



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a PHMC affiliate

# MODULE 2

## CMS RULE SLACK CHAT

### INTRODUCTION

The Centers for Medicare and Medicaid (CMS) established a rule (effective November of 2017) requiring all Medicare and Medicaid providers to be in compliance with national emergency preparedness requirements. This means that most health center providers must ensure that their health center has an emergency plan in place that addresses staff and patient needs during an emergency or disaster.

### HOW WILL COMPLIANCE BE DETERMINED?

Since this rule is enforced by CMS, the Health Resources and Services Administration (HRSA) will not check to see if health centers are in compliance. At most, HRSA might ask to see the documents listed in Form 10 if your health center completed that form.

There are three entities that can do CMS surveying:

- CMS itself
- The state department of health that contract with CMS to do surveys
- A credentialing entity that has been approved by CMS (e.g. The Joint Commission)

While health centers may have had state audits or Joint Commission credentialing, they have not technically been assessed by CMS. Review the [State Operation Manual \(SOM\)](#) for more information about audits. Specifically of interest is Chapter 2 - Certification.

Some states only conduct CMS audits if there has been a complaint, however after a Joint Commission survey (if you are accredited) CMS may come out within 60 days to do a verification. Complaints can be filed by any Medicare beneficiary at any point against a health center.

# Emergency Preparedness Communications Plan

The CMS rule states that you need to have a communications plan and it must include internal and external communications, a method for sharing medical documentation with other healthcare providers, a method to communicate to the local command center, your ability to provide assistance before during and after the event, and an alternate means of communication in case of an interruption in phone service.

Tip: the Centers for Disease Control (CDC) remains the authority when it comes to emergency and risk communications. You can check out some resources [here](#).

## You should consider the following when working on your Communications Plan:

1. The procedure to notify staff that emergency response has been initiated.
2. The steps the facility will use to communicate information and instructions to its staff during an emergency.
3. The procedures to notify external authorities that emergency response measures have been initiated and communicate during the emergency.
4. How the facility will communicate with patients and their families.
5. How the facility will communicate with the community or the media during an emergency, including designation of a Public Information Officer (PIO). Take a look at [FEMA's course on PIOs](#) as a resource.
6. How the facility will communicate with suppliers of essential services, equipment, and supplies during an emergency.
7. How the facility will communicate with other health care organizations in its geographic area regarding the essential elements of their respective command structures, the resources and assets that could be shared in an emergency response.
8. How the organization will communicate and under what circumstances will the organization communicate the names of patients and the deceased with other health care organizations in its geographic area.
9. How the organization will communicate and under what circumstances will the organization communicate information about patients to third parties.
10. What primary and alternate communication methods the organization will use.
11. How the organization will do maintenance / testing of data, equipment/software, and protocols.

Communication back-up methods include: pagers; internet provided by satellite or non-telephone cable systems; cellular telephones (where appropriate); radio transceivers (walkie-talkies); various other radio devices such as the NOAA Weather Radio and Amateur Radio Operators' (ham) systems; satellite telephone communication system.

# Health Center Requirements

Because emergency preparedness takes many forms and can include a number of different elements, health centers may be unsure about what exactly CMS requires for their site.

What is required:

- Risk assessment and emergency planning for all hazards
- Communication plan
- Written policies and procedures
- Training and testing that takes place at the site

What is not required:

- Shelter in place supplies that can last for 72 hours (only required by inpatient facilities)
- Being part of a larger community response. However, health centers must participate in community-based exercises.