

Home Care

EMERGENCY PREPAREDNESS & RESPONSE

Incident Command System

Nurses

PRIMER ON
HOME CARE EMERGENCY
PREPAREDNESS
IN NEW YORK STATE

Drills & Exercises

Situational Awareness Hazards

PANDEMIC

Therapists Aides

Storms

OUTAGES

TELEHEALTH

National Incident Management System



Primer on Home Care Emergency Preparedness in New York State

Overview of Home Care in New York State

New York State has the most comprehensive and diverse home and community based care system in the nation.

The scope of home care is broad. It encompasses a wide array of both health and supportive services delivered at home. Clients cross the spectrum of care—from seniors who need assistance with activities of daily living to remain in their homes; to new mothers, discharged quickly following childbirth with a few postpartum nursing visits for mom and newborn; to postsurgical patients needing assistance with wound care; to the chronically-ill who are maintained with skilled supervision, support services, home modification and equipment.

Home care agencies and programs provide post-acute, rehabilitative, supportive and complex long term care for medically needy elderly, adults and children. Home care agencies are sponsored or operated by free-standing entities (e.g., private agencies or voluntary agencies like Visiting Nurses), hospitals and nursing homes. Home care providers are state and federally certified or state licensed. New York's agencies cover the entire state and serve several hundred thousand cases annually.

Home care agency services include **professional services** (including care management, nursing, physical therapy, occupational therapy, speech pathology, medical social work, audiology, respiratory therapy, nutritional counseling and other), **aide care** (including home health aide, personal care aide, housekeeper), **telehealth services**, and **other support services** (including home adaptations, home delivered meals, social day care).

Generally, post-acute, skilled services are covered by Medicare and by commercial insurance; chronic or extended care and services are covered by Medicaid; and private paying individuals may pay for either or both.

Home care providers include all levels and types of agencies and programs, including:

- Certified home health agencies (CHHAs)
- Licensed home care services agencies (LHCSAs)
- Long Term Home Health Care Programs (LTHHCPs)
- Managed long term care (MLTC) plans
- Hospice
- Home and community based waiver programs
- Consumer Directed Personal Assistance models

New York's home care system also includes an array of special needs programs, agencies and services, such as for medically fragile children, persons with traumatic brain injury, persons with AIDS/HIV, persons with intellectual or physical disabilities, and other.

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New York State Department of Health Regulations on Home Care Emergency Preparedness

Emergency Preparedness Plans

New York State Department of Health regulations require home care agencies to develop and maintain emergency plans. Title X Part 763.11(a)(10) applies these requirements to CHHAs and LTHHCPs, and Part 766(c) applies these requirements to LHCSAs.

The regulations specifically require the agency's governing authority to "ensure the development of a written emergency plan which is current and includes procedures to be followed to assure health care needs of patients continue to be met in emergencies which interfere with delivery of services and orientation of all employees to their responsibilities in carrying out such a plan."

In addition, home care agency emergency response requirements are further specified in a May 10, 2005 "Dear Administrator Letter" (DAL).

The DAL specifies that the following critical elements must be included in the provider's emergency preparedness plans:

- Identification of a 24/7 emergency contact telephone number and e-mail address of the emergency contact person and alternate which must also be indicated on the Communications Directory of the Health Commerce System (HCS);
- A call down list of agency staff and a procedure which addresses how the information will be kept current;
- A contact list of community partners, including the local health department, local emergency management, emergency medical services and law enforcement and a policy that addresses how this information will be kept current. The HCS Communications Directory is a source for most of this information;
- Collaboration with the local emergency manager, local health department and other community partners in planning efforts, including a clear understanding of the agencies role and responsibilities in the county's comprehensive emergency management plan.
- Policies that require the provider to maintain a current HCS account with a designated HCS coordinator(s) responsible for securing staff, HCS accounts and completing and maintaining current roles based on contact information in the Communications Directory;
- A current patient roster that is capable of facilitating rapid identification and location of patients at risk. It should contain, at a minimum:
 - Patient name, address and telephone number;
 - Patient classification Level (see enclosure);
 - Identification of patients dependent on electricity to sustain life;
 - Emergency contact telephone numbers of family/caregivers;
 - Other specific information that may be critical to first responders
- Procedures to respond to requests for information by the local health department, emergency management and other emergency responders in emergency situations;
- Policies addressing the annual review and update of the emergency plan and the orientation of staff to the plan.
- Participation in agency specific or community-wide disaster drills and exercises.

Home Care Agency Patient Priority Levels in Emergency Response

The May 2005 DAL requires that home care agencies adopt the following priority levels for patients in emergency response.

LEVEL 1 - High Priority

Patients in this priority level need uninterrupted services. The patient must have care. In case of a disaster or emergency, every possible effort must be made to see this patient. The patient's condition is highly unstable and deterioration or inpatient admission is highly probable if the patient is not seen. Examples include patient requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable patients with no caregiver or informal support to provide care.

LEVEL 2 - Moderate Priority

Services for patients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The patient's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the patient.

LEVEL 3 - Low Priority

The patient may be stable and has access to informal resources to help them. The patient can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the patient personally.

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Home Care Challenges in Emergency Preparedness

Home care agencies and patients face particular and unique challenges in emergency preparedness and response. Some key challenges are outlined below.

The home care setting itself – The home care setting itself provides for unique and especially challenging aspects of emergency response, particularly when compared to facility-based care.

Home care and hospice providers are handling large numbers of extremely medically needy and vulnerable individuals at home and in the community; many individuals reside in remote rural or difficult to access settings (like high rises).

Instead of a facility-based venue where patients and staff are consolidated into a single, congregate setting, home care and hospice patients are nearly always in their own individual homes or apartments, and are spread throughout their communities. Agency personnel must therefore “bring the care to the patient,” traversing to-and-from each patient’s home and neighborhood.

Home care personnel must also manage, direct and administer services across a geographic expanse that can be impacted in many varied ways during an emergency.

In home care, every patient, home, neighborhood and community is a potential, distinct emergency in itself to be navigated and managed.

Home care providers assist across settings during emergencies – In addition to conducting emergency response for patients in their homes, home care and hospice also reach beyond to assist other settings and the community at large. Agencies conduct or assist with patient evacuation, provision of care in shelters, hospital transfers, and many other system supports.

Navigation across affected community areas – Providers must marshal resources, services and patient management needs across broken communications, severed service networks, extreme environmental dangers and an entire community in simultaneous need to reach, provide and manage care for patients.

Structural Obstacles – Home care providers are also challenged with major structural obstacles in the response system, including:

1. Necessity for access to patients in restricted zones
2. Need for priority access to fuel
3. Need for regulatory flexibility for care and management in emergency conditions
4. Need for supportive financing for preparedness and response
5. Dearth of education/comprehension of home care
6. Wider dependency on communications and utilities
7. Transportation for home health personnel and patients
8. Other

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State Home Care Association Roles in Emergency Preparedness & Response

The Home Care Association of New York State (HCA) and the New York State Association of Health Care Providers (HCP) are two statewide associations representing the home and community-based services sector of the health care continuum in New York State.

HCA and HCP members reflect the array of provider and program types described in the “Overview” section of this document.

HCA and HCP are both headquartered in Albany and have providers and organizational members statewide. The associations have administrative, education, policy and communications staff which collaborate on daily functions – including program/policy development, technical assistance to providers, engagement with state and federal agencies on home care and related issues, education, advocacy and more.

HCA and HCP are deeply engaged in activities related to strengthening home care emergency preparedness and response, and better integrating home care into related State and local efforts. The associations are collaborative partners to the State Department of Health’s Office of Health Emergency Preparedness in the implementation of broad based and priority initiatives aimed at developing and supporting home care emergency preparedness and response.

The following is a summary of our associations’ organizational roles in emergency preparedness and response.

We serve as:

- Principal sources of information, education, training and technical assistance for home and community based providers for emergency preparedness and response.
- Principal communication points for home care in emergency conditions, circulating and exchanging essential information, guidance and updates pertaining to any and all facets of the emergency in question.
- Communication point to and from state and local agencies, organizations, and incident command in advance of, during and following emergency situations.
- Collaborating partners with the State Department of Health’s Office of Health Emergency Preparedness under a Federal Emergency Management Agency (FEMA) operated initiative, which includes multi-tiered planning and structural improvement for emergency response in health care, including planning and response interface with Regional Health Emergency Preparedness Coalitions and Regional Training Centers.
- Collaborating partners with the Health Department’s Office of Primary Care and Health Systems Management, and Office of Health Insurance Programs in their regulatory roles for providers and health plans, as well as in their jurisdictional roles in declared emergencies.
- Collaborating partners with health associations and organizations representing other sectors (hospitals, nursing homes, clinics, etc.) in the continuum of care.
- Interface with federal agencies on emergency response policy.
- Advocates for policy development and/or revision to ensure the most effective emergency management system.

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Collaborative Initiatives of Home Care & New York State Department of Health Office of Health Emergency Preparedness

2013-14 Planning and Initiative Areas of HCA, HCP and DOH-OHEP included:

- Connecting with Health Emergency Preparedness Coalitions and coalition partners, including other provider sectors, emergency managers, regional training centers, and other
- Addressing Regulatory Barriers; Collaborating on a Provider Guide for Obtaining Regulatory Relief During Emergencies
- Promoting Incident Command System Awareness, Education, Use
- Facilitating Education and Implementation of Transportation Assistance Levels into Home Care Agency Planning & Response
- Assessing and Supporting Requirements of Providers in Coastal Storm/Flood Zone Planning

2014-15 HCA, HCP and DOH-OHEP Initiatives include:

- **Further Connection with Health Emergency Preparedness Coalitions** – Engage in further HEPC regional and sub-regional meetings, activities and initiatives, and in enhancing emergency preparedness and integration of home care agencies into regional emergency preparedness.
- **Exercises and Drills** – Participate in OHEP Exercise Advisory Committee meetings and provide comments regarding exercise design and objectives.
- **Transportation Assistance Levels** – Promote and encourage agency implementation; assist with education, webinars, technical assistance; work with local response partners and EOMs for transportation allocation in an emergency.
- **Promote Home Care Situational Awareness** – Collaborate with OPCHSM & OHEP on specific activities to ensure development of a Situational Awareness process for home care, including:
 - ✓ Develop a list of potential triggers that might set the process in motion
 - ✓ Identify association roles and responsibilities
 - ✓ Support a process to obtain situational awareness through HCS
 - ✓ Provide information to NYSDOH, NYSDOH Regional Offices, NYC OEM, OEHP, other management organizations as appropriate during an event

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