Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type

Inpatient					
Provider Type	**Emergency Plan**	**Policies and Procedures**	**Communication Plan**	**Training and Testing**	**Additional Requirements**
Hospital	Develop a plan based on a risk assessment using an "all hazards" approach, which is an integrated approach focusing on capacities and capabilities critical to preparedness for a full spectrum of emergencies and disasters. The plan must be updated annually.	Develop and implement policies and procedures based on the emergency plan, risk assessment, and communication plan which must be reviewed and updated at least annually. System to track on-duty staff & sheltered patients during the emergency.	Develop and maintain an emergency preparedness communication plan that complies with both federal and state laws. Patient care must be well-coordinated within the facility, across health care providers and with state and local public health departments and emergency systems. The plan must include contact information for other hospitals and CAHs; method for sharing information and medical documentation for patients.	Develop and maintain training and testing programs, including initial training in policies and procedures and demonstrate knowledge of emergency procedures and provide training at least annually. Also annually participate in: • A full-scale exercise that is community- or facility-based; • An additional exercise of the facility's choice.	Generators—Develop policies and procedures that address the provision of alternate sources of energy to maintain: (1) temperatures to protect patient health and safety and for the safe and sanitary storage of provisions; (2) emergency lighting; and (3) fire detection, extinguishing, and alarm systems.
Critical Access Hospital	*	*	*	*	Generators
Long Term Care Facility	Must account for missing residents (existing requirement).	Tracking during and **after** the emergency applies to on-duty staff and sheltered residents.	In the event of an evacuation, method to release patient information consistent with the HIPAA Privacy Rule.	*	Generators Share with resident/family/ representative appropriate information from emergency plan.
PRTF	*	Tracking during and **after** the emergency applies to on-duty staff and sheltered residents.	*	*	

*Indicates that the requirements are the same as those for hospitals. Exceptions are noted for individual provider/suppliers.

NOTE: This table is an overview of the regulation with key differences summarized. This is not meant to be an exhaustive list of the requirements nor should it serve as substitute for the regulatory text.

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Provider Type	**Emergency Plan**	**Policies and Procedures**	**Communication Plan**	**Training and Testing**	**Additional Requirements**
ICF/IID	Must account for missing residents (existing requirement).	Tracking during and after the emergency applies to on-duty staff and sheltered clients.		*(current requirement)	Share with client/family/representative appropriate information from emergency plan.
RNHCI	*	*	Does not include the requirement to coordinate with state or federally designated healthcare professionals.	No requirement to conduct drills.	
Transplant Center	*	*	*	*	Maintain agreement with transplant center & OPO.

Outpatient Providers Outpatient providers are not required to provide subsistence needs for staff and patients.					
Provider Type	**Emergency Plan**	**Policies and Procedures**	**Communication Plan**	**Training and Testing**	**Additional Requirements**
Hospice	*	In home services—inform officials of patients in need of evacuation (additional requirement). Home-based hospices not required to track staff and patients.	In home services—will not need to provide occupancy information.	*	
Ambulatory Surgical Center	*	*	Will not need to provide occupancy information. Not required to develop arrangements with other ASCs and other providers to receive patients in the event of limitations or cessation of operations. Not required to include the names and contact information for "other ASCs" in the communication plan.	Community-based drill not required.	

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Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type

Outpatient Providers Outpatient providers are not required to provide subsistence needs for staff and patients.					
Provider Type	**Emergency Plan**	**Policies and Procedures**	**Communication Plan**	**Training and Testing**	**Additional Requirements**
PACE	*	Inform officials of patients in need of evacuation (additional requirement). Tracking during and **after** the emergency applies to on-duty staff and sheltered participants.	*	*	
Home Health Agency	*	Will not require shelter in place, provision of care at alternate care sites Inform officials of patients in need of evacuation. HHAs not required to track staff and patients.	Will not need to provide occupancy information. Not required to include the names and contact information for other HHAs in the communication plan. Not required to develop arrangements with other HHAs.	*	HHAs must have policies in place for following up with patients to determine services that are still needed. In addition, they must inform State and local officials of any on-duty staff or patients that they are unable to contact.
CORF	Must develop emergency plan with assistance from fire, safety experts (existing requirement)	Will not need to provide transportation to evacuation locations, or have arrangements with other CORFs to receive patients, and not required to track staff and patients.	Will not need to provide occupancy information.	*	
CMHC	*	Tracking during and **after** the emergency applies to on-duty staff and sheltered clients.	*	*	

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Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements by Provider Type

Outpatient Providers Outpatient providers are not required to provide subsistence needs for staff and patients.					
Provider Type	**Emergency Plan**	**Policies and Procedures**	**Communication Plan**	**Training and Testing**	**Additional Requirements**
OPO	Address type of hospitals OPO has agreement (additional requirement).	Needs to have system to track staff during & after emergency and maintain medical documentation (additional requirement).	Does not need to provide occupancy info, method of sharing pt. info, providing info on general condition & location of patients.	Only tabletop exercise	Must maintain agreement with other OPOs & hospitals.
Clinics, Rehabilitation, and Therapy	Must develop emergency plan with assistance from fire, safety experts. Address location, use of alarm systems and signals & methods of containing fire (existing requirements).	*Not required to track staff and patients.	Does not need to provide occupancy information.	*	
RHC/FQHC	*	Does not have to track staff and patients, or have arrangements with other RHCs to receive patients or have alternate care sites.	Does not need to provide occupancy information.	*	

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Outpatient Providers					
Outpatient providers are not required to provide subsistence needs for staff and patients.					
Provider Type	**Emergency Plan**	**Policies and Procedures**	**Communication Plan**	**Training and Testing**	**Additional Requirements**
ESRD	Must contact local emergency preparedness agency annually to ensure dialysis facility's needs in an emergency (existing requirement).	Policies and procedures must include emergencies regarding fire equipment, power failures, care related emergencies, water supply interruption & natural disasters (existing requirement). Tracking during and **after** the emergency applies to on-duty staff and sheltered patients.	Does not need to provide occupancy information.	Ensure staff demonstrate knowledge of emergency procedures, informing patients what to do, where to go, whom to contact if emergency occurs while patient is not in facility (alternate emergency phone number), how to disconnect themselves from dialysis machine. Staff maintain current CPR certification, nursing staff trained in use of emergency equipment & emergency drugs, patient orientation (existing requirements).	

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