Quality, Safety & Oversight Group
Emergency Preparedness At-A-Glance

Background

The CMS Central Office (CO), Regional Offices (ROs), and State Survey Agencies (SAs) operate in a larger context of State emergency preparedness and often play important roles within a State Incident Command System (ICS) that extend far beyond Federal survey and certification functions. In such cases States have cost accounting systems in place to allocate expenses properly and ensure that the cost of non-Federal activities is not charged against Federal accounts. Nonetheless, some emergency preparedness *and* emergency response activities are vital to the effective conduct of Federal quality assurance and, as such, are properly included in the State's S&C mission, priority and budget document.

The items identified below are key elements that have been developed based on the recommendations of the S&C Emergency Preparedness Stakeholder Communication Forum. While we realize some States already have very well-developed systems that far exceed the elements described here, we appreciate that for many States enhanced IT reporting capabilities require additional time to implement.

1. SA Continuity of Operations (COOP)

The SA maintains a coordinated, emergency Continuity of Operations Plan (COOP), updated at least annually, which is submitted to the CMS RO. The COOP addresses:

a. Essential S&C business functions, including:
   - Provision of prompt responses to complaints regarding patients/residents who are in immediate jeopardy.
   - Provision of monitoring and enforcement of healthcare providers. Even in widespread or significant disasters where reduced S&C activities may occur, key activities (such as complaint investigations, provider communications, communication with CMS regarding any advisable adjustment to previously-imposed enforcement actions that might impede evacuee placement, etc.) will still need to occur in order to ensure the health and safety of patients and residents.
   - Conducting timely surveys or re-surveys in the aftermath of a disaster.

b. Identification of strategies to ensure maintenance and protection of S&C critical data.

c. A program of COOP exercises, conducted at least annually by designated staff to ensure State, Regional, Tribal and Federal responsiveness, coordination, effectiveness and mutual support.

2. Effective Communication & Coordination with CMS

a. Point of Contact: A State S&C emergency point of contact (and back-up) is available 24 hours per day and 7 days per week to the CMS RO when the State declares a widespread disaster. The contact:
   - Coordinates State S&C activities with CMS;

- Addresses questions and concerns regarding S&C essential functions;
- Provide status reports; and
- Ensures effective communication of federal S&C policy to local constituencies.

These functions may be fulfilled by a person within the State ICS who has been clearly assigned to communicate with CMS and provide data for S&C functions.

b. Policy Communications: The SA maintains capability for prompt dissemination of CMS policy and procedures to surveyors, providers and affected stakeholders. During a disaster, the capability is operative 24/7. The SA capability includes back-up communication strategies, such as websites and hotlines and emergency capability that enable functional communication during energy blackouts. A designated person is available for responding to healthcare providers' questions and concerns related to federal survey and certification. These functions may be performed by a person within the State ICS, who has been clearly assigned to perform these functions.

c. Information and Status Reports: The SA or the State ICS maintains capability and operational protocols to provide the CMS RO with (a) State policy actions (such as a Governor's emergency declarations or waiver of licensure requirements) and (b) an electronic provider tracking report, upon request, regarding the current status of healthcare providers affected by a disaster. The capability includes:

Provider Contacts	Provider Status	Provider Plans
• Provider's name • CMS Certification Number (CCN) • National Provider Number (NPI) • Provider type • Address (Street, City, ZIP Code, County) • Current emergency contact name • Contact's Telephone number and alternate (e.g., cell phone) • Contact's email address	• For profit/ or not-for-profit agency, or government agency status • Provider status (evacuated, closed, damaged) • Provider census • Available beds • Emergency department contact information (name, telephone number, FAX number) if different than provider contact information • Emergency department status (if applicable) • Loss of power and/or provider unable to be reached	• Estimated date for restored operations • Source of information • Date of the status information

3. Recovery Functions

Recovery functions will be determined on a case-by-case basis between the SA and the CMS RO. In the context of survey & certification, recovery functions represent those activities that are required to ensure that a provider has re-established the environment and systems of care necessary to comply with Federal certification requirements.

4. Funding

We believe that the types of actions that we are specifying are currently underway or in place based on State-level initiatives and/or prior informal arrangements between States and ROs formed on an ad hoc basis. In many of these cases, implementation costs will be very low. We, therefore, encourage SAs to seek other available sources of emergency services funding or grants to promote emergency preparedness coordination wherever possible and to share information and expertise with other States.

To the extent that routine work cannot be accomplished during a significant disaster, unobligated S&C funds may be available to provide fiscal resources that otherwise could not be budgeted for the above activities. Depending on the nature of the disaster, the CMS RO may also authorize expenditures for certain recovery efforts that would not normally be covered, when such activities advance the subsequent recovery and the continued or resumed certification of providers. An example is the conduct of pre-survey site visits in the aftermath of a disaster, prior to the reopening of a healthcare facility, particularly when the result of the site visit is a conclusion that a subsequent survey is not required (such as a finding that damage is so light that a new life-safety code survey is not needed).

If a very significant emergency occurs in a State and it calls upon extra SA resources to meet the resulting needs, the State can submit a supplemental budget request, which we will consider for priority funding depending on the severity and extent of the emergency.

States are still required to submit electronic affected provider status reports to the CMS RO during emergency events, which include the data elements identified above. States should contact their ROs for assistance.

5. Relationship to State Performance Standards System

If a significant emergency occurs in a State that disrupts normal survey and certification activity and that is well outside the level that can typically be expected in the State, CMS will take such circumstances into account so as to avoid penalizing the State for SA Performance issues unavoidably caused by the emergency.

For all other Emergency Preparedness Functions, Responsibilities, and Guidance, please visit https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html