

# 2019 CMS Rule Changes

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## **Purpose:**

In 2019, the Center for Medicare and Medicaid Services (CMS) published the Omnibus Burden Reduction (Conditions of Participation) Final Rule. This rule dictates changes to the previous CMS Emergency Preparedness Final Rule from 2017. The purpose of these changes is to reduce undue burden on healthcare facilities. These changes were published to the federal register on September 30, 2019, and are in effect as of November 29, 2019.

## **Summary of Changes:**

### **Planning:**

- Eliminates the requirement that their emergency plan must include documentation of an effort to contact local, tribal, regional, state, and federal emergency preparedness officials, as well as documentation of the facility's participation in cooperative planning efforts
- Still required to 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

### **Annual Review of Emergency Program:**

- Must be reviewed now biennially, rather than annually
- Except for long term care which must continue to review annually

### **Training:**

- After initial training on the plan, training must be provided every two years
- Long term care must continue to train annually
- If the plan is significantly updated, additional training is required

### **Exercising:**

- For inpatient providers:
  - Applies to: hospitals, long term care facilities, inpatient hospice, psychiatric residential treatment facilities, and other inpatient providers.
  - Continues to require two annual exercises, now one of the two exercises may be an exercise of the facility's choice.
  - The exercise of the facility's choice can be a community based full scale, an individual facility based functional, a drill, a tabletop, or workshop that included a group discussion led by a facilitator.
- For outpatient providers:
  - Applies to: Clinics, rehab agencies, home based hospice, physical therapy, etc.
  - Has previously required two annual exercises, now only requires one annual exercise.
  - Every other year – must be either a community-based full scale \*if available\* or individual facility based functional exercise.

- The other year can be an exercise of their choice – community based full scale, individual facility based functional, drill, tabletop, or workshop that includes a group discussion led by a facilitator
- For both: if the facility experiences an actual natural or man-made emergency that requires activation of their emergency plan, the facility is exempt from engaging in a community based or individual, facility based full scale exercise for 1 year following the onset of the actual event

#### **Explanation of Difference for Long Term Care Facilities:**

As shown above, long term care facilities have different requirements in some areas from other healthcare facilities. The reason for this is that residents of long term care facilities have been identified as being particularly vulnerable. CMS recognizes that due to high staff turnover, and the ever-changing needs of residents, long term care facilities need to continue planning, training, and exercising at the highest level of preparedness, and thus were not included in particular changes.