



An Informational Bulletin Brought To You By Polaris Group

SNF Elements of Emergency Preparedness

On September 16, 2016, the final rule on Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers was published. The rule was effective November 15, 2016 however health care providers and suppliers affected by this rule have until **November 15, 2017** to implement the new requirements. This rule affects all 17 provider and supplier types eligible for participation in Medicare.

The Centers for Medicare and Medicaid Services (CMS) anticipated the interpretive guidelines and survey procedures would be developed and published in the spring of 2017. Once the guidance is published, providers and suppliers will have several months to prepare for implementation. Surveyors will begin evaluating the new requirements after **November 15, 2017**.

Listed below are the four core elements of the emergency preparedness requirements:

1. Risk Assessment and Emergency Planning
2. Policies and Procedures
3. Communication Plan
4. Training and Testing

Risk Assessment and Emergency Planning:

- The facility must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually.
- The plan must do all of the following:
 - Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all hazards approach, including missing residents.
 - Include strategies for addressing emergency events identified by the risk assessment.
 - Address resident population including, but not limited to, persons at-risk; the type of services the facility has the ability to provide in an emergency; and continuity of operations, including

delegations of authority and succession plans.

- Include a process for cooperation and collaboration with local, regional, state or federal emergency preparedness officials, including documentation of the facility's efforts to contact such officials.

Policies and Procedures:

- The facility must develop and implement policies and procedures based on the emergency plan and risk assessment.
- The policies and procedures must be reviewed and updated annually
- At a minimum, the policies and procedures must address the following:
 - Provisions to maintain needs of staff and residents, whether they evacuate or shelter in place.
 - Food, water, and medical supplies.
 - Alternate source of energy to maintain temperature, emergency lighting, fire detection and sewage waste disposal.
 - A system to track the location of on-duty staff and sheltered residents in the facility's care during and after an emergency.
 - Safe evacuation from the facility, which includes consideration of care and treatment needs of residents.
 - A means to shelter in place for residents, staff and volunteers who remain at the facility
 - A system of medical documentation that preserves resident information, protects confidentiality and maintains availability of records.
 - The use of volunteers in an emergency, including the process for integration of state or federally designated health care professionals.
 - The development of arrangements with other facilities or providers to receive residents.

Communication Plan:

- The facility must develop an emergency preparedness communication plan that complies with federal, state and local laws.
- This plan must be reviewed and updated at least annually.
- The Communication Plan must include all of the following:
 - Names and contact information for; staff, entities providing services under arrangement, residents' physicians, other facilities and volunteers.
 - Contact information for; federal and state emergency agencies, the state licensing and certification agency, ombudsman and other sources of assistance.
 - Primary and alternate means for communication with facility staff, federal and state emergency management agencies.
 - Method for sharing information and medical documentation for residents under the facility's care.
 - Means in the event of an evacuation to release resident information as permitted.
 - A means of providing information about the general condition and location of residents under the facility's care.
 - A means of providing information about the facility's occupancy, needs, and its ability to provide assistance.
 - Method for sharing information from the emergency plan with residents and their families.

Training and Testing Program:

- The facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan.
- This program must be reviewed and updated at least annually.
- The training program must do all of the following:
 - Initial training in emergency preparedness policy and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers.
 - Training of all staff at least annually.
 - Maintain documentation of training.
 - Demonstrate staff knowledge of the training.
- The facility must conduct exercises to test the emergency plan at least annually, including

unannounced staff drills using the emergency procedures.

- The facility must complete the following:
 - Participate in a full-scale exercise that is community based or when a community based exercise is not accessible, an individual facility based exercise.
 - Conduct an additional exercise that may include a second full-scale community based exercise or tabletop exercise with group discussion.
 - Analyze the facility's response to and maintain documentation of all drills and revise the facility emergency preparedness plan as needed.

The Emergency Preparedness final rule has additional requirements for hospitals, critical access hospitals, and long term care facilities for emergency and standby power systems. These providers must locate generators in accordance with the National Fire Protection Association (NFPA) guidelines. They must conduct generator testing, inspection, and maintenance as required by NFPA and they must maintain sufficient fuel to sustain power during an emergency.

CMS encourages providers to begin conducting "full-scale community-based" training exercises as soon as possible in order to meet the November 15, 2017 implementation date of the final rule, according to a CMS survey and certification memo released March 24, 2017.

CMS also said it expects providers who can't conduct a full-scale exercise to "complete an individual facility-based exercise and document the circumstances as to why a full-scale, community-based exercise was not completed."

For additional Emergency Preparedness Resources; http://polaris-group.com/news_releases.asp





CMS Announces SNF QRP Data Submission Deadline Now June 1

CMS announced May 12, 2017, due to extenuating circumstances, the reporting deadline for the Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Fiscal Year 2018 payment determination has been extended from May 15, 2017 to June 1, 2017.

The MDS assessment data for October-December (Q4) of calendar year 2016 are due with this submission deadline.

**Polaris Group Solution Center
Hotline Q&A
“Where No Question Goes Unanswered!”**

Question:

We admitted a long term care resident that expired before day 14, should we just complete the entry and death in the facility?

Answer:

Yes, that is correct.

Question:

We have a Medicare Advantage (MA) resident that was admitted for skilled services. The MA has decided to end her skilled services. The MA sent us the NOMNC and the resident has decided to appeal their decision so they are asking for an expedited review. We are getting the documentation together but the MA hasn't sent us the DENC. If they don't send us the DENC are we responsible for completing that notice if we don't agree with ending her skilled service?

Answer:

Yes, the facility is responsible for ensuring that the required forms are complete. I recommend someone from the facility contact the MA to determine the reason for ending the skilled services then complete the DENC to send with the documentation.



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	<u>Date</u>
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FINAL Rules Training Overview of Final Rules of Participating For LTC	6/15
Section GG Coding Training Section GG Coding Tips	6/19
Comprehensive Billing Training Series	
Part 1: Medicare Review & Eligibility Basics	6/6
Part 2: MDS/RUGs to Claim	6/8
Part 3: Consolidated Billing	6/20
Part 4: UB-04 Review	6/22
Part 5: No Pay & Benefit Exhaust	7/13
Part 6: Atypical Claims	7/24
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Part 8: Diagnosis Coding	8/1
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Advanced Billing for SNFs
August 22-24 Las Vegas, NV
November 14-16 Tampa, FL

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