

INFORMATIONAL ARTICLE – October 2019

CMS Changes to Emergency Preparedness Requirements

On September 30, 2019, CMS published a final rule aimed at burden reduction for healthcare facilities. This regulation was a result of a directive to federal agencies to “cut the red tape,” by reducing unnecessary burden for healthcare providers.

CMS has made changes to the Emergency Preparedness requirements for all healthcare types. However, some of the items that have been relaxed do not apply to Long-Term Care / Skilled Nursing facilities. Here is an overview of the key changes and whether they apply:

Emergency Preparedness Program Updating: Healthcare facilities are required to review, and make necessary updates, to their Emergency Preparedness Programs annually. In this regulation CMS is allowing all facility types, **except LTC/SNF**, to move to a biennial (every 2 year) review cycle.

- + **CMS’ Reasoning:** “[CMS] recognizes that LTC facility residents are generally a very vulnerable population that rely on the staff to be knowledgeable and prepared in the event of an emergency. For that reason, we [CMS] are not finalizing the proposal for biennial updates.”

Emergency Preparedness Plan: All healthcare facility types, **including LTC/SNF**, are no longer required to document efforts to contact emergency preparedness officials and facilities regarding collaborative and cooperative planning efforts. Rather, providers must have a process in place (that is documented) that addresses cooperation and collaboration with emergency preparedness officials to maintain an integrated response during a disaster or emergency situation.

Training: Healthcare facilities are required to provide emergency preparedness training to staff annually. In this regulation CMS is allowing all facility types, **except LTC/SNF**, to move to a biennial (every 2 year) training cycle.

- + **CMS’ Reasoning:** “Nursing home resident advocates, and others, overwhelmingly opposed the proposal for LTC/SNF facilities to move to a biennial training cycle. Rather, it was suggested that due to high staff turnover, changes in ownership, and changes in resident conditions/needs, were reasons to support annual training. Additionally, due to recent events, and the lack of readiness... more emergency training, not less, is needed. “

Testing/Exercises: All inpatient facilities, **including LTC/SNF**, must conduct two (2) exercises per year. CMS has expanded the requirement options, such that one of the two annual required testing exercises can be an exercise of the facility’s choice, including: community-based full-scale exercise (if available), an individual facility-based functional exercise, a drill, or a tabletop exercise or workshop. Moving forward, a facility that experiences a real-life event involving the activation of their emergency preparedness plan may use that event to satisfy one (1) of the required exercises. A second exercise is still required and cannot be supplemented with a real-life event.

These changes take effect on November 29, 2019.