

CMS EMERGENCY PREPAREDNESS FINAL RULE FOR HEALTHCARE - CROSSWALK TO LTC-MAP

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Part 483.73 Emergency Preparedness. The LTC facility must comply with all applicable Federal, State and Local emergency preparedness requirements. The LTC facility 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.

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<p>(a) Emergency Plan: The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do all of the following:</p>	<p>N</p>	<p>The LTC facility must identify a team to develop the facility specific <u>plan</u> and oversee the facility specific <u>program</u>.</p>	
<p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents.</p>	<p>N</p>	<p>Facility specific risk assessment, incorporating the community based risk assessment. Must include key community partners in this process.</p> <p>An all-hazards approach is an integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters.</p> <p>This approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their area.</p>	<p>Tool for risk analysis http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides.aspx https://asprtracie.hhs.gov/technical-resources/3/Hazard-Vulnerability-Risk-Assessment/0 Contact Local authorities for info on community risks</p> <ul style="list-style-type: none"> ▪ Regional Healthcare Coalitions ▪ Local Emergency Management ▪ Fire or Emergency Medical Services ▪ Local Public Health
<p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p>	<p>P</p>	<p>Activation of the LTC-MAP is one strategy to address some of the events identified in the assessment.</p>	<p>In-depth procedures for identified risks Tools for specific hazards http://www.cahfdisasterprep.com/PreparednessTopics.aspx https://asprtracie.hhs.gov/technical-resources/52/Long-term-Care-Facilities/52 https://asprtracie.hhs.gov/technical-resources/36/Natural-Disasters/0</p>

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(3) Address resident population, including, but not limited to, persons at risk; the type of services the LTC facility has the ability to provide in an emergency; and continuity of authority and succession plans.	P	Categories of Care identify baseline clinical care capabilities of the facility. Facility specific Continuity of Operations Planning (COOP) is outside the scope of the LTC-MAP.	Resident-specific risk assessment will be done on your typical population and must address the unique needs they would have in an emergency Business Continuity Plan template http://www.cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/PlanningTemplatesChecklists.aspx
(4) Include a process for cooperation and collaboration with local, tribal, regional, state or Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the LTC facility's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.	P	The LTC-MAP collaborates with regional, state and federal officials during planning and response activities. The LTC facility must develop and maintain relationships with local community partners (e.g. Fire Department, EMS, Law Enforcement, Emergency Management, and Public Health).	Develop a method to document the contact and participation with local officials. This could be a letter, a signature on your plan, an agenda and attendance sheet from meetings attended with them. Local Healthcare Coalitions are convened in each Region for the purposes of integrated planning. http://www.mass.gov/eohhs/gov/departments/dph/programs/emergency-prep/ Need to have 24/7 contacts for emergencies in addition to 911. Also consider alternate methods of communications if phones are out https://asprtracie.hhs.gov/technical-resources/78/Communication-Systems/0
(b) Policies and Procedures: The LTC facility 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:	P	The LTC-MAP does not replace the facility specific Emergency Operations Plan (EOP), aka "Disaster Plan". The LTC-MAP is a component or annex to the facility EOP. The LTC-MAP is tested and updated annually and addresses / supplements some of the emergency events identified in the risk assessment.	

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<p>(1) The provision of subsistence needs for staff and residents, whether they evacuate or shelter in place, include, but are not limited to the following:</p> <ul style="list-style-type: none"> (i) Food, water, medical, and pharmaceutical supplies. (ii) Alternate sources of energy to maintain: <ul style="list-style-type: none"> (A) Temperatures to protect resident health and safety and for the safe and sanitary storage of provisions; (B) Emergency lighting; (C) Fire detection, extinguishing, and alarm systems; and (D) Sewage and waste disposal. 	<p>P</p> <p>N</p> <p>N</p> <p>N</p>	<p>The LTC-MAP addresses the sharing of resources and assets (open beds, transportation, food, medical supplies, pharmaceuticals, other supplies and equipment) needed for the care of residents during a disaster, specifically if a facility is sheltering in place or evacuating.</p> <p>Alternate sources of energy are the responsibility of the LTC facility and are outside the scope of the LTC-MAP.</p>	<p>No amount of supplies specified by CMS but will be determined by the facility and based on their risk assessment.</p> <p>Suggest to involve dietary to address amounts, types of supplies, storage for Shelter in Place and Evacuation at least until residents are in a receiving health care facility.</p> <p>http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/EmergencyFoodWater.aspx</p> <p>Medications - Suggest this be researched with medical director, pharmacies and insurance plans which medications are critical to have, and how to stockpile and/or resupply meds. If stockpiled, need to develop system for how to store, and control access.</p>
<p>(2) A system to track the location of on-duty staff and sheltered residents in the LTC facility's care during and after an emergency. If on-duty staff and sheltered residents are relocated during the emergency, the LTC facility must document the specific name and location of the receiving facility or other location.</p>	<p>P</p>	<p>Tracking of residents during a facility evacuation are germane to the LTC-MAP and are specifically coordinated using plan forms by the Disaster Struck Facility(s), Resident Accepting Facilities and the LTC Coordinating Center(s). Tracking of staff are the responsibility of the facility.</p>	<p>LTC-MAP Section 6 and Attachment D covers resident tracking in an evacuation and the use of forms (e.g. Resident Emergency Evacuation Form, Influx of Residents Log and the Resident / Medical Record / Staff / Equipment Tracking Sheet)</p>
<p>(3) Safe evacuation from the LTC facility, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification</p>	<p>P</p>	<p>The LTC Facility must have a facility specific Full Building Evacuation (FBE) plan. The LTC-MAP tools coordinates evacuation from curb to curb, including identification of evacuation locations, transportation and categories of care</p>	<p>Nursing Home Incident Command is a good foundational tool for all complex response procedures</p> <p>http://www.cahfdisasterprep.com/NHICS.aspx</p> <p>Other tools</p> <p>http://cahfdisasterprep.com/PreparednessI</p>

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of evacuation location(s); and primary and alternate means of communication with external sources of assistance.		considerations.	opics/ResponsePlanning.aspx https://asprtracie.hhs.gov/technical-resources/57/Healthcare-Facility-Evacuation-Sheltering/57
(4) A means to shelter in place for residents, staff, and volunteers who remain in the LTC facility.	N	Shelter in place plans are out of scope of the LTC-MAP. Resources and assets needed during a shelter in place operation may be provided through activation of the LTC-MAP.	Shelter in Place Planning Guide https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SIP_Guidebook_Final.pdf
(5) A system of medical documentation that preserves resident information, protects confidentiality of resident information, and secures and maintains the availability of records.	P	The Resident Emergency Evacuation Form captures clinical and non-clinical resident information needed for the continuity of care during an evacuation. This does not address those facilities using an electronic health record and the transfer and preservation of those medical records.	Develop this procedure with facility's privacy office to ensure that HIPPA is maintained. CMS has stated this is flexible because of wide range of record keeping systems. This needs to reflect the risk assessment for each facility.
(6) The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during an emergency.	P	The loaning of staff between facilities is addressed within the LTC-MAP. Emergency Credentialing / Privileging and use of outside groups such as the Medical Reserve Corps (MRC) and/or spontaneous volunteers are not addressed by the LTC-MAP.	LTC-MAP Section 7 addresses Staffing. https://asprtracie.hhs.gov/documents/tips-for-retaining-and-caring-for-staff-after-disaster.pdf The availability and process for requesting health care emergency volunteers needs to be explored at the local level. The facility will need to develop policies and procedures for screening and utilizing emergent volunteers.
(7) The development of arrangements with other LTC facilities and other providers to receive residents in the event of limitations or cessation of operations to maintain the continuity of services to LTC residents.	S	This is the premise of the LTC-MAP in supporting an evacuating facility(s). The LTC-MAP Memorandum of Understanding (MOU) addresses this standard.	LTC-MAP Section 9 addresses the Memorandum of Understanding (MOU).
(8) The role of the LTC facility under a waiver declared by the Secretary, in		The LTC-MAP Memorandum of Understanding (MOU) addresses the components of a waiver in accordance	LTC-MAP Section 9 addresses the Memorandum of Understanding (MOU). CMS FAQ Section K

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<p>accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials.</p>	S	<p>with Section 1135, specifically as it pertains to the payer process for relocated residents (no discharge / no admit sheltering for 30 days).</p>	<p>CMS Guidance: Medicare FFS http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/Regulatory.aspx</p>
<p>(c) Communication Plan: The LTC facility 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:</p>	P	<p>The LTC-MAP addresses certain components of communications as it relates to plan activation and ongoing communications between Disaster Struck Facility(s), Resident Accepting Facility(s) and the LTC Coordinating Center(s). The LTC facility must address their internal and local communications within their own EOP.</p>	
<p>(1) Names and contact information for the following: (i) Staff. (ii) Entities providing services under arrangement. (iii) Residents' physicians. (iv) Other LTC facilities. (v) Volunteers.</p>	P S N S N	<p>The LTC facility must maintain updated contact information (Administrator, Director of Nursing and Facilities Director) within their Contacts Tab on the web-based management system in addition entities providing services within their Vendor's Tab. All of the LTC Facilities within the State are listed within the LTC-MAP.</p> <p>The LTC facility needs to have updated contact information for their entire staff population, resident's families, physicians and volunteers, outside of the LTC-MAP.</p>	<p>Communication plan guidance http://cahfdisasterprep.com/PreparednessTopics/AllHazardResourcesGuides/CommunicationTools.aspx NHICS has tools for communication contact lists http://www.cahfdisasterprep.com/NHICS.aspx Needs to be expanded to include physicians and volunteers</p>
<p>(2) Contact information for the following: (i) Federal, State, tribal, regional, or local emergency preparedness staff. (ii) The State Licensing and Certification Agency.</p>	P S	<p>Attachment B: Contacts of the LTC-MAP lists the Statewide and Regional partners contact information including the RIDOH contacts. Local emergency management contacts are not maintained within the LTC-MAP and relationships need to be made and</p>	<p>Need to include the Ombudsman's Office</p>

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(iii) The Office of the State Long-Term Care Ombudsman. (iv) Other sources of assistance.	N P	maintained at the local level.	
(3) Primary and alternate means for communicating with the following: (i) LTC facility's staff. (ii) Federal, State, tribal, regional, or local emergency management agencies.	N P	Internal plan activation and ongoing communications with facility staff are not a component of the LTC-MAP. State and Regional partners are notified upon the LTC-MAP activation and ongoing communications occur during events.	Cell phones could be alternate, but if tower down will need to have back up Local emergency web-based portal, internet, 2 way radios will need to be explored by facility
(4) A method for sharing information and medical documentation for residents under the LTC facility's care, as necessary, with other health care providers to maintain the continuity of care.	S	The Resident Emergency Evacuation Form captures clinical and non-clinical resident information needed for the continuity of care from one facility to another during an evacuation.	LTC-MAP Attachment D addresses the Resident Emergency Evacuation Form
(5) A means, in the event of an evacuation, to release resident information as permitted under 45 CFR 164.510(b) (1) (ii).	N	Family members and/or personal representatives notifications is outside the scope of the LTC-MAP.	Additional information and resources regarding the application of the HIPAA Privacy Rule during emergency scenarios can be located at: <ul style="list-style-type: none"> • Summary of the HIPAA Privacy Rule • HIPAA Privacy in Emergency Situations • Emergency Situations: Preparedness, Planning, and Response
(6) 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).	S	Resident Tracking Sheets, Resident Emergency Evacuation Forms and Influx of Residents Logs accomplish the documentation of this information and is supported by the LTC Coordinating Center.	LTC-MAP Attachment D addresses all of the forms
(7) A means of providing information about the LTC facility's occupancy, needs,		During activations of the LTC-MAP, facility operational status is communicated through the Emergency Reporting System	LTC-MAP Section 1 contains the activation algorithms for each region. The algorithms guide LTC-MAP members to communicate

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and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.	P	and data collated by the LTC Coordinating Center Responder teams. The LTC facility must maintain direct communications with its local emergency management, authority having jurisdiction and local Emergency Operations Center (EOC) if activated.	with local Emergency Services and Emergency Management during plan activations.
(8) A method for sharing information from the emergency plan that the facility has determined is appropriate with residents and their families or representatives.	N	Direct resident and family communications is outside the scope of the LTC-MAP. Many facilities are beginning to leverage electronic notifications systems for these functions.	This is a facility specific plan. CMS does not specify how or frequency but leaves it up to facility to decide what is appropriate. This could be part of orientation, an annual meeting or newsletter to residents / families.
(d) Training & Testing: The LTC facility 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.	P	The LTC-MAP provides several opportunities for training (quarterly LTC Coordinating Center training sessions / emergency reporting drills and Annual Education Conferences) and Testing (Annual Full-Scale Evacuation Exercises) for all plan members. These training and testing opportunities do not fully satisfy the standard.	
The training and testing program must be reviewed and updated at least annually.	P	The LTC-MAP conducts and annual review of its training and testing program. Each LTC facility should conduct an annual evaluation as well.	
(1) <i>Training program.</i> The LTC facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under	P	Each LTC facility is required to train their staff on all emergency policies and procedures for which they have a role in. This should occur at time of hire and annually for all staff. The LTC-MAP has training programs specific to the LTC-MAP for facility use. Education Conferences for three	Staff and Leadership education presentations are available for all LTC-MAP members at www.mutualaidplan.org/ri under Home Page Documents

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<p>arrangement, and volunteers, consistent with their expected roles.</p> <p>(ii) Provide emergency preparedness training at least annually.</p> <p>(iii) Maintain documentation of the training.</p> <p>(iv) Demonstrate staff knowledge of emergency procedures.</p>	<p>P</p> <p>P</p> <p>N</p>	<p>members of each LTC-MAP facility are offered annually and documentation maintained.</p> <p>Each LTC facility must measure staff competency of emergency procedures.</p>	
<p>(2) <i>Testing.</i> 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 the following:</p>	<p>P</p>	<p>Quarterly emergency reporting drills are conducted by the LTC-MAP. These do not satisfy the requirements for sections (d) (2) (i) and (ii) below.</p>	<p>Drill templates http://www.cahfdisasterprep.com/PreparednessTopics/ExerciseDrillTemplates.aspx</p> <p>https://asprtracie.hhs.gov/technical-resources/7/Exercise-Program-Design-Evaluation-Facilitation/7</p> <p>https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Black%20Diamond%20-%20AAR-IP%20-%20FINAL.PDF</p>
<p>(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 LTC facility experiences an actual natural or man-made emergency that requires activation of the emergency plan, the LTC facility is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year</p>	<p>S</p>	<p>The LTC-MAP conducts an Annual Full-Scale Evacuation Exercise within each region of the state. Each LTC Facility has the opportunity to participate and the LTC-MAP defines the minimum level of participation needed to meet the standard. These exercises are regionally based and include participation of State, Regional and Local partners. Each LTC facility is encouraged to seek participation by their local emergency management and emergency services. Each facility needs to complete a facility specific After Action Report for documentation of their specific actions and lessons learned.</p>	<p>The Annual Exercises After Action Report template and supporting reports are uploaded annually to www.mutualaidplan.org/ri for individual facility use.</p>

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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.	N	The LTC-MAP only provides for one Full-Scale Exercise opportunity on an annual basis. If a facility experiences an actual or man-made emergency that requires activation of their emergency plan, that would satisfy requirement (d) (2) (i) above. In that case, the LTC-MAP Annual Full-Scale Exercise would satisfy the requirement (d) (2) (ii) in this section.	Exercise scenarios for most common events as indicated by risk assessment http://www.cahfdisasterprep.com/PreparednessTopics/ExerciseDrillTemplates.aspx
(iii) Analyze the LTC facility's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the LTC facility's emergency plan, as needed.	P	The LTC-MAP provides an After Action Report for the Statewide and Regional activities during the Annual Full-Scale Exercise including a regional matrix of facility level participation. Each LTC facility is required to document their actions, successes and opportunities for improvement on their own Facility After Action Improvement Plan.	The Annual Exercises After Action Report template and supporting reports are uploaded annually to www.mutualaidplan.org/ri for individual facility use.
(e) Emergency & Standby Power Systems: The LTC facility must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.	N	This is outside the scope of the LTC-MAP.	
(1) <i>Emergency generator location.</i> The generator must		These are the same basic requirements for an emergency generator that is installed	Existing requirements http://www.nfpa.org/news-and-

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<p>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.</p>	<p>N</p>	<p>at a SNF required to provide an alternate source of power for Life Safety Compliance purposes and when life-support equipment is present. So, if it is determined that an emergency generator is needed for Emergency Preparedness purposes, the installation requirements are the same as those currently enforced by NFPA 101, The Life Safety Code, 2012 edition. References: Section 15.1.3 of NFPA 99, 2012 edition Chapter 7 of NFPA 110, 2010 edition.</p>	<p>research/news-and-media/press-room/news-releases/2016/the-us-centers-for-medicare-medicaid-services-now-requires-facilities-to-comply-with-nfpa-101-and-99</p> <p>http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards?mode=code&code=99</p>
<p>(2) <i>Emergency generator inspection and testing.</i> The LTC 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.</p>	<p>N</p>	<p>These are the same inspection, testing and maintenance requirements that facilities must follow when they have an emergency generator installed. The proposed rule was going to impose a stricter testing requirement that would have required the generator to be tested on an annual basis under full load for four (4) continuous hours. This provision was not included in the final version of the rule. References: Section 15.1.3 of NFPA 99, 2012 edition Chapter 8 of NFPA 110, 2010 edition.</p> <p>The LTC facility is expected to update their most recent testing date / time and load percentage in the Facility Info Tab on the web-based management system.</p>	<p>Shelter in Place Planning Guide has section on generators https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SIP_Guide_book_Final.pdf</p> <p>The facility must login to www.mutualaidplan.org/ri and update their generator information in the Facility Info tab at a minimum of twice a year.</p>
<p>(3) Emergency generator fuel. LTC 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</p>	<p>N</p>	<p>This is outside the scope of the LTC-MAP. The LTC facility is expected to update their Generator Fuel company in the Vendors Tab on the web-based management system.</p>	<p>The facility must login to www.mutualaidplan.org/ri and update their vendor information in the Vendor tab at a minimum of once a year.</p>

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evacuates.			
(f) Integrated Healthcare Systems: If a LTC 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 LTC 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:	P	Corporate entities are identified within the LTC-MAP and LTC Coordinating Centers take into consideration the Corporate entities during plan activations and evacuations.	This will be corporate-specific plans. Corporate entities who want to do an integrated plan will need to adhere to all facility specific requirements, and the additional collaboration and communication with individually certified centers in their company.
(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.	N	This is outside the scope of the LTC-MAP.	
(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations.	P	Some of this is captured within each facilities data Tabs on the web-based management system.	
(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.	N	This is outside the scope of the LTC-MAP.	
(4) Include a unified and integrated emergency plan that meets the requirements			

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<p>of paragraphs (a) (2), (3), and (4) of this section. The unified and integrated emergency plan must also be based on and include:</p> <p>(i) A documented community-based risk assessment, utilizing an all-hazards approach.</p> <p>(ii) A documented individual facility based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.</p>	<p>N</p> <p>N</p> <p>N</p>	<p>This is outside the scope of the LTC-MAP.</p> <p>This is outside the scope of the LTC-MAP.</p> <p>This is outside the scope of the LTC-MAP.</p>	
<p>(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.</p>	<p>N</p>	<p>This is outside the scope of the LTC-MAP.</p>	