



SE MINNESOTA  
DISASTER HEALTH COALITION  
*Enhancing Regional Preparedness, Response and Recovery*

# Healthcare System Continuity & Recovery Guidelines

July 2015

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## INTRODUCTION

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The SEMN Disaster Health Coalition consists of organizations with responsibilities to mitigate the likelihood of a hazard negatively impacting the ability of a healthcare system to provide services and to prepare for, respond to, recover from consequences of a disaster to the healthcare system, the purpose of the SEMN Disaster Health Coalition is to facilitate preparedness to assist communities with building a Health and Medical Services (Emergency Support Function 8/ESF8) Capability to respond to and recover from disasters.

The following groups are represented as part of the SEMN Disaster Health Coalition:

- Home Health
- Hospitals
- Local Public Health
- Emergency Management
- Emergency Medical Services Regulatory Board (EMSRB)
- South East Emergency Medical Services (SE EMS)
- Long Term Care Facilities
- Specialty Services (e.g. dialysis centers)
- Volunteer Organizations Active in Disasters (VOAD)

Coalition partners carry out health and medical response and recovery activities within the parameters of statutory authority, jurisdictional Emergency Operations Plans and as defined in operational support compacts, mutual aid agreements, and memoranda of understanding or other operational agreements.

**This document outlines the SEMN Disaster Health Coalition Healthcare System Continuity and Recovery Guidelines, which focuses on foundational dependencies necessary for healthcare system operations. The goal of this document is to provide information to support healthcare system continuity of operations and recovery. Healthcare organizations are encouraged to adopt information contained herein within their own operational plans.**

## DEFINITIONS

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**After Action Report (AAR):** A summary document of the strengths and opportunities for improvement of an exercise or significant incident delineating specific improvement actions and responsibilities.

**After Action Review:** A formal and documented debriefing of response actions that occurred during an emergency exercise or a significant incident. The discussions are coordinated by a facilitator in a sequential fashion to capture the strengths and areas for improvement from the involved departments/agencies/organizations. The comments from the review are incorporated into the After Action Report (AAR).

**Clinical & Business Continuity:** The ability of a healthcare organization to provide clinical services and support for its customers and to maintain its viability before, during and after an incident.

**Continuity of Operations:** Ensuring Primary Mission Critical Functions continue to be performed during an emergency or disaster incident.

**Disaster:** A type of incident that, due to its complexity, scope, or duration, threatens a Work Area or the organization's capabilities and requires assistance beyond what is routinely and readily available to sustain patient care, safety, or security functions. A disaster requires activation of an organizational coordination center or community emergency operations center to coordinate response or recovery activities.

**Emergency:** An unexpected or sudden incident that significantly disrupts a department/organization's ability to perform its primary mission, but is manageable with routinely and readily available resources. An emergency does not require activation of an organizational coordination center/operations center or community emergency operations center to coordinate response and recovery activities.

**Essential Supporting Activities (ESA):** Enablers/actions that make it possible for the healthcare sector to perform its essential services. ESA might be essential or deferrable.

**Foundational Dependencies:** A system of critical non-medical elements that are considered essential infrastructure.

**Mission Critical Function:** Any process necessary for the **department** to achieve its primary purpose (e.g., registration, billing); Service Level (e.g., Department, Division); Defined through Business Impact Assessment (BIA) *Note: A non-essential service will have mission critical functions.*

## FOUNDATIONAL DEPENDENCIES FOR ESSENTIAL HEALTHCARE SYSTEM SERVICES

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All essential services of a healthcare system are sustained by a system of critical non-medical elements that are considered foundational infrastructure, or dependencies. This foundational infrastructure (e.g., the systems a healthcare organization is dependent upon) must be operational in order for a hospital to perform its essential services:

- Access to Healthcare Workforce. The ability to deploy a credentialed health workforce to provide patient care to support healthcare service delivery in all environments.
- Community/Facility Critical Infrastructure. Fully operational critical community/facility infrastructure including power, water, and sanitation etc., to support patient care environments.
- Healthcare Supply Chain. Full access to the healthcare supply chain including medical & non-medical supplies, pharmaceuticals, blood products, industrial fuels and medical gases, food etc.
- Access to Transportation. Fully functional medical and non-medical transportation system that can meet the operational needs of the healthcare sector during the response and continuity phases of an event.
- Information Technology/Communications. Fully functional information technology and communications infrastructure that supports high availability of the healthcare sector's data management and information sharing capability.
- Administrative/Financial. Fully operational administrative and financial capability including maintaining & updating patient records, adapting to disaster recovery program requirements, payroll continuity, supply chain financing, claims submission, losses covered by insurance and legal issues.



Additional specific department/work area dependencies may be identified through a business impact analysis.

## CONTINUITY FOR FOUNDATIONAL DEPENDENCIES ROLES & RESPONSIBILITIES

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### Healthcare System Mission: The provision of care in all inpatient and outpatient environments

#### **Healthcare Organization** *Essential Supporting Activities* include:

- Determine the extent of disruption to health care service delivery.
- Determine if event has caused a complete or partial disruption of health care service delivery.
- Determine if relocation of health care service delivery to alternate care sites is an option for short-term continuation of service.
- Work with local emergency management and SEMN Healthcare Multi-Agency Coordination Center (HMACC) to obtain assistance in returning to normal health care delivery operations.

#### **Local Health Department** *Essential Supporting Activities* include:

- Collect situational assessment data on the impact of the disruption of public health service delivery in the local and regional area.
- Partner with local emergency management and social services to determine public health priorities associated with services needed to recover from physical or mental/behavioral injury, illness, or exposure sustained as a result of the incident.
- Assess the requirements to return to normal public health care service delivery.
- Disseminate health care service delivery data to state health authorities and community partners.

#### **Local Emergency Management Agency/Emergency Operations Center** *Essential Supporting Activities* include:

- Coordinate with State Duty Officer/State Emergency Operations Center to request non-medical transportation assets.
- Declare local state of emergency as a prerequisite for disaster aid, if applicable
- Liaison with State of Minnesota Emergency Operations Center

#### **SEMN Healthcare MACC** *Essential Supporting Activities* include:

- Collect situational assessment data from member HCO's on their ability to provide patient care.
- Aggregate individual facility data to generate coalition health care service delivery situational report.
- Disseminate health care service delivery data to local and state authorities.
- Assist coalition partners in returning to full operational status.

Note: Refer to the SEMN Healthcare MACC Guidelines for additional H-MACC operational activities.

**Foundational Dependency: The ability to deploy a credentialed health workforce to provide patient care to support healthcare service delivery in all environments.**

**Healthcare Organization** *Essential Supporting Activities* include:

- Identify medical and nonmedical staffing shortages during response and continuity operations.
- Recall additional staff incrementally to assist in disaster continuity operations.
- Coordinate medical & non-medical personnel support through SEMN H-MACC.
- Disseminate reports of organization's staffing shortages to SEMN H-MACC.
- Coordinate with local health department/Medical Reserve Corps to supplement medical & non-medical personnel, if appropriate.

**Local Health Departments** *Essential Supporting Activities* include:

- Conduct local/regional assessment of health workforce shortage.
- Coordinate the assignment of public health agency volunteers to public health, medical, mental/behavioral health, and non-specialized tasks as directed by the incident.
- Refer spontaneous volunteers not needed for public health response to other organizations in need of volunteers to close gaps in the healthcare workforce during continuity operations.
- Disseminate volunteer management situation reports to state health authorities.

**Local Emergency Management Agency/Emergency Operations Center** *Essential Supporting Activities* include:

- Establish a process to manage spontaneous volunteers.

**SEMN Healthcare MACC** *Essential Supporting Activities* include:

- Conduct healthcare workforce shortage assessment within coalition boundaries
- Coordinate with healthcare organizations to maximize medical & non-medical personnel support.
- Disseminate reports of regional staffing shortages to local emergency management/emergency operations center and Minnesota Department of Health, if applicable.

**Foundational Dependency: Fully operational critical community/facility infrastructure including power, water, and sanitation etc., to support patient care environments.**

**Healthcare Organization** *Essential Supporting Activities* include:

- Determine extent of disruption/loss/damage of facility critical infrastructure.
  - Electrical System
  - Water System
  - Ventilation
  - Fire Protection System
  - Fuel Sources
  - Medical Gas & Vacuum Systems
  - IT/Communication Infrastructure
- Prioritize restoration efforts to meet the operational goals of health care service delivery.
- Disseminate reports of facility critical infrastructure disruption/loss/damage to local emergency management and to state health authorities. (Note: SEMN H-MACC is able to assist with this task.)
- Advocate for priority service resumption directly to local incident management/emergency operations center.

**Local Health Department** *Essential Supporting Activities* include:

- Determine local/region-wide disruption of critical infrastructure that affects public health sector.
  - Aggregate reports of critical infrastructure disruption.
  - Disseminate reports to local emergency management agency/emergency operations center and state health authorities.
- Advocate for priority service resumption for public health facilities through continuity operations and recovery phase.

**Local Emergency Management Agency/Emergency Operations Center** *Essential Supporting Activities* include:

- Establish a process for intake of service requests, include disposition and resolution of service issues

**Healthcare Coalition** *Essential Supporting Activities* include:

- Determine local/region-wide disruption of critical infrastructure that affects the healthcare system.
  - Aggregate reports of critical infrastructure disruption.
  - Disseminate reports to Coalition partners, as appropriate.
- Advocate for priority service resumption for public health facilities through continuity operations and recovery phase.



**Foundational Dependency: Full access to the healthcare supply chain including medical & non-medical supplies, pharmaceuticals, blood products, industrial fuels and medical gases etc.**

**Healthcare Organization** *Essential Supporting Activities* include:

- Determine estimated shortfalls identified during the continuity event of needed supplies for the healthcare organization.
- Prioritize medical and non-medical supply items needed by healthcare organization through medical/surgical supply formularies.
- Redirect supplies already within the hospitals supply chain to areas first impacted.
- Activate pre-event supply orders with vendors.
- Coordinate with State Health Authority for supply requests.
- Disseminate healthcare organization supply chain disruption situation reports to local emergency management agency/emergency operations center and SEMN Healthcare MACC.

**Local Health Departments** *Essential Supporting Activities* include:

- Determine local/regional disruption of healthcare supply chain.
- Determine priority medical and non-medical supply items needed.
- Allocate and distribute medical countermeasures and pharmaceutical cache contents to identified recipients.
- Coordinate with local emergency management agency/emergency operations center and Minnesota Department of Health for supply requests.
- Disseminate healthcare supply chain disruption situation reports to local emergency management agency/emergency operations center and Minnesota Department of Health.

**Local Emergency Management Agency/Emergency Operations Center** *Essential Supporting Activities* include:

- Liaison with State of Minnesota Emergency Operations Center
- Conduct daily briefings to provide an Incident Action Plan
- Provide situational status (sitstat) briefings to State EOC

**SEMN Healthcare MACC** *Essential Supporting Activities* include:

- Determine region-wide disruption of healthcare supply chain.
- Determine specific medical and non-medical supply needs of healthcare partners.
- Facilitate disaster medical resource support for healthcare organizations with local emergency management agency/emergency operations center and Minnesota Department of Health, as applicable.
- Coordinate with private sector vendors on distribution and resumption of normal supply delivery.
- Disseminate healthcare supply chain disruption situation reports to local emergency management agency/emergency operations center Minnesota Department of Health, as applicable.

**Foundational Dependency: Fully functional medical & non-medical transportation system that can meet the operational needs of the healthcare sector during the response & continuity phases of an event.**

**Healthcare Organization** *Essential Supporting Activities* include:

- Determine additional medical/non-medical transportation needs to support response and continuity operations.
- Contact local PSAP/911 or SEMN H-MACC, as appropriate, to coordinate medical transportation support.
- Submit requests for non-medical transportation assistance to local emergency management agency/emergency operations center.
- Provide transportation assistance to staff that may need transportation to facility.

**Local/Regional Health Departments** *Essential Supporting Activities* include:

- Determine local/regional medical transportation needs for public health.
- Prioritize local/regional health department medical transportation assets to service highly impacted areas first.
- Coordinate with State Health Authority to request medical transportation assets.

**Local Emergency Management Agency/Emergency Operations Center** *Essential Supporting Activities* include:

- Coordinate with State Duty Officer/State Emergency Operations Center to request non-medical transportation assets.
- Coordinate with SEMN Healthcare MACC to request medical transportation assets.
- Maintain mass transit system to facilitate movement of non-medical transportation of patients (ambulatory/out-patient, families, and medical personnel)

**SEMN Healthcare MACC** *Essential Supporting Activities* include:

- Identify medical transportation needs of healthcare organizations during response and continuity operations.
- Coordinate with EMS agencies to close gaps in medical transportation needs.
- Advocate for coalition partners' medical transportation assistance.

**Foundational Dependency: Fully functional information technology and communications infrastructure that support high availability of the healthcare sectors data management and information sharing capability.**

**Healthcare Organization** *Essential Supporting Activities* include:

- Determine extent of disruption of communication/information technology capabilities at facilities.
- Activate redundant communication capabilities if necessary.
- Coordinate with local emergency management and service providers to secure priority service restoration to communication/information technology capabilities.
- Coordinate with local emergency management agency/emergency operations centers and SEMN H-MACC to disseminate critical response and continuity operations information.

**Local Health Departments** *Essential Supporting Activities* include:

- Determine local/regional disruption of public health communication/information technology capabilities.
- Activate redundant communication capabilities if necessary.
- Coordinate with local emergency management to secure priority service restoration to communication/information technology capabilities.
- Coordinate with local emergency management agency/emergency operations center and Minnesota Department of Health to disseminate critical response and continuity operations information.

**Local Emergency Management Agency/Emergency Operations Center** *Essential Supporting Activities* include:

- Coordinate with State Duty Officer/State Emergency Operations Center to request non-medical transportation assets.
- Provide public messaging via emergency notification systems
- Distribute ARMER radios for cache, as needed
- Facilitate transfer of secure information between agencies using EOC management software system

**Healthcare Coalition** *Essential Supporting Activities* include:

- Determine extent of disruption of communication/information technology capabilities within coalition boundaries.
- Activate redundant communication capabilities if necessary.
- Coordinate with local/state emergency management to secure priority service restoration to communication/information technology capabilities.
- Coordinate with state health authorities to disseminate critical response and continuity operations information.

**Foundational Dependency: Fully operational administrative and financial capability including maintaining & updating patient records, adapting to disaster recovery program requirements, payroll continuity, supply chain financing, claims submission, losses covered by insurance and legal issues.**

**Healthcare Organization** *Essential Supporting Activities* include:

- Collect disaster response data to be used in reimbursement applications and after action reports.
- Modify and maintain healthcare information management practices according to changing program requirements directed by authorizing entities.
- Explore and possible sources of disaster assistance that may be available to your organization. Request assistance when appropriate.
- Monitor employee/contractor payment systems. Implement alternative payment systems if available.
- Activate disaster recovery contracts.
- Initiate “disaster orders” to increase supply chain availability.
- Monitor and adjust claims submission conditions according to changing federal & state requirements.
- Monitor, document and address legal issues.
- Monitor document losses for the preparation of insurance claims.

**Local/Regional Health Departments** *Essential Supporting Activities* include:

- Collect disaster response data to be used in after action reports.
- Monitor patient movement and update patient records
- Keep up with changing health program requirements and make modifications when directed by authorizing entity.
- Monitor costs relating to supply chain management and acquisition.
- Keep track of overall disaster related expenditures
- Monitor employee/contractor payroll systems.

**Local Emergency Management Agency/Emergency Operations Center** *Essential Supporting Activities* include:

- Declare local state of emergency as a prerequisite for disaster aid, if applicable
- Direct damage assessment activities
- Facility community incident after action review.

**SEMN Healthcare MACC** *Essential Supporting Activities* include:

- Collect disaster response data to be used in after action reports.
- Inform coalition partners about any available disaster assistance from federal, state and local authorities.

## APPENDIX A – COMMUNICATIONS CONTINUITY

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Coalition partners maintain robust and effective communications systems to provide connectivity to internal response players, key leadership and community and regional partners. Detailed communication systems are outlined in the [SEMN Disaster Health Coalition Communications Guidelines](#).

## APPENDIX B – ORGANIZATION LEVEL CONTINUITY PLANNING RESOURCES

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The following standards provide organizations frameworks for establishing a process and standards-based continuity and recovery program. The standards are applicable to any type of organizations.

[ASIS SPC.1-2009 Organizational Resilience: Security, Preparedness, and Continuity Management Systems-Requirements with Guidance for Use](#)

[ISO 22301: Societal security –Business continuity management systems --- Requirements](#)

[NFPA 1600: Standard on Disaster/Emergency Management and Business Continuity Programs](#)

## APPENDIX C – COMMUNITY LEVEL CONTINUITY PLANNING RESOURCES FOR PANDEMICS

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The following documents, from a CDC-funded project, “Caring for the Community – Preparing for an Influenza Pandemic,” provide communities frameworks for understanding essential services during an event that impacts the community’s ability to maintain healthcare system services and for establishing pandemic continuity plans for the healthcare system.

- [Cross Borders Committee Report](#)
- [Legal Issues Committee Report](#)
- [Multi-Disciplinary Planning Committee Report](#)
- [Essential Services Committee Report](#)
- [Ethics Committee Report](#)
- [Pre-ED Triage Committee Report](#)
- [Staffing & Supplies Committee Report](#)

## APPENDIX D – FISCAL CONSIDERATIONS

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### Disaster Declaration

#### (Robert T. Stafford Disaster Relief and Emergency Assistance Act)

At the request of the Governor of an affected State, or a Chief Executive of an affected Indian Tribe, the President may declare a major disaster or emergency if an event is beyond the combined response capabilities of the State, Tribal, and jurisdictional governments. Among other things, this declaration allows Federal assistance to be mobilized and directed in support of State, Tribal, and jurisdictional response efforts. Under the Stafford Act (42 USC Chapter 68), the President can also declare an emergency without a Gubernatorial request if primary responsibility for response rests with the Federal Government because the emergency involves a subject area for which the United States exercises exclusive responsibility and authority.

In addition, in the absence of a specific request, the President may provide accelerated Federal assistance and Federal support where necessary to save lives, prevent human suffering, or mitigate severe damage, and notify the State of that activity.

FEMA administers disaster relief funding allowed under the Stafford Act. Reimbursement eligibility rules apply for certain aspects of emergency medical care including:

- Treatment and monitoring of disaster victims requiring medical care.
- Vaccinations for disaster victims, emergency workers and medical staff.
- Only private nonprofit healthcare facilities may directly apply for FEMA assistance grants.
- For-Profit entities may be indirectly eligible through established mutual aid agreements, emergency operations plans or memorandum s of understanding with other nonprofit entities.
- FEMA’s role as “payer of last resort” requires individuals, as well as entities like hospitals and other medical facilities, to exhaust all other forms of insurance and reimbursement before seeking assistance FEMA

#### [FEMA Reimbursement Forms](#)

### Pandemic Influenza

In March 2007, FEMA issued a new Disaster Assistance Policy (DAP) that establishes the types of “emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.” The Pandemic DAP *may* cover additional reimbursement costs related to the management, control, and reduction of immediate threats to public health and safety. Specific health and social service expenditures that may be reimbursable include:



- Purchase and distribution of food, water, ice, medicine and other consumable supplies.
- The movement of supplies and personnel.
- Emergency medical care in a shelter or temporary medical facility.
- Temporary medical facilities when existing facilities are overloaded.
- Sheltering for safe refuge of patients when existing facilities are overloaded.
- Communicating health and safety information to the public.
- Storage and internment of unidentified human remains.
- Mass mortuary services.

Payment for care at Hospital Alternate Care Sites:

<http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/AlternativeCareSiteFactSheet.pdf>

### **Medicare Claims Submission**

Healthcare organizations may experience operational circumstances that may impede their ability to meet many of the Medicare requirements, including conditions of participation, certification and proper claims submission procedures. Activities that will assist healthcare organizations in meeting federal and state requirements include developing and implementing processes to:

- Monitor and report staffing issues that may affect claims submission
- Alert local, state and federal authorities on medical surge conditions that may overwhelm the healthcare system and create a backlog of claims submissions for both Medicaid/Medicare and private payer submissions. (Note: The SEMN HMAACC is able to assist with this task.)
- Monitor and document volunteer and out-of-state personnel who are working with the healthcare organization and assess if they will impact the organization's ability to be reimbursed by Medicare.
- Monitor the impact of any declaration emergency/disaster or implementation of Crisis Standards of Care as it relates to claims submission and reimbursement.
- Monitor and report issues relating to the healthcare organization's ability to maintain records, submit electronic claims and process checks to pay employees, contractors and vendors.

### **Accelerated/Advanced Payment From Medicare**

The Medicare accelerated payment provisions allows Part A healthcare providers to receive payment for services after the services have been provided but before the healthcare provider submits a claim to CMS.

There are three situations that may justify accelerated payment:

1. A delay in payment from the Fiscal Intermediary (FI) for covered services rendered to beneficiaries whereby the delay had caused financial difficulties for the healthcare provider,

2. Highly exceptional situations where a healthcare provider has incurred a temporary delay in its bill processing beyond the healthcare providers normal billing cycle, or
3. Highly exceptional situations where CHS deems an accelerated payment is appropriate.

## APPENDIX E – FEDERAL REGULATION WAIVERS

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### Section 1135 Waiver

The Social Security Act authorizes Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and social services programs of the Department. It authorizes the Secretary, among other things, to temporarily modify or waive certain Medicare, Medicaid, CHIP, and HIPAA requirements when the Secretary has declared a public health emergency and the President has declared an emergency or a major disaster under the Stafford Act or a national emergency under the National Emergencies Act.

The 1135 waiver authority applies only to Federal requirements and does not apply to State requirements for licensure or conditions of participation.

Sanctions may be waived under Section 1135 for the following requirements:

- Conditions of Participation
- Licensure Requirements
- EMTALA
- Physician Self-referrals
- HIPAA Regulations
- Out-of-network payments

Examples of requirements waived/modified under section 1135 waivers:

- Hospitals- recordkeeping requirements, certification for organ transplants
- Inpatient beds- modifications to expand the number of beds
- Critical Access Hospitals- waiver of classification requirements for critical access hospitals, inpatient rehabilitation facilities, long term care facilities, psychiatric units
- EMTALA - waiving EMTALA sanctions for transferring patients to other facilities for assessment, if the original facility is in the area where a public health emergency has been declared. (other provisions of EMTALA remain in full effect)
- HIPAA - waiving certain HIPPA privacy requirements so that healthcare providers can talk to family members (other provisions of HIPAA remain in full effect)

Waivers for EMTALA (for public health emergencies that do not involve a pandemic disease) and HIPAA requirements are limited to a 72-hour period beginning upon implementation of a hospital disaster protocol. Waiver of EMTALA requirements for emergencies that involve a pandemic disease last until the termination of the pandemic-related public health emergency.

[How to request a 1135 waiver](#)

## **Section 1115 Medicaid Waivers**

Section 1115 the HHS Secretary to conduct demonstration projects that further the goals of Medicaid, Medicare and CHIP. This waiver has been used to ease some of the statutory requirements during a disaster for persons eligible for Medicaid, Medicare and CHIP.

[Additional 1115 Waiver Information](#)

## **Social Security Act, Section 1812(f) Medicaid Waivers**

The Act authorizes the Secretary to provide for skilled nursing facility (SNF) coverage in the absence of a qualifying hospital stay, as long as this action does not increase overall program payments and does not alter the SNF benefit's "acute care nature" (that is, its orientation toward relatively short-term and intensive care).

## APPENDIX F – INSURANCE STRATEGIES

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Insurance is one strategy for healthcare organizations to transfer risk and better assure organizational sustainability and continuity of operations. Healthcare organizations should maintain relevant insurance products to protect against losses from a disaster. Options might include:

- **Accounts Receivable Insurance** – protects healthcare organizations against their inability to collect their accounts receivable because of the loss of supporting records that have been destroyed by a covered cost cause of loss. This type of insurance also covers “the extra collection expenses that are incurred because of such loss or damage and other reasonable expenses incurred to re-establish records of accounts receivable after loss or damage.
- **Business Interruption Insurance** - compensates the healthcare organization for lost income if the HCO has to vacate the premises due to disaster related damage that is covered under its property insurance policy. Policies typically cover profits the HCO would have earned based on financial records, had the disaster not occurred. The policy will cover operating expenses that are continuous through the disaster event.
- **Civil Authority Insurance** – is an extension of business interruption coverage, compensates an healthcare organization for lost income and additional expenses arising out of suspension of the insured’s operations necessitated by an order of civil authority (“closure order”) which prevents access to the insured’s property.
- **Contingent or Dependent Business Interruption Insurance** – protects the earnings of the insured following physical loss or damage to the property of the insured’s suppliers or customers, as opposed to its own property. Dependent property is frequently defined as “property operated by others upon whom you depend to:
  1. Deliver materials or services to you or to others for your account (not including utilities).
  2. Accept your products or services.
  3. Manufacture products for delivery to your customers under contract for sale.
  4. Attracts customers to your business.
- **Cyber Insurance** - An insurance product used to protect businesses and individual users from Internet-based risks, and more generally from risks relating to information technology infrastructure and activities.
- **Ingress/Egress Insurance** - similar to CAI coverage except that closure order from a civil authority is not necessary. To trigger coverage, many ingress/egress policies require, because of the damage to the property, that the property be completely inaccessible.

- **Pandemic Disease Business Interruption Insurance** - compensates the healthcare organization for lost income if the HCO has to vacate the premises due to disaster related damage that is covered under its property insurance policy. Policies typically cover profits the HCO would have earned based on financial records, had the disaster not occurred. The policy will cover operating expenses that are continuous through the disaster event. ([Available from William Gallagher Associates](#))

## APPENDIX G – FEDERAL RECOVERY SUPPORT FUNCTIONS

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### Overview

The Recovery Support Functions were created within the National Disaster Recovery Framework (NDRF) to bring together the core recovery capabilities of Federal departments and agencies and other supporting organizations- including those not active in emergency response-to focus on community recovery needs.

The Recovery Support Functions (RSF's) comprise the NDRF coordinating structure for key functional areas of assistance. Their purpose is to support local governments by facilitating problem solving, improving access to resources and by fostering coordination among State and Federal Agencies, nongovernmental partners and stakeholders.

The objective of RSFs is to facilitate the identification, coordination and delivery of Federal assistance needed to supplement recovery resources and efforts by local, State and Tribal governments, as well as private and nonprofit sectors. The RSFs also encourages and complements investments and contributions by the business community, individuals and voluntary, faith-based and community organizations. These RSF activities assist communities with accelerating the process of recovery, redevelopment and revitalization.

### Health & Social Services Recovery Support Function

The Health and Social Services RSF mission is for the Federal Government to assist locally-led recovery efforts in the restoration of the public health, health care and social services networks to promote the resilience, health and well-being of affected individuals and communities. When the Health & Social Services RSF is activated, both primary agencies and supporting organizations are expected to be responsive to the function related communication and coordination needs.

Activation is generally considered when one or more of the following factors apply:

- When the President declares a major disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act and Federal assistance is requested by the appropriate state authorities to assist with their health and social services recovery efforts.
- When there is a Public Health Emergency declaration by the HHS Secretary.
- When there is an activation of ESF #6 (Mass Care) and /or ESF #8 (Health & Medical).
- When a jurisdiction is designated for both FEMA Public Assistance and Individual Assistance.
- When recovery activities involve more than one H&SS RSF primary agency.

Outcomes for the Health and Social Services Recovery Support Function include:

- Restore the capacity and resilience of essential health and social services to meet ongoing and emerging post-disaster community needs.

- Encourage mental/behavioral health systems to meet the mental/behavioral health needs of affected individuals, response and recovery workers, and the community.
- Promote self-sufficiency and continuity of the health and well-being of affected individuals; particularly the needs of children, seniors, people living with disabilities whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations.
- Assist in the continuity of essential health and social services, including schools.
- Reconnect displaced populations with essential health and social services.
- Protect the health of the population and response and recovery from the long-term effects of a post-disaster environment.
- Promote clear communications and public health messaging to provide accurate, appropriate and accessible information; ensure information is developed and disseminated in multiple mediums, multi-lingual formats, and alternate formats, is age-appropriate and user-friendly and is accessible to underserved populations.



## APPENDIX H – SUPPORTING REGIONAL DOCUMENTS

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Hospital Disaster Preparedness & Response Compact

[SEMN Communications Guidelines](#)

SEMN Healthcare Multi-Agency Coordination Center (HMACC) Guidelines

SEMN Medical Disaster Resources Guidelines

[SEMN Training and Exercise Plan](#)

## APPENDIX I – SUPPORTING REFERENCE DOCUMENTS

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EMTALA Medical Treatment and Labor Act (EMTALA) Requirements and Options for Hospitals in a Disaster: [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09\\_52.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf)

FEMA Reimbursement Quick Guide for Acute Care Hospitals: [http://www.semndhc.org/wp-content/uploads/2014/01/FEMA-ACH\\_ReimbursementGuide.pdf](http://www.semndhc.org/wp-content/uploads/2014/01/FEMA-ACH_ReimbursementGuide.pdf)

Information on requesting a Section 1135 waiver: <http://www.cms.gov/About-CMS/Agency-Information/H1N1/downloads/requestingawaiver101.pdf>

The CMS template for the Section 1115 disaster waiver program noted the following “Standard Features” regarding healthcare provider reimbursement issues: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/Section-1115-Demonstrations.html>

Medicare Financial Management Manual Chapter 3 Page 64 Section 150 Accelerated Payments <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/fin106c03.pdf>

FEMA Human Influenza Pandemic Disaster Assistance Policy (DAP) can be downloaded here: [http://www.fema.gov/pdf/government/grant/pa/9523\\_17.pdf](http://www.fema.gov/pdf/government/grant/pa/9523_17.pdf)