

## **Center for Medicare and Medicaid Services Emergency Preparedness Rule: Community Mental Health Center (CMHC) Requirements**

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**MUST BE FULLY COMPLIANT BY OCTOBER 31, 2017**

### Overview

The Community Mental Health Center (CMHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The CMHC must establish and maintain an emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements:

Part 485 — conditions of participation: specialized providers, page: 181 (64039)

32. Add § 485.920 to read as follows:

§ 485.920 Conditions for Participation: Emergency Preparedness

### Elements

**A. The CMHC must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:**

- 1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
- 2) Include strategies for addressing emergency events identified by the risk assessment.
- 3) Address client population, including, but not limited to, the type of services the CMHC has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
- 4) 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, including documentation of the CMHC's efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.

**B. The CMHC must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:**

- 1) A system to track the location of on-duty staff and sheltered clients in the CMHC's care during and after an emergency. If on-duty staff or sheltered clients are relocated during the emergency, the CMHC must document the specific name and location of the receiving facility or other location.

- 2) Safe evacuation from the CMHC, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
- 3) A means to shelter in place for clients, staff, and volunteers who remain in the facility.
- 4) A system of medical documentation that preserves client information, protects confidentiality of client information, and secures and maintains the availability of records.
- 5) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency.
- 6) The development of arrangements with other CMHCs or other providers to receive clients in the event of limitations or cessation of operations to maintain the continuity of services to CMHC clients.
- 7) The role of the CMHC under a waiver declared by the Secretary Health and Human Services, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.

**C. The CMHC must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:**

- 1) Names and contact information for the following:
  - i. Staff.
  - ii. Entities providing services under arrangement.
  - iii. Client's physicians.
  - iv. Other CMHCs.
  - v. Volunteers.
- 2) Contact information for the following:
  - i. Federal, State, tribal, regional, and local emergency preparedness staff.
  - ii. Other sources of assistance.
- 3) Primary and alternate means of communicating with the following:
  - i. CMHC's staff.
  - ii. Federal, State, tribal, regional, and local emergency management agencies.

- 4) A method for sharing information and medical documentation for clients under the CMHC's care, as necessary, with other health care providers to maintain the continuity of care.
- 5) A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).
- 6) A means of providing information about the general condition and location of clients under the facility's care as permitted under 45 CFR 164.510(b)(4).
- 7) A means of providing information about the CMHC's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

**D. The CMHC must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.**

- 1) Training program. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least annually.
- 2) Testing. The CMHC must conduct exercises to test the emergency plan at least annually. The CMHC must:
  - i. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the CMHC experiences an actual natural or man-made emergency that requires activation of the emergency plan, the CMHC 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.
  - ii. Conduct an additional exercise that may include, but is not limited to the following:
    - a) A second full-scale exercise that is community-based or individual, facility-based.
    - b) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

- iii. Analyze the CMHCs response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the CMHCs emergency plan, as needed.

**E. If a CMHC is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the CMHC may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must:**

- 1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- 2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- 3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance.
- 4) Include a unified and integrated emergency plan that meets the requirements of paragraphs (a)(2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include the following:
  - i. A documented community-based risk assessment, utilizing an all-hazards approach.
  - ii. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
  - iii. Include integrated policies and procedures that meet the requirements set forth in paragraph (b) of this section, a coordinated communication plan and training and testing programs that meet the requirements of paragraphs (c) and (d) of this section, respectively.