

## EMERGENCY PREPAREDNESS IN THE LONG-TERM CARE SETTING

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With Texas and surrounding areas still coping with the devastating effects and aftermath of Hurricane Harvey (the first major hurricane to make landfall in the United States since Wilma in 2005), this catastrophic natural disaster serves as an important reminder to not only have an emergency preparedness plan, but also to be able to effectively execute the plan when disaster strikes. This is especially true in the long-term care setting, which typically serves a vulnerable and dependent resident population.

The Centers for Medicare & Medicaid Services' (CMS) new emergency preparedness requirement<sup>1</sup> (which was first posted on September 8, 2016 and went into effect on November 16, 2016), must be implemented by participating health care providers by November 16, 2017, a deadline which is fast approaching.

According to CMS, the purpose of the rule is “[t]o establish national emergency preparedness requirements to ensure adequate planning for both natural and man-made disasters, and coordination with federal, state, tribal, regional and local emergency preparedness systems.” It will also help providers meet the needs of patients, residents, clients, and participants during disasters and emergency situations.

The following types of health care providers are affected by this rule: 1) hospitals; 2) religious nonmedical health care institutions; 3) ambulatory surgical centers; 4) hospices; 5) psychiatric residential treatment facilities; 6) all-inclusive care for the elderly; 7) transplant centers; 8) long-term care facilities; 9) intermediate care facilities for individuals with intellectual disabilities; 10) home health agencies; 11) comprehensive outpatient rehabilitation facilities; 12) critical access hospitals; 13) clinics, rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services; 14) community mental health centers; 15) organ procurement organizations; 16) rural health clinics and federally qualified health centers; and 17) end-stage renal disease facilities. The expectations were adjusted to reflect the characteristics of each type of provider and supplier. Providers must be in compliance with emergency preparedness regulations to participate in the Medicare or Medicaid program.

CMS' emergency preparedness requirement includes four (4) core elements:

- Risk Assessment and Emergency Planning
- Communication Plan
- Policies and Procedures

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<sup>1</sup> The final rule was posted in the Federal Register, 81 FR 63859 and 81 FR 80594, which can be found at: <https://www.federalregister.gov/documents/2016/11/16/2016-27478/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid> (last visited 9/1/17).

- Training and Testing

## **What this means for long-term care facilities in Indiana<sup>2</sup>**

*Risk Assessment and Emergency Plan.* Long-term care (LTC) facilities must:

- Perform a risk assessment that uses an “all-hazards” approach to identify essential components to be integrated into the facility emergency plan. This should be specific to the facility and take into consideration the particular types of hazards most likely to occur in the area. For example, Indiana is vulnerable to severe weather and natural disasters (such as tornados, winter storms, flooding, and earthquakes), technological disasters, infectious disease outbreaks, acts of terrorism (such as bomb threats), and other events (such as fires).
- Create an emergency plan based upon the risk assessment that addresses resident population and includes a process for cooperation and collaboration with local, tribal, regional, State, or Federal agencies during a disaster or emergency situation.
- Review and update the emergency plan at least annually.

*Communication Plan.* LTC facilities must establish a system to contact appropriate staff, resident families or representatives, residents’ treating physicians, and other necessary persons in a timely manner to ensure continuation of resident care throughout the facilities and to ensure that these functions are carried out in a safe and effective manner during an emergency or disaster. This must be reviewed and updated at least annually.

*Policies and Procedures.* LTC facilities must develop and implement policies and procedures that support the successful execution of the emergency plan and communication plan, and addresses the risks identified during the risk assessment process. The policies and procedures must be reviewed and updated at least annually and address at a minimum:

- The provision of subsistence needs for staff and residents
- A system to track the location of on-duty staff and sheltered residents in the LTC facility’s care during and after an emergency
- Safe evacuation from the LTC facility
- A means to shelter in place
- Medical documentation
- The use of volunteers
- Arrangements with other LTC facilities and other providers to receive residents
- The role of the LTC facility under a waiver declared by the Secretary

*Training and Testing.* LTC facilities must develop and maintain an emergency preparedness training and testing program that includes:

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<sup>2</sup> See 42 CFR § 483.73 and 410 IAC 16.2-3.1-51 for specific federal and state regulations.

- Initial training for new and existing staff in the emergency preparedness policies and procedures
- Annual training on emergency preparedness
- Drills and exercises to test the emergency plan to identify gaps and areas for improvement at least annually
- Fire drills
- Testing of emergency generators, phone systems, and other emergency equipment
- Documentation of all training and testing
- Procedures for correcting deficiencies noted during the exercises

*Implementation.* The deadline to implement this new federal emergency preparedness requirement is November 16, 2017.