CMS EMERGENCY PREPAREDNESS RULE TOOLKIT:

INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

WISCONSIN DEPARTMENT *of* **HEALTH SERVICES**

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WELCOME

Welcome to the Emergency Preparedness Rule Toolkit for Intermediate Care Facilities for Individuals with Intellectual Disabilities, assembled by the Wisconsin Department of Health Services' Health Care Preparedness Program, out of the Office of Preparedness and Emergency Health Care in the Division of Public Health.

In September 2016, the Centers for Medicare & Medicaid Services (CMS) released a new emergency preparedness rule for 17 sectors of the U.S. health care system. The new rule asks the affected provider types to demonstrate that they are doing risk assessments; writing appropriate plans, policies and procedures; and training and testing their plans with staff and partners in the community.

One of the resources CMS suggests providers can seek out to assist them are the regional health emergency readiness coalitions (HERCs). In Wisconsin, we have seven of these coalitions. The memberships of these coalitions—which include hospitals, emergency medical services, public health agencies, emergency management agencies, and a range of other partners—plan, train, and exercise together to be ready to support one another in large-scale emergencies. We invite you to reach out to your region's coordinator, if you haven't already, to find out more. A map of the regions and a link to the current contact information for their coordinators can be found on the next page.

Each of these toolkits gives facilities that fall under the new rule an overview of the requirements for their provider type, as well as some sample templates that can be used in their planning efforts. In topic areas where there wasn't a tool or template readily available, the toolkit offers planning worksheets that feature a list of example questions to help facilities think through relevant issues that can help them draft their plans and policies.

As you may be aware, the Division of Quality Assurance (DQA, another part of the Wisconsin Department of Health Services), is the state survey agency that oversees Wisconsin's certification process on behalf of CMS. While DQA has provided our staff with information and background on the CMS rule, our provider toolkits were produced independently and are intended for advisory purposes only. None of the tools or assistance provided by our office or the regional healthcare coalitions guarantees any outcome during survey visits. Facilities are solely responsible for meeting CMS requirements.

We wish you success in your efforts to enhance your readiness to protect your patients, clients, residents, their families, and your staff during emergency situations, and hope the contents of this toolkit help you on your way!

Best Wishes,

Dave Rozell

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WISCONSIN'S HEALTHCARE EMERGENCY READINESS COALITIONS (HERC)

Below is a map of the regional healthcare emergency readiness coalitions in Wisconsin. Contact information for coalition leaders is provided in the Healthcare Emergency Readiness Coalition Regional Contact document: https://www.dhs.wisconsin.gov/publications/p02587.pdf. Questions about the federal regulation for emergency preparedness can be directed to your regional healthcare coalition coordinator.

In addition, the Wisconsin Healthcare Emergency Preparedness Program website can provide links to regional websites, answers, and updates on many emergency preparedness topics: https://www.dhs.wisconsin.gov/preparedness/hospital/index.htm

Wisconsin Healthcare Coalitions

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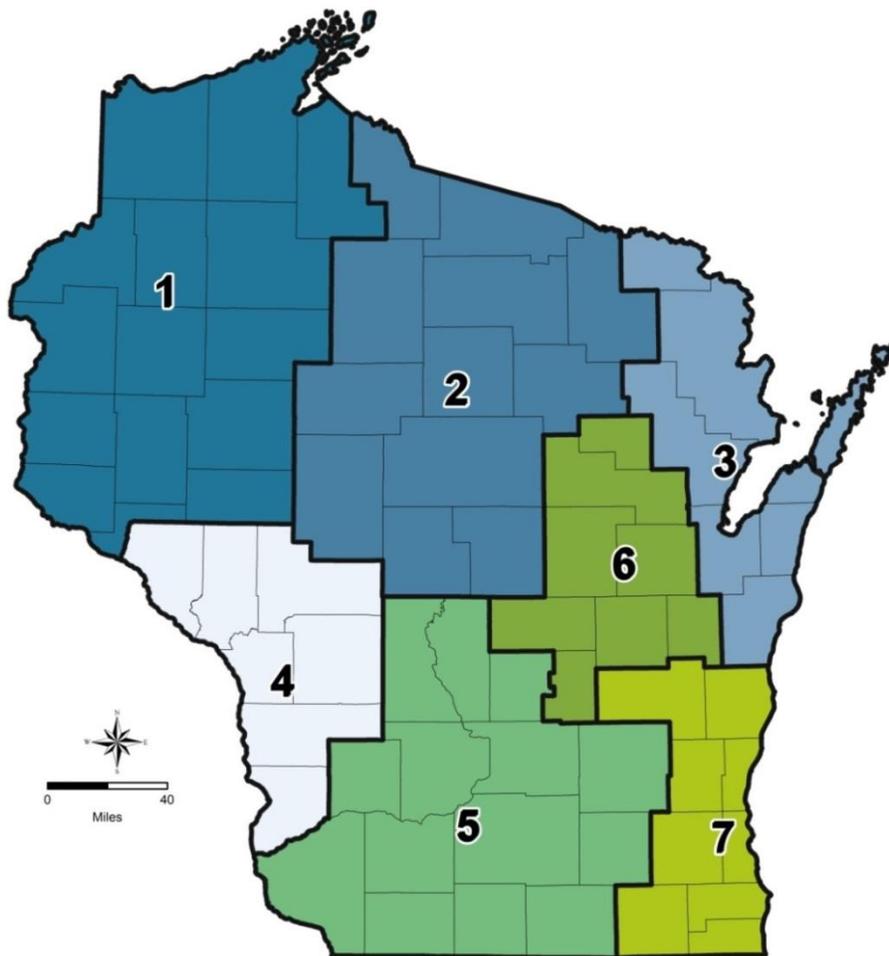
OVERVIEW

On September 16, 2016, the Centers for Medicare & Medicaid Services (CMS) published new federal regulations that included updated emergency preparedness requirements for providers and suppliers participating in Medicare and Medicaid. For provider-specific text or a link to the full text regulation, see *Appendix A: Federal Regulation*. These requirements fall under new conditions of participation/conditions for coverage; if these requirements are not met, providers and suppliers risk citation and consequent loss of Medicare or Medicaid reimbursement. The regulation went into effect on November 15, 2016, and **must be implemented by November 15, 2017**.

NOTE (3.6.19): CMS published an updated Interpretive Guidelines, see Appendix Z, on February 1, 2019.

NOTE (11.8.19): CMS released updated regulatory language as a result of a Burden Reduction Rule published in the Federal Register on September 30, 2019 and are effective as of November 29, 2019.

Seventeen provider and supplier types receiving Medicare or Medicaid reimbursement are affected by the CMS emergency preparedness rule. The provider and supplier types are:

- Ambulatory surgical centers
- Clinics and rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services
- Community mental health centers
- Comprehensive outpatient rehabilitation facilities
- Critical access hospitals
- End-stage renal disease facilities
- Home health agencies
- Hospices (inpatient and outpatient)
- Hospitals
- Intermediate care facilities for individuals with intellectual disabilities
- Long-term care (skilled nursing facilities)
- Organ procurement organizations
- Programs of all inclusive care for the elderly
- Psychiatric residential treatment facilities
- Religious nonmedical health care institutions
- Rural health clinics and federally qualified health clinics
- Transplant center

The regulation requires affected providers and suppliers to comply with all applicable federal, state, and local emergency preparedness requirements. The regulation also requires providers and suppliers to develop and maintain a comprehensive emergency preparedness program, utilizing an all-hazards approach that includes, but is not limited to, the following domains:

- *Risk Assessment and Planning*: Develop an emergency preparedness plan based on facility and community risk assessments and utilizing an all-hazards approach; address patient populations, services offered for continuity of operations, and succession plans.
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- *Policies and* Procedures: Develop emergency preparedness policies and procedures based on the risk assessment, emergency plan, and communication plan; address subsistence needs, patient tracking, evacuation, sheltering in place, protection of medical documentation, and arrangements with other providers in the event of patient transfer.
- *Communication Plan*: Develop an emergency preparedness communication plan that complies with federal, state, and local laws; include contact information for relevant partners, methods to share protected patient information, and primary and alternate means of communication.

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- *Training and Testing*: Develop an emergency preparedness training and testing program based on the risk assessment, emergency plan, and communication plan; provide annual training and testing on emergency preparedness policies and procedures.*
- A number of the CMS regulations line up with current accreditation standards for various accrediting bodies. A crosswalk for the rule and current accreditation standards can be found in *Appendix B: Emergency Preparedness Regulations Crosswalk*.

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Using This Toolkit

This toolkit provides information on the CMS Emergency Preparedness rule for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs). There are four major content sections: Risk Assessment and Planning, Policies and Procedures, Communication Plan, and Training and Testing. The content sections contain detailed information about the given portion of the rule.

At the end of each of the four content sections, there is a subsection titled Tools and Templates. The Tools and Templates subsection contains relevant tools, templates, and resources for the given section. These tools, templates, and resources are mentioned in the content portion of each section, and are linked to the tools and templates subsection for further explanation and provision.

The sections following the four content sections include additional requirements that may be applicable to the provider type, pertinent resources, definitions, acronyms, and the appendices.

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RISK ASSESSMENT AND PLANNING

ICF/IIDs should develop and maintain an emergency preparedness plan that is reviewed and updated at least every two years.* A checklist that can help ICF/IIDs in emergency preparedness planning can be found here: *Emergency Preparedness Planning Checklist*. ICF/IIDs should have an emergency plan that includes, at the least, the following elements:

Risk Assessment

ICF/IIDs should base their emergency plan on documented facility-based and community-based risk assessments, using an all-hazards approach. An all-hazards approach integrates response and focuses on capacities and capabilities that support preparedness for a spectrum of emergencies. The all-hazards approach does account for location; all-hazards planning does not address any specific potential threat, but promotes a facility's readiness to respond to a broad range of applicable emergencies. For ICF/IIDs, an all-hazards approach should include policies and procedures that will be used to address missing clients. Facilities may use community-based risk assessments developed by other entities, but should have a copy of the risk assessment and ensure their emergency plan is in alignment with the community-based risk assessment. Additionally, the emergency plan should include strategies to address the emergencies identified by the risk assessments.

One source of community-based risk assessments is a facility's Healthcare Emergency Readiness Coalition: *Wisconsin's Healthcare Coalitions*. A template for conducting a *Facility-based Hazard Vulnerability Assessment (HVA)* has also been provided.

Continuity of Operations

ICF/IID emergency plans should address their client population, including at-risk clients; services provided in emergencies; and continuity of operations, including delegations of authority and succession plans. ICF/IIDs need to identify and plan for clients who may require additional assistance. Additionally, ICF/IIDs should identify staff roles as necessitated by the emergency, through succession planning and clear delegations of authority. At the least, ICF/IIDs should identify a qualified individual who is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility. Continuity of operations plans should include facility- and community-based risk assessments and identify essential personnel, essential functions, and critical resources. These plans should also describe how the facility will protect vital records and IT data, as well as identify and locate alternate facilities and financial resources as needed.

Examples of useful continuity of operations tools include:

Emergency Operations Plan Activation
Essential Services Roles and Responsibilities

Cooperation and Collaboration

In the development of an emergency plan, ICF/IIDs should include a process for cooperation with local, tribal, regional, state, and federal emergency preparedness officials. Collaboration with these officials will encourage integrated responses during emergency situations. ICF/IIDs are **no longer*** required to include documentation of

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their efforts to contact such officials. However, when ICF/IIDs are able to participate in cooperative planning efforts, documentation of that participation is recommended.

The *Collaboration Contact Grid* provides a template for documenting emergency preparedness contacts.

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Tools and Templates: Risk Assessment and Planning

This section contains tools, templates, and resources that may be helpful for risk assessment and planning. Included are the:

Emergency Preparedness Planning Checklist

Facility-Based HVA

Emergency Operations Plan Activation

Essential Services Roles and Responsibilities

Collaboration Contact Grid

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Emergency Preparedness Planning Checklist
The Emergency Preparedness Checklist is located on the CMS Survey and Certification website. This checklist can help ICF/IIDs in emergency preparedness planning. The checklist reviews major topics that emergency preparedness programs should address, and provides information on details related to those topics. This can be an important tool for tracking progress on creating an emergency preparedness plan.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/SandC_EPChecklist_SA.pdf

Facility-Based HVA
HVAs are a systematic approach to identifying potential hazards that might affect an organization. Vulnerability is determined by assessing risk associated with each hazard and analyzing assessment findings to create a prioritized comparison of hazard vulnerabilities. The vulnerability is related to both the impact on organizational and community function and the likely demands the hazard would create. The tools at this website can be used to conduct a facility-based hazard vulnerability assessment for ICF/IIDs.

https://www.calhospitalprepare.org/hazard-vulnerability-analysis

Emergency Operations Plan Activation
The following grid is an example of the type of tool ICF/IIDs may create to document a chain of responsibility for activating emergency operations plans. Individuals selected would be responsible for assessing emergent situations and activating the emergency operations plan when appropriate.

Individuals Responsible for Emergency Operations Plan Activation		
	Name	Contact Number
Primary		
Backup 1		
Backup 2		

Essential Services Roles and Responsibilities

This grid is a example of a tool ICF/IIDs may create to track roles and responsibilities for essential services during emergency events. Services identified should be essential during emergencies. Roles and responsibilities for identified services should be clearly stated, and individuals providing these services should be aware of their responsibilities. A primary and secondary point of contact should be established for each service, so that in the case of an emergency, the service can be activated and coordinated appropriately.

Roles and Responsibilities			
Essential Services	Roles and Responsibilities	Point of Contact	Secondary Point of Contact
Administration			
Dietary			
Housekeeping			
Maintenance			
Nursing			
Pharmacy			
Safety and Security			
(Additional Services if Needed)			

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Collaboration Contact Grid

The following grid can be completed and retained for the purpose of collaborating with appropriate local, tribal, regional, state, and federal emergency preparedness partners. These contacts can be resources during emergency preparedness program development and evaluation, and during real-world emergencies. Using an all-hazards approach to emergency preparedness, ICF/IIDs should have the ability to communicate with all relevant partners, if necessary. However, during an emergency, facilities should prioritize communication with those entities with an immediate response role such as local public health, local emergency management, and their regional healthcare coalition.

Emergency Preparedness Contacts				
Level	**Description**	**Contact Name**	**Phone**	**Email**
Local				
Tribal				
Regional: Healthcare Emergency Readiness Coalition (HERC)	HERC Coordinator			
State: Division of Quality Assurance	*Contact the appropriate BNHRC regional office.*	Juli Brandt/SRO Dan Perron/NERO Carol Jean Rucker/SERO Tammy Modl /WRO Jessica Radtke /NRO	608-266-9422 (JB) 920-448-5240 (DP) 414-227-4563 (CJR) 715-836-3030 (TM) 715-365-2801 (JR)	Juli.brandt@dhs.wisconsin.gov Daniel.perron@dhs.wisconsin.gov caroljean.rucker@dhs.wisconsin.gov tammy.modl@dhs.wisconsin.gov jessica.radtke@dhs.wisconsin.gov
State: Office of Emergency Preparedness and Health Care	DHS 24-hour Emergency Hotline	On Call	608-258-0099	NA
Federal: CMS	CMS Region 5 Emergency Coordinator CMS Region 5 Emergency Preparedness Rule POC	**Primary**: Justin Pak **Secondary**: Gregory Hann	**Secondary**: 312-886-5351	**Primary**: justin.pak@cms.hhs.gov **Secondary**: gregory.hann@cms.hhs.gov
Federal: ASPR	Secretary's Operation Center (SOC)	24/7 Staffing	202-619-7800	hhs.soc@hhs.gov

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Federal: FEMA	Region V Regional Watch Center	24/7 Staffing	312-408-5365	

POLICIES AND PROCEDURES

ICF/IIDs should develop and implement emergency preparedness policies and procedures that are based on their risk assessment, emergency plan, and communication plan. These policies and procedures should be reviewed and updated at least every two years.* ICF/IIDs may choose whether to incorporate emergency policies and procedures into their emergency plan or to include policies and procedures into their standard operating procedures/operations manual. However, the emergency plan and policies and procedures should always be easily accessible, and it is recommended that they be co-located.

At a minimum, the emergency preparedness policies and procedures for ICF/IIDs should address the following elements:

Subsistence Needs

ICF/IID policies and procedures should address the subsistence needs for staff and clients, including procedures for evacuation or sheltering in place. Subsistence needs may include, but are not limited to:
- Food, water, medical, and pharmaceutical supplies.
- Alternate sources of energy to maintain appropriate temperatures, emergency lighting, fire response, and sewage/waste management.

There are no set requirements for the amount of provisions that must be stored by ICF/IIDs. ICF/IIDs should make appropriate needs assessments based on their risk assessments and the potential services, including community sheltering, they may provide in emergency events.

The *Subsistence Needs* worksheet provides questions to consider for subsistence needs policies and procedures.

Client and Staff Tracking

ICF/IIDs should develop policies and procedures that outline a system to track on-duty staff and sheltered clients that are in the ICF/IID's care **during and after** an emergency. Tracking should include the location of on-duty staff and sheltered clients, including the name and location of the receiving facility/destination in the event of relocation. Information should be readily available, accurate, and shareable among officials.

The *Client and Staff Tracking* worksheet provides questions to consider for client and staff tracking policies and procedures.

Evacuation and Sheltering in Place

Emergency preparedness policies and procedures should include processes for safe evacuation from the ICF/IID. Evacuation procedures should consider the treatment needs of evacuating clients, evacuation protocols for any other individuals sheltered in the ICF/IID, responsibilities held by staff members, transportation of clients,

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identification of evacuation location(s), and primary and alternate means of communication with external sources of assistance. ICF/IIDs should consider developing triaging systems to prioritize client evacuation if the need arises.

In certain situations, evacuation of the ICF/IID may not be appropriate or possible. For these situations, as identified by the facility's risk assessment, ICF/IIDs should develop policies and procedures for sheltering in place. ICF/IIDs should develop criteria for which clients and staff would shelter in place, and identify appropriate facilities to accept clients that are transferred. Facilities should determine their policies based on the type of emergency and the types of clients, staff, volunteers, and visitors that may be on site during an emergency.

The *Evacuation and Sheltering in Place* worksheet provides questions to consider for evacuation and sheltering in place policies.

Medical Documentation

Emergency policies and procedures should include a system of medical documentation that is readily available while protecting the confidentiality of client information. The system of medical documentation should support continuity of care, whether in the affected ICF/IID or in a receiving facility, in the event the client is transferred. These policies and procedures should supplement existing medical record requirements and regulations. These policies and procedures should also be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

The *Medical Documentation* worksheet provides questions to consider for medical documentation policies and procedures.

Volunteers

ICF/IID policies and procedures should address emergency staffing strategies, including the use of facility volunteers and state and federally designated health care professionals, in the event of surge needs. ICF/IIDs may consider utilizing the Wisconsin Emergency Assistance Volunteer Registry (WEAVR) (more information is in the *Health Professions Volunteer Use* section) to recruit volunteers to meet medical surge needs. ICF/IIDs should consider any essential privileging and credentialing processes that may become relevant in emergency situations. Policies and procedures should also include a method for contacting off-duty staff or addressing staffing shortages caused by inability of staff to report to work.

Transfer Arrangements

ICF/IID policies and procedures should include prearranged transfer agreements with other ICF/IIDs and providers to receive clients in the event of limitations or cessations of operations. These agreements may be written or contracted. Policies and procedures should also include pre-arranged transportation between facilities. The goal of such agreements should be continuity of care for clients.

Example agreements include:

Sample Transfer Agreement

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1135 Waivers

The ICF/IID's policies and procedures should include the role of the ICF/IID in providing care and treatment at alternate sites in the event of the declaration of an 1135 waiver (a link to more information is provided below). ICF/IIDs should collaborate with local emergency officials to organize a systemic response that ensures continuity of care even when services at their facility are severely disrupted. Policies and procedures should also address the ICF/IID's role in emergencies in which the President declares a major disaster or emergency and the United States Health and Human Services (HHS) Secretary declares a public health emergency. Additionally, policies and procedures should address the coordination efforts required during a declared emergency in which an 1135 waiver has been granted, and should outline the responsibilities of the ICF/IID during the waiver period.

For purposes of waiver or modification, an emergency area and period is where and when there is: a) an emergency or disaster declared by the President pursuant to the National Emergencies Act or the Stafford Act, and b) a public health emergency declared by the HHS Secretary.

The CMS regional office in Chicago reviews requests for Social Security Act Chapter 1135 waivers following an emergency declaration or confirmation by the State (Public) Health Officer. Requests are first submitted to the Division of Quality Assurance for review in advance of submission to the Chicago Regional Office.

1135 waiver contact for Wisconsin:
Nikki Andrews, Director
DQA Bureau of Education Services and Technology
Telephone: 608-266-2055
Email: Nikki.Andrews@dhs.wisconsin.gov

See the *1135 Waiver Information* section for more information.

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Tools and Templates: Policies and Procedures

This section contains tools, templates, and resources that may be helpful for policies and procedures for the following subjects:

Subsistence Needs

Client and Staff Tracking

Evacuation and Sheltering in Place

Medical Documentation

Health Professions Volunteer Use

Sample Transfer Agreement

Sample Memorandum of Understanding

1135 Waiver Information

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Subsistence Needs

Below are some questions to consider when developing policies and procedures pertaining to subsistence needs. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- How many clients does your facility have on-site, on average?
- How many staff members does your facility have on-site, on average?
- How many visitors does your facility have on-site, on average?
- How long would you plan to sustain shelter-in-place?
- What supplies, in what quantities, would you need to shelter in place over a 24-hour period for each of the following categories?
  - Food
  - Water (potable)
  - Water (non-potable)
  - Medical (gowns, gloves, bedding, tubing, syringes, oxygen tanks, medical gas, etc.)
  - Pharmaceutical
  - Alternate sources of energy (maintain appropriate temperatures, emergency lighting, fire response, and sewage waste management)
- Where would you stockpile these inventories?
- Who is responsible for maintaining these emergency inventories?
- How would you access/distribute these supplies during an emergency?
- Where would you get additional supplies when your inventories begin to run low?

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Client and Staff Tracking

Below are some questions to consider when developing policies and procedures pertaining to client and staff tracking. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- How will the facility track the name and location of clients during an emergency? (This includes clients who are sheltered in the facility, as well as clients transferred to other locations during an evacuation.)
- How will the facility track the name and location of on-duty staff during an emergency?
- Would these tracking policies and procedures differ during an emergency versus after an emergency?
- If the means of tracking staff and clients is electronically based, how would this be accomplished if such systems were compromised (e.g., power outage, cyberattack)?
- How is this information maintained during the emergency?
- How often is it updated?
- Which staff members are responsible for accomplishing these tasks?
- How could this information be accessible and shared with partners upon request?

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Evacuation and Sheltering in Place

Below are some questions to consider when developing policies and procedures pertaining to evacuation and sheltering in place. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- What criteria are used to determine whether the facility will shelter in place or evacuate during an emergency?
- Who has decision-making authority to make this determination?
- What procedures will the facility use to determine which clients can be discharged versus moved to another facility?
- What procedures will the facility use to determine the order in which clients are evacuated?
- How will the treatment needs of clients be identified and addressed during evacuations?
- What evacuation procedures will be used for non-clients, e.g., staff and visitors?
- Which staff members have what responsibilities during the execution of evacuation procedures?
- How will transport of clients be arranged?
- How will you identify appropriate facilities to receive clients?
- How will facilities ensure that primary and alternate means of communicating with external partners about evacuation are in place?

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Medical Documentation

Below are some questions to consider when developing policies and procedures pertaining to medical documentation. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the policies and procedures.

- What systems/policies/procedures exist to provide client medical documentation on a day-to-day basis?
- Are there changes to these systems/policies/procedures in an emergency?
- How would medical documentation be transferred during an evacuation to accompany a client to a receiving facility?
- How are standards of confidentiality maintained?
- Where are these existing policies/procedures documented for the facility? Think about policies that have been developed to maintain compliance with HIPAA, Joint Commission, local and state law, etc.
- If electronic medical records are used, what redundant processes exist in case such systems are compromised (power outages, cyberattacks, etc.)?
- Who is responsible for activating redundant systems?

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Health Professions Volunteer Use

WEAVR is the Wisconsin Emergency Assistance Volunteer Registry. WEAVR is a secure, web-based, volunteer registration system for health care and behavioral health professionals. In an emergency, facilities can request that state public health officials send out a WEAVR request. Public health officials will identify appropriate individuals and contact potential volunteers. Volunteers who agree to help will be dispatched to the ICF/IID's location and informed of the role they need to fill. ICF/IIDs should understand how to use WEAVR before emergency situations arise. More information about WEAVR can be found on the DHS' WEAVR webpage:

https://www.dhs.wisconsin.gov/preparedness/weavr/index.htm

Sample Transfer Agreement

The Sample Transfer Agreement document (linked below) provides a template transfer agreement for ICF/IIDs. ICF/IIDs can use this template or build their own based on this example. The transferring ICF/IID and receiving facility both complete and sign this form prior to emergency events, so that in an emergency situation in which clients need to be transferred from the affected ICF/IID, a transfer agreement is already in place. The document outlines expectations between the facilities and the terms of agreement.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Facility-Transfer-Agreement-Example.pdf

Sample Memorandum of Understanding

The Sample Memorandum of Understanding document, P-00690 (linked below), provides a template for Memorandums of Understanding (MOU) along with guidance on completing MOUs. MOUs are used to establish a mutual understanding of the roles and responsibilities of participating entities during an emergency incident. MOUs include the scope of services to be provided and reimbursement considerations. MOUs should be developed before emergency situations, so that in emergency events, a clear set of expectations exists between involved entities. This template is designed for long-term care facilities, but can be adapted and modified for use by ICF/IIDs. There are three templates included in this document: one for like-type facilities, one for community partners/non-like-type facilities, and one for transportation services.

https://www.dhs.wisconsin.gov/publications/p0/p00690.pdf

1135 Waiver Information

When the President of the United States declares an emergency under the Stafford Act or National Emergencies Act, and the Health and Human Services Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is allowed to assume additional actions on top of their usual authorities. One of these actions is to waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program requirements, under section 1135 of the Social Security Act, to ensure that sufficient health care services are available to meet the needs of affected populations. The 1135 waivers may include adjustments to the conditions of participation or other certification requirements. Once an 1135 waiver is authorized at the federal level, ICF/IIDs can submit requests to their State Survey Agency (DQA) to operate under the authority of the

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waiver. ICF/IIDs should justify the use of the waiver, the expected modifications to usual standards, and the duration of the waiver use. The 1135 Waiver-At-A-Glance document (linked below) provides more detail on what 1135 waivers are, and when and how they may be implemented.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf

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COMMUNICATION PLAN

ICF/IIDs should develop and maintain an emergency preparedness communication plan that complies with federal, state, and local laws. This communication plan should be reviewed and updated at least every two years.* The communication plan should include how the facility coordinates client care within the facility, across health care providers, and with state and local public health departments. The communication plan should also include how the facility interacts and coordinates with emergency management agencies and systems to protect clients.

The communication plan should include the following elements:

Contact Information

The communication plan should include both names and contact information for the following internal assets of the facility:

- Staff
- Entities providing services under arrangement
- Clients' physicians
- Other ICF/IIDs
- Volunteers

The communication plan should also include contact information for the following external resources:

- Federal, state, tribal, regional, and local emergency preparedness staff
- Other identified sources of assistance
- The state licensing and certification agency
- The state protection and advocacy agency

Contact information should be readily available and accessible to leadership and staff. All contact information should be accurate and current.

Sample contact grids are included for the following contact types:

External Contact Information
Staff Contact Information
Clients' Physicians' Contact Information
Volunteer Contact Information

Communications

The ICF/IID's communications plans should include primary and alternate means for communicating with their staff and federal, state, tribal, regional, and local emergency management agencies. The communication plan should include when and how alternate communication methods are used and who uses them. Additionally, ICF/IIDs should ensure that their selected alternate method of communication is compatible with the communication systems of those they need to contact.

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A sample grid for documenting primary and alternate means of communications can be found here: *Primary and Alternate Means of Communication*.

Release of Information

Communications plans should include methods for a number of information sharing needs. ICF/IIDs should develop a method for sharing client information and medical documentation with other providers to maintain continuity of care. Information necessary to provide client care should be sent with evacuated clients or be readily available for clients who are sheltered in place. When clients are transferred, ICF/IIDs should send all necessary client information that is readily available, including client name, DOB, allergies, current medications, medical diagnoses, blood type, advance directives, and next of kin/emergency contacts.

ICF/IIDs should have HIPAA-compliant means to release client information to family members and others in a timely and accurate fashion, in the event of an evacuation. Additionally, ICF/IIDs should develop HIPAA-compliant means of providing general information about the condition and location of clients that are in the ICF/IID's care. Though HIPAA requirements are not suspended during a national or public health emergency, the privacy rule does permit certain uses and disclosures of protected health information in emergency circumstances and for disaster relief purposes.

A decision flowchart for disclosing protected health information can be found in the *HIPAA Decision Flowchart*.

ICF/IID Information

ICF/IID communication plans should include a means for providing information on the ICF/IID's occupancy, needs, and ability to provide assistance to others. Occupancy information may include reporting the number of clients at the ICF/IID receiving treatment or the ICF/IID's occupancy percentage. An ICF/IID's reported needs may include shortage of provisions, assistance with evacuation, or transportation/transfer shortages. The communication plan should specifically include how the required information would be communicated.

This information should be provided to the authority with jurisdiction. The authority with jurisdiction varies by local, state, and federal emergency management structures as well as the nature of the emergency.

ICF/IIDs can develop a communication plan for conveying ICF/IID information using the questions to consider found in th *ICF/IID Information* section.

Sharing Emergency Plan Information

ICF/IID communication plans should include a method for sharing information from the emergency plan with clients and their families or representatives. ICF/IIDs have the flexibility to determine the information from the emergency plan that should be shared, as well as the timing and manner in which it should be disseminated. This dissemination of information should be provided well before emergency events, so that clients and their families are aware of emergency procedures in their ICF/IID. ICF/IIDs may want to provide a quick "fact sheet" or informational brochure that highlights the major sections of the emergency plan and policies and procedures, as

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the facility deems appropriate. ICF/IIDs may also consider providing instructions on how to contact the facility in the event of an emergency.

A worksheet with questions to consider for sharing emergency plan information can be found in the *Sharing Emergency Plan Information* section.

*Effective 11/29/2019

Tools and Templates: Communication Plan

This section contains tools, templates, and resources that may be helpful for communication plans:

External Contact Information

Staff Contact Information

Clients' Physicians' Contact Information

Volunteer Contact Information

Primary and Alternate Means of Communication

HIPAA Decision Flowchart

ICF/IID Information

Sharing Emergency Plan Information

*Effective 11/29/2019

External Contact Information

This grid is an example of the type of tool ICF/IIDs may create to maintain information for external contacts. ICF/IIDs should keep contact information updated so that in an emergency event, the appropriate individual can be reached in a timely fashion. The purpose for reaching out to a given contact should be included, so it is clear who should be contacted for what reason in any given situation.

External Contacts			
Agency	Purpose for Contact	Contact Name/Title	Contact Info
Local Emergency Management Staff			
Local Public Health Department (Emergency Preparedness)			
Healthcare Emergency Readiness Coaltion (HERC)			
State Emergency Management Staff			
State Public Health Department (Emergency Preparedness)			
State Public Health Department (DQA)			
Tribal Emergency Preparedness/Emergency Management			
CMS			
ASPR			
FEMA			
The State Licensing and Certification Agency			
The State Protection and Advocacy Agency			
Fire			
EMS			
Police			
Sheriff			
Coroner			
Ombudsman			
Other ICF/IID(s)			
Other Facilities w/ MOUs			
Entities Providing Services			
Sister Facilities			
(Additional Sources of Assistance)			

*Effective 11/29/2019

Staff Contact Information

This grid is an example of the type of tool ICF/IIDs may create to maintain contact information for staff. ICF/IIDs should be able to contact staff during emergencies. Reasons for contact may include cancelling shifts, determining which staff are actually on duty or on site, or reaching out to staff to help with surge needs. It should be decided whether roles for staff will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

Staff Emergency Contact Roster				
Name	Department	Phone	Email Address	Emergency Staffing Role

*Effective 11/29/2019

Clients' Physicians' Contact Information

This grid is an example of the type of tool ICF/IIDs may create to maintain contact information for their clients' physicians. ICF/IIDs should be able to contact clients' physicians in a timely manner during emergency events. ICF/IIDs should maintain updated contact information for physicians and include multiple ways to reach their clients' physicians.

Client Physician Emergency Contact Roster				
Name	Department	Phone	Pager	Email Address

*Effective 11/29/2019

Volunteer Contact Information

This grid is an example of the type of tool ICF/IIDs may create to maintain contact information for volunteers. ICF/IIDs should be able to contact volunteers during emergencies. Reasons for contact may include cancelling shifts, determining which volunteers are actually on duty or on site, or reaching out to volunteers to help with surge needs. It should be decided whether roles for volunteers will be adjusted or increased during emergency events, and if so, those roles should be clarified and documented.

Volunteer Emergency Contact Roster				
Name	Department	Phone	Email Address	Emergency Staffing Role

*Effective 11/29/2019

Primary and Alternate Means of Communication

This grid is an example of the type of tool ICF/IIDs may create to document primary and alternate means of communication with relevant individuals/partners. ICF/IIDs should have at least two methods of communicating with staff and relevant partners. The alternate method should be easily accessible, in the event that the primary method becomes unavailable, and should be agreeable to both the ICF/IID and the entity they are communicating with. Primary and alternate methods of communication may vary based on who the ICF/IID is trying to contact (for example, primary and alternate methods of communication may be different for staff than they are for state emergency management staff), but should be decided and documented before emergency events occur so that communication expectations are clear in emergency events.

Means of Communication		
Contact	Primary Method	Alternate Method
Staff		
Local Emergency Management Staff		
Local Public Health Department (Emergency Preparedness)		
Healthcare Emergency Readiness Coalition (HERC)		
State Emergency Management Staff		
State Public Health Department (Emergency Preparedness)		
State Public Health Department (DQA)		
Tribal Emergency Preparedness/ Emergency Management Staff		
CMS		
ASPR		
FEMA		

*Effective 11/29/2019

HIPAA Decision Flowchart

HIPAA is not waived in emergency events, ICF/IIDs should be aware of the need to protect client information at all times. However, certain information can be shared during emergency events if the protected health information is disclosed for public health emergency preparedness purposes. The At-A-Glance Disclosure Decision Flowchart (linked below) can help ICF/IIDs make choices about disclosing protected health information. If there is uncertainty about the appropriateness of disclosing information, ICF/IIDs should err on the side of caution or contact appropriate authorities for guidance.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/OCR-Emergency-Prep-HIPPA-Disclose.pdf

*Effective 11/29/2019

ICF/IID Information

Below are some questions to consider when developing communication plans pertaining to sharing ICF/IID information. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the communication plan.

- How does the facility determine which authorities to notify in the event of an emergency?
- How do the authorities vary in different types of emergency situations?
- How are occupancy levels communicated to local and state authorities during an emergency?
- How are supply and other needs communicated to local and state authorities during an emergency?
- How does the facility convey to local and state authorities their ability to help others?
- How might the means of communication differ depending on the emergency or the authorities being notified?
- What redundant means of communication exist for providing this information?

*Effective 11/29/2019

Sharing Emergency Plan Information

Below are some questions to consider when developing communication plans pertaining to sharing emergency plan information. These questions are not exhaustive; instead, they are intended to initiate and facilitate a conversation around necessary aspects of the communication plan.

- What information from the emergency plan will be shared with clients and families/representatives?
- Who will make the decision about the type of information provided?
- In what format will this information be provided (e.g., fact sheet, brochure, website)?
- Will the information be reviewed with clients and families/representatives?
- When will this information be provided to clients and families?
- Is there a system for reissuing this information when it is updated?

*Effective 11/29/2019

TRAINING AND TESTING

The ICF/IID should develop and maintain an emergency preparedness training and testing program that is based on the risk assessments, emergency plan, policies and procedures, and communication plan. The training and testing program should be reviewed and updated at least annually.

Training should encompass the ICF/IID's provision of education and instruction to staff, contractors, and facility volunteers. Testing should operationalize training, and allow the ICF/IID to evaluate the effectiveness of their training as well as the overall emergency preparedness program. Testing can include conducting drills and/or exercises to test the emergency plan and identify gaps or areas for improvement.

Training and testing can include, but is not limited to, how the ICF/IID would communicate facility closure to required contacts, testing client tracking, or testing transportation procedures. For ICF/IIDs with multiple locations, the training and testing program should reflect the facility-based risk assessment for each specific location.

Training Program

ICF/IIDs should develop training programs that cover emergency preparedness policies and procedures. This training should be available during orientation for all new staff, individuals providing services under arrangement, and volunteers, and be consistent with their expected role in an emergency. Existing staff should also receive emergency preparedness training at least every two years.* Ideally, this training should be modified to reflect lessons learned from exercises and real world events. If the emergency preparedness policies and procedures are significantly updated, the ICF/IIDs must conduct training on the updated policies and procedures.*

Though all staff should receive training, ICF/IIDs can decide what level of training each staff member should complete, based on their expected responsibilities in an emergency. ICF/IIDs may also determine that documented external training is sufficient to meet some or all of the ICF/IID's training requirements.

All emergency preparedness training should be documented and ICF/IIDs should be able to demonstrate staff knowledge of emergency preparedness program plans, policies, and procedures.* This documentation should include the specific training completed as well as the methods used to demonstrate knowledge of the training program.

Testing

ICF/IIDs must conduct exercises to test the emergency plan annually. ICF/IIDs must:
- I. Participate in a full-scale exercise that is community based every 2 years; or
  - a. When a community based exercise is not accessible, conduct an individual facility based functional exercise every 2 years; or
  - b. If the AS ICF/IID experiences a natural or man-made emergency that requires activation of the emergency plan, the ICF/IID is exempt from engaging in its next required full scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.

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II.	Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise, that may include, but is not limited to the following:
   a.	A second full-scale exercise that is community-based or a facility based functional exercise; or
   b.	A mock disaster drill; or
   c.	A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.*

III.	Analyze the response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the ICF/IID's emergency plan, as needed.*

As required by this rule, full-scale exercises are defined as any operations-based exercise (drill, functional, or full-scale) that assesses an ICF/IID's's operations and its given community. This is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements. **Full-scale exercises, as defined in this regulation, are not synonymous with full-scale exercises as defined by FEMA or Department of Homeland Security Exercise and Evaluation Program (HSEEP).**

ICF/IIDs should maintain documentation of all drills, tabletop exercises, and emergency events. ICF/IIDs should also analyze their response to testing exercises and real world events, and revise their emergency program as appropriate. This analysis and revision can, in part, be accomplished through the completion of After Action Reports (AARs—link provided below). At a minimum, AARs should determine what was supposed to happen, what occurred, what went well, what the ICF/IID can do differently or improve upon, and a plan with timelines for incorporating necessary improvements.

ICF/IIDs should consider their physical location, agency, other facility responsibilities, and the needs of the community when planning or participating in exercises. Often, emergency preparedness entities, such as healthcare emergency readiness coalitions, may conduct annual, full-scale, community-based exercises to assess community-wide response. ICF/IIDs should actively engage the HERCs to identify potential opportunities to participate in exercises. These exercises give ICF/IIDs the opportunity to assess their emergency plan, and better understand how they can contribute to, coordinate with, and integrate into the broader community's response during an emergency. They also provide an opportunity to assess communication plans and engagement with external partners. ICF/IIDs should contact their HERC to identify opportunities and assess whether participation in the HERC exercise fulfills the ICF/IID's CMS requirements. HERCs do not have the resources to fulfill individual ICF/IID requirements and consequently only serve to connect ICF/IIDs to broader community engagement and coordination. ICF/IIDs are responsible for ensuring and documenting that their participation in HERC exercises meets the requirements expected by CMS.

The following tools and templates are included:

Exercise Design Checklist
Exercise Evaluation Guide
After Action Report/Improvement Plan Instructions and Template

*Effective 11/29/2019

Tools and Templates: Training and Testing

This section contains tools, templates, and resources that may be helpful for training and testing:

Exercise Design Checklist

Exercise Evaluation Guide

After Action Report/Improvement Plan Instructions and Template

Exercise Design Checklist

The Exercise Design Checklist document (linked below) provides a sample checklist for designing exercises. The document leads users through the necessary steps for exercise design and can be used to document the planning and development of exercises. The first section of the checklist includes consideration of the type of exercise, the exercise scenario, the main objectives (target capabilities/critical areas) to be evaluated during the exercise, the levels of activity to be included in the exercise, who will participate in the exercise, which organizations/agencies will be involved in the exercise, and when the exercise will occur. The second section of the checklist includes consideration of communications, resources, safety and security, staff roles and responsibilities, utilities, and client care. The following sections guide exercise designers through identifying players' expected actions, developing a purpose statement, writing the narrative for the exercise, identifying major and detailed events in chronological order, and completing the after action report and improvement plan.

https://www.dhs.wisconsin.gov/library/exercise-design-checklist.htm

Exercise Evaluation Guide

The Exercise Evaluation Guide (linked below) is a blank document. The content and layout can be amended as is appropriate, but it is designed to help ICF/IIDs assess their exercises. The guide includes areas for evaluating numerous activities included in a single exercise. Expected observations can be entered ahead of time. After the exercise, evaluators can assess whether expectations were observed and the extent to which expectations were completed or met. ICF/IIDs can complete this exercise evaluation guide as part of their AAR, to assess areas of strength and weakness.

https://www.dhs.wisconsin.gov/library/blank-exercise-evalguide.htm

After Action Report/Improvement Plan Instructions and Template

After Action Reports and Improvement Plans (IPs) are important parts of emergency preparedness testing. AARs help facilities assess their response to emergency events, whether simulated during an exercise, or real-world. AARs review the exercise design and execution, and provide an assessment of what went well and what needs to be improved upon. IPs specifically outline how and when improvements will be made to address shortcomings identified by the exercise evaluation and AAR.

The CMS AAR/IP instructions document walks through developing an AAR and IP. The document includes a purpose statement and background information on emergency preparedness. Additionally, the document contains explanations of key terms and important capabilities. It is important to note that this AAR/IP instruction document is based on the U.S. Department of Homeland Security Exercise and Evaluation Program (HSEEP). Though ICF/IIDs may choose to use HSEEP to meet exercise requirements for the CMS rule, it is essential to understand that the expectations for HSEEP and the CMS rule are not the same in regard to emergency preparedness testing. ICF/IIDs should always ensure that their exercises and other testing activities meet the requirements of the CMS rule.

*Effective 11/29/2019

The CMS AAR/IP template document can be used to complete an AAR and IP. The document contains blank sections with instructions on how to fill out essential components in italics. The template covers the executive summary, exercise overview, exercise design summary, improvement plan, and conclusion. The template also contains five appendices: acronyms, lessons learned (optional), participant feedback summary (optional), exercise events synopsis (optional), and exercise events summary table (optional). ICF/IIDs may use, modify, and customize this document as is appropriate for their facility. However, if an ICF/IID wishes to conduct an exercise compliant with the Hospital Preparedness Program (HPP) and HSEEP requirements, the template sections must not be modified and each section (excluding those marked optional) must be completed entirely. ICF/IIDs wishing to ensure compliance with the HPP and HSEEP should assess whether their testing program meets the CMS rule requirements. If ICF/IIDs determine they are not meeting conditions of participation with this template as is, they may consider completing a second AAR/IP that is compliant with the CMS regulations.

The AAR/IP instructions and template can be found on the CMS Templates and Checklists webpage: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Templates-Checklists.html under the Health Care Provider Voluntary After Action Report/Improvement Plan Template and Instructions link.

A direct file link is provided here: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/aartemplateinstructions.zip

*Effective 11/29/2019

ADDITIONAL REQUIREMENTS

Integrated Health Care Systems

If an ICF/IID is part of a health care system consisting of multiple separately certified health care facilities that elects to have a unified and integrated emergency preparedness program, the ICF/IID may choose to participate in the health care system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program should:

- Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, client populations, and services offered.
- Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
- Include a unified and integrated emergency plan that meets all aforementioned requirements. The unified and integrated emergency plan should also be based on and include the following:
  - A documented community-based risk assessment, utilizing an all-hazards approach.
  - A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- Include integrated policies and procedures, a coordinated communication plan, and training and testing programs that meet the aforementioned requirements.

The health care system's unified emergency preparedness program should be updated each time a facility leaves or enters the health care system's program. The integrated program should demonstrate that each separately certified facility included in the program actively participated in the program's development, and each facility should designate personnel to collaborate with the health care system to develop the plan. This participation should be documented. All components of the emergency preparedness program that are reviewed annually should include all participating facilities, and each facility should be able to prove that it was involved in annual reviews and updates.

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RESOURCES

CMS Survey and Certification Website

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html

ASPR TRACIE

https://asprtracie.hhs.gov/cmsrule

https://files.asprtracie.hhs.gov/documents/cms-ep-rule-resources-at-your-fingertips.pdf

Healthcare Emergency Readiness Coalitions

https://www.dhs.wisconsin.gov/preparedness/hospital/index.htm

Regional map and contacts: https://www.dhs.wisconsin.gov/publications/p02587.pdf

Office of Preparedness and Emergency Health Care (OPEHC), Division of Public Health, Department of Health Services

https://www.dhs.wisconsin.gov/preparedness/index.htm

Wisconsin Emergency Management (WEM)

https://dma.wi.gov/DMA/wem

*Effective 11/29/2019

DEFINITIONS

These definitions reflect those provided by CMS in the Interpretive Guidance for the Emergency Preparedness regulation.

All-Hazards Approach

An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber attacks; loss of a portion or all of a facility; and interruptions in the normal supply of essentials, such as water and food. All facilities must develop an all-hazards emergency preparedness program and plan.

Disaster

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see "emergency" for important contrast between the two terms).
Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

Emergency

A hazard impact causing adverse physical, social, psychological, economic, or political effects that challenge the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see "disaster" for important contrast between the two terms).
Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

Emergency/Disaster

An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.

Emergency Plan

An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff, and community needs and support continuity of business operations.

Emergency Preparedness Program

The Emergency Preparedness Program describes a facility's comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population, and community prior to, during, and after an emergency or disaster. The program encompasses four core elements: an emergency plan that is based on a risk assessment and incorporates an all-hazards approach; policies and procedures; communication plan; and the training and testing program.

Facility-Based

We consider the term "facility-based" to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population, facility type, and potential surrounding community assets. i.e., rural area versus a large metropolitan area.

Full-Scale Exercise

A full scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers) and integration of operational elements involved in the response to a disaster event, i.e., ''boots on the ground'' response activities (for example, hospital staff treating mock patients).

Risk Assessment

The term risk assessment describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility, and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive and may include a variety of methods to assess and document potential hazards and their impacts. The health care industry has also referred to risk assessments as a hazard vulnerability assessment or analysis (HVA) as a type of risk assessment commonly used in the health care industry.

Staff

The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act.

Table-top Exercise (TTX)

A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision-making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

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ACRONYMS

AAR/IP: After Action Report/Improvement Plan
ASC: Ambulatory Surgical Center
ASPR: Assistant Secretary for Preparedness and Response
CAH: Critical Access Hospital
CDC: Centers for Disease Control and Prevention
CfCs: Conditions for Coverage and Conditions for Certification
CMHC: Community Mental Health Center
CMS: Centers for Medicare & Medicaid Services
CoPs: Conditions of Participation
CORF: Comprehensive Outpatient Rehabilitation Facilities
DHS: Department of Homeland Security
DHHS: Department of Health and Human Services
DSA: Donation Service Area
EOP: Emergency Operations Plans
EMP: Emergency Management Plan
EP: Emergency Preparedness
ESAR–VHP: Emergency System for Advance Registration of Volunteer Health Professionals
ESF: Emergency Support Function
ESRD: End-Stage Renal Disease
FEMA: Federal Emergency Management Agency
FQHC: Federally Qualified Health Center
HERC: Healthcare Emergency Readiness Coalition
HHA: Home Health Agencies
HPP: Hospital Preparedness Program
HRSA: Health Resources and Services Administration
HSEEP: Homeland Security Exercise and Evaluation Program
HSPD: Homeland Security Presidential Directive
HVA: Hazard Vulnerability Analysis or Assessment
ICFs/IID: Intermediate Care Facilities for Individuals with Intellectual Disabilities
LPHA: Local Public Health Agencies
LSC: Life Safety Code
LTC: Long-Term Care
NFs: Nursing Facilities
NFPA: National Fire Protection Association
NIMS: National Incident Management System
OPO: Organ Procurement Organization
PACE: Program for the All-Inclusive Care for the Elderly
PHEP: Public Health Emergency Preparedness
PRTF: Psychiatric Residential Treatment Facilities
RNHCIs: Religious Nonmedical Health Care Institutions
RHC: Rural Health Clinic

*Effective 11/29/2019

SNF: Skilled Nursing Facility

TJC: The Joint Commission

TRACIE: Technical Resources, Assistance Center, and Information Exchange

TTX: Tabletop Exercise

*Effective 11/29/2019

APPENDICES

Appendix A: Federal Regulation

November 15, 2016

The full text of the federal regulation can be found at:

https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid

February 1, 2019:

Appendix Z: Interpretive guidance for the federal regulation can be found at:

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

November 29, 2019

Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction

https://www.federalregister.gov/documents/2019/09/30/2019-20736/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and

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Appendix B: Emergency Preparedness Regulations Crosswalk

This crosswalk was developed by the Yale New Haven Health System Center for Emergency Preparedness and Disaster Response. This crosswalk is intended to provide a high level reference to standards provided by accrediting organizations as of January, 2020. This crosswalk does not reflect standards that may have been updated since then. This crosswalk is not intended to be a comprehensive interpretation of the regulation, but a reference guide.

Find the crosswalk for Intermediate Care Facilities for People with Intellectual Disabilities on pages 80-86:

https://files.constantcontact.com/d901e299001/51f80a78-4ff1-4585-8270-f2aea6d39172.pdf

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