

## Region III Mutual Aid Plan Meeting – September 24, 2009 (Location – DPH)

### Meeting Attendees:

**Barbara Cass – DPH FLIS**  
**Maureen Klett – DPH FLIS**  
**Jonathan Best – DPH OEMS**  
**Richard Brown – CT Assoc of Health Care Facilities**  
**Cheryl Assis – CRCOG**  
**Dan Scace – CRCOG**  
**Carmine Centrella – CRCOG**  
**John Shaw – CRCOG**  
**Scott Aronson – Russell Phillips & Associates, LLC**

### Meeting Minutes

1. Scott provided an overview of Russell Phillips & Associates involvement with Mutual Aid Plan design with a 1982 nursing home evacuation to the 1998 ice storm forcing the plans to evolve from evacuation only to include staff, resources and assets. Recent plan designed include the State of Washington, Commonwealth of Massachusetts and in progress being the New Britain / Southington Mutual Aid Plan
2. Discussion on the necessary commitments or clarifications to customize the CT Region III plan:
  - Pre-approval process for allowing a surge to 110% of bed capacity (100 bed facility expands to 110 beds) with like-for-like care being provided.
    - i. How would a waiver process work to have this pre-established if possible
  - Fast Out Evacuation (fire, tornado strike, confirmed bomb, etc):
    - i. Use a Stop Over Point in adverse weather conditions (Church, school, YMCA, etc)
    - ii. Quickly distribute residents into other healthcare facilities that will surge to accept them for a period of hours up to 2-3 days
  - Slow Out Evacuation:
    - i. Limited Facility Damage (Loss of HVAC or Emergency Power to be restored in 8 hours to a couple of days) – Surge into area healthcare facilities
    - ii. Substantial Damage (flooding, etc.) – Work together to distribute residents into open beds
  - Activation of the Plan and Coordination Support

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- i. Determine if the HAN will be an appropriate method of immediate activation for all Region III facilities or other means to accomplish this
  - ii. Methods to coordinate between DEMHS, DPH and the Regional Coordination Center (RCC) to ensure the plan can accommodate a single facility incident and escalate to a regional catastrophic level disaster.
- EMS Transfer process from Long Term Care Facility to Long Term Care Facility
  - i. Pre-approve a waiver process to enable this to happen
- Payer Process
  - i. What is the mechanism, from a regulatory and payer end of things, to determine how facilities will be compensated if they surge over their licensed bed capacity or receive residents that will be going back to the Disaster Struck Facility in a short period of time.
  - ii. Discussions centered on the 9/07 Center for Medicare and Medicaid (CMS) FAQ that describes a process of determining if the Disaster Struck Facility continues to bill for the residents and when a discharge and admit process will take place

### 3. Task Force and Special Expertise Committee

- A document was provided with the Time Commitments for the Task Force and Special Expertise Committee members and the request to have FLIS Fire & Life Safety involved in the process. The time commitments included:
  - Meetings on 10/15
  - November: .5 - 1 day for the Clinical Special Expertise group or the Logistics/Communications/Transportation Special Expertise Group (you will have about 2 hours of reading prior to that meeting)
  - November / Early December: Conference call follow-up for up to 1.5 hours total
  - December: 2-3 hours reviewing your section of the plan and providing feedback
  - Jan/Feb: Every facility will have 2-3 hours total of data entry into the web-based system for Region III
  - February: 1.5 hour Task Force meeting to brief you on the final plan design and everyone will receive a copy of the draft and have 2 weeks to review. It should be no more than 2 hours for your review as this is information updated based on the December feedback
  - March/April: 3-4 hour education session for everyone. 2.5 hour tabletop for everyone. 1.5 hour closing Task Force meeting.
  - Ongoing: Task Force transitions to a Steering Committee that will meet quarterly for 1.5 hours maximum or semiannually for 2 hours and it will be about a 20 hour maximum commitment annually.

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- **(add-on; not discussed)** Scott is requesting that DPH, CANPFA and CAHCF review individuals they believe should be on the Task Force and provide their names to Russell Phillips & Associates. We need 2 facility Administrators and 2 facility DONs. Current participants include:
  - i. Maureen Klett / Barbara Cass / Irving Moy or designee, DPH
  - ii. Jonathan Best, DPH
  - iii. Recommend 1 Region III DEMHS representative
  - iv. Recommend 1 team member from the 2 associations (CANPFA and CAHCF)
  - v. Recommend 1 Local Public Health representative
  - vi. Recommend 1 EMS Representative
  - vii. Recommend 1 C-Med Representative
  - viii. Recommend 1-2 CRCOG Representatives
  - ix. Recommend 1 Fire Representative
  - x. Recommend 1 Emergency Management Representative
  - xi. Corinne Schwarz, Chief Clinical Officer, I-care Management
  - xii. Jeff Boccacio, Facilities Management, I-care Management
  - xiii. Vinnie DeSanti, Director of Plant Operations, Hebrew Home and Hospital
  - xiv. Nick Taglia, Director of Plant/Facilities, Athena Healthcare
  - xv. Terri Golec, Regional VP, Apple Rehab
  - xvi. 1-2 Representatives from the New Britain/Southington Mutual Aid Plan

#### 4. Plan Timeline

- A plan timeline document was provided to all attendees to review for an understanding of the process.

#### 5. Plan Design

- It was reiterated by Scott that the objective of all key participants in this customized plan is to provide necessary information, but that all document design and plan design elements will be completed by Russell Phillips & Associates to minimize the time burden on all participants.

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### Action Items

	Topic	Actions to be Taken	Responsible Party	Estimated Compl.	Status
1	<b>Documents</b>	Provide the key documents from the meeting in electronic form to all participants	Scott	9/25/09	Completed
2	<b>OEMS Process for Transportation Waiver</b>	Review and prepare the questions necessary to present to OEMS to solidify an EMS process for requesting a waiver when transferring from LTC facility to LTC facility	Jonathan		
3	<b>Meeting with DSS, DPH FLIS and CMS Region I</b>	Schedule a meeting to review the regulatory and payer process for the Mutual Aid Plan. Recommended participants include Bill Dunham/Richard Shaw (CMS Region 1), Maureen/Barbara (DPH), Scott (Russell Phillips) & Gary Richter (DSS)	Barbara	Prior to the November Special Expertise Meetings	
4	<b>Explanatory Briefing for #3</b>	Prepare a situation description, nature of the overall issue and proposed solutions in an Executive Briefing format for CMS; utilizing the CMS FAQ from 9/07	Scott	10/6	
5	<b>Additional Sub-category for Categories of Care</b>	Review in November the expansion of Peritoneal Dialysis to include Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycler-assisted Peritoneal Dialysis (CCPD) categories per Maureen Klett (CCPD requires equipment)	Scott	November Special Expertise Meeting	
6	<b>Waiver for Expanding over Licensed Bed Capacity</b>	Review internal process for securing a waiver to expand over licensed bed capacity – method to automatically enacted in an activation of the Mutual Aid Plan	Barbara	Prior to November Special Expertise Meetings	
7	<b>Poster for DPH 10/1 Meeting</b>	Create a Posterboard for the DPH 10/1 meeting with Region III facilities noted and date, time & location of the 10/15 meeting	Cheryl	9/30	
8	<b>Additional Members for Task Force</b>	Please provide recommendations for additional Administrators and DONs for the Task Force. These should be individuals that are active participants and influential	DPH and Associations		

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<b>9</b>	<b>E-notification options</b>	Review options for appropriate notification process to participants with e-mail, home phone, cell phone, direct phone, etc. capabilities	Carmine / Dan with DEMHS	10/15 for potential options	