Eli's Hospice Insider

Emergency Preparedness: Ease Your Emergency Preparedness Burden With New Changes

Both inpatient and at-home hospice providers get a break.

If you have overlooked Emergency Preparedness regulatory relief that took effect Nov. 29, you're expending unnecessary extra resources.

In a Sept. 30 final rule, the **Centers for Medicare & Medicaid Services** made these changes to EP requirements:

Emergency Plans: "We are removing the requirements from our emergency preparedness rules for Medicare and Medicaid providers and suppliers that facilities document efforts to contact local, tribal, regional, State, and Federal emergency preparedness officials, and that facilities document their participation in collaborative and cooperative planning efforts," CMS says in the final rule that contains a variety of regulatory relief measures.

In response to critical comments on the proposal, CMS points out in the final rule that "providers would still be required … to include a process for collaboration/cooperation with officials; however, they would not be required to document efforts to contact these officials. Therefore, this maintains the existence of a process for collaboration with officials without posing additional documentation burdens."

Annual Review of Emergency Program: "We are revising this requirement so that applicable providers and suppliers review their Emergency program biennially, except for Long Term Care facilities, which will still be required to review their emergency program annually," the rule says.

Training: "We are revising the requirement that facilities develop and maintain a training program based on the facility's emergency plan annually by requiring facilities to provide training biennially (every 2 years) after facilities conduct initial training for their emergency program, except for long term care facilities which will still be required to provide training annually. In addition, we are requiring additional training when the emergency plan is significantly updated," the rule says.

CMS originally proposed this change for all provider types, but received a large number of comments advising against the change for nursing homes. Therefore, it will still require annual testing for LTC providers.

Testing: "For inpatient providers, we are expanding the types of acceptable testing exercises that may be conducted. For outpatient providers, we are revising the requirement such that only one testing exercise is required annually, which may be either one community-based full-scale exercise, if available, or an individual facility-based functional exercise, every other year and in the opposite years, these providers may choose the testing exercise of their choice."

Inpatient hospices must follow the requirements for all inpatient providers, which means two testing exercises annually. But now, "one of the two annually required testing exercises could be an exercise of their choice, which could include one community-based full-scale exercise (if available), an individual facility-based functional exercise, a drill, or a tabletop exercise or workshop that included a group discussion led by a facilitator," CMS explains in the final rule.

All other hospices can switch to once-a-year testing under the final rule, and they have more flexibility with their testing. "It is our intent that providers and suppliers make an attempt to conduct a full-scale exercise within their community, while understanding that this may not always be feasible," CMS acknowledges in the rule. "Therefore, we provide that when a full-scale exercise is not available, facilities must conduct a functional exercise at the individual facility level in order to satisfy our requirement."

Take These 3 Steps To Implementation

These changes "provide regulatory burden relief by allowing agencies the ability to focus on agency-specific needs versus fulfillment of requirements," says consultant **Carolyn Grandell** with **Qualidigm** in Wethersfield, Connecticut.

The requirement revisions may not appear significant at first, "but these changes do provide additional flexibility and time savings," says consultant **Linda Elizaitis** with **CMS Compliance Group** in Melville, New York. In particular, "having the option to review and update the Emergency Preparedness Plan biennially versus annually creates time savings in general," Elizaitis tells **Eli**.

The switch to biennial review "is a relief to agencies," agrees **Sharon Litwin** with **5 Star Consultants** in Camdenton, Missouri.

Hospices should take these steps to implement the changes, Grandell advises:

1. Update your policies and procedures pertaining to EP.

2. Train staff on the changes. "The Incident Command team, in particular, should have a clear understanding of roles and responsibilities including the required process for collaboration and communication with emergency preparedness officials, and changes to documentation requirements," Grandell urges.

3. Check your administrative and education plans for possible revision.

Note: The final rule containing the EP regulatory changes is at www.govinfo.gov/content/pkg/FR-2019-09-30/pdf/2019-20736.pdf.