

## Frequently Asked Questions (FAQs) New CMS Emergency Preparedness Final Rule

### Documentation Requirements

**Q:** What needs to be completed by the November 15, 2017 deadline?

**A:** Long-term care providers are required to meet the four key elements:

- Develop an emergency plan based on a risk assessment utilizing an “all-hazards approach.
- Develop and implement policies and procedures based on the emergency plan and risk assessment.
- Develop and maintain a communications plan that complies with federal, state and local laws.
- Develop and maintain emergency preparedness training and testing programs.<sup>1</sup>

**Q:** What are the risk assessment and emergency plan requirements for long-term care facilities?

**A:** Each facility must assess and document potential hazards and risk factors that have the potential to cause harm. These include natural disasters, human-caused disasters and facility-based disasters, such as care-related emergencies, equipment and power failures and interruptions in communications and essential resources. Each facility must develop and maintain an emergency plan that must be reviewed and updated at least annually. The emergency plan must consider the following:

- All business functions essential to the facility’s continuity of operations during an emergency.
- All risks or emergencies that threaten life and property.
- Consideration of the facility’s location.
- Arrangements with other health care facilities or organizations that might be needed to ensure continuity of essential services during an emergency.
- Account for or locate missing residents.
- Address patient population, including persons at-risk, the type of services the facility has the ability to provide during an emergency and continuity of their operations.
- Documentation of the facility’s efforts to coordinate and collaborate with local, state, and federal emergency management agencies' efforts before and during an emergency or disaster.<sup>2</sup>

**Q:** What are the policy and procedure requirements for long-term care facilities?

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1 “Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers,” *Centers for Medicaid and Medicaid Services*, (September 2016): 11-13.

2 “Appendix Z: Emergency Preparedness Interpretive Guidance,” *State Operations Manual*, (June 2017): 11.

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**A:** Each facility must develop and implement policies and procedures based on the risk assessment and emergency plan. The policies and procedures must be reviewed and updated at least annually.

The policies and procedures must address the following:

- Provision of subsistence needs for staff and patients, including food, water, medical and pharmaceutical supplies.
- Alternate sources of energy, such as emergency lighting; equipment for power dependent residents; temperatures to protect patient health and safety and for the sanitary storage of provisions; fire detection, extinguishing and alarm systems; and sewage and waste disposal.
- System to track the location of on-duty staff and patients during and after an emergency.
- Plans for the evacuation of patients from the facility, including the care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with other facilities and providers for assistance.
- Plans for sheltering in place
- System of medical documentation that protects confidentiality of patient information, and secures and maintains records.
- Use of volunteers during an emergency.
- Arrangements with other facilities and providers to receive patients.
- Role of the facility under a waiver declared by the Secretary, when care and treatment is delivered at an alternate care site.<sup>3</sup>

**Q:** What are the communications plan requirements for long-term care facilities?

**A:** Each facility must develop and maintain a communications plan that must be reviewed and updated at least annually. The communications plan must include all of the following:

- How the facility coordinates patient care within the facility, across healthcare providers, and with state and local public health departments.
- How the facility interacts and coordinates with emergency management agencies and systems during a disaster.
- Names and contact information.
- Primary and alternate means of communication.
- Methods for sharing information, including occupancy/needs and emergency preparedness plans and policies with family members, resident representatives or client representatives.<sup>4</sup>

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<sup>3</sup> “Appendix Z: Emergency Preparedness Interpretive Guidance,” *State Operations Manual*, (June 2017): 21-38.

<sup>4</sup> “Appendix Z: Emergency Preparedness Interpretive Guidance,” *State Operations Manual*, (June 2017): 41-51.

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### Testing and Training Requirements

**Q:** What are the testing and training program requirements for long-term care facilities?

**A:** The facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, policies and procedures and communications plan. The training and testing program must be reviewed and updated at least annually. The training program must include all of the following:

- Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement and volunteers.
- Provide emergency preparedness training at least annually.
- Maintain documentation of all emergency preparedness training.
- Demonstrate staff knowledge of emergency procedures.

The facility must conduct drills and exercises to test the emergency plan at least annually. The facility must do all of the following:

- Participate in a full-scale exercise that is community-based or individual, facility-based.
- Conduct an additional exercise that may include a second full-scale exercise or a tabletop exercise.
- Evaluate the facility's performance and maintain documentation of all drills, tabletop exercises, and emergencies, and update the emergency plan, as needed.<sup>5</sup>

### Additional Requirements

**Q:** What other requirements must be addressed to achieve compliance with the final CMS emergency preparedness rule.

**A:** Additional facility-related elements addressed in the CMS emergency preparedness final rule include:

- Implement emergency and standby power systems based on the emergency plan.
- Implement generator location requirements found in the Health Care Facilities Code, Life Safety Code and NFPA 110.
- Implement emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110 and Life Safety Code.
- A plan for how to keep emergency power systems operational during an emergency if the facility maintains an onsite fuel source.<sup>6</sup>

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<sup>5</sup> "Appendix Z: Emergency Preparedness Interpretive Guidance," *State Operations Manual*, (June 2017): 51-61.

<sup>6</sup> "Appendix Z: Emergency Preparedness Interpretive Guidance," *State Operations Manual*, (June 2017): 62-67.

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### Survey Process Requirements

**Q:** Who is involved in monitoring for compliance?

**A:** The State Survey Agencies (SA), Accreditation Organizations (AOs), and CMS Regional Offices (ROs).<sup>7</sup>

**Q:** Are there consequences for not implementing the new CMS emergency requirements by November 15, 2017?

**A:** Facilities registered with Medicare and Medicaid have one year to implement the new Medicare and Medicaid emergency preparedness requirements. Surveying for compliance starts in November 2017.<sup>8</sup>

### Resources

**Q:** Where can I find more information on the new CMS emergency preparedness requirements final rule?

**A:** [The CMS Emergency Preparedness Survey and Certification Page](#) provides additional information on the new Medicare and Medicaid emergency preparedness requirements.

**For more information, please contact Karste Consulting's Independent Consultant Nick Zubel for a Free Phone Consultation at 510 529-5631 or via email at [nzubel@gmail.com](mailto:nzubel@gmail.com)**



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<sup>7</sup> "Frequently Asked Questions: Emergency Preparedness Regulation," *Centers for Medicaid and Medicaid Services*, (October 2016): 3.

<sup>8</sup> "Frequently Asked Questions: Emergency Preparedness Regulation," *Centers for Medicaid and Medicaid Services*, (October 2016): 3.