
CMS Emergency Preparedness Requirements for Federally Qualified Health Centers (§491.12)

Emergency Preparedness information (Reference information regarding requirement reductions from CMS effective. Delete info after this draft approved.

Areas in **YELLOW** are changes to regulations due to the CMS Omnibus Burden Reduction Final Rule CMS-3346-F or are EP “Best Practices”.

CMS ETAG Specific to FQHC’s:

Emergency program Review: CMS decreased the requirements for providers to conduct an annual review of their emergency program to a **biannual review**. Long term care (LTC) facilities will continue to review their emergency program annually. This review allows organizations to document changes to their plans based on training and exercises and update core information.

Emergency plan: Eliminating the requirement that the emergency plan include documentation of efforts to contact local, tribal, regional, State, and federal emergency preparedness officials and a facility’s participation in collaborative and cooperative planning efforts.

Communications Plan: This plan was originally required to be reviewed and updated annually and now the **must be reviewed and updated every 2 years**. An EP “Best Practice” is to review and update your communications plan annually.

Emergency Preparedness Staff Training: Decreasing the training requirement from **annually** to **every two years**. Skilled Nursing facilities are still required to provide annual training.

Testing / Exercises (for inpatient providers): Increasing the flexibility for the testing requirement so that one of the two annually required testing exercises may be an exercise of the facility’s choice.

Testing / Exercises (for outpatient providers): Decreasing the requirement for FQHC’s to conduct two testing exercises to **one testing tabletop exercise annually**.

CMS E- Tags	CMS E-Tag Language	E-Tag Requirements
Risk Assessment and Emergency Operations Plan: E-Tags: (E-0001 – E-0014)		
E-0004	Must develop and maintain an emergency preparedness plan	Must be reviewed and updated every 2 years. NOTE: An emergency preparedness “Best Practice” is to review and update your emergency plan annually.
E- 0006	<ul style="list-style-type: none"> • Be based on and include a documented, facility-based, and community-based risk assessment, utilizing an all-hazards approach • Include strategies for addressing emergency events identified by the risk assessment 	A Hazard Vulnerability Analysis must be conducted annually
E-0007	<p>The emergency plan must:</p> <ul style="list-style-type: none"> • Address patient population including persons at-risk; the type of services organizations has the ability to provide in an emergency • Continuity of operations • Delegations of authority and succession plans 	
E-0009	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 [facility's] efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	No longer Required.
Policies and Procedures E-Tags (E-0015 – E-0028)		
E-0013	All required policies and procedures for Health Center’s (4) are listed below.	Must be reviewed and updated annually.
E-0020	P and P: Safe Evacuation from health center. Cons which includes consideration of the care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.	
E-0020	P and P: A means to Shelter in Place for patients, staff, and volunteers who remain in at a program site.	
E-0023	P and P: A System of Medical Documentation that preserves patient information, protects confidentiality of patient	

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	information, and secures and maintains availability of records and a “Go To Paper Protocol”.	
E-0024	P and P: The Use of Clinical and Non-Clinical Volunteers in an emergency, staffing strategies, including the process and role for integration of State and Federally designated health care professionals and medical credentialing to address surge needs during an emergency.	
Communications Plan E-Tags (E- 0029 – E-0035)		
E-0029	Frequency of Review of Communications Plan: Organizations must have a written communication plan that contains how they coordinate patient care at their program sites, with other providers and state and local public health departments. The communications plan should include how the organization interacts and coordinates with emergency management agencies and systems to protect patient health and safety in the event of a disaster. The development of a communication plan will support coordination of care. The plan must be reviewed annually and updated, as necessary. We are allowing facilities flexibility in how they formulate and operationalize the requirements of the communication plan.	The plan must be reviewed every 2 years and updated, as needed. NOTE: An EP “Best Practice” is to review and update your communications plan annually.
E- 0030	Internal staff and provider contacts: 1. Staff 2. Entities providing services under contract Patients' physicians 3. Other providers 4. Volunteers	
E-0031	External emergency management contacts: 1. Federal, State, tribal, regional, and local emergency preparedness staff 2. Other sources of assistance	
E-0032	Have primary and alternate / redundant communication devices to be able to contact (i.e., staff, patients and board, other providers, licensing agencies, state, tribal, regional, and local emergency management agencies.	List primary and alternative redundant forms of communication devices
E-0033	A method for sharing information and medical documentation for patients under the organizations care. With other health providers to maintain the continuity of care.	

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E-0034	Provide information about and organization’s occupancy needs and the organization’s ability to provide assistance to others during disaster. Providers must have a way to provide information about their needs and its ability to provide assistance to the authority having jurisdiction (i.e. local and State emergency management agencies, local and state public health departments).	
Training and Testing (Exercises) E-Tags (E-0036 – E-0044)		
E-0036	Organizations must develop and maintain an emergency preparedness training and testing program that is based on their emergency plan.	The training and testing program must be reviewed and updated at least annually
E-0037	<p>Emergency Preparedness Training: Organizations are required to provide training in emergency preparedness policies and procedures that are consistent with their roles in an emergency to all new and existing staff, individuals providing services under contract, and volunteers and individuals who provide services on a per diem basis.</p> <p>Training in EP policies and procedures to all new staff, individuals providing on-site services under arrangement, and volunteers</p>	<ul style="list-style-type: none"> • Provide emergency preparedness training every 2 years • Maintain documentation of the training • Demonstrate staff knowledge of emergency procedures • NOTE: An EP “Best Practice” is to conduct emergency preparedness training annually.
E-0039	<p>Testing your Emergency Plan: Health Centers must conduct one tabletop exercise annually to test portions of their emergency plan, policies and procedures or other aspects of their emergency preparedness program.</p> <p>If an organization experiences an natural or man-made emergency that requires activation of their emergency plan, the organization is exempt from the requirement conducting an exercise for 1 year following the onset of the actual event as long as they complete a After Action Report and Improvement Plan.</p>	Must conduct one Tabletop exercise annually to test providers emergency plan.
E-0042	For Integrated healthcare systems: If an organization part of a healthcare system consisting of multiple separately certified healthcare providers that elects to have a unified and integrated emergency preparedness program, provider may choose to participate in the healthcare system’s coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must:	

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	<p>Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.</p> <ol style="list-style-type: none"> 1. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered. 2. Demonstrate that each separately certified facility is capable of actively using the unified and integrated EP program and is in compliance. 3. Include a unified and integrated emergency plan. The unified and integrated emergency plan must also be based on and include the following: <ol style="list-style-type: none"> a. A documented community-based risk assessment, utilizing an all-hazards approach. b. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach. 4. Include integrated policies and procedures that meet the requirements (i.e. a coordinated communication plan, and training and testing programs). 	

Source Documents:

Main CMS website: <https://www.cms.gov/>

Appendix Z: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/QSO19-06-ALL.pdf>

CMS Omnibus Burden Reduction (Conditions of Participation) Final Rule CMS-3346-F:
<https://www.cms.gov/newsroom/fact-sheets/omnibus-burden-reduction-conditions-participation-final-rule-cms-3346-f#:~:text=On%20September%2026%2C%202019%2C%20the%20Centers%20for%20Medicare,hospitals%20and%20other%20healthcare%20providers%20to%20reduce%20>

Federal Register: <https://www.federalregister.gov/>