The Florida Department of Health Discharge Planning Webinar Will Begin at 2:00 pm Eastern Time

• Please place your phones on mute
• Questions may be submitted using the chat feature
• Direct questions and comments to the participant named “questions”
Objectives

• Upon completion of the program, participants will be able to:
  – Describe the importance of discharge planning
  – Explain how the Discharge Planning Guide can be used to assist in finding housing and support for persons leaving a temporary shelter setting
  – Identify community partners who can assist in safely returning persons to the community following a disaster
  – Describe the role of various agencies in moving persons from a shelter back to the community
Presenters

- Bonnie Gaughan-Bailey, DOH
  Community Resilience Unit Manager
- Pam Damitz, DOEA
  Emergency Coordinating Officer
- Kathi Chisolm, DOEA
  CARES Disaster Preparedness Point of Contact
- Bernard Hudson, AHCA
  Long Term Care Unit Manager
- Martha Hicks, DOH
  Escambia County Health Department
  Special Needs Shelter Consultant
If You Have Questions

• Use the “chat” feature to submit a question or comment at any time during the presentation
• Hover your mouse over the graphic at the top-middle of your screen until the “chat” button appears
• Click on the “chat” button and a window will open
• Direct all questions and comments to the participant named “Questions”
Discharge Planning
The Role of the Florida Department of Elder Affairs

Pam Damitz
Emergency Coordinating Officer
Support roles in Emergency Management

- ESF 8 – Health and Medical (discharge planning and staff as needed)
- ESF 9 – Search and Rescue (information only)
- ESF 11 – Food and Water (information only)
- ESF 14 – Public Information (staff for EOC if needed)
- ESF 15 – Volunteers and Donations (assist as needed, Florida Emergency Information Line - FEIL)
- ESF 6 – Mass Care - Main support role: Provide staff for EOC when needed and Disaster Recovery Center assistance
Florida Department of Elder Affairs

• Role in multi-agency Special Needs Shelter Discharge Planning Teams is outlined in Florida Statute 381.0303 (2)(e):
  – Special needs shelters
    • Convene and coordinate multi-agency special needs shelter discharge planning teams
How is the multi-agency special needs shelter discharge planning team initiated?

- The Secretary of Elder Affairs
  - Can convene when deemed appropriate and necessary
- Request from local emergency management officials (once local resources are exhausted)
  - By alerting state emergency management officials via a “mission” request in EM Constellation
The “mission” request for multi-agency special needs shelter discharge planning team assistance should contain the following information:

- Number of clients needing discharge planning assistance
- Location of the special needs shelter(s)
- Shelter phone number (dedicated line)
- Duration of operations or anticipated date of closure
- Shelter contact person with phone numbers
- Local emergency management point of contact information for the official requesting the mission to include a direct telephone number
Florida Department of Elder Affairs

• Any additional information that can be provided in the “mission” request about the clients in need of discharge planning assistance would be very helpful. This information may help us determine which agencies should be involved in the initial response for evaluation.
Florida Department of Elder Affairs

• Each multi-agency special needs shelter discharge planning team shall include at least one representative from the following agencies:
  – Department of Elder Affairs
  – Department of Health
  – Department of Children and Families
  – Department of Veterans’ Affairs
  – Division of Emergency Management
  – Agency for Health Care Administration
  – Agency for Persons with Disabilities
Florida Department of Elder Affairs

• The Secretary of Elder Affairs may request assistance from additional agencies and/or determine that assistance from certain agencies may not be necessary depending on the nature or circumstances surrounding the disaster
Florida Department of Elder Affairs

- The multi-agency special needs shelter discharge planning team lead will be designated by the Department of Elder Affairs. The team lead will be from CARES (Comprehensive Assessment and Review for Long-Term Care Services), LTCOP (Long-Term Care Ombudsman Program), or the AAA/ADRC (Area Agency on Aging/Aging and Disability Resource Centers). If unavailable, a team lead from another agency may be designated by the Secretary of Elder Affairs.
The Emergency Coordinating Officer (ECO) for the Florida Department of Elder Affairs will be contacted once a request for a multi-agency special needs shelter discharge planning team is requested through the State Emergency Operations Center.

The DOEA ECO will then contact CARES to conduct an initial assessment to determine the needs of clients. If we are aware of additional needs at this time, appropriate agencies may accompany CARES, and others may be added, as needed.
Florida Department of Elder Affairs

- Once needs are determined, the appropriate agencies will be contacted to initiate the multi-agency special needs shelter discharge planning team.
- Once the team is deployed, the DOEA ECO will coordinate the team until it is dismantled and update/close the “mission” in EM Constellation.
Florida Department of Elder Affairs

- Currently, the model of a multi-agency special needs shelter discharge planning team only applies to special needs shelters
- Remember, discharge planning starts at admission
Florida Department of Elder Affairs

Thank you for participating today. Please feel free to contact me for further information:

Pamela Damitz
Emergency Coordinating Officer
Florida Department of Elder Affairs
(850) 414-2311
damitzp@elderaffairs.org
The Role of CARES
(Comprehensive Assessment and Review for Long-Term Care Services)

Kathi Chisolm
Point of Contact for Disaster Preparedness
REQUESTING CARES’ ASSISTANCE AT SPECIAL NEEDS SHELTERS (SpNS)
AFTER A DISASTER EVENT
GLOSSARY:

1. CARES: Comprehensive Assessment and Review for Long-Term Care Services
2. DOH: Department of Health
3. ECO: Emergency Coordinating Officer
4. EM: Emergency Management
5. EOC: Emergency Operations Center
6. ESF: Emergency Support Functions
7. POC: Point of Contact
8. RPS: Regional Program Supervisor
9. SCBS: Statewide Community-Based Services
10. SpNS: Special Needs Shelter
Governor issues Emergency Order Declaring State of Emergency

NOTE: Governor requests Presidential Declaration
Request for assistance in Special Needs Shelters is made by the County EOC after receiving a request from the Special Needs Shelter Unit Team Leader or the Shelter Manager.

County EOC inputs Request for Assistance in EM Constellation as a mission.
State EOC in Tallahassee assigns mission in EM Constellation to ESF 8. ESF 8 contacts DOEA ECO who advises CARES Central Office POC (by e-mail if possible) of mission number and assignment details.

CARES Central Office POC advises RPS, Deputy Bureau Chief, Bureau Chief and SCBS Director of mission number and any additional information regarding mission details (by e-mail to all if possible).
RPS advises local CARES supervisors of Request to Assist; gives mission number and details to CARES supervisor and any other pertinent information regarding SpNS clients; RPS notifies CARES POC in Tallahassee (by e-mail if possible) of availability and assignment of staff to assist in SpNS discharge planning.

At close of shift in SpNS, the local CARES staff updates his/her CARES supervisor of status of clients and any unmet needs or requests for funding; the CARES supervisor advises RPS of status of clients and any unmet needs and/or requests for funding in their daily report.
RPS provides CARES supervisors’ Daily Report to Central Office POC who provides the Report to DOEA ECO (by e-mail if possible); DOEA ECO inputs unmet needs and/or requests for funding in EM Constellation under appropriate mission number.

Any unmet needs and/or requests for funding is coordinated by DOEA ECO with the Department of Health (ESF 8) using the mission number and details in EM Constellation.
DOEA ECO – Close out mission after all clients are discharged.
Contact Information For CARES:

http://elderaffairs.state.fl.us/doea/cares/CARESdir.pdf
The Role of the Agency for Healthcare Administration

Bernard Hudson
Long Term Care Unit Manager
Background

The Agency for Health Care Administration was established to locate the state’s health financing, regulatory, and planning activities in one organization. It serves as the chief health policy and planning entity for the state. The Agency’s mission is to achieve “Better Health Care for all Floridians.”
Major Roles and Responsibilities

• License and regulate managed care plans, and health care facilities and agencies

• Oversee and regulate the provision of services to eligible Medicaid recipients

• Publish health care data and statistics
Emergency Response

• The Agency serves as a supporting partner to the Department of Health, Emergency Support Function 8 (ESF-8) Health and Medical

• The Agency staffs the State Emergency Operations Center when requested during an emergency
Emergency Response

• The Agency supports ESF-8 through contact with healthcare facilities which include residential and 24 hour care
• Emergency Status System (ESS) is an online system to track facility status
• 4,868 facilities are enrolled in ESS
## ESS Participation

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Participation Rate</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>100%</td>
<td>292 of 292</td>
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<tr>
<td>Inpatient Hospices</td>
<td>96.8%</td>
<td>61 of 63</td>
</tr>
<tr>
<td>Intermediate Care Facilities/DD</td>
<td>100%</td>
<td>101 of 101</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>100%</td>
<td>676 of 676</td>
</tr>
<tr>
<td>Crisis Stabilization Units</td>
<td>100%</td>
<td>60 of 60</td>
</tr>
<tr>
<td>Dialysis (ESRD) Facilities</td>
<td>94.3%</td>
<td>332 of 352</td>
</tr>
<tr>
<td>Residential Treatment Centers</td>
<td>100%</td>
<td>32 of 32</td>
</tr>
<tr>
<td>Residential Treatment Facilities</td>
<td>100%</td>
<td>103 of 103</td>
</tr>
<tr>
<td>Assisted Living Facilities</td>
<td>94.5%</td>
<td>2,857 of 3,022</td>
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<tr>
<td>Transitional Living Facilities</td>
<td>100%</td>
<td>12 of 12</td>
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<tr>
<td>Adult Family Care Homes</td>
<td>90%</td>
<td>334 of 371</td>
</tr>
<tr>
<td>Homes for Special Services</td>
<td>100%</td>
<td>1 of 1</td>
</tr>
<tr>
<td>VA Hospitals</td>
<td>100%</td>
<td>7 of 7</td>
</tr>
</tbody>
</table>
ESS

• Tracks Emergency Status & Impact for AHCA Regulated Providers
• Assists in Prioritization of Activities & Responses to Emergencies
• Serves as a resource to Emergency Operations Center
ESS

• Pre-Storm Information
  – Evacuation Status Including Destination
  – Special Resident Characteristics – Oxygen, Ventilator, Dialysis Dependent
  – Census & Available Beds
ESS

• Post-Storm Information
  – Power Status
  – Impact – Structural Damage
  – Evacuation Status – Return to Facility
  – Available Beds
  – Provider Needs & Status of Needs Requests – Equipment, Staff, Supplies (Monitor Only)
Emergency Preparedness Criteria

• The Following providers have specific Emergency Management Planning Criteria
  – Adult Day Care Centers
  – Ambulatory Surgery Centers
  – Home Medical Equipment Providers
  – Home Health Agencies
  – Hospices
  – Hospitals
  – Nursing Homes
  – Nurse Registries
Facility Capacity

• Pursuant to 408.821, Florida Statutes
  (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved emergency operations plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
Home Care

The comprehensive emergency management plan for Home Health Agencies and Nurse Registries shall include the 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.
Contact Information

- AHCA Web Site: [http://www.ahca.myflorida.com](http://www.ahca.myflorida.com)
- AHCA Health Quality Assurance:
  - Hospital & Outpatient Services Unit  (850) 412-4549
  - Long Term Care Unit Programs      (850) 412-4303
  - Assisted Living Unit Programs     (850) 412-4304
  - Hospice Programs                  (850) 412-4403
  - Dialysis Programs                 (850) 412-4500
Thank you!

Bernard E. Hudson
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Discharge Planning in Action
DOH Region 1
A Tabletop Exercise

Martha Hicks, RN
Special Needs Shelter Consultant
Escambia County Health Department
Purpose of the Exercise

• A 2010 hurricane planning initiative identified gaps in shelter discharge planning:
  – Plans, process, contracts or MOUs did not exist or were inadequate
  – No solutions to relocating persons when shelters closed
  – State discharge teams lacked event experience
  – Re-entry plans lacked info on electricity, access to food or water
The Exercise

• Planned a Homeland Security Exercise & Evaluation Program (HSEEP) table top exercise
• Toured the shelter prior to the exercise at Santa Rosa Emergency Operations Center
• Best practice - team participation; all received Discharge Planning Resource Guide
• 31 persons represented 8 out of 10 counties in Region 1
• Five scenarios were the highlight
Exercise Objectives

• Gain a heightened awareness of the need for advance discharge planning
• Identify and prioritize response activity
• Name two steps in the Florida Department of Elder Affairs process
• List three resources available
Santa Rosa County Special Needs Shelter
Bennett Russell Elementary
Milton, Florida
Tour of Santa Rosa County
Special Needs Shelter
Tabletop Exercise Site
Santa Rosa County
Emergency Operations Center
Milton, Florida
Challenges By Priority

• Agencies lacked understanding of their roles and responsibilities for contracts, agreements, or Memoranda of Understanding

• The mechanism of reimbursement was unclear for Medicaid, Medicare, health insurance, or other coverage for residents needing temporary placement
Recommendations

• Discharge as early as possible (6:00 a.m.)

• The Florida Department of Elder Affairs modified the notification process to ESF-8 for discharge assistance
First Case Scenario

• An 80-year-old female with Chronic Obstructive Pulmonary Disease on oxygen with a concentrator at the Special Needs Shelter
  – Lost her house from the wind surge of Hurricane Xenos
  – Retired, lives on Medicare and Social Security Income
  – Rebuild or place her in another temporary home?
Fifth Case Scenario

• A 26-year-old blind male with a service dog is waiting to be discharged
  – There were no local relatives to assist
  – His home is flooded. He will require temporary placement for at least 2-3 months until the carpets are removed and reinstalled
  – Timeframe may be longer because of the mold treatment requirement
What Was Learned

• The role of available local and state partners
• What resources are available and how to access them
• The process to request assistance from DOEA CARES
• For CARES staff the job does not end when the person is discharged
• It takes a multi-agency, multi-disciplinary team working together
Summary

- Accomplished an awareness of discharge planning
- Identified challenges
- Implemented two improvement recommendations
- Recognized the need for regional discharge planning exercises
- Recommend utilization of the 2012 Discharge Planning Resource Guide
Thank you!
For questions or additional information:

Martha T. Hicks, RN, BSN, MSM, MA, FPEM
Region 1 Special Needs Shelter Consultant and
Vulnerable Population Coordinator
Community Health Nurse
Comprehensive Emergency Management Plans Reviewer
850.595.6683  Ext 103
Martha_Hicks@doh.state.fl.us
When the “All Care” is Given

• Shelter staff refer to plans made during intake
• Clients with unmet needs are reported to shelter leader
• Shelter leader asks local ESF-8 to verify client destination is safe and can meet needs
• Local ESF-8 works with partners to arrange for transportation if needed
• Shelter staff works with clients needing alternate housing and notifies local ESF if help is needed
• After all local resources are exhausted, a multi-agency discharge planning team may be requested by local EOC
Shelter Deactivation

- Deactivation is not complete until the last person has been delivered safely to their home or other arranged location
- It may be necessary to retain some persons until further arrangements can be made
- Advance planning and exercising with partners will make this an easier task
Top 10 Uses for DPRG

10. Utilize as local community partner directory
9. Share partner agency information in newsletters & at staff meetings
8. Develop exercises or scenarios for staff training
7. Provide during staff refresher training
6. Use as resource during local whole community planning sessions
5. Serve as impetus for including discharge planning in local emergency plans
4. Provide orientation for new staff
3. Refer to when building new coalitions
2. Exercise the process of shelter closings
1. Activate as resource during shelter closing
Questions?
Thank you for Participating

• For more information:
  – Florida Department of Health Discharge Planning Webpage:
    www.doh.state.fl.us/demo/BPR/dischargeplanning.html
  – E-mail:
    BPR_CommRes_CHDSupport@doh.state.fl.us

• Please take our evaluation at:
  – http://survey.doh.state.fl.us/survey/entry.jsp?id=1346848893364

• Use links provided in your login information e-mail