



Emergency Preparedness Strategies



*In an Era of
Increased Natural
Disasters*

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Disaster Preparedness Toolkit

- Medicaid can play a critical role in helping states and territories respond to public health crises and natural and human-made disasters such as hurricanes, wildfires, and flooding.

Disaster Preparedness Toolkit

- To help Medicaid agencies prepare for disasters in the future, the Centers for Medicare & Medicaid Services (CMS) Coverage Learning Collaborative developed a set of tools on the strategies available to support Medicaid operations and enrollees in times of crisis. Those tools are:
 - A memorandum which provides a high-level summary of the types of Medicaid and CHIP strategies that can be deployed by states and territories.
 - A companion inventory of the various strategies available to states and the action needed to effectuate them.
- Together, these two tools serve as a comprehensive disaster preparedness resource for states and territories to have at their fingertips.

Toolkit

- Disaster Response Toolkit:
 - <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/index.html>
- In addition to reviewing these tools in advance of a disaster, CMS strongly recommends Medicaid agencies proactively develop disaster preparedness operational protocols for contacting and coordinating with state Medicaid agency personnel.
- In the event of a disaster, state Medicaid agencies should reach out to the Regional Operational Group Director, who will serve as the point of contact for the Center for Medicaid and CHIP Services (CMCS) for shepherding all flexibility requests across CMCS Groups.
- States and territories are encouraged to also make contact with their local Regional offices.

Disaster Related Authorities

- 1135 Waiver
- Medicaid State Plan Amendment
- 1915(c) Waiver Appendix K
- CHIP Disaster Relief State Plan Amendment
- 1115 Demonstration

1135 Waiver Flexibilities

- Under Section 1135 of the Social Security Act, the Secretary has the authority to temporarily waive or modify certain Medicare, Medicaid and CHIP requirements to ensure that sufficient health care items and services are available to meet the needs of enrollees in an emergency area.
- These waivers typically end no later than the termination of the emergency period or 60 days from the date the waiver or modification is first published.

1135 Waiver Flexibilities (cont.)

- The **Secretary** may invoke 1135 Waiver authority when a declaration of emergency or disaster under the National Emergencies Act or Stafford Act and a Public Health Emergency Declaration Under Section 319 of the Public Health Service Act have been declared.
- This authority enables providers to furnish needed items and services in good faith during times of disaster and be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

Institutional Coverage in Emergencies

- Existing flexibilities
 - States can add an “emergency bed hold” policy in their State Plans to address provider payment during evacuations
- Potential flexibilities under 1135 waiver authority for institutional providers - refer to FAQ from CMS Survey & Certification <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/All-Hazards-FAQs.pdf>
 - Waiver of certain admissions requirements such as: the 3-day hospital stay prior to Medicare-covered admission to a nursing facility
 - Extensions on reporting or assessment deadlines
 - Temporary suspension of non-critical services
 - Brief allowance for sheltering individuals at non-certified facilities

Preadmission Screening and Resident Review (PASRR)

- Existing flexibilities
 - Individuals admitted to NFs from a hospital for less than 30 days typically do not need a PASRR screen (“exempted hospital discharge”)
 - If an individual is transferred from one NF to another NF during an emergency (even over state lines), this is an interfacility transfer that does not need a new PASRR screen under federal law.
- Potential flexibilities under 1135
 - Suspension of Level I and Level II screening activities for up to 30 days such that everyone entering a NF is treated like an “exempted hospital discharge”

State Plan Amendment Flexibilities

- States can elect to use [Presumptive Eligibility](#) in the Medicaid state plan for expedient enrollment of individuals into Medicaid coverage.
- During an emergency or disaster, the Medicaid agency can act as the qualified entity conducting presumptive eligibility determinations.

1915(c) Appendix K

- This was developed as a standalone appendix to be utilized by the state during emergency situations.
- Appendix K should be submitted for each affected waiver and the state should submit Appendix K to the CMS RO SPA/Waiver Mailbox.
- It should be used by the state to advise CMS of expected changes to its waiver operations or to request amendment to its approved waiver.
- It includes actions that states can take under the existing Section 1915(c) home and community-based services (HCBS) waiver authority in order to respond to an emergency.
- This appendix may be completed retroactively, as needed, to the date of the event.

1915(c) Appendix K (cont.)

- CMS encourages states and territories to prepare for emergencies and ensure that acute and primary medical resources are available to meet the needs of individuals receiving these services.
- Engaging individuals and families in these efforts and assisting individuals in preparation for emergency situations can be a key to successful system-wide contingency planning.

1915(c) Appendix K

Examples of Changes

- Changes to administrative activities, such as the establishment of a hotline, suspension of general Medicaid rules that are not addressed in 1915(c), such as payment rules, eligibility rules or suspension of provisions of 1902(a) to which 1915(c) is typically bound.
- Increasing the number of individuals served under the waiver
- Creating an emergency person-centered service plan
- Expanding provider qualifications
- Increasing the pool of providers who can render services
- Instituting or expand opportunities for self-direction
- Permitting payment for short term services in a hospital or institutional stay

1915(c) Appendix K

Examples of Changes (cont.)

Temporarily:

- Increasing individual eligibility cost limits
- Modifying service scope or coverage
- Exceeding service limitations
- Adding services to the waiver
- Providing services in out of state settings
- Permitting payment for services rendered by family caregivers or legally responsible individuals

Limitations on Changes

- The state or territory may not include changes not permitted by statute, such as the inclusion of room and board costs in non-institutional settings.
- CMS will work with states and territories to determine what changes may be needed while also looking at key considerations, such as effective dates and impact to other programs.

CHIP Disaster Relief SPA

- States can submit a CHIP SPA that allows for temporary adjustments to enrollment and redetermination policies during disaster events. https://www.medicaid.gov/medicaid-chip-program-information/by-topics/childrens-health-insurance-program-chip/downloads/chip_disaster_relief_spa_sample_01102012.pdf
- The purpose is to implement provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in Governor or FEMA declared disaster areas.
- In the event of a natural disaster, the state will notify CMS that it intends to provide temporary adjustments to its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments, and the applicable Governor or FEMA declared disaster areas.

1115 Demonstration Authority

- In the event of Federal designation of a natural disaster, public health emergency, or other sudden emergency threats to human lives, section 1115 authority has been used to assist states to address the direct impact of such public emergency on Medicaid and CHIP programs.

1115 Demonstration Authority (cont.)

- States should identify the administrative and medical services flexibilities they believe they need to respond to the public emergency and CMS will work with the state to confirm and determine the scope of program changes needed in an expedited timeframe.
- Budget neutrality for section 1115 demonstrations related to Federally-designated public emergencies is presumed to be met; thereby states are not required to submit a budget neutrality analysis in such requests.

1115 Flexibilities

- CMS may waive, in whole or in part, the Federal and state public notice and comment procedures to expedite a decision on the state's section 1115 request to address a public emergency.
- States will be permitted to discharge its basic responsibilities required by 42 CFR §431.412 for submitting applications to CMS for new or extended demonstrations.
- A state must meet all of the following criteria to obtain such an exemption from the normal public notice process requirements:
 - The state acted in good faith, and in a diligent, timely, and prudent manner
 - The circumstances constitute an emergency and could not have been reasonably foreseen
 - Delay would undermine or compromise the purpose of the demonstration and be contrary to the interests of beneficiaries
- CMS will publish any disaster exemption determinations within 15 days of approval, as well as the revised timeline for public comment or post-award processes, if applicable.

Authorities & State Examples: Eligibility and Enrollment

Strategies available to support ongoing eligibility and enrollment during a disaster:

STRATEGY	RELEVANT LEGAL AUTHORITY	SELECT STATE EXAMPLES
Allow self-attestation for all eligibility criteria (excluding citizenship and immigration status) on a case-by-case basis for individuals subject to a disaster when documentation is not available.	Authorized under existing regulations 42 CFR §§ 435.945(a), 435.952(c)(3)	
Modify Medicaid/CHIP verification processes (e.g, accept self attestation, adopt or increase reasonable compatibility thresholds).	Verification Plan	
Consider Medicaid/CHIP enrollees who are evacuated from the state as “temporarily absent” when assessing residency in order to maintain enrollment (for home state where disaster occurred or public health emergency exists)	Authorized under existing regulation 42 CFR § 403(j)(3) and 42 CFR 457.320(e)	
Increase eligibility levels for specific categories within specific geographic regions	1115 Demonstration	1115 Demonstration: New York Disaster Relief Medicaid
Extend redetermination timelines for current enrollees subject to a disaster to maintain continuity of coverage.	Authorized under existing regulations 42 CFR § 431.211, 42 CFR § 435.912(e)(2), and 42 CFR § 435.930	
Adopt presumptive eligibility for eligible populations.	Presumptive Eligibility State Plan Amendment	
Modify additional 1915(c) enrollee targeting criteria in order to serve additional individuals.	1915(c) Waiver Appendix K	
Allow enrollees to have more than 120 days (in the case of a managed care appeal) or 90 days (in the case of an eligibility or fee-for-service appeal) to request a fair hearing.	1135 Waiver	

Authorities & State Examples: Access to Services

Strategies available to support continued access to services during a disaster:

STRATEGY	RELEVANT LEGAL AUTHORITY	SELECT STATE EXAMPLES
Offer additional optional benefits not currently provided under the State Plan that are comparable for all categorically needy eligibility groups, statewide and have free choice of provider, or Alternative Benefit Plan, statewide that has at a minimum free choice of provider.	State Plan or Alternative Benefit Plan	
Provide benefits to a targeted group of enrollees impacted by a disaster.	1115 Demonstration	Flint Approval Letter and STCS (3/3/16)
Add services to a 1915(c) waiver that are not expressly authorized in statute (so long as the state can demonstrate the service is necessary to assist a waiver participant to avoid institutionalization and function in the community).	1915(c) Waiver Appendix K	
Waive service prior authorization requirements in fee-for-service or managed care.	1135 Waiver (fee-for-service) Managed care contract (managed care)	California Wildfires Approval Letter (1/30/18)
Temporarily modify requirements for co-payments to support access to services for Medicaid or CHIP enrollees.	Medicaid Cost Sharing State Plan Amendment if applying modifications statewide 1115 Demonstration if <i>not</i> applying modifications statewide CHIP State Plan Amendment for either statewide or disaster-affected individuals	Flint Approval Letter and STCS (3/3/16)
Exempt individuals subject to a disaster from payment of premiums to support access to services for Medicaid or CHIP	Authorized under existing regulation at 42 CFR § 447.55(b)(4); 42 CFR 457.510	

Authorities & State Examples: Adequate Providers

Strategies to ensure adequate providers to meet the demands of Medicaid enrollees:

STRATEGY	RELEVANT LEGAL AUTHORITY	SELECT STATE EXAMPLES
Temporarily waive provider enrollment requirements to ensure a sufficient number of providers are available to serve Medicaid enrollees. Such requirements include the payment of application fees, criminal background checks, or site visits.	1135 Waiver	California Wildfires 1135 Approval Letter (10/20/17) Florida Hurricanes 1135 Approval Letter (9/11/17)
Temporarily cease the revalidation of providers who are located in- state or otherwise directly impacted by a disaster.	1135 Waiver	California Wildfires 1135 Approval Letter (10/20/17) Florida Hurricane 1135 Approval Letter (9/11/17)
Temporarily waive requirements that physicians and other health care professionals be licensed in the state or territory in which they are providing services, so long as they have equivalent licensing in another state.	1135 Waiver <i>For purposes of reimbursement only. State law governs whether a non-federal provider is authorized to provide services in the state without state licensure.</i>	
Allow facilities to provide services in alternative settings, such as a temporary shelter, when a provider's facility is inaccessible.	1135 Waiver	California Wildfires Approval Letter (1/30/18)

What We Have Approved (1 of 5)

- **California's Fall 2018 Wildfire Public Health Emergency**
 - CMS approved the waiver to allow Nursing Facilities (NFs) to be fully reimbursed for services rendered during an emergency evacuation to an unlicensed facility (where the evacuating licensed NF staff continued to render services).

What We Have Approved (2 of 5)

- **California continued:**
 - CMS used the flexibilities afforded under Section 1135(b)(1)(C) that allow for waiver or modification of pre-approval requirements.
 - CMS approved a modification of timeframe, under 42 CFR 438.408(1)(2), for managed care enrollees to exercise their appeal rights.

What We Have Approved (3 of 5)

California continued:

- Specifically, any managed care enrollees for whom the 120th day deadline described in 42 CFR 438.408(1)(2) would have occurred between November 8, 2018 through May 7, 2019, are allowed more than 120 days, and up to an additional 120 days to request a State Fair Hearing provided that they make the request no later than May 7, 2019.

What We Have Approved (4 of 5)

- **Florida's Hurricane Michael**
 - 42 CFR 431.244(f)(4)(i)(B) allowed the agency to take final administrative action outside of timelines set in regulation when there is an administrative or other emergency beyond the agency's control. The state should document the reason for delay in the recipient's case record and document that the policy is in compliance with state's record keeping practices and seek concurrence from CMS

What We Have Approved (5 of 5)

- **South Carolina Medicaid Provider Enrollment Disaster Relief**

With respect to providers not already enrolled with another SMA or Medicare, CMS waived the following screening requirements so the state/territory could provisionally, temporarily, enroll the providers:

- Payment of the application fee - 42 C.F.R 455.460
- Criminal background checks associated with FCBC- 42 C.F.R Section 455.434
- Site visits - 42 C.F.R Section 455.432
- In-state/territory licensure requirements - 42 C.F.R Section 455.412

Other Considerations

- A **person-centered service plan** (42 CFR §441.301 (c)(2)(vi)) should reflect risk factors and measures in place to minimize them, including individualized back-up plans and strategies when needed.

Person-Centered Service Planning Process

- Potential risks to the participant should be assessed during the service plan development process.
- Strategies to mitigate risk should be incorporated into the service plan in a manner sensitive to the person's preferences, including responsibilities and measures for reducing risks.
- Any back up plans and the types of back-up arrangements that are used should be included.

Contingency Planning

- Maintaining emergency “Go Bags” that include adequate supply of medication and supplies with a refresh schedule.
- Maintaining adequate food and water supply for shelter in place (for 72 hours) with a refresh schedule.
- Alerting local fire stations, police, and electric companies of medically fragile or equipment dependent individuals ahead of any disaster.
- Development of an evacuation plan with at least two exit strategies that work for each person.

For additional resources for individual planning during disasters please go to:

- <https://www.ready.gov/individuals-access-functional-needs>
- <https://www.cdc.gov/ncbddd/disabilityandhealth/emergencypreparedness.html>

Questions/Comments

QUESTIONS?

Resources

- Disaster Response Toolkit:
 - <https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/index.html>
- CMS All-Hazards FAQ for Institutional and Home Health Care Providers
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/All-Hazards-FAQs.pdf>
- Individual Planning During Disasters
 - <https://www.ready.gov/individuals-access-functional-needs>
 - <https://www.cdc.gov/ncbddd/disabilityandhealth/emergencypreparedness.html>

Inclusive Emergency Preparedness Strategies

An Era of Increased Natural Disasters

The Administration for Community Living

Kathleen Otte, Regional Administrator

HHS Region II, New York, New York

August 29, 2019

AGENDA

Business Impact Analysis

- Assess Risk
- Assess your operations
- Identify essential services/prioritize

Risk Assessment Process

- Identify potential threats
- Analyze potential impact compared to your services/community needs.
- Are disaster response policies/procedures inclusive?

Older Americans experiencing a disaster – what we have learned? – how we can plan?

Resources

Business Acumen Models Are Relevant for Emergency Preparedness

- According to the Insurance Institute for Business & Home Safety, 25% of businesses that close due to a disaster, fail to re-open
- It is important that community-based organizations, which serve a public need, re-open as soon as possible to start the recovery process – moving toward resiliency!

Business Acumen Practice, That Incorporate Inclusive Strategies, Accelerate the Road To Recovery Following a Natural Disaster

- Communities, that experience natural disasters, begin the road to recovery as soon as services are restored.
- Nutrition centers, senior centers, etc. are places that become 'focal points' in a disaster.
- When services are restored, we see a decrease in self-isolation, suicidal thoughts, trauma and an increase in overall mental well being, i.e. the road to recovery.

Emergency Preparedness Strategies: Business Impact Analysis

- **Assess Risk**

- Environmental
- Identify Important Stakeholders
- Communication Plans
- Physical Plant
- Your Services – who suffers if you can't provide?

- **Assess Operations**

- Payroll/Personnel
- Supplies
- Volunteers
- Assess how long the agency/CBO can operate without cash flow
- Are disaster policies inclusive?

Business Impact Analysis, Cont.

- **Identify essential service** provision (during a disaster) to serve stakeholders.
 - What are the Essential Functions resources required of your business and your services.
 - Prioritize -
 - Volunteers needed? Job descriptions/sensitivity training?
 - Do you need additional resources?
 - What essential services thoughtful, inclusive?
 - Assess how a disaster will impact fiscal function – compare these costs with the costs for possible recovery strategies.

Source: County of Los Angeles Public Health, *Continuity and Recovery Plan Template*, [publichealth.lacounty.gov/eprp/docs/Emergency Plans/Non Profits](http://publichealth.lacounty.gov/eprp/docs/Emergency%20Plans/Non%20Profits)

Risk Assessment Matrix							
	Impact to Critical Business Assets						
Type of Event / Hazard	People	Building	Equipment	Data	Inventory/Product	Operations	Total Score
	1=Negligible 2=Marginal 3=Critical 4=Catastrophic	1=Negligible 2=Marginal 3=Critical 4=Catastrophic	1=Negligible 2=Marginal 3=Critical 4=Catastrophic	1=Negligible 2=Marginal 3=Critical 4=Catastrophic	1=Negligible 2=Marginal 3=Critical 4=Catastrophic	1=Negligible 2=Marginal 3=Critical 4=Catastrophic	
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	

From Fema.gov – Risk Assessment Table



Risk Assessment Table

(1) Asset or Operation at Risk	(2) Hazard	(3) Senario (Location, Timing, Magitude)	(4) Opotunities for Prevention or Mitigation	(5) Probability (L, M, H)	Impacts with Existing Mitigation (L, M, H)					(11) Overall Hazard Rating
					(6) People	(7) Property	(8) Operations	(9) Environment	(10) Entity	

Operational & Financial Impacts

Timing / Duration	Operation Impacts	Financial Impact
< 1hour	minimal	None
>1 hr. < 8 hours	minimal	lost fees for CM services: \$ _____
>8 hrs. < 24 hours	minimal	lost fees for CM services: \$ _____
>24 hrs. < 72 hours	clients may be at risk; analyze affect on cash flow	lost fees for CM services: \$ _____
> 72 hrs.	clients at risk; cash flow issues; lost business, etc.	lost fees for CM services: \$ _____; other?
> 1 week	clients at high risk; cash flow issues; lost business, etc.	
> 1 month	clients at extremely high risk; cash flow issues; lost business, etc.	

Considerations (customize for your business)

Operational Impacts

- Lost sales and income
- Negative cash flow resulting from delayed sales or income
- Increased expenses (e.g., overtime labor, outsourcing, expediting costs, etc.)
- Regulatory fines
- Contractual penalties or loss of contractual bonuses
- Customer dissatisfaction or defection
- Delay executing business plan or strategic initiative

Financial Impact

Quantify operational impacts in financial terms.

Timing: Identify point in time when interruption would have greater impact (e.g., season, end of month/quarter, etc.)

Duration: Identify the duration of the interruption or point in time when the operational and or financial impact(s) will occur.

- < 1 hour
- >1 hr. < 8 hours
- > 8 hrs. <24 hours
- > 24 hrs. < 72 hrs.
- > 72 hrs.
- > 1 week
- > 1 month

What are some general assumptions we have learned about Older Americans during/following disasters?

- May not have a current list of contacts/prescriptions.
- May refuse to evacuate their home/pets.
- May not cooperate with emergency personnel
- Do not have a plan for emergencies/power outages.
- Do not have a 3 day supply of food.
- May not have family close by.

Real Life Examples: State, Local and Federal Governments Working Together

- ReadySenior Workshops – FEMA/ACL/SAMHSA/CMS
- Disaster Toolkits at: aspr.gov and acl.gov
- Disaster Preparedness Calls With State Disaster Leads
- Disaster drill exercises/TableTop exercises
- State Directors sharing experiences following natural disasters.
- Local providers sharing experiences with one another.

Resource List

FEMA Flood Map Service Center:

<https://msc.fema.gov/portal>

U.S Geological Survey (USGS) 2017
seismic hazard forecast:

<https://earthquake.usgs.gov/hazards/induced/index.php#2017>

FEMA Map of Hurricane Activity
Frequency:

https://community.fema.gov/hazard/hurricane-en_us/be-smart?lang=en_US

Resources, Continued

FEMA and American Red Cross,
*Preparing for Disaster for People with
Disabilities and other Special Needs*,
August 2004, [www.fema.gov/media-
library/assets/documents/897](http://www.fema.gov/media-library/assets/documents/897)

Preparing Makes Sense for Older
Americans. Get Ready Now.

[www.ready.gov/sites/default/files/docume
nts/files/older_americans.pdf](http://www.ready.gov/sites/default/files/documents/files/older_americans.pdf)

[https://www.cdc.gov/aging/emergency/pre
paredness.htm](https://www.cdc.gov/aging/emergency/preparedness.htm)

<https://www.ready.gov/seniors>

Florida Department of Elder Affairs,
Disaster Preparedness,

[http://elderaffairs.state.fl.us/doea/disaster.
php](http://elderaffairs.state.fl.us/doea/disaster.php)

Resources Continued

California Department of Aging, Disaster Preparedness Tip Sheets for Seniors,
https://www.aging.ca.gov/ProgramsProvides/AAA/Disaster_Preparedness/Disaster_Tip_Sheets/

Rhode Island Department of Health, *My Emergency Plan*,
<http://health.ri.gov/emergency>

Risk Assessment Tools

FEMA Flood Map Service Center:

<https://msc.fema.gov/portal>

U.S Geological Survey (USGS) 2017
seismic hazard forecast:

<https://earthquake.usgs.gov/hazards/induced/index.php#2017>

FEMA Map of Hurricane Activity
Frequency:

https://community.fema.gov/hazard/hurricane-en_us/be-smart?lang=en_US

Thank you!

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Independent Living Programs

Emergency Preparedness Strategies in an Era of
Increased Natural Disasters

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August 29, 2019


Administration on Disabilities (AoD)

Office of Independent Living

- Equipping individuals with disabilities of all ages with opportunities, tools and supports to lead lives of their choice in their community.



**Moving from:
Institutionalization,
isolation,
poverty/joblessness,
dependency**



**To: Community living, inclusion
& participation, increased
employment and financial
wellbeing, and independence &
self-determination**

Title VII of the Rehabilitation Act

Purpose:

...To promote a **philosophy of independent living**, including consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the **integration and full inclusion of individuals with disabilities** into the mainstream of American society

Centers for Independent Living (CIL)

354 awards

The Centers for Independent Living program provides discretionary awards to:

Consumer- controlled, community-based, cross- disability, nonresidential, private nonprofit agencies that—

- (1) Are designed and operated within a local community by individuals with disabilities;
- (2) Provide IL services including, at a minimum, independent living **core services**; and
- (3) Comply with the standards and assurances set forth in the Rehabilitation Act, as amended.

CIL Core Services

- Information and referral services;
- Independent living skills training;
- Peer counseling (including cross-disability peer counseling);
- Individual and systems advocacy; and
- Transition and diversion
 - Transition from nursing homes and other facilities
 - Diversion – at risk of entering institutions
 - Transition of youth to post secondary life

Independent Living Services (ILS)

Title VII, Subchapter B

Subchapter B gives formula grants, based on population, to all states, territories, and the District of Columbia (56 awards).

Activities funded may include:

- Support of the Statewide Independent Living Councils (SILCs);
- Support to the operation of Centers for Independent Living (CILs);
- IL services (via contracts/grants) particularly those in **unserved** areas of the state; and
- Demonstrations to expand and improve IL services.

(Rehab Act § 713(b))

Training and Technical Assistance Centers

- Funding to provide training and technical assistance to CILS, State Independent Living Councils and other eligible entities (2 awards)



IL-NET

CIL-NET · SILC-NET

How SILCs and CILs can Support Emergency Preparedness (continued)

- Active in participating on disaster committees, developing resources, and applying for grants.
- Serve as the lead in creating a MOA/ MOU between the network of CILs in their state.
- Address emergency preparedness and response in the SPIL.

Alliance of Disability Advocates (ADANC) Response

- Outreach to NC
Emergency Operations
Center
- Directed to Special
Medical Shelter (SMS) in
Clayton, NC
- SMS ran by US Public
Health Service (USPHS)
Rapid Deployment Team
(RDF) 3 and NC
Emergency Management

USPHS RDF 3



Alliance of Disability Advocates (ADANC) Response (2)

- Evolving ADANC Role
 - Initially, was just to provide diversion and other CIL services
 - USPHS put ADANC in leadership roles with Public Health Service Officers
 - ADANC also was liaison between community partners and local, state and federal partners



Alliance of Disability Advocates (ADANC) Response (3)



- 4 service animal reunited with owners
- Nearly 80 people diverted from institutions

What worked



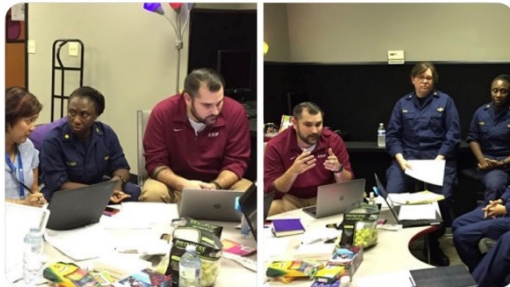
Tweet

Secretary Alex Azar Retweeted

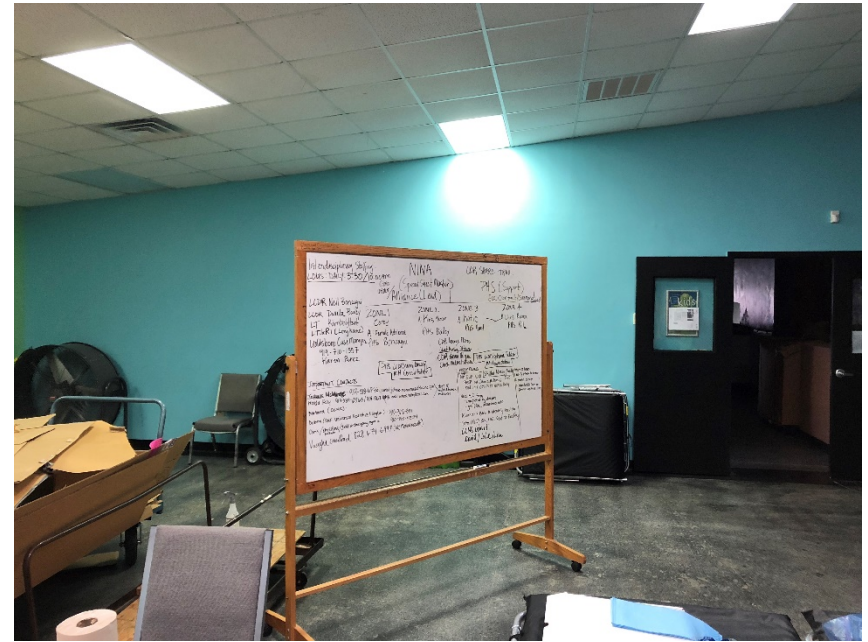


ADM Brett P. Giroir
@HHS_ASH

At the Clayton Shelter in North Carolina local community organizations and patient advocates work with U.S. Public Health Service Commissioned Corps officers to develop discharge planning services for some of Hurricane Florence's most vulnerable victims.



9/22/18, 3:55 PM



Aging and Disability Taskforce ACL/ASPR Partnership



Jose Velasco, ASPR; Cheryl Levine, ASPR; Neelam Salman, HHS/OCR; Regina Blye, ACL/AoD; Kathleen Otte, ACL/AoA; Corinna Stiles, ACL/AoD; Kathleen Votava, ACL/AoA

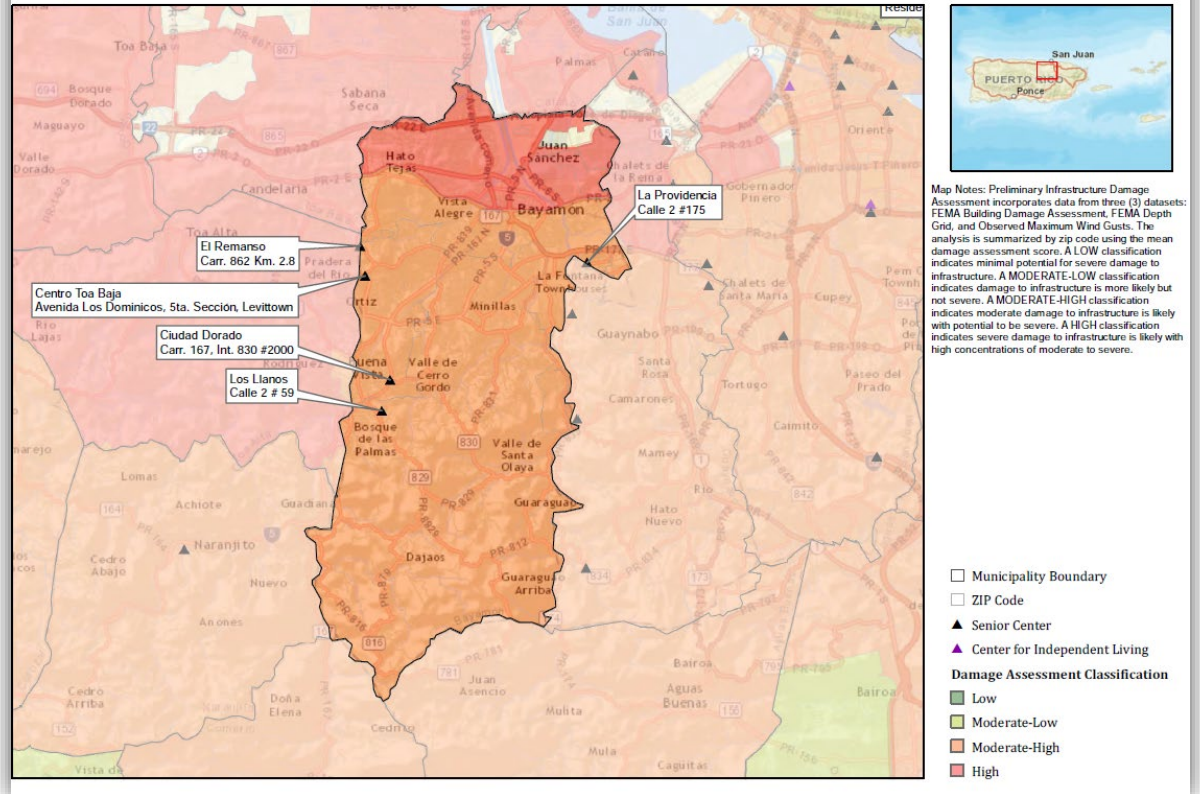
Detail Requirements

- 30 day detail to the Secretary's Operations Center (SOC)
- Promote ACL programs (Aging & Disability)
- Determine ground truths in the US Virgin Islands, Puerto Rico, and Atlanta, GA
- Assess shortfalls, unmet needs, and gaps

Accomplishments

- Over 70 meetings and calls
- CILs in VIPR and Atlanta, GA
- Daily notes in the Quad Chart
- Value of CILs and Senior Centers
- Quality of life options for ESF-8 recovery priorities
- Mission Possible: transition plan for USVI evacuees

Senior Centers & CIL Preliminary Damage Assessment Bayamón Municipality



Accomplishments (continued)

- Invite ASPR team to visit CIL/AAA to see how services are provided in the local area.
- Keep AoD and AoA engaged in ESF-6 and ESF-8 activities
- Meetings with FEMA



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