Section for Long Term Care Regulation
Provider Meeting, Fall 2017

Emergency Preparedness

- On November 15, 2016 the rules became effective
- All LTC facilities need to be in compliance with the Emergency Preparedness rules on or before November 15, 2017
- The new tags will be E-tags
- The E-tags and their guidance can be found in Appendix Z (S&C 17-29-ALL)

E-01

- **The facility must comply with all applicable Federal, State, and local emergency preparedness requirements. The facility must establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section.**
- The facility must describe a facility's comprehensive approach to meeting the health, safety, and security needs of their staff and residents
- Must document how the facility coordinates with other healthcare facilities as well as the whole community
  - Consider a multitude of events and be able to demonstrate that the facility has considered these during their development of the emergency plan

E-04

- **Emergency Plan-The facility must develop and maintain an emergency preparedness plan that must be reviewed and updated annually**
- The annual review must be documented to include the date of review and any updates made to the plan based on the review
- The plan provides the framework from the facility-based and community-based risk assessment drills
- The plan must show continuity of business operation during an actual emergency
- Facility collaborates with local emergency preparedness officials

E-04

- Must consider the location of the facility and consider particular hazards most likely to occur in the surrounding area
- Considers natural, man-made, and facility-based disasters
- Should consider the duration of a disaster for the area and types of disasters possible and how essential items will get to the facility during the disaster

E-06

- **The plan needs to include documented facility- and community-based risk assessments, utilizing an all-hazards approach**
- **The plan must include missing residents**
- **The plan must include strategies for addressing emergency events identified by the risk assessment**
- All-hazards planning does not specifically address every possible threat but ensures the facility will have the capacity to address a broad range of related emergencies
- The facility must identify all business functions essential to the facility's operation that need to be continued during an emergency

E-06

- The facility must identify all risks or emergencies that the facility may reasonably expect or confront
- The facility must identify all contingencies (unforeseen events) for which the facility should plan
- The facility must consider their location and the unique factors that may impact them during a disaster
- The facility must assess the extent of the impact of a disaster and the impact to limit or cease their operations
- Facilities must determine what arrangements may be necessary with other health care facilities or other entities that may be needed to ensure they have essential services during an emergency

E-06

- If the facility does not own the land they must coordinate and plan with the landlord to ensure continuation of care if building or utilities are impacted
- Facilities must have a missing resident protocol in their plan
- Facilities must develop emergency preparedness strategies based on their facility- and community-based drills
  - For example: Staff shortages
- Facilities may consider a total evacuation within their plans
- The facility must have a backup evacuation plan if their first evacuation choice is affected by the same disaster and would not be a viable option

E-07

- **Address the at-risk resident population and the types of services the facility will offer during an emergency**
- **There must be a continuity of operations, including delegation of authority and succession plans**
- The facility must address the population (inpatient/outpatient)
- At-risk individuals may have additional needs
- At-risk includes: Elderly, diverse culture/language, medical disorders, and pharmacology dependencies
  - All LTC residents are considered at-risk
- Facilities are expected to properly plan to identify residents who would require additional assistance
  - Required assistance needed for residents (staff, equipment, transport type) and educations to residents and staff regarding evacuations, must be planned

E-07

- The plan must address the types of services the facility would be able to provide during an emergency
- The plan must have succession planning with staff who will fill key roles during the emergency
- The facility must have employees who are capable of assuming various critical rolls
- At a minimum there shall be a person who is authorized in writing to act in the absence of the administrator or person legally responsible for the operations of the facility
- The plan should include essential personal, essential functions, critical resources, vital records, EMR IT protection, alternative facilities and their locations, and financial resources
  - Facilities are encouraged to use FEMA and ASPR when developing their plans

E-09

- **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 facility's efforts to contact such officials and when applicable, of its participation in collaborative and cooperative planning efforts**
- While the responsibility for ensuring a coordinated disaster preparedness response lies upon the state and local emergency planning authorities, the facility must document its efforts to contact these officials to engage in collaborative planning for an integrated emergency response
- The facilities must include this integrated response process in their emergency plans

E-13

- **Facilities must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in the risk assessment and communication plans. The policies and procedures must be reviewed annually.**
- These may be incorporated into the emergency policies and procedures or part of the facility's Standard Operating Procedures or Operating Manuals.
  - The facility must be able to demonstrate their complete emergency plan using the above manuals or a combination of them
    - Facility staff must be clearly able to identify where to find all elements (policies and procedures) of their emergency plan within their facility

E-15

- **The provision of subsistence need for staff and residents whether they evacuate or shelter in place, include, but are not limited to the following:**
  - **Food, water, medical, and pharmaceutical supplies**
  - **Alternative sources of energy to maintain the following:**
    - **Temperature to protect patient health and safety and for the safe and sanitary storage of provisions**
    - **Emergency lighting**
    - **Fire detection, extinguishing, and alarm systems**
    - **Sewage and waste disposal**

E-15

- Facilities must be able to provide for adequate subsistence for all residents and staff during the duration of an emergency or until all residents have been evacuated from the facility
  - Provisions include, but are not limited to, food, pharmaceuticals, and medical supplies
    - Provisions should be stored in an area which is less likely to be affected during a disaster
  - Consider that volunteers, visitors, and individuals from the community may come to the facility to offer assistance or seek shelter

E-15

- Facilities are not required to upgrade their electrical systems, but after review of the risk assessment, facilities may find it prudent to make any necessary adjustments to ensure that occupants' health and safety needs are met
  - This standard does not require facilities to have or install a generator or any other specific type of energy source
- It is up to each individual facility, based on their risk assessments to determine the most appropriate alternative energy sources to meet the requirements of the regulation
- Facilities must establish policies and procedures that determine how required heating and cooling of the facility will be maintained during an emergency situation if there were a loss of power

E-15

- Facilities are not required to provide onsite treatment of sewage, but must make provisions for maintaining necessary services
- Current EPA practices need to be followed
- Maintaining necessary services may include, but are not limited to:
  - Access to medical gases
  - Treatment of soiled linens
  - Bio-hazard materials for different infectious diseases
    - Facilities may require additional assistance from transportation companies for safe and appropriate disposal in accordance with nationally accepted industry guidelines for emergency preparedness

E-18

- **Facilities need a system to track the location of all on-duty staff and sheltered residents in the facility's care during an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the facility must document the specific name and location of the receiving facility which would be their current location during the emergency.**
- Facilities must develop a system to track residents and staff
- Facilities must track residents and staff both during and after the emergency until everyone is returned to the facility
- The location information must be readily available, accurate, and sharable among officials within and across the emergency response system as needed for the interest of the resident(s)

E-18

- Facilities may want to consider who will be responsible for compiling/securing residents' records and what information will be needed to track residents throughout the evacuation
- Facilities are not required to track the location of residents who left voluntarily on their own, or who have been appropriately discharged since they are no longer in the facility's care
  - This information must be documented in the resident's medical record should any questions arise to the resident's whereabouts

E-20

- **Safe evacuation from the facility, 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**
- Facilities must have policies and procedures (P&P) to address evacuees

E-20

- The P&P must address staff responsibilities during evacuations
  - The facilities must consider the resident population needs as well as their care and treatment
    - For example: during an evacuation critically ill residents may require facility staff to care or provide treatments while traveling to the designated relocation site, if trained medical professionals are unavailable by the transportation service(s)

E-20

- Things to consider:
  - A triaging system when coordinating the tracking and potential evacuation of the residents
  - Who specifically will complete this triaging
- Facility's P&P must outline primary and alternative means for communication with external sources for assistance

E-22

- **A means to shelter in place for residents, staff, and volunteers who remain in the facility**
- Facilities must have a P&P for sheltering in place which align with the facility's risk assessment
  - P&P must include criteria for which residents and staff would be sheltered in place
  - Facilities should consider the ability of their building(s) to survive a disaster and what proactive steps they could take prior to an emergency
  - A partial or total sheltering of residents may be appropriate
    - Based on the condition of the building after the disaster, a total evacuation may need to be implemented

E-23

- **A system of medical documentation that preserves the resident's information, protects confidentiality of resident's information, and secures and maintains availability of records**
- Facilities are required to ensure residents' records are secure and readily available to support continuity of care during an emergency
  - This requirement does not supersede or take away any requirements found under the provider's medical records regulations
    - These P&P must also be in compliance with HIPAA

E-24

- **The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designed health care professionals to address surge needs during an emergency**
- During emergencies facilities may accept volunteer support with varying levels of skills and training, P&P must be in place to facilitate this support
- Facilities must include any necessary privileging and credentialing processes in its emergency preparedness plan's P&P

E-24

- Non-medical volunteers would perform only non-medical tasks
- Facilities are expected to include in its emergency plan a method for contacting off-duty staff during an emergency and procedures to address other contingencies in the event staff are not able to report to duty which may include, but are not limited to, utilizing staff from other facilities and State- or Federally-designated health professionals

E-25

- **The development of arrangements with other facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to facility residents**
- Facilities are required to have P&P which include prearranged transfer agreements, which may include written agreements or contracted agreements with other facilities and other providers to receive residents in the event of limitations or cessation (discontinued services) of operations to maintain the continuity of services to the resident(s). Facilities should consider all needed arrangements for the transfer of patients during an evacuation
- Any resident who requires specialized/unique care must have a specific plan (not all facilities may be equipped to care for a bariatric/severe elopement risk/some mental heath residents)

E-26

- **The role of the facility under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternative care site identified by emergency management officials**
- Facilities must develop and implement P&P that describe its role in providing care at alternative sites during an emergency

E-26

- Facility's P&P must specifically address the facility's role in the emergencies where [the President declares a major disaster or emergency under the Stafford Act or an emergency under the National Emergencies Act, and the HHS Secretary declares a public health emergency] (Examples of 1135 waivers).
  - This includes some of the existing condition of participation (CoPs), licensure for physicians or others to provide services in the affected State, the Emergency Medical Treatment and Labor Act (EMTALA), Medicare Advantage out of network providers, and the Health Insurance Portability and Accountability Act (HIPAA)

E-29

- **The facility must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated annually**
- Facilities must have a written emergency communication plan that contains how the facility coordinates the residents' care within the facility, across healthcare providers, and with State and local public health departments
  - The plan must be reviewed annually and as needed
- Facilities in rural or remote areas with limited connectivity to communication methodologies such as the internet or cellular capabilities need to ensure their communication plan addresses how they would communicate and comply with the requirements in the absence of these communication methodologies

E-30

- **Name and contact information for the following (must be maintained):**
  - **Staff**
  - **Entities providing services under arrangement**
  - **Residents' physicians**
  - **Other facilities**
  - **Volunteers**

A facility needs to have the contact information for the individuals and entities listed above. The requirements to have contact information for "other facilities" requires a provider to have contact information for another provider or supplier of the same type as itself (other LTC facilities).

E-30

- A SNF facility must have the contact information for other SNFs, but may chose to have contact information for other levels of care in their contact information as well
- All contact information must be reviewed at least annually
- Contact information contained in the communication plan must be accurate and current
- Facilities must update contact information for incoming new staff and departing staff throughout the year and any other changes to information for those individuals and entities on the contact list

E-31

- **Facilities need the contact information for the following:**
  - **Federal, State, tribal, regional, or local emergency preparedness staff**
  - **The State Licensing and Certification Agency (DHSS)**
  - **The Office of the State Long-Term Care Ombudsman**
  - **Other sources of assistance**
- The facility must have the contact information for the individuals or entities listed above
- All contact information must be reviewed and updated at least annually

E-32

- **Primary and alternative means of communication with the following is required:**
  - **Facility Staff**
  - **Federal, State, tribal, regional, and local emergency management agencies**
- Facilities are required to have primary and alternative means of communication with the above individuals/entities
- It is expected the facility would consider pagers, cell phones, "Walkie-Talkies", and various other radios such as a NOAA radio or HAM radio

E-32

- Facilities with difficulty with cell phone reception during nonemergency times, should consider this in their planning
  - Facilities need to address such challenges when creating and reviewing a well-designed communication system that will function during an emergency
- Surveyors will look for the equipment listed in the communication plan in the facility during surveys

E-33

- **A method for sharing information and medical documentation for the patients under the facility's care, as necessary, with other health providers to maintain the continuity of care**
- **A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b)(1)(ii)**
  - CFR Reference: Facilities may use or disclose protected health information to notify, or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.
- **A means of providing information about the general condition and location of residents under the facility's care as permitted under 45 CFR 164.510(b)(4)**
  - CFR Reference: Facilities may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities

E-33

- Facilities are required to develop a method for sharing medical documentation, as needed, for residents under the facility's care with other health care providers to maintain continuity of care
- The information necessary to provide resident care will be sent with the evacuated resident to the next care provider and will be readily available for all sheltered in place residents
- Facilities are expected to provide patient care information to receiving facilities during an evacuation, within a timeframe that allows the effective resident treatment and continuity of care

E-33

- Facilities are required to have a means to release resident information and information about the resident's general condition as permitted in 45 CFR 164.510
- Facilities must have a communication system in place with timely, accurate information that could be disseminated as allowed by Federal regulation to families and others
- HIPAA requirements are not suspended during an emergency

E-34

- **A means of providing information about the facility's occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction (AHJ), the Incident Command Center, or designee**
- Facilities must have a means of providing information about the facility's need and its ability to provide assistance to the AHJ (the AHJ may vary by disaster)
  - LTC facilities must also have a means for providing information about their occupancy (your facility may be asked this if you were unaffected by the emergency in an attempt to secure placement for displaced residents)
    - Occupancy reporting is considered, but not limited to, reporting the number of residents currently at the facility receiving treatment and care or the facility's occupancy percentage

E-35

- **Facilities shall develop and implement a method for sharing information from the emergency plan, that the facility has determined is appropriate, with residents and their families or representatives**
- LTC facilities are required to share their emergency preparedness plans and policies with family members and resident representatives
  - The P&P and the emergency plan do not have to be shared in their entirety but should give residents and families guidance if an emergency were to occur
  - A quick "Fact Sheet" or information brochure may be used

E-36

- **Training and Testing. The facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan, risk assessment, and the communication plan**
- **The training and testing program must be reviewed at least annually**

E-36

- The training and testing program must reflect the risks identified in the facility's risk assessment and be included in the emergency plan
  - Training refers to a facility's responsibility to provide education and instruction to staff, contractors, and facility volunteers to ensure all individuals are aware of the emergency preparedness program.
  - Testing is the concept in which training is operationalized and the facility is able to evaluate the effectiveness of the training as well as the overall emergency preparedness program
    - Testing includes conducting drills and/or exercises to test the emergency plan to identify gaps and areas for improvement

E-37

- **Training program. The facility must do the following:**
  - **Initial training in the emergency preparedness P&P to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles**
  - **Provide emergency preparedness training at least annually**
  - **Maintain documentation of all emergency preparedness training**
  - **Demonstrate staff knowledge of emergency procedures**
- Facilities must have training on their emergency preparedness P&P at least annually to the individuals listed above
- The facility must decide what level of training each staff member will be required to complete each year based on the individual's involvement or expected role(s)

E-37

- Facilities must maintain documentation for annual training for all staff in the facility. The documentation must include the specific training completed as well as the methods used for demonstrating knowledge of the training program
  - This requirement includes all full-time, part-time, contracted (dietary, housekeeping, laundry…), and agency staff from all departments

E-39

- **The LTC facility must conduct exercises to test the emergency plan at least annually, including unannounced staff drills using the emergency procedures. The LTC facility must do all of 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. If the facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for one year following the onset of the actual event.**
- **Conduct an additional exercise that may include, but is not limited to the following:**
  - **A second full-scale exercise that is community-based or individual, facility-based.**
  - **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.**
  - **Analyze the facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the facility's emergency plan, as needed.**

E-39

- Facilities must conduct exercises to test the emergency plan, for LTC facilities this includes at least one unannounced staff drill annually using the emergency procedures
- Facilities must participate in a full-scale community exercise or conduct an individualized facility exercise if a community-based exercise is not available (must be done annually)
  - A full-scale drill is defined and accepted as any operations-based exercise that assesses a facility's functional operations and their given community
    - A full-scale exercise is also an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional or operational elements
  - The "community" may vary depending on the facility's location

E-39

- Facilities are expected to contact their local (local emergency management agencies (LEMA) and State agencies (SEMA) and healthcare coalitions, where appropriate, to determine if an opportunity exists and determine if their participation would fulfill this requirement
  - Facilities are to document the date, the personnel, and the agency or healthcare coalition they contacted
- Facilities that are not able to identify a full-scale community-based exercise, can instead fulfill this part of their requirement by either conducting an individual facility-based exercise, documenting an emergency that required them to fully activate their emergency plan, or by conducting a smaller community-based exercise with other nearby facilities (such as a hospital, LTC facility, dialysis center, and a home health agency may all participate)
- Facilities that conduct an individual facility-based exercise will need to demonstrate how it addresses any risk(s) identified in its risk assessment

E-39

- Facilities are responsible for keeping all documentation showing their compliance with these rules for no less than three years
- Facilities that are part of a healthcare system, can elect to participate in their system's integrated and unified emergency preparedness programs and exercises
  - However, those that do will still be responsible for documenting and demonstrating their individual facility's compliance with the exercise and training requirements
- An actual emergency that is large enough to activate the emergency plans will exempt the facility from the facility drill for one year of the emergency
  - The facility must document the emergency to show it implemented the emergency plans and what changes were made to the plans after they experienced the emergency (if any changes were made to the plan)
    - The facility is still required to complete their additional exercise, even if the first is exempted

E-41

- **The facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. *If a generator for emergency power is used or installed, it must comply with this regulation:***
  - **Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.**

E-41

- ***Emergency generator inspection and testing.*** **The facility must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.**
- ***Emergency generator fuel.*** **The facilities that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.**

E-41

- LTC facilities must base their emergency and stand-by power systems on their emergency plan, risk assessment, and P&P. The determination for the generator should be made through the development of the facility's risk assessment and P&P. The facility may determine no generator is needed to meet their emergency power needs only after they have conducted their emergency drills and facility's risk assessment(s).

E-41

- CMS requires all LTC certified facilities to comply with the 2012 LSC editions of NFPA 99 and NFPA 110 for generator installation and testing.
- LTC facilities are not permitted to have a portable generator.
- The emergency preparedness P&P are required to address the subsistence needs of staff and residents, whether the facility decides to evacuate or shelter in place. Subsistence needs include, but are not limited to, food, water, medical/pharmaceutical supplies, alternative sources of energy to maintain: temperature to protect residents' health, safety, and sanitary storage of provisions, emergency lighting, fire detection, fire extinguishing, fire alarm systems, and sewage and waste disposal

E-41

- A fuel supply of at least 96 hours must be available at all times for facilities in seismic zones.
- All LTC facilities must have fuel onsite and have a plan to keep the generator operational for the duration of the emergency, unless it completes a total evacuation.
- If the facility plans to have fuel delivered during an emergency, any limitations and/or delays that may impact fuel delivery, should be outlined in the emergency plan.
  - The amount of fuel needed may vary by location depending on how accessible the facility will be to refuel during an emergency

E-41

- All facilities that are located in areas that get to 20 degrees Fahrenheit or colder are required:
  - To have a generator installed, tested, and maintained according to NFPA 99 and NFPA 110.
  - To have a written plan, agreement, and conduct a total evacuation to a facility that does have an emergency power system in compliance with NFPA 99 and NFPA 110.
- Note: If a LTC facility plans to install or upgrade a generator, please remember to submit the generator plans and site location to the DHSS Engineering Consultant Unit prior to the start of the project.

E-42

- **If a Facility 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 facility may choose to participate in the healthcare system's coordinated emergency preparedness program.**
- **If elected, the unified and integrated emergency preparedness program must do all of the following:**
- **(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 [with the program].**

E-42

- **(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.**
- **(5) 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.**

E-42

- Healthcare systems that include multiple healthcare facilities that are each separately certified by CMS have the option of developing a unified and integrated emergency preparedness program that includes all of the facilities within the health care system instead of each facility developing a separate emergency preparedness program. If an integrated healthcare system chooses this option, each certified facility in the system may elect to participate in the unified and integrated emergency program. Healthcare systems are not required to develop a unified and integrated emergency system.

E-42

- The integrated program must demonstrate that each separately certified facility within the system that elected to participate, actively participated in the development of the program.
- All components of the integrated emergency preparedness system must be reviewed annually.
- Each facility must be able to show it participated in the annual review(s).
- The unified system must take into account unique circumstances, resident population, and services offered at each facility participating in the integrated program.

E-42

- Each separately certified facility must be capable of demonstrating during a survey that it can effectively implement the emergency preparedness program and demonstrate compliance with all emergency preparedness requirements at the individual facility level (LTC). Compliance with the requirements are the individual responsibility of each level of the integrated system.
- The unified emergency preparedness program must include a documented community-based risk assessment and an individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.

E-42

- The unified program must have a coordinated communication plan and training and testing program.
- The training and testing program must be developed considering all of the requirements of each type of facilities in the system.
- The unified training and testing program must meet all of the specific regulatory requirements for each of these facility types.

Questions?

As an additional resource, view the CMS webinar at:
https://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSEmPrep_ONL