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| **Accountability****Policy****1135 Waiver****Request to Operate under the Authority of 1135 Waiver****Coordination Efforts****Accountability & Oversight****Care & Services at Alternate Care Site** **Communication****Community Response****Documentation****Emergency Assistance****Normal Operations** | (Facility Name) Incident Command AuthorityIn the event of a federally declared emergency, where services provided at (Facility Name) is severely disrupted, (Facility Name) will communicate and coordinate resident services with local, state and federal officials. 1. Under section 1135 of the Social Security Act, the Centers for Medicare and Medicaid Services (CMS) may temporarily waive or modify certain Medicare or Medicaid requirements to ensure that sufficient health care items and services are available to meet the needs of individuals in the event of an emergency.
2. In the event CMS invokes its 1135 waiver authority, (Facility Name) will review the waiver/modification issued and, if appropriate, submit a request to operate under the waiver authority.
3. (Facility Name) Incident Command will communicate and coordinate with local emergency response officials, the Minnesota Department of Health, and the CMS Regional Office in Chicago, Illinois, as needed, to obtain and provide information about how the facility would operate under the 1135 waiver, including any alternative care sites designated in our community.
4. (Facility Name) incident command will work with local, state & federal officials along with temporary shelter locations on operational authority.
	1. See additional details in (Facility Name) Incident Command Structure & Shelter-in-Place, Relocation & Evacuation guideline.
	2. See additional temporary shelter, transportation & transfer agreements.
5. (Facility Name) will communicate operational information utilizing (Facility Name) communication plan and incident command structure.
6. In the event, (Facility Name) operations are not impacted by declared emergency, (Facility Name) will make a good faith effort to assist the community as operationally able.
	1. Depending on the community event, (Facility Name) incident command may be initiated.
	2. (Facility Name) will utilize the communication plan to communicate with community partners.
	3. In the event, (Facility Name) receives emergency request for admission, (Facility Name) will follow company policy to expedite possible admissions as able.
7. In the event (Facility Name) is approved to work under the 1135 waiver, (Facility Name) will maintain records of beneficiaries to whom services are provided, in order to ensure proper payment.
8. (Facility Name) Incident Command may apply for federal assistance as available. *(1135 Waiver is not a grant or financial assistance program)*
	1. Federal Emergency Management Agency (FEMA) Public Assistance Program
	2. Small Business Administration (SBA) Disaster Assistance Loads
	3. Company Insurance Claims
9. (Facility Name) will resume compliance with normal rules and regulations as soon as able in the event of an emergency.
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| **References** |
| **Associated Forms/Attachments** |  |
| **Reference** | CMS. Center for Clinical Standards and Quality/Survey & Certification Group. Advanced Copy – Appendix Z, Emergency Preparedness Final Rule Interpretive Guidelines and Survey Procedures, Ref: S & C 17-29-ALLCMS. (2017). Medicare Fee-For-Service. Additional Emergency and Disaster-Related Policies and Procedures that may be implemented only with a 1135 WaiverCMS. (2018). 1135 Waivers. Retrieved from: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers.html |
| **Survey Tag Numbers/Regulation** | F517 Written Plans to Meet Emergencies/Disasters42 CFR 483.75 Disaster & Emergency PreparednessMN Rule 4658.0065 Resident Safety and Disaster PlanningMN Statute 144D.11 Emergency Planning1135 Social Security ActStafford ActNational Emergencies ActHealth & Human Services – Public Health Emergency |

Auburn Homes and Services reserves the right to modify, clarify or eliminate this policy at any time based on the organizational needs of the facility.

Approval: 11.2017

Title Date

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