requirements.

Compliance surveys for emergency preparedness is required to begin November 15, 2017 and facilities need to meet new Conditions of Participation (CoPs) and Condition for Coverage (CfCs) requirements established by the Final Rule. There are 42 E-tags and topics in which surveyors could potentially evaluate, depending on your facility type, (e.g., Hospital, Critical Access Hospital, Transplant facility, etc.).

These CoPs, CfCs, Conditions for Certification and Requirements follow the standard survey protocols currently in place for each facility type and will be assessed during initial, revalidation, recertification and complaint surveys as appropriate.<sup>2</sup>

As noted above, CMS has provided check-lists, survey tools and a list of national emergency preparedness resources to assist your facility when developing emergency preparedness plans.<sup>3</sup>

#### **May I disclose protected health information for public health emergency preparedness purposes?**

<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/emergencyprepdisclose.pdf>

#### **CMS Emergency Preparedness Requirements by Provider Type**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/EP-Rule-Table-Provider-Type.pdf>

#### **Survey and Certification**

[https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC\\_EPChecklist\\_Provider.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_Provider.pdf)

Please note that, “HIPAA requirements are not suspended during a national or public health emergency. However, the Privacy Rule specifically permits certain uses and disclosures of PHI in emergency situations and for disaster relief purposes.”<sup>2</sup>

There are four core elements of Emergency Preparedness for all provider types:

#### **1. Risk Assessment and Emergency Planning**

The approach to scenarios, essential functions, and the individuals responsible for carrying out critical duties, such as, how many generators are needed, emergency lighting, fire extinguishing system and alarms, communication plans, potential hazards likely in your geographical area, etc.

#### **2. Policies and Procedures**

Direction in the case of an emergency, such as, how to secure medical documentation, what to do in the case of an evacuation, system to track the location of staff and patients, IT processes, etc.

Complies with your State and Federal laws

#### **3. Training and Testing**

Drills and preparation exercises, timing (how much potential time would it take to evacuate, or clear the halls of patients/staff/family members), tracking, assessing staff knowledge of procedures, etc.

Updated annually

#### 4. Communication Plan

Communication is the key to conveying information to all staff, local authorities and communities and family members or representatives.

CMS gives clear direction and outlines related to emergency preparedness and provides tools to assist in the development a plan. CMS also encourages facilities to develop a plan based on an “all hazards” methodology to emergencies and disasters.

#### **What is your responsibility in your facility?**

Become familiar with the Final Rule on Emergency Preparedness

- Download the checklists and surveyor tool provided by CMS

Become familiar with your facility’s policies and procedures in the case of an emergency or disaster

- How to report the emergency and/or alert employees
  - The evacuation plan for patients and employees
    - Evacuation locations
    - Emergency escape routes (exits, floor plans, workplace map)
    - What conditions warrant evacuation?
    - Accounting for staff and employees or other individuals in the area at the time of evacuation
  - Names, titles, departments and telephone numbers designated to respond to emergencies or disasters
  - Location of dangerous equipment or valve shut-offs
  - Locations of emergency tools (fire extinguishers)
  - Rescue procedures if needed

Conduct drills

- Educate your employees related to your facility’s plans and include emergency and disaster scenarios
- Ensure your employees understand their function and role in an emergency or disaster situation
- Ensure your employees are knowledgeable on how to use special equipment if needed

References:

<sup>1</sup> <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule.html>

<sup>2</sup> <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Advanced-Copy-SOM-Appendix-Z-EP-IGs.pdf>

<sup>3</sup> <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html>

<sup>4</sup> <https://www.healthcareready.org/system/cms/files/1563/files/original/2017-04-27-Emergency-Prep-Presentation.pdf>

Other Resource:

[http://www.nahc.org/assets/1/7/17\\_REG\\_Emergency\\_Plan\\_Table\\_Home\\_Care.pdf](http://www.nahc.org/assets/1/7/17_REG_Emergency_Plan_Table_Home_Care.pdf)