

Florida Department of Health Discharge Planning Webinar - September 11, 2012

Questions and Answers

DOEA – Florida Department of Elder Affairs

AHCA – Agency for Health Care Administration

DOH – Florida Department of Health

1. **Q:** Will vulnerable populations other than elders be served by the Multiagency Special Needs Shelter Discharge Planning Teams?

DOEA: Yes, all vulnerable populations that are in special needs shelters will be served until that shelter is closed and all the clients' needs are met. The purpose of the Multiagency Special Needs Shelter Discharge Planning Teams is to have representatives from agencies across the board serve the needs of those clients in those shelters.

2. **Q:** Is a minimum number of clients needing assistance required before the Multiagency Special Needs Discharge Planning Team can be requested?

DOEA: No, there is no minimum. Even if there is one client in the Special Needs Shelter who needs assistance and as long as the local resources have been exhausted first, a mission can be requested through the Emergency Operations Center (EOC) for that one client. We will send a representative from CARES (Comprehensive Assessment and Review for Long-Term Care Services) to do the assessment. Based on the information received at the start, if we can determine that another agency would also be helpful because of that person's needs, we would ask a representative to accompany them.

3. **Q:** Has anyone had experience this year with home health agencies providing care during the sheltering operations?

AHCA: Pursuant to §400.492 F.S. each home health agency is required to have a comprehensive emergency management plan that includes a means by which the home health Agency will continue to provide staff to perform the same type and quantity of services to their patients who evacuate to special needs shelters that were being provided to those patients prior to evacuation. However, the home health agency shall not be required to continue to provide care to patients in emergency situations that are beyond their control and that make it impossible to provide services, such as when roads are impassable or when patients do not go to the location specified in their patient records.

DOH: There have been agreements between county health departments and home health agencies to provide staff support in shelters.

4. **Q:** For those residents that have needs greater than special needs shelter provisions and need to shelter in a suitable facility (IE Skilled Center), will the Special Needs Discharge Planning Team visit those facilities to discharge them appropriately?

DOEA: A skilled nursing facility (also known as a SNF) is a type of nursing home that meets long term health care needs for individuals who have the potential to function independently after a limited period of care. A multidisciplinary team guides health care and rehabilitative services, including skilled nursing care and is recognized by both Medicare and Medicaid. It is unlikely that someone would seek shelter at a SpNS if they needed to "shelter" in a SNF. If someone needs the type of care provided in a SNF, they would be admitted to a SNF instead of a SpNS. The SpNS Team would not go to a SNF to discharge someone; instead, the multidisciplinary team at the SNF would discharge the resident when their treatment needs were completed.

AHCA: Residents that have needs greater than a special needs shelter can provide should be assessed and taken to the most appropriate setting in which the services can be provided during an emergency. A Nursing Home (SNF) is an entity that provides 24 hour a day nursing care, case management, health monitoring, personal care, nutritional meals and special diets, physical, occupational and speech therapy, social activities, and respite care for those who are ill or physically infirm. Pursuant to §408.821 F.S. an entity may temporarily exceed its licensed capacity and act as a receiving facility in accordance with an approved emergency operations plan for up to 15 days. While in the overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients.

5. **Q:** Can you make the slides from the presentation available to us?

DOH: Yes, slides from the presentation will be posted on the Department of Health, Discharge Planning Webpage at, www.doh.state.fl.us/demo/BPR/dischargeplanning.html.

6. **Q:** Who is the DOH member of the [Multi-Agency Discharge Planning] Team?

DOH: County health departments should designate employees who will be on the Discharge Planning Team just like they have Triage Teams or DOH case managers. When we talk about multiagency outside of DOH, then it will involve DOEA, CARES, AHCA, VA, and many more.

7. **Q:** What happens when a nursing home or assisted living facility does not update their information on ESS?

AHCA: It is expected that all providers should login to ESS (Emergency Status System) and update their information when there are pertinent changes and when requested by the Agency. If a provider has not updated their information, the Agency strongly encourages this be done. The information gathered aids in providing the best assistance possible during events.

8. **Q:** What can I do if I notice something needs to be changed or updated in the Resource Guide?

DOH: We know that changes will occur. We do a major update every two years. If there is something that needs to be updated before the next update, please report it to the Department of Health. This can be done by completing the Discharge Planning Resource Guide Feedback form on the DOH Discharge Planning Webpage at, www.doh.state.fl.us/demo/BPR/dischargeplanning.html. Important updates and change notices will be posted on the webpage until such time as the document is revised. You can also use the spaces on the County Supplement to add contacts or use the posted Microsoft Word version of the County Supplement to make changes for your location. Consider the County Supplement as a dynamic document your Agency or department can modify to meet your needs.

9. **Q:** If I am a shelter leader, once I submit a request for assistance to the county Emergency Operations Center, is my responsibility over?

DOH: A shelter leader's responsibility is not over until all clients have been discharged and the shelter closes.

10. **Q:** How can I connect with my local planners so I can be involved in the local discharge planning?

DOH: I would suggest that they lookup the DOEA CARES regional office. Links for contact information was provided in the PowerPoint presentation. Contact information is also available in the Discharge Planning Resource Guide. Additionally you can call the local health department and ask for a key contact in sheltering. You can also contact local emergency management and request involvement in sheltering and discharge planning.

11. **Q:** How can discharge planning help a client arriving at a special needs shelter before the storm who exceeds the capability of the shelter?

DOH: The discharge planning guide may have the contact phone number of a partner agency or organization for you to contact. However, through conducting exercises on this subject, you will be able to identify the gaps and work with community preparedness planning groups to address the void.

12. **Q:** Can this process provide payments to nursing homes or hospitals to shelter the client?

DOH: Reimbursement is subject to the availability of federal funds. If there is a declared Presidential emergency, reimbursement for client placements may be requested at the Medicare rate. This rate is in effect if there is no other Medicare, Medicaid, or private health insurance.

13. **Q:** What is the expected turn around time for a CARES representative to be deployed once the request is submitted through EM Constellation?

DOEA: Once received by the state EOC, the representative may be deployed within 12-24 hours depending on the impact area and the seriousness of the disaster.

14. **Q:** If CARES is bombarded by requests, are they managed on a first-come/first-served basis?

DOEA: It is going to be based on the scope of the disaster. In the event of a catastrophic incident with many requests, we will address them as they arrive. If we had one area with greater devastation than another, requests may be prioritized based on the greatest need. As requests come in, they will be filtered to the DOEA and a discharge planning team will be convened and sent to those locations for evaluation.

15. **Q:** When ESS is activated, will AHCA mandate that nursing homes and ALFs enter data?

AHCA: Yes. All of those identified provider types will be required to enter data into ESS when an event is activated. This information is needed to determine that a contact has been made with providers in the impacted areas.