HOME HEALTH EMERGENCY PREPAREDNESS
Appendix Z - Interpretive Guidance Update

- Revised per QSO Memo dated 02/01/19 - effective immediately
- CMS SOM will be updated and will have a different effective date when it is issued

Tag	Regulation/ Rationale	Interpretive Guideline Additions
	Definition – All Hazards Approach – CMS added "emerging infectious diseases" to the current definition. CMS considers this a critical element of the emergency preparedness plan.	*Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others.*
E0004	§484.102(a) Emergency Plan.	Added guidance for identification and management of emerging infectious disease as part of the emergency preparedness plan. *EIDs such as Influenza, Ebola, Zika Virus and others.* ○ *These EIDs may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures.*
E0030	§484.102(c) Communication Plan. **[For HHAs at §484.102(c):] 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) Patients' physicians.* *(iv) Volunteers.*	Removed from Appendix Z the erroneous statement the home health agencies were exempt from the communication plan even when the home health regulations were listed as an entity that needed a communication plan.
E0037	§484.102(d)(1) Training Program.	Added the following guidance for training for contracted staff – *Facilities may contract with individuals providing services who also provide services in multiple surrounding areas. For instance, an ICF/IID may contract a nutritionist who also provides services in other locations. Given that these contracted individuals may provide services at multiple facilities, it may not be feasible for them to receive formal training for each of the facilities for emergency preparedness programs. The expectation is that each individual knows the facility's emergency program and their role during emergencies, however the delivery of such training is left to the facility to determine. Facilities in which these individuals provide services may develop some type of training documentation-i.e. the facility's emergency plan, important contact information, and the facility's expectation for those individuals during an emergency etc. which documents that the*

		individual received the information/training. Furthermore, if a surveyor asks one of these individuals what their role is during a disaster, or any relevant questions, then the expectation is that the individual can describe the emergency plans/their role.
E0039	§484.102(d)(2) Testing.	Added guidance regarding using actual events in lieu of full scale or table top exercises – Finally, an actual emergency event or response of sufficient magnitude that requires activation of the relevant emergency plans meets the annual exercise requirement and exempts the facility for engaging *in a community-based full-scale exercise or individual, facility-based mock disaster drill* for one year following the actual event; and facilit*ies* must be able to demonstrate this through written documentation. *If a facility activates its emergency plan twice in one year, then the facility would be exempt from both exercises (community-based full-scale exercise and the secondary exercise-individual, facility-based mock disaster drill, table top exercise) for one year following the actual events.*
	CMS made the change to the home health agency citations from 484.22 to reflect the regulatory citation at §484.102 in the home health conditions of participation effective January 2018.	