**Facility Name:**

**Address:**

**Federal Certification # (Begins with “19”):** **If Federal Certification is pending, enter “yes” here:**

The **Centers for Medicare & Medicaid Services** (CMS) requires Federally Qualified Health Centers to be in compliance with **all components** of the Emergency Preparedness final rule: **42 CFR Part 491.12**. Certified providers will be **required to attest to their** **compliance to these requirements** **annually**. Completed attestations are **required to be returned** to the Health Standards Section Emergency Preparedness program managers **no later than the 5th of the month following receipt of the form for completion.** Forms should be emailed to Oklynn.Broussard@LA.Gov **and** Libby.Gonzales@LA.Gov. Failure to respond to the request and return the completed form may result in an onsite complaint investigation and the citation of a **condition level deficiency**. These components include **but are not limited to** the following:

* **Risk assessment and emergency planning:** An “all-hazards” risk assessment was performed and essential components of this assessment have been integrated into the emergency preparedness plan and planning.

 **Enter the date the most recent “all hazards” assessment was performed.**

**Enter the date the most recent review (revision, if applicable) of the emergency plan.** *Review of the facility emergency plan is an annual requirement.*

* **Policies and Procedures:** The facility has developed Policies and Procedures to promote and support the successful outcome of the emergency plan.
* **Communication Plan:**  The facility has developed and maintains a comprehensive emergency preparedness communication plan. The communication plan is fully coordinated within the facility, with state and local emergency management agencies, and with other healthcare providers as necessary.
* **Training and Testing:** The facility developed and maintains a training and testing program for emergency preparedness. The program includes initial training of staff and involves personnel as well as refresher courses, drills and exercises. The program includes methods to identify areas of the plan that need improvement and the processes and procedures to enact those improvements. *Dates entered for this requirement must be within the last calendar year.*

&  **Enter the dates of the two most recent tests of the facility emergency plan.**

**Enter the date the facility emergency plan was activated in an actual emergency, if applicable**.

* **Branches, Off-Sites, Service Locations:**  If the provider has any Branches, Off-sites, Service Locations, are they included in the main campuses emergency preparedness planning for the components listed above?

**Yes** **No** **N/A**

* **Contact with Local Parish of Emergency Preparedness:**  The facility is knowledgeable of how to contact the local parish OEP and has consulted with them regarding the content of their emergency preparedness plans.

I certify that the facility is in compliance with CMS Emergency Preparedness final rule **42 CFR Part 491.12.** I understand that the Health Standards Section of LDH, Centers for Medicare & Medicaid Services (CMS) or its representative, has the right to conduct an onsite survey at any time to validate facility compliance.

Authorized Representative’s Signature:  Date:

Authorized Representative’s Printed Name: Email address: Phone #: