## Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers

### HOME HEALTH CARE PROVIDERS

<table>
<thead>
<tr>
<th>Proposed Rule</th>
<th>Final Rule</th>
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<tr>
<td><strong>§ 484.22 Condition of participation: Emergency preparedness.</strong> The Home Health Agency (HHA) must comply with all applicable Federal and State emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</td>
<td><strong>§ 484.22 Condition of participation: Emergency preparedness.</strong> The Home Health Agency (HHA) must comply with all applicable Federal, State, and local emergency preparedness requirements. The HHA must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:</td>
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<td><em>(a) Emergency plan.</em> The HHA must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually</td>
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<td>The plan must:</td>
<td>The plan must <strong>do all of the following:</strong></td>
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<td><em>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach;</em></td>
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<td><em>(2) Include strategies for addressing emergency events identified by the risk assessment;</em></td>
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<td><em>(3) Address patient population, including, but not limited to, the type of services the HHA has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.</em></td>
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<td><em>(4) Include a process for ensuring cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials’ efforts to ensure an integrated response during a disaster or emergency situation, including documentation of the HHA’s efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.</em></td>
<td><em>(4) Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the HHA’s efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.</em></td>
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<td><em>(b) Policies and procedures.</em> The HHA must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</td>
<td><em>(b) Policies and procedures.</em> The HHA must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:</td>
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<td><em>(1) The plans for the HHA’s patients during a natural or man-made disaster. Individual plans for each patient must be included as part of the comprehensive patient assessment, which must be conducted according to the provisions at § 484.55.</em></td>
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<td><em>(2) The procedures to inform State and local emergency preparedness officials about HHA patients in need of</em></td>
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 officials about HHA patients in need of evacuation from their residences at any time due to an emergency situation based on the patient’s medical and psychiatric condition and home environment.

(3) A system to track the location of staff and patients in the HHA’s care both during and after the emergency.

(4) A system of medical documentation that preserves patient information, protects confidentiality of patient information, and ensures records are secure and readily available.

(5) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.

(6) The development of arrangements with other HHAs or other providers to receive patients in the event of limitations or cessation of operations to ensure the continuity of services to HHA patients.

(c) Communication plan. The HHA must develop and maintain an emergency preparedness communication plan that complies with both Federal and State law and must be reviewed and updated at least annually.

The communication plan must include all of the following:

1. Names and contact information for the following:
   i. Staff.
   ii. Entities providing services under arrangement.
   iii. Patients’ physicians.
   iv. Other HHAs.
   v. Volunteers.

2. Contact information for the following:
   i. Federal, State, tribal, regional, or local emergency preparedness staff.
   ii. Other sources of assistance.
   iii. Patients under the facility’s care as permitted under 45 CFR 164.510(b)(4).
   iv. Means of providing information about the HHA’s needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

(d) Training and testing. The HHA must develop and maintain an emergency preparedness training and testing program that must be reviewed and updated at least annually.
(1) Training program. The HHA must do all of the following:
(i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles.
(ii) Provide emergency preparedness training at least annually.
(iii) Maintain documentation of the training.
*(ii) Demonstrate staff knowledge of emergency procedures.

(2) Testing. The HHA must conduct drills and exercises to test the emergency plan. The HHA must do the following:
(i) Participate in a community mock disaster drill at least annually. If a community mock disaster drill is not available, conduct an individual, facility-based mock disaster drill at least annually.
(ii) If the HHA experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HHA is exempt from engaging in a community or individual, facility-based mock disaster drill for 1 year following the onset of the actual event.
(iii) Conduct a paper-based, tabletop exercise at least annually. A tabletop exercise is a group discussion led by a facilitator, using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.
(iv) Analyze the HHA’s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA’s emergency plan, as needed.

(e) Integrated healthcare systems. If a HHA is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the HHA may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:
(1) Demonstrate that each separately certified facility within the system actively participated in the
development of the unified and integrated emergency preparedness program.

(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

(3) 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.

(4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include all of the following:

(i) A documented community-based risk assessment, utilizing an all-hazards approach.

(ii) A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

(5) Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.

*There is an error in the Emergency Preparedness proposed and final rules under §484.22 (d)(1)(ii). The section is incorrectly numbered with two “(ii)” the second should be numbered (iv). The Centers for Medicare & Medicaid Services is aware.*