



Emergency Preparedness Rule **Providers Must Implement Comprehensive Plans**

A [new rule](#) was adopted by the Centers for Medicare and Medicaid Services ([CMS](#)) which will require Medicare and Medicaid providers and suppliers to comply with national emergency preparedness requirements. These requirements were designed to ensure that access to healthcare services, such as home care, will continue to be available during emergencies. There are four required elements to an emergency preparedness program:

1. **Risk Assessment and Emergency Planning:** A provider must perform a risk assessment that uses an “all-hazards” approach to determine the essential components to be integrated into its emergency plan. According to CMS, “an all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters. This approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas.” An emergency plan must be able to address the hazards identified in the risk assessment, patient risks and needs, continuity of operations, and allow effective collaboration with emergency preparedness officials.
2. **Policies and Procedures:** A provider must have policies and procedures that respond to the emergency plan and risks identified during the risk assessment process. For home care providers, this includes having plans for each patient during an emergency, and the ability to notify emergency preparedness officials about any patient whose medical needs require evacuation from his/her home during an emergency.
3. **Communication Plan:** A provider must have an emergency preparedness communication plan that complies with both federal and state law. For example, a provider must be able to contact appropriate staff and patients’ treating physicians to ensure continuity of care.

- 4. Training and Testing:** A provider must have an emergency preparedness training and testing program. This includes initial training for new and existing staff, as well as annual refresher training so that all staff will have adequate knowledge of the provider's emergency procedures. A provider must also conduct at least one full-scale exercise and one additional exercise of its choosing to test its emergency plan, document the same, and analyze its response to determine if the plan needs revision. If the provider has to activate its emergency plan due to an actual emergency, it will be exempt from conducting a full-scale exercise for one year following the onset of that emergency.

Providers have until November 15, 2017 to comply with the new rule. To help with compliance, CMS has published [requirements for each type of provider](#), as well as an emergency preparedness [checklist](#).

DISCLAIMER: The information contained herein is provided by Glaser & Weiner, LLP for informational purposes only. These materials should not be considered as, or as a substitute for, legal advice and they are not intended to nor do they create an attorney-client relationship. Because the materials included here are general, they may not apply to your individual legal or factual circumstances. This document contains information that may be modified or rendered incorrect by future legislative or judicial developments. You should not take (or refrain from taking) any action based on the information you obtain from this document without first obtaining professional counsel. It is possible that under the laws, rules or regulations of certain jurisdictions, this may be construed as an advertisement or solicitation. © 2016 Glaser & Weiner, LLP. All Rights Reserved.