



ASPR

Three HHS/ASPR Products for Disaster Planning for the Aging and Disability Networks, Addressing Access and Functional Needs, and emPOWERing Communities

August 27, 2019



ASPR

HHS/ASPR Addressing Access and Functional Needs

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Background on ASPR

The screenshot shows the top portion of the ASPR website. At the top right, it says "U.S. Department of Health & Human Services" and "Office of the Assistant Secretary for Preparedness and Response". Below this is a navigation bar with three tabs: "Preparedness", "Emergency" (which is highlighted in red), and "About ASPR". The main header features the ASPR logo on the left, the text "Public Health Emergency" in large font, and the tagline "Public Health and Medical Emergency Support for a Nation Prepared" below it. To the right of the logo is a search bar with a "Search" button. Below the header, the breadcrumb "PHE Home > PHE Newsroom" is visible. The main content area is divided into two columns. The left column has a blue background and contains the article title "Four Ways to Enhance Language Access during Disaster Response and Recovery". Below the title is a short paragraph of text and a "More" button with a right-pointing arrow. At the bottom of this column are five numbered tabs, with the second tab (numbered "2") highlighted. The right column has a white background and contains the "PHE Newsroom" section. It includes a "Submit an Inquiry" link with sub-links for "Media Inquiries" and "Legislative Inquiries", and a "Watch, Listen, Subscribe" section with social media icons for Facebook, Twitter, YouTube, Email, and LinkedIn. A photograph of a woman and a young girl smiling is positioned between the two columns.

U.S. Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response

Preparedness **Emergency** About ASPR

Public Health Emergency
Public Health and Medical Emergency Support for a Nation Prepared

PHE Home > PHE Newsroom

Search

Four Ways to Enhance Language Access during Disaster Response and Recovery

Is your healthcare, public health, or emergency response organization ready to communicate effectively with all the people in your community who rely on you? HHS has developed a checklist with some basic principles that you can use to communicate with various populations who have communication needs.

More ▶

1 2 3 4 5

PHE Newsroom

Submit an Inquiry

- ▶ Media Inquiries
- ▶ Legislative Inquiries

Watch, Listen, Subscribe

f t y e in

HHS Requirements for At-Risk Individuals

Pandemic and All-Hazards Preparedness and Advancing Innovation Act (2019) includes updated language under the **Public Health Service Act** (PHSA).

- **Section 2802** requires taking into account the public health and medical needs of at-risk individuals. It defines at-risk individuals as children, pregnant women, older adults, individuals with disabilities, and others who may have ***access or functional needs*** in the event of a public health emergency as determined by the Secretary of Health and Human Services.
- Examples of other populations **may include but are not limited to** individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic health conditions, and individuals who have pharmacological dependency.

ASPR Activities to Address At-Risk Individuals

Section 2814 (PHSA) establishes nine requirements for addressing the access and functional needs of at-risk individuals:

1. Monitor emerging issues
2. Oversee implementation of preparedness goals
3. Assist federal agencies in preparedness activities
4. Provide guidance on preparedness and response strategies and capabilities
5. Ensure the strategic national stockpile addresses the needs of at-risk populations
6. Develop curriculum for public health and medical response training
7. Disseminate and update best practices
8. Ensure communication addresses the needs of at-risk populations
9. Ensure coordination to detect emerging public health threats and adverse health outcomes that may affect at-risk individuals, such as pregnant and postpartum women and infants



ASPR

I. New Training: HHS/ASPR Access and Functional Needs Web-Based Training



HHS/ASPR ACCESS AND FUNCTIONAL NEEDS WEB-BASED TRAINING

Advance to the next slide by selecting
the forward arrow in the playbar or
the **Next** button

Next »

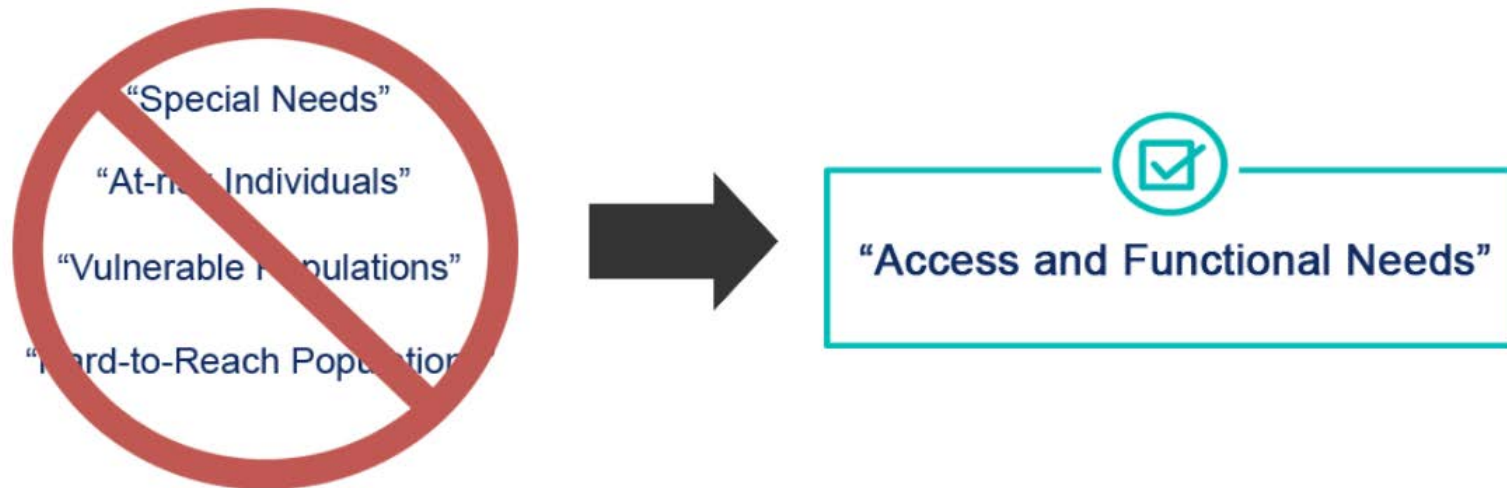
AFN Web-Based Training: Introduction

This course will define the concept and requirements for addressing the access and functional needs (AFN) of at-risk individuals, and will provide tools and resources to help you address the AFN of at-risk individuals during disaster preparedness, response, and recovery activities.



- Available on the TRAIN Learning Management System
- Free
- Online (own-pace)
- 90 minutes
- CEU (forthcoming)

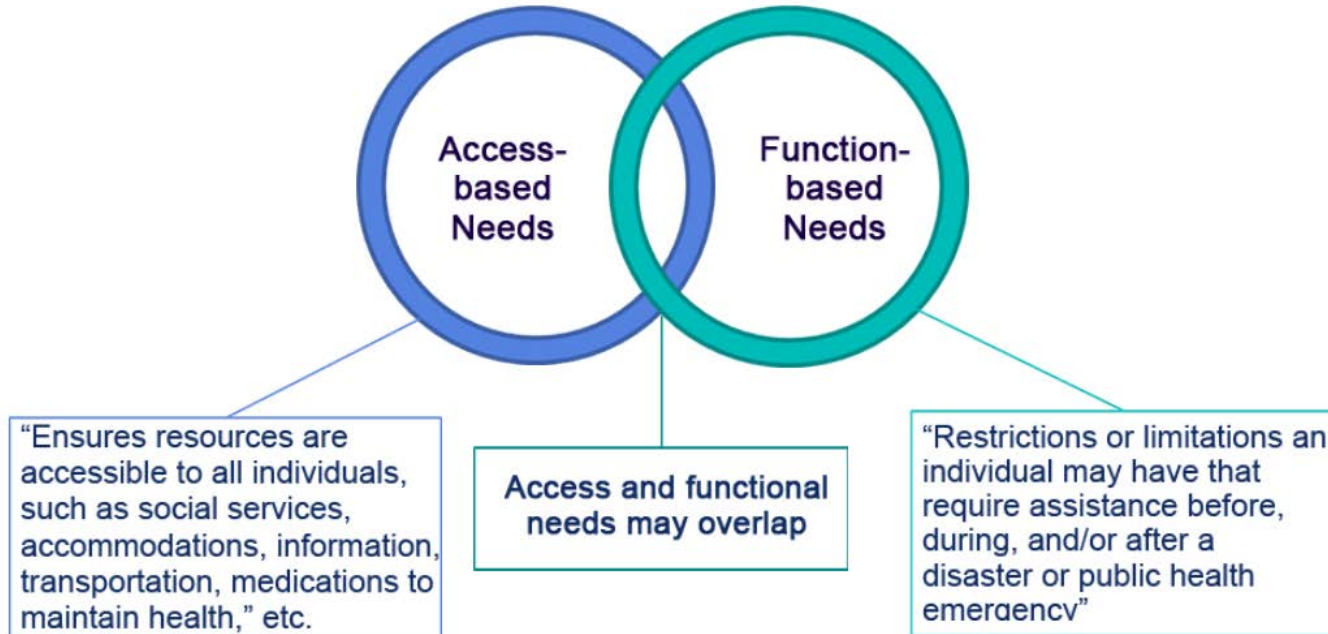
Why use the term “access and functional needs”?



[Consistent: DHS Lexicon Terms and Definitions 2017 Edition – Revision 2 Issue Date – October 16, 2017, Access and Functional Needs Accommodation](#)

What are “access and functional needs”?

People with “access and functional needs” (AFN) require assistance due to any condition (temporary or permanent) that limits their ability to take action.



Comprehensive: Who has access and functional needs?

At-risk individuals with AFN can include:



Children



People Who Live
in Institutional
Settings



Older
Adults



Pregnant
Women



People
with
Disabilities



People with
Chronic
Conditions



People with
Pharmacological
Dependency



People with
Limited Access
to Transportation



Limited English
Proficiency/
Non-
English Speakers

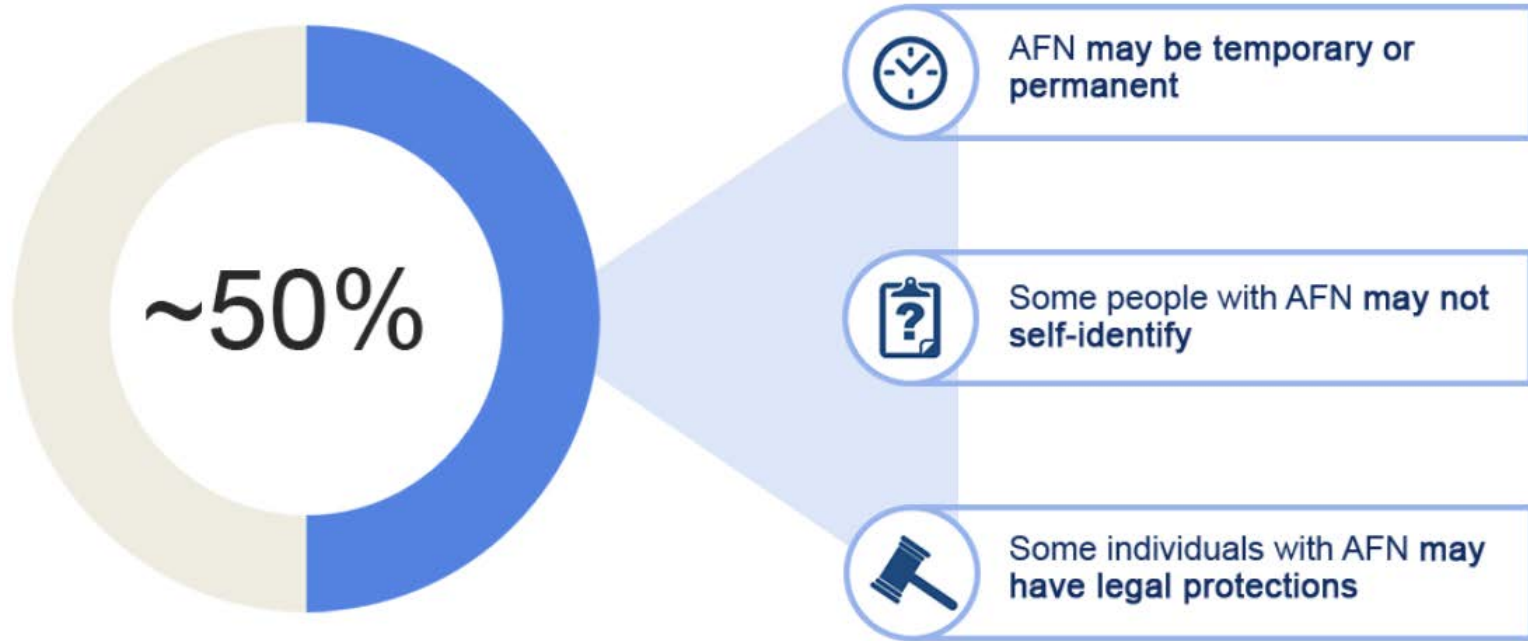


People with
social and
economic
limitations



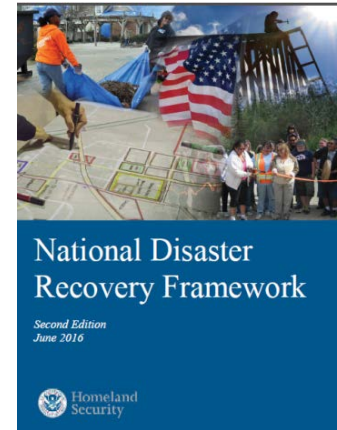
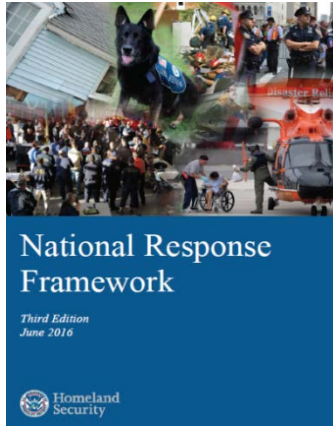
Individuals
Experiencing
Homelessness

People with AFN require assistance due to any condition (temporary or permanent) that limits their ability to take action















Disaster Guidance

The [National Response Framework](#) and the [National Disaster Recovery Framework](#) guide the nation's response to and recovery from disasters and emergencies, incorporate nondiscrimination principles, and emphasize the importance of providing equal access to emergency related services for the whole community



Federal Laws and Executive Orders

People with Disabilities	Older Adults	Limited English Proficiency	Race/ Color/ National Origin	Sex	Socio-economic Status
					

Federal Law/Regulation/Authority						
Public Health Service (PHS) Act of 1944	X	X	X	X	X	X
Title VI of the Civil Rights Act of 1964				X	X	
Title IX of the Education Amendment Act of 1972					X	
Rehabilitation Act of 1973	X					
Age Discrimination Act of 1975		X				
Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988	X	X	X	X	X	X
Title II of the Americans with Disabilities Act of 1990	X					
Executive Order 13166 - Improving Access to Services for Persons with Limited English Proficiency			X			
Executive Order 13347 - Individuals with Disabilities in Emergency Preparedness	X					
Post-Katrina Emergency Management Reform Act (PKEMRA) of 2006	X	X	X	X	X	X

Five Categories of the CMIST Framework

C

Communication: Individuals who speak sign language, have limited English proficiency (LEP), or have limited ability to speak, see, hear, or understand

M

Maintaining Health: Individuals who require specific medications, supplies, services, durable medical equipment, electricity for life-maintaining equipment, breastfeeding and infant/childcare, nutrition, etc.

I

Independence: Individuals who function independently with assistance from mobility devices or assistive technology, vision and communication aids, services animals, etc.

S

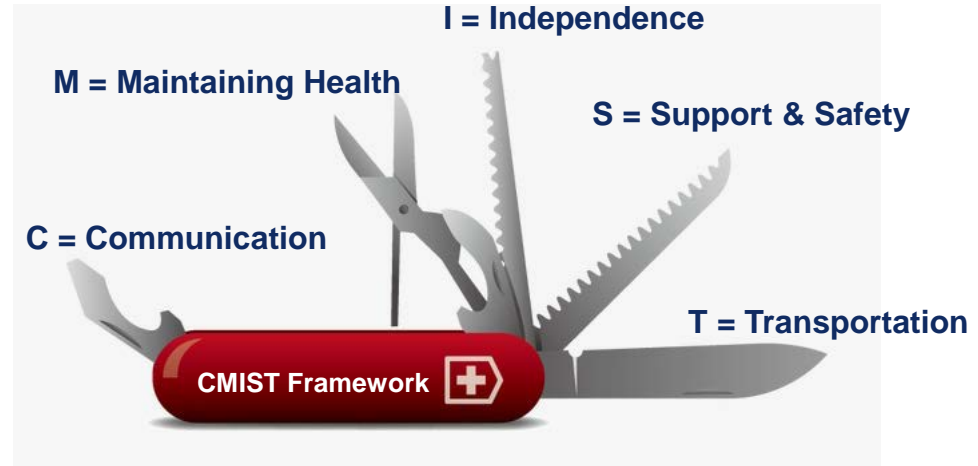
Support and Safety: Some individuals may become separated from their caregivers and need additional personal care assistance; experience higher levels of distress and needs support for anxiety, psychological, or behavioral health needs; or require a trauma-informed approach or support for personal safety

T

Transportation: Individuals lack access to personal transportation, are unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions, injury, or legal restriction

Tool for Addressing AFN: CMIST Framework

- Flexible, cross-cutting approach
- Address a broad set of common AFNs irrespective of diagnoses, statuses, or labels
- Useful to facilitate planning with Public Health and Emergency Management partners
- Not mutually exclusive, an individual may have AFN in multiple categories



For each category of the CMIST Framework, web-based training describes

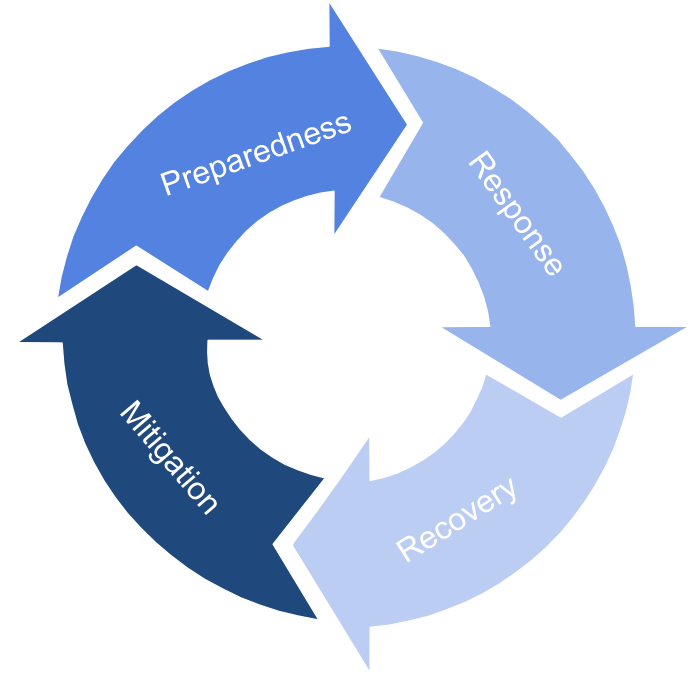
- Why it's important (disaster planning)
- Planning considerations including suggested:



Data



Partners



TRAIN Learning Network

- [HHS/ASPR Access and Functional Need Web-Based Training](#)
- Course ID # 1083869
- Learning credits coming soon – continuing education units (CEU) certification is underway.
- Course time: approximately 1 ½ hour

www.phe.gov/abc



USER SITE HELP



HHS/ASPR Access and Functional Needs Web-Based Training

[← Back](#)

To access this content, [please login](#).



Web-Based Training - Self-Study

ID 1083869

Skill Level: Introductory

1.5h

★★★★☆ (25 Ratings)

The HHS/ASPR Access and Functional Needs (AFN) Web-Based Training defines the concept and requirements for addressing the AFN of at-risk individuals, and provides tools and resources to help you address the AFN of at-risk individuals in your community during disaster preparedness, response, and recovery activities.

Learning credits coming soon! We are in the process of certifying this course. We will provide an update on the status of CEUs here, when available.



ASPR

II. New Toolkit:
Capacity-Building Toolkit for Including Aging and Disability Networks in Emergency Planning

Capacity-Building Toolkit

- **HHS: ASPR & ACL**
- **National Association of County and City Health Officials (NACCHO)**
- **Association of State and Territorial Health Officials (ASTHO)**

www.phe.gov/abc

Capacity-Building
Toolkit
for including
Aging & Disability
Networks
in
Emergency Planning



Developed by the U.S.
Department of Health and
Human Services, Office of
the Assistant Secretary for
Preparedness and Response

AUTHORED BY THE NATIONAL ASSOCIATION OF
COUNTY AND CITY HEALTH OFFICIALS (NACCHO)
AND THE ASSOCIATION OF STATE AND TERRITORIAL
HEALTH OFFICIALS (ASTHO) IN COLLABORATION WITH
THE HHS OFFICE OF THE ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE (ASPR) AND THE HHS
ADMINISTRATION FOR COMMUNITY LIVING (ACL)

ACL's Aging & Disability Networks

Aging Network Partners

- Area Agencies on Aging (AAAs)
- State Units of Aging (SUAs)

Disability Network Partners

- Centers for Independent Living (CILs)
- Statewide Independent Living Councils (SILCs)
- Developmental Disability Councils (DD Councils)
- Protection and Advocacy Systems (P&As)
- University Centers for Excellence in Developmental Disabilities (UCEDDs)
- State Grants for Assistive Technology (AT) Programs



Purpose of the Capacity-Building Toolkit

Ensure equal access to our nation's emergency preparedness, response and recovery resources

- Provide information and resources for the Aging and Disability Networks to become more engaged in emergency planning (CBO Readiness)
- Advance whole community planning and supporting consumers (Consumer Planning)
- Develop partnerships with emergency management and public health officials (Partnership)



Emergency Planning for Organizations

- Identify hazards
 - ✓ Conduct risk assessments
- Create an Emergency Operations Plan
- Understand the Incident Command System (ICS)
- Understanding the Emergency Support Functions (ESF)
- Participate in trainings and exercises
- Engage in consumer advocacy
 - ✓ Participation in exercises
 - ✓ Inclusion in emergency plans

Figure 1 – The Phases of Emergency Management



Emergency Planning for Consumers

- Establish effective communication with consumers
 - ✓ Discuss emergency plans
 - ✓ Identify the support that may be needed in the event of an emergency
 - ✓ Discuss the emergency services that will likely be provided
- Support consumers with
 - ✓ Preparing emergency kits
 - ✓ Understanding safety checks
 - ✓ Navigating disaster assistance

MAKE A PLAN

Include your specific health and safety needs when creating your emergency plan.

Ad Council Ready

READY.GOV/MYPLAN

+ IN CASE OF EMERGENCY:

The infographic features a central title 'MAKE A PLAN' and a subtitle 'Include your specific health and safety needs when creating your emergency plan.' Below this, a horizontal line with a central circle connects to six icons: a dog in a blue vest, two batteries, a wheelchair, a medicine bottle with pills, a pair of glasses, and a first aid kit. The Ad Council Ready logo is at the bottom left, and the website 'READY.GOV/MYPLAN' is at the bottom right. A small red box with a white cross and the text '+ IN CASE OF EMERGENCY:' is also present.

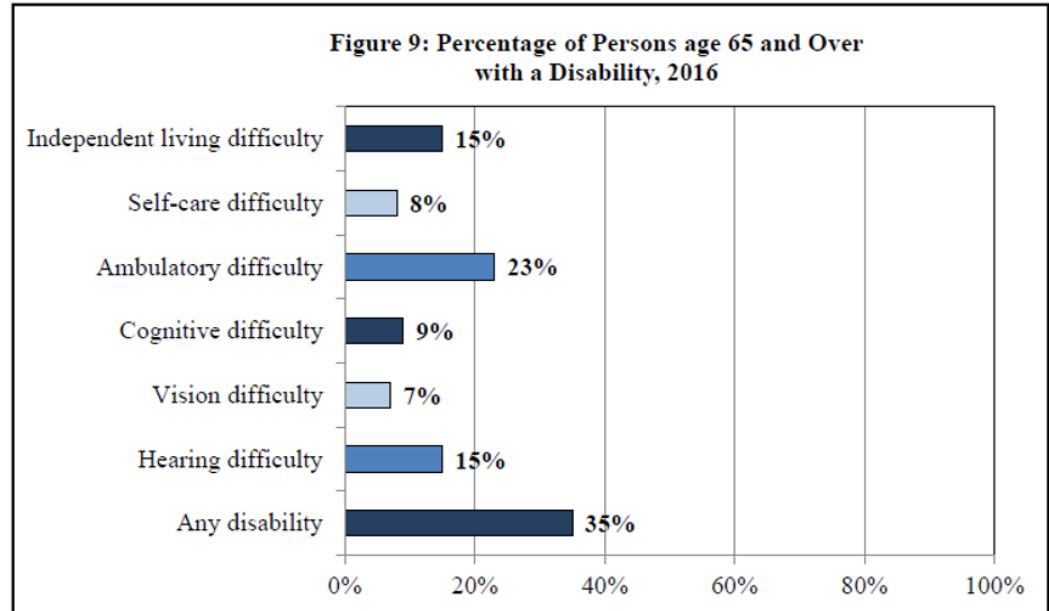
CBO Partnering with Local Responders

- Share situational awareness
- Role as emergency planning SME on access and functional needs
 - ✓ Sheltering in place/evacuations
 - ✓ Accessible transportation
 - ✓ Access to services and support
- Leverage CBO data in lieu of local registries



Data & Tools

- Consumer data
 - ✓ CBO database
 - ✓ [HHS emPOWER Program](#)
- Demographic data
 - ✓ Census/American Community Survey
 - Age
 - Disability
 - Transportation
 - Living arrangements



*Percentage of persons age 65 and over with a disability, 2016. Census/SCS

Effective Communication

1. CBOs partner with local responders
2. Communication Outreach Information Network (COIN)
 - ✓ CBOs as trusted entities to distribute messages
3. Establish effective & accessible communication with consumers
 - ✓ Discuss disaster plans
 - ✓ Identify the support that may be needed in the event of a disaster
 - ✓ Discuss the disaster services that will likely be provided

How Effectively Do You Communicate?



Evacuation & Transportation

- Promoting comprehensive evacuation planning
- Understanding transportation coordination in evacuation (ESF #1 Transportation)
 - ✓ Reviewing MOU/MOAs with transportation providers
- Including CBOs in state and local evacuation plan development, training, and exercises



*Four Elements of Evacuation Information

1. Notification (What is the emergency?)
2. Way finding (Where is the way out?)
3. Use of the way (Can I get out by myself or do I need help?)
 - Self
 - Self with device or service animal
 - Self with assistance
4. Assistance (What kind of assistance might I need?)

*National Fire Protection Agency. (2016) [Emergency Evacuation Guide for People with Disabilities](#)

Legal Requirements

Disaster and Emergency Specific

- Public Health Services Act of 1944
- Robert T. Stafford Disaster Relief and Emergency Assistance act of 1988
- Post-Katrina Emergency Reform Act of 2006
- Pets Evacuation and Transportation Standards Act of 2006
- Executive Order 13347: Individuals with Disabilities in Emergency Preparedness of 2004

Not Waived in Disasters or Emergencies

- Rehabilitation Act of 1973
- Privacy Act of 1974
- Age Discrimination Act of 1975
- Americans with Disabilities Act of 1990
- Health Insurance Portability and Accountability Act of 1996
- Developmentally Disabled Assistance and Bill of Rights of 2000
- Section 1557, Affordable Care Act of 2016



Role of CBO in Recovery

- CBO
 - ✓ Assess operational and financial impacts
 - ✓ Assess impacts to staff
 - ✓ Eligibility for FEMA Public Assistance or SBA disaster assistance loans
 - ✓ Develop lessons learned
 - ✓ Supporting Consumers
- CBO & Local Responders
 - ✓ Provide lessons learned
 - ✓ Contribute to hot wash and after action report
 - ✓ Update Emergency Operations Plan to reflect lessons learned

Summary: CBOs New to Emergency Planning or Enhance Capabilities

[Capacity Building Toolkit for Including Aging & Disability Networks in Emergency Planning](#)

- Highlights relevant resources and describes activities
 - ✓ Explains emergency planning to CBOs
 - ✓ Builds capabilities for supporting consumers
 - ✓ Introduces emergency managers and public health officials to CBO/Aging and Disability Networks
- Each module
 - ✓ Additional Resources and Tools
- Appendices
 - ✓ Templates
 - ✓ Worksheets
 - ✓ Checklists
 - ✓ Terms

Available Through NACCHO

Capacity Building Toolkit for Including Aging & Disability Networks in Emergency Planning

www.phe.gov/abc

Capacity-Building
Toolkit
for including
Aging & Disability
Networks
in
Emergency Planning



Next Speaker: Kristen Finne





ASPR

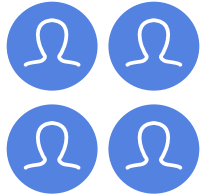
III. OVERVIEW: HHS emPOWER PROGRAM

Joint Program of the
Office of the Assistant Secretary for Preparedness and Response (ASPR)
and the Centers for Medicare and Medicaid Services (CMS)
U.S. Department of Health and Human Services

2019

Introduction to the HHS emPOWER Program

Why was the HHS emPOWER Program created?

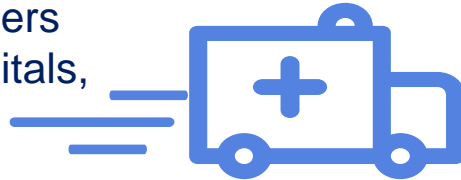


Millions of Americans rely on electricity-dependent medical equipment and essential health care services to live independently in their homes



This leads to **surges in health care demand** and **stress** on systems and shelters

In the event of an **incident, emergency, or disaster**, at-risk populations often seek immediate care from first responders (e.g., EMS), hospitals, and shelters



Can Centers for Medicare & Medicaid Services (CMS) data help communities **protect the health** of community-based at-risk populations, **ensure continuity of care**, and **reduce system stress**?

Evidence for the HHS emPOWER Program

The Pilot

ASPR partnered with CMS and the City of New Orleans Health Department to **assess whether Medicare claims data was timely enough to rapidly identify and locate at-risk individuals** who relied on electricity-dependent oxygen equipment.



Medicare beneficiaries in the City of New Orleans with a claim for ventilator, oxygen concentrator, and/or oxygen tank.

The Results

- **611 Medicare beneficiaries** had a claim for an oxygen concentrator or ventilator, and 191 were visited
- Claims data were **93% accurate** in identifying the medical equipment*

Only 15 people



were enrolled in the city's special needs registry

Only 8 people



were enrolled in the electric company's registry

Almost half



did not have an emergency plan

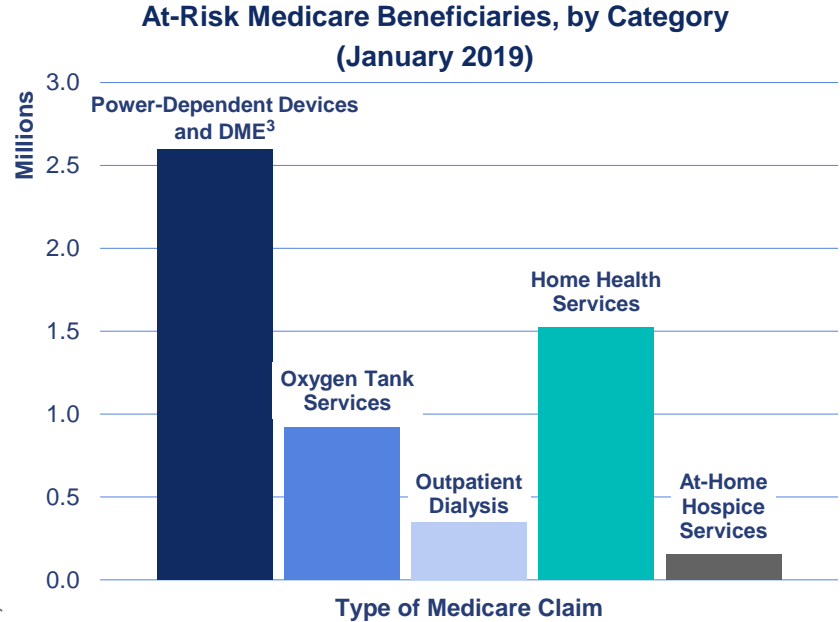
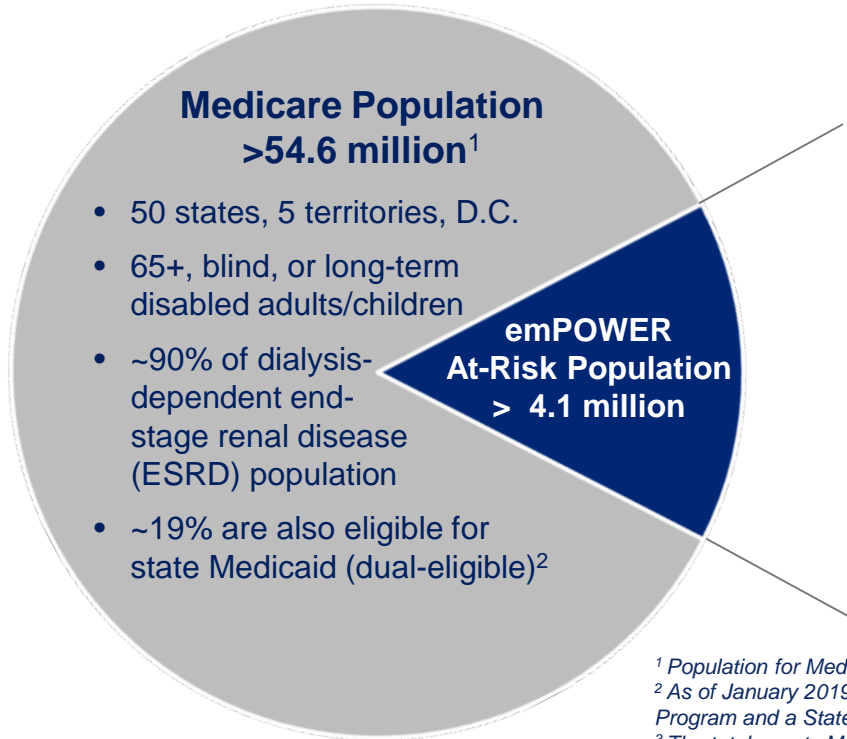
Over half



would need assistance in an emergency

*Similar results were observed in an exercise in Broome County, New York

Characteristics of the HHS emPOWER Population



¹ Population for Medicare (Parts A and B) and Medicare Advantage (Part C) as of January 2019.

² As of January 2019, 28.6% of the emPOWER population is dual-eligible (beneficiary is enrolled in both a Medicare Program and a State operated Medicaid Program) as compared to 18.6% of the total Medicare population.

³ The total counts Medicare beneficiaries only once, even if they have more than one piece of electricity-dependent DME.

The HHS emPOWER Program

emPOWERing Communities, Saving Lives

The HHS emPOWER Program, a partnership between ASPR and the Centers for Medicare and Medicaid Services, provides dynamic data and mapping tools to help communities **protect the health of more than 4.1 million** Medicare beneficiaries who live independently and rely on electricity-dependent medical equipment and health care services

HHS emPOWER Map and REST Service Public



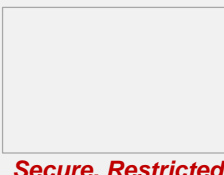
Public

HHS emPOWER Emergency Planning De-identified Dataset

Services	Services	AB Power Dependent	#
# Home health (1 month)	# At Home People (2 weeks)	# Electricity Dependent Devices and MEC	#
33	31	44	11
39	30	33	13
59	50	44	13
33	21	44	13
39	20	33	13
44	44	33	13

Restricted

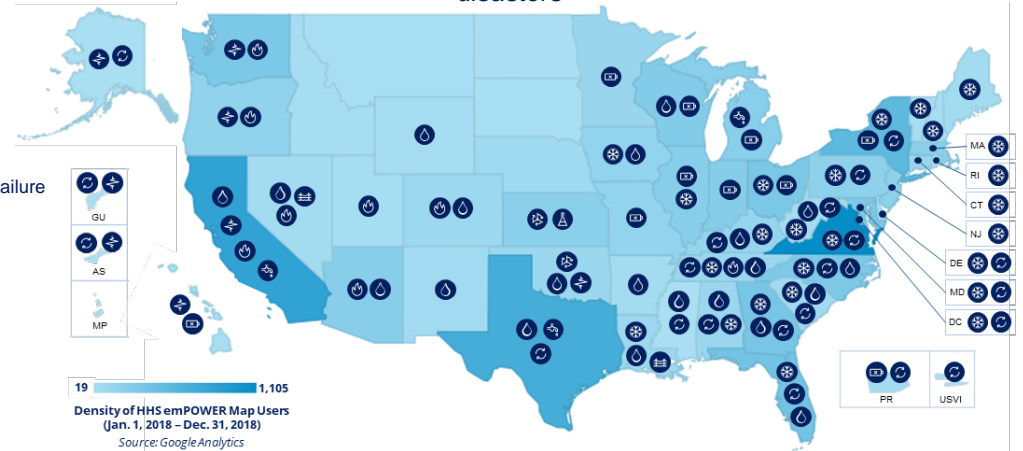
HHS emPOWER Emergency Response Outreach Individual Dataset



Secure, Restricted

- Chemical Spill
- Earthquake
- Flood
- Hurricane/ Tropical Storm
- Infrastructure Failure
- Severe Power Outage
- Tornado
- Water Emergency
- Wildfire
- Winter Storm

Communities in all 50 states and 5 territories have used the HHS emPOWER Program prior to, during, and after the following incidents, emergencies, and disasters

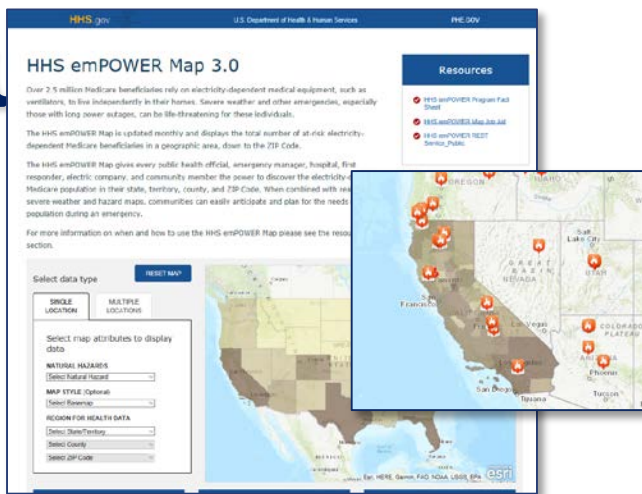


HHS emPOWER Map and REST Service

HHS emPOWER Map and REST Service

ASPR is helping communities by providing de-identified Medicare at-risk population data on the public, interactive HHS emPOWER Map, and through an emPOWER REST Service via ASPR's GeoHEALTH Platform

The [HHS emPOWER Map](#) displays the total number of at-risk electricity-dependent Medicare beneficiaries in a geographic area, down to the ZIP Code



The [HHS emPOWER Representational State Transfer \(REST\) Service Public](#) allows users to consume the same map data layer in their own geographic information system (GIS) application





HHS emPOWER Map Medical Equipment and Device Information

The emPOWER Map and REST Service provide **monthly de-identified totals of Medicare claims** submitted for reimbursement for the following electricity-dependent durable medical equipment (DME) and devices



Four Cardiac Devices*



Ventilator



Bi-level Positive Airway Pressure Device (BiPAP)



Oxygen Concentrator



Enteral Feeding Machine



Intravenous (IV) Infusion Pump



Suction Pump



End-Stage Renal Disease (ESRD) At-Home Dialysis



Motorized Wheelchair or Scooter



Electric Bed

*Cardiac devices include left, right, and bi-ventricular assistive devices (LVAD, RVAD, BIVAD) and total artificial hearts (TAH)

Sample Uses of the HHS emPOWER Map and REST Service

These publicly available tools allow community stakeholders to better anticipate and plan for the needs of the electricity-dependent population in a geographic area prior to, during, and after an emergency



Gain population-based situational awareness



Identify health care resource needs and potential areas of surge



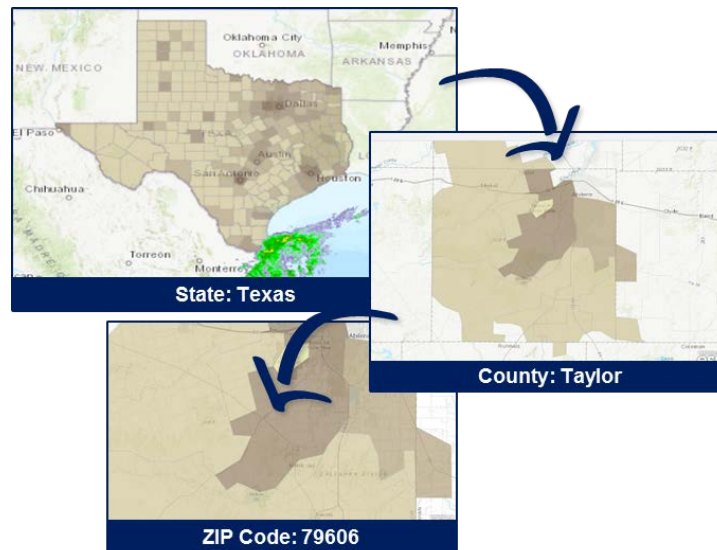
Determine potential shelter locations and resource needs



Inform public communications and foster community engagement



Plan for evacuations and identify evacuation routes



Integrating HHS emPOWER Map Data

HHS emPOWER Map data can be used to understand the needs of electricity-dependent populations and implement targeted public health activities across the emergency management cycle



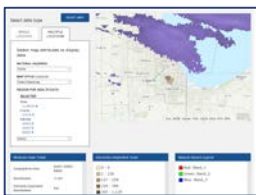
CMS & ASPR



Federal Medicare De-identified HHS emPOWER Map



Communities



State-Specific Federal Medicare De-identified Data on the HHS emPOWER Map



Use the HHS emPOWER Map data to answer: How many electricity-dependent Medicare beneficiaries are there in the affected ZIP Codes?

488 60453
184 60803
170 60655

842 Electricity-Dependent



Partner With State, Regional, and Local Partners (as appropriate)

Preparedness

Assess potential needs for electricity-dependent durable medical equipment (DME) and supplies in shelters and establish supplier contracts to address these needs

Response

Activate supplier emergency contracts for shelters and assess supplier capacity for continuing community-based services during the emergency

Recovery

Coordinate with DME suppliers to ensure there is adequate community-based access prior to individuals returning to their homes and communities

Mitigation

Integrate power needs into shelter planning to better ensure power is available for electricity-dependent DME and devices

HHS emPOWER Emergency Planning De-identified Dataset

The emPOWER Emergency Planning Dataset

The HHS emPOWER Emergency Planning De-identified Dataset provides public health authorities with the monthly total number of Medicare claims by type of electricity-dependent medical equipment and health care service in a geographic area, down to the ZIP Code

HHS emPOWER Initiative - MONTH YEAR Update
De-Identified Aggregated U.S. Zip Code - ESRD-Dialysis and Electricity-Dependent DME

Zip Code	County FIPS Code	County	State FIPS Code	State	# Medicare Beneficiaries in Zip Code	# Beneficiary Addresses (Excludes P.O. Boxes and Unknowns)	# In-Facility ESRD Dialysis (3 months)	# O2 services [ranks] (13 months)	# Home health (3 months)	# At-Home Hospice (3 months)	All Power Dependent # Electricity-Dependent Devices and DME	# Cardiac Devices (5 years)	# Ventilators (13 months)
11111	111	CountyZ	71	AA	826	11	22	15	11	11	44	50	11
22222	222	CountyA	71	AA	1,556	11	35	66	59	50	13	11	11
33333	333	CountyB	71	AA	1,556	11	35	66	59	50	13	11	11
44444	444	CountyC	71	AA	826	11	22	15	11	11	44	50	11
55555	555	CountyD	71	AA	1,556	11	35	66	59	50	13	11	11
66666	666	CountyE	71	AA	1,556	11	35	66	59	50	13	11	11
77777	777	CountyF	71	AA	826	11	22	15	11	11	44	50	11
88888	888	CountyG	71	AA	1,556	11	35	66	59	50	13	11	11
99999	999	CountyH	71	AA	1,556	11	35	66	59	50	13	11	11
10101	1110	CountyI	71	AA	826	11	22	15	11	11	44	50	11
10101	1221	CountyJ	71	AA	1,556	11	35	66	59	50	13	11	11
34567	1332	CountyK	71	AA	1,556	11	35	66	59	50	13	11	11
11223	1443	CountyL	71	AA	826	11	22	15	11	11	44	50	11
33112	1554	CountyM	71	AA	1,556	11	35	66	59	50	13	11	11
99887	1665	CountyN	71	AA	1,556	11	35	66	59	50	13	11	11
50003	1776	CountyO	71	AA	826	11	22	15	11	11	44	50	11
20009	1887	CountyP	71	AA	1,556	11	35	66	59	50	13	11	11
20101	1998	CountyQ	71	AA	1,556	11	35	66	59	50	13	11	11

Provided monthly to state, territory and certain major metropolitan area public health authorities



Information in the emPOWER Emergency Planning Dataset

The emPOWER Emergency Planning Dataset provides public health authorities more detailed de-identified data, including Medicare claims data totals for each of the electricity-dependent DME and devices and the following health care services:



Outpatient Facility Dialysis

Outpatient dialysis services for patients with End-Stage Renal Disease (ESRD)



Home Health Care Services

Home health services including skilled nursing care and physical therapy, etc.



Oxygen Tank Services

Oxygen tank service delivery for patients with qualifying conditions



Home Hospice Care Services

Hospice services provided in a personal residence to a terminally ill individual



Sample Uses of the emPOWER Emergency Planning Dataset

The emPOWER Emergency Planning Dataset's detailed de-identified data can help inform and support decision making by public health authorities and their partners, as they deem appropriate, prior to, during, and after an emergency



Anticipate potential health system surge and leverage resources to mitigate stress



Identify optimal locations, staffing, resources, and power needs for shelters



Develop emergency plans, systems, processes, and triggers



Assess accessible transportation needs and evacuation routes



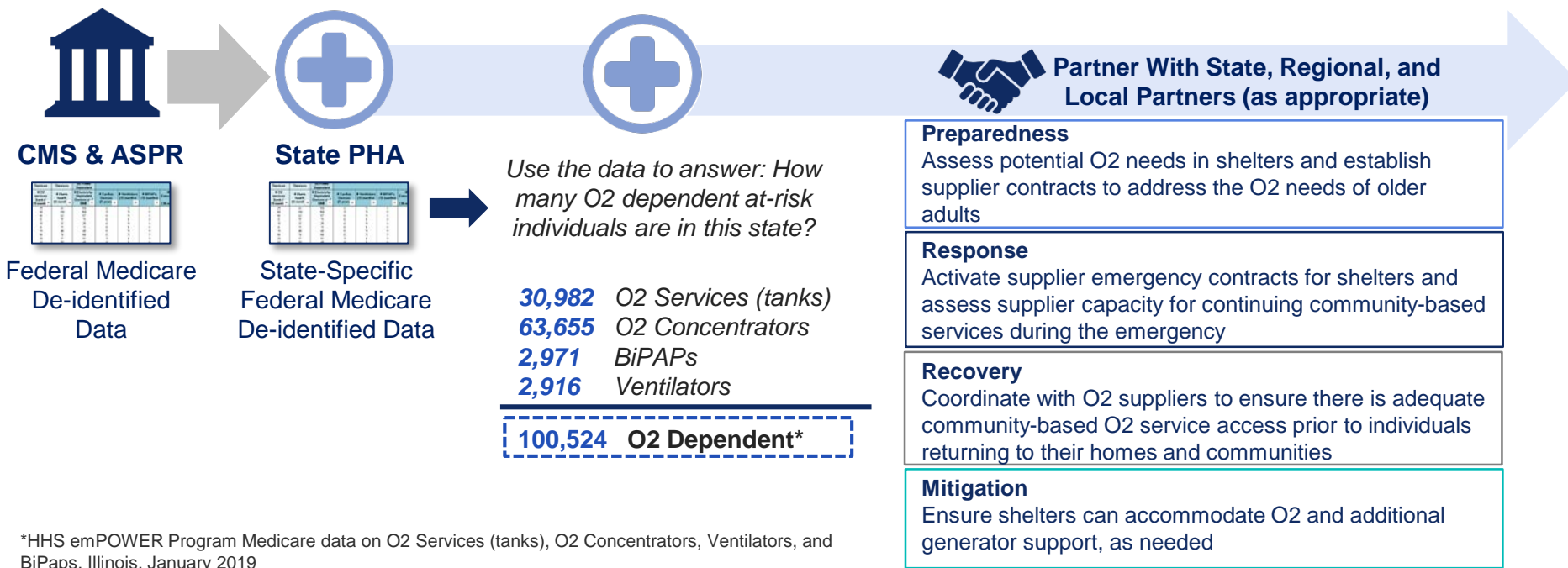
Identify and address potential gaps in emergency resources



Inform power restoration prioritization decisions

Integrating Federal De-identified Medicare Data

De-identified emPOWER data can be used to understand the needs of specific at-risk populations, including oxygen-dependent, and implement targeted public health activities across the emergency management cycle



*HHS emPOWER Program Medicare data on O2 Services (tanks), O2 Concentrators, Ventilators, and BiPAPs, Illinois, January 2019

HHS emPOWER Emergency Response Outreach Individual Dataset

The emPOWER Emergency Response Outreach Dataset

The emPOWER Emergency Response Outreach Individual Dataset is a tool that can provide public health authorities with limited individual information to inform and support life-saving outreach public health activities in the event of an emergency

HHS emPOWER Initiative
INDIVIDUAL LEVEL DATASET - All At-Risk Individuals
 POPULATION - Medicare population is restricted to alive beneficiaries as of November 2014 who are enrolled in Medicare Fee for Service Parts A and B or Medicare Advantage Part C.
 NA indicates that the at-risk population is not included in this request.

NOTE: All data are fictitious and used for illustrative purposes only

Name			Other Information		Address Indicators		Address									
Initial Sorting Order	First Name	Last Name	Date of Birth	Enrollment/Plan Type	PO Box or Unknown Address	"Care of" Indicator	Salutation	Street Address 1	Street Address 2	City	County Name	County FIPS Code	State	State FIPS Code	Zip Code Name	Zip Code
1	Anne	Smith	November 4, 1944	FFS	0	0	Adm Park Manor Home For A. Smith	57 Coney Island Av		Brooklyn	Kings County	047	NY	36	Brooklyn	11201
2	Amy	Brown	February 15, 1955	MA	0	1	C/O Geriatric Care Cntr	150 Dean Street		Brooklyn	Kings County	047	NY	36	Brooklyn	11201
3	John	Taylor	December 20, 2028	MA	0	0		1600 40 St		Brooklyn	Kings County	047	NY	36	Brooklyn	11241
4	Jane	Doe	March 4, 1966	FFS	0	0		3800 Bay Ridge Ave		Brooklyn	Kings County	047	NY	36	Brooklyn	11242
5	Robert	Walker	May 20, 1930	FFS	0	0		1900 43rd St	First Floor	Brooklyn	Kings County	047	NY	36	Brooklyn	11242
6	Mary	Johnson	September 14, 2012	FFS	0	0		17 212th Place		Queens Village	Queens County	081	NY	36	Queens Village	11427
7	William	Jones	December 1, 1933	FFS	0	0	Dev Ctr For David Robinson	180 E 205 St		Bronx	Bronx County	005	NY	36	Bronx	10499
8	David	Robinson	July 6, 1936	MA	1	0		PO Box 280507		Bronx	Bronx County	005	NY	36	Bronx	10499
9	Carol	Davis	July 24, 1933	FFS	1	0		PO Box 190-144		Brooklyn	Kings County	047	NY	36	Brooklyn	11239

Official disclosures are restricted to only public health authorities that meet certain criteria



Information in the emPOWER Emergency Response Outreach Dataset

The emPOWER Emergency Response Outreach Dataset provides the same data that is found in the de-identified tools, but **at the individual level**. The information in this dataset includes:



Limited Identifiable Data



Health Care Service Type



Medicare Plan



DME and Cardiac Device Type



Dual Eligibility Status[^]



DME & Oxygen Supplier, Health Care Provider Contact Information

[^]Whether the Medicare beneficiary is also eligible and enrolled in a State Medicaid or CHIP Program



Sample Uses of the emPOWER Emergency Response Outreach Dataset

Upon approval from HHS, an authorized public health authority and PHA-approved partners may use the emPOWER Emergency Response Outreach Dataset to support efforts **to identify and provide life-saving and maintaining response outreach** to individuals in the event of an incident, emergency, or disaster



Activate emergency plans, map the data, and assess resources



Identify and provide critical resources and power in shelters



Assess accessible transportation needs and develop evacuation plans



Activate communications networks to alert and inform individuals of resources



Identify and deploy emergency response assets



Inform power restoration prioritization decisions

The HHS emPOWER Program in Practice

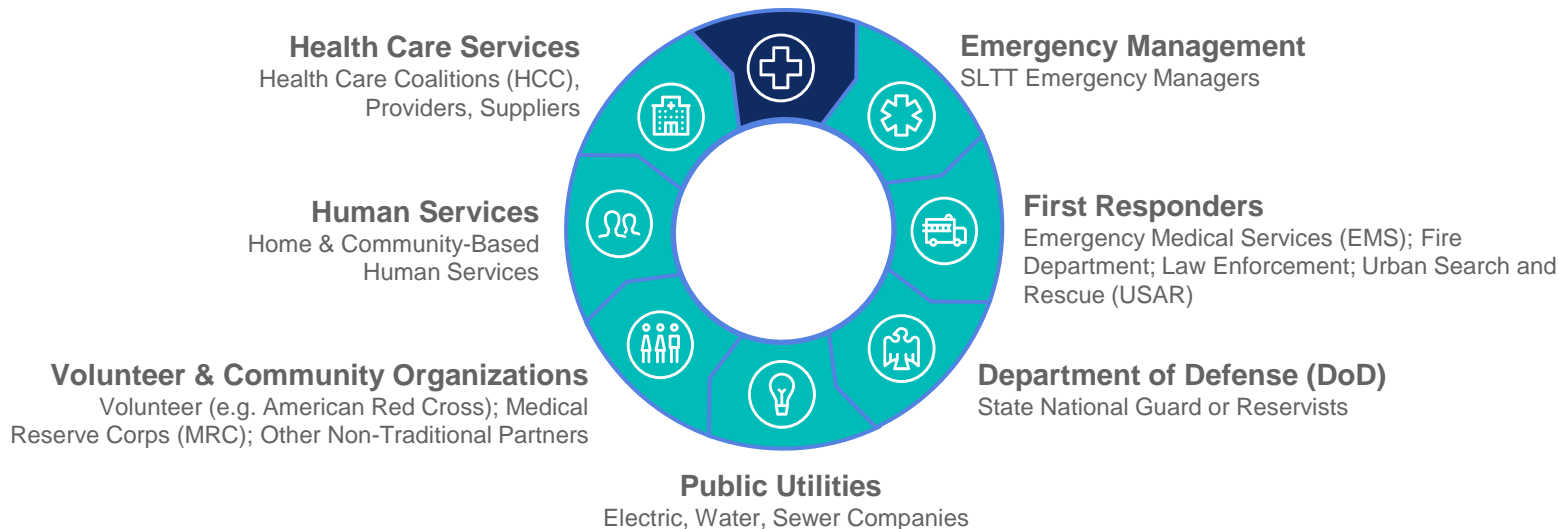


emPOWER Informs Community Partnerships

The HHS emPOWER Program helps public health authorities engage a variety of national, state, local, and community partners throughout the emergency management cycle

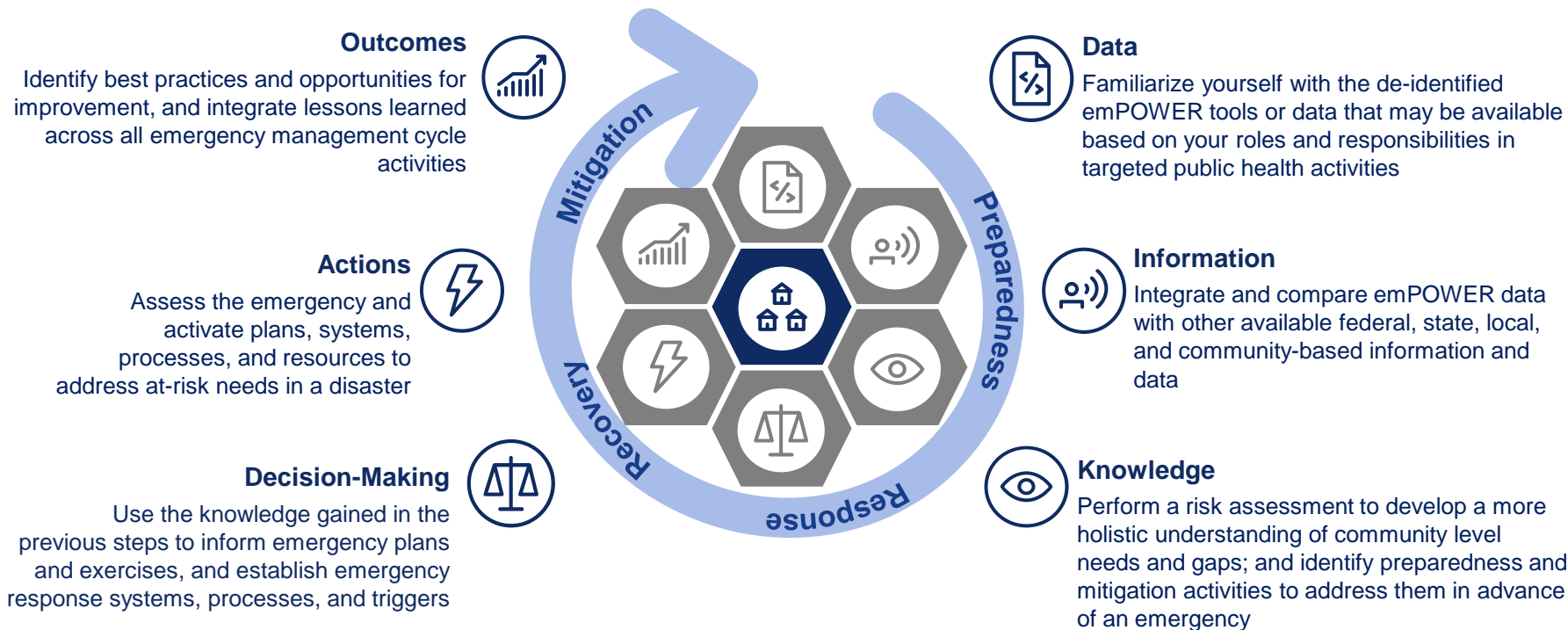
Public Health Authorities [ESF-8]

State, Local, Tribal, and Territorial (SLTT)
Public Health Authorities















How emPOWER Advances Community Resilience

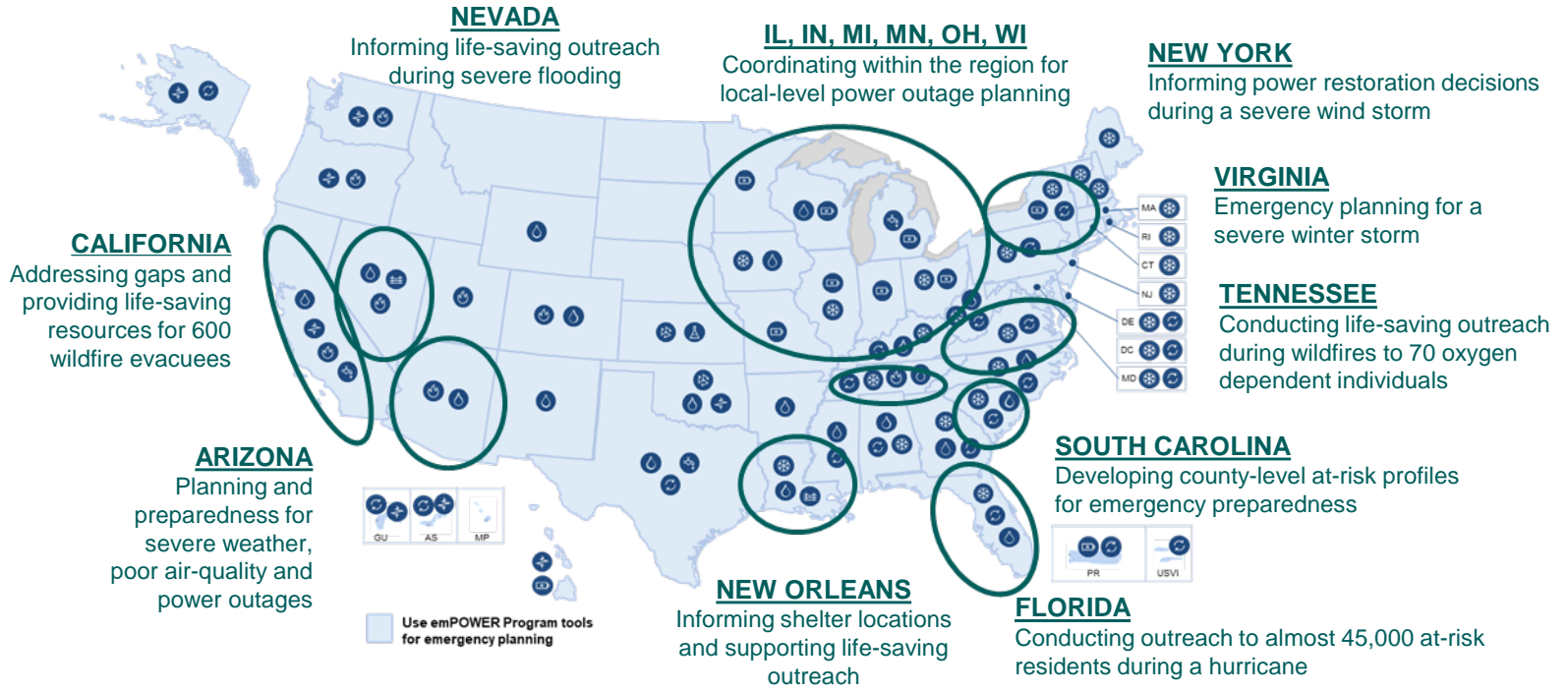




HHS emPOWER Program in Action

Since 2013, communities in all 50 states and 5 territories have used the HHS emPOWER Program prior to, during, and after the following emergencies, and will continue to request and use emPOWER data in the coming years

-  Chemical Spill
-  Earthquake
-  Flood
-  Hurricane/ Tropical Storm
-  Infrastructure Failure
-  Severe Power Outage
-  Tornado
-  Water Emergency
-  Wildfire
-  Winter storm



Use Case: Hurricane Matthew in Florida

The HHS emPOWER Program helped Florida quickly identify and provide outreach to tens of thousands of at-risk individuals, setting the stage for life-saving emergency response

Preparedness

In anticipation of Hurricane Matthew, the Florida Department of Health used the emPOWER Emergency Response Outreach Dataset to identify at-risk individuals in seven counties and performed a **reverse lookup of phone numbers**



Supporting partners:

- Florida Division of Emergency Management and Emergency Operations Centers

Response

A life safety call was made to **almost 45,000 residents** by the Florida Division of Emergency Management using the Statewide Alerting and Notification System

Impact

Staff **contacted the 169 individuals** who indicated they might have a health need during and shortly after the hurricane



44,500 at-risk residents identified and called

17,000 residents responded to calls

169 individuals requested assistance

Use Case: Severe Flooding in Nevada

In HHS emPOWER Program tools helped Carson City Health and Human Services (CCHHS) and Washoe County Health District (WCHD) assess its capacity to assist at-risk populations and engage partners to ensure coordinated outreach

Preparedness

In 2017, CCHHS used both emPOWER datasets to **identify and address gaps in resources** (e.g., oxygen tanks) for the at-risk population in the event of required evacuations

Outreach

CCHHS and WCHD used the emPOWER Emergency Response Outreach Dataset to **identify at-risk individuals living in flood-prone, avalanche-prone, and remote areas**, and coordinated with partners to conduct outreach

Impact

CCHHS is expanding use of the emergency planning dataset to help **set up mass care operations and inform umbrella contracts** with DME companies. WCHD and Washoe County GIS developed an effective way to operationalize emPOWER data within 30 minutes



4 counties in Nevada benefitted from emPOWER Program data

300 homes in flood-prone areas contacted by CCHHS



Supporting partners:

- NV Division of Public and Behavioral Health
- NV Aging and Disability Services
- NV Division of Emergency Management
- NV National Guard
- Tribe Emergency Manager

Use Case: Hurricane Irma in US Virgin Islands

HHS emPOWER Program tools helped the US Virgin Islands identify and locate individuals dependent on dialysis for life-saving outreach and evacuation

Preparedness

In 2017, ASPR, CMS, and territorial public health officials used both datasets to **to identify health care and resource gaps for dialysis patients and develop a plan** with End-Stage Renal Networks and dialysis providers to ensure continuity of their life-maintaining health care services

Response

Following Hurricanes Irma and Maria, ASPR used the emPOWER Emergency Response Outreach Dataset and CMS-3178-F reporting requirements to **rapidly identify, locate, and conduct life-saving evacuations** of dialysis patients via ASPR NDMS, USPHS, USAR, FEMA and DOD

Impact

ASPR is developing best practices to assist others in understanding how emPOWER data and the CMS 3178-F reporting requirements¹ can help to inform and protect the lives of at-risk individuals in disasters



235

life-saving evacuations from St. Thomas and St. Croix

¹A means, in the event of an evacuation, to release patient information as permitted under [45 CFR 164.510\(b\)\(1\)\(ii\)](#).



Supporting partners:

- ASPR
- CMS
- Dialysis providers

- End-Stage Renal Networks
- FEMA
- DOD

- US Public Health Service (USPHS)
- Urban Search and Rescue (USAR)

Use Case: Severe Wildfires in Los Angeles, California

HHS emPOWER Program tools helped Los Angeles (LA) identify the needs of its at-risk populations and connect with health care partners to improve continuity of care

Preparedness

In December 2017, LA County Department of Public Health (DPH) requested emPOWER data on behalf of the City of LA to support first responder efforts to identify and locate at-risk individuals in areas that had been evacuated due to the historic wildfires

Response & Recovery

LA County DPH also identified and engaged durable medical equipment (DME) and oxygen suppliers in the area that serve approximately 600 at-risk individuals. This effort helped inform and ensure continuity of care for many wildfire evacuees

Impact

The City of LA is incorporating emPOWER data into emergency response protocols and plans. LA County and City are developing mapping applications for the data to provide first responders with current, actionable information to support the at-risk population in their community



~600 at-risk individuals impacted by wildfires

38 DME providers contacted, and 22 surveyed



Supporting partners:

- LA Emergency Management Department
- LA Fire Department
- LA Police Department
- DME and Oxygen Suppliers



Use Case: Severe Power Outage in Broome County, NY

The HHS emPOWER Program informed Broome County’s power restoration decisions and provided vital information to coordinate public health emergency response activities



Preparedness

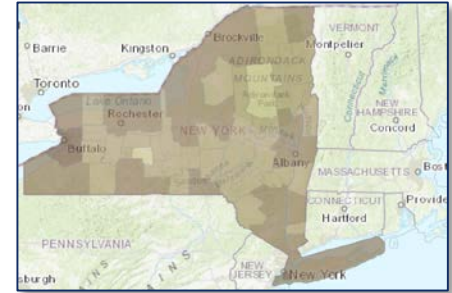
The Broome County Health Department regularly leverages the **HHS emPOWER Map and Emergency Planning Dataset** for emergency planning and preparedness

Response

In 2017, Broome County used the emPOWER Emergency Response Outreach Dataset to **identify at-risk residents in areas with prolonged power outages** following a severe weather and wind storm

Impact

The emPOWER dataset **enabled quick identification of at-risk residents** so local sheriff patrols could conduct timely individual outreach to electricity-dependent at-risk individuals that may have been adversely impacted by prolonged power outages



58 at-risk residents were quickly identified out of

~9,000 total residents who may have lost power



Supporting partners:

- Broome County Office of Emergency Services
- Broome County Sheriff’s Office



Uses Throughout the Emergency Management Cycle

The suite of emPOWER Program tools may be used throughout the emergency management cycle, helping communities protect the health of community-based at-risk populations



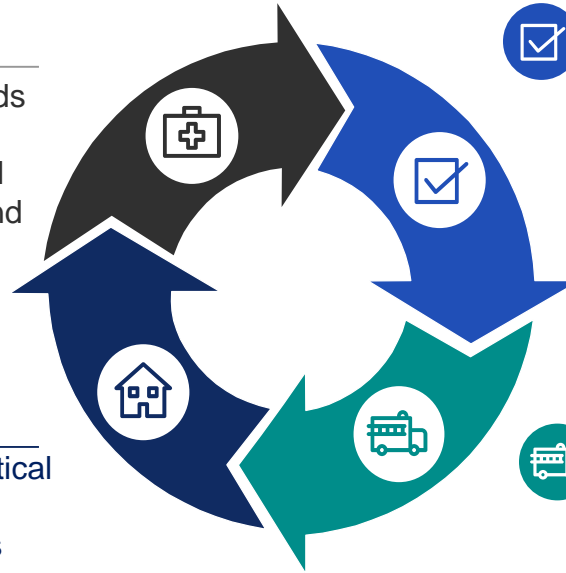
Mitigation

- Identify and Address Hazards and Vulnerabilities
- Identify and Address Critical Infrastructure, Resource, and Asset Needs



Recovery

- Inform Reconstitution of Critical Health Care and Home & Community-Based Services
- Inform Reunification and Support Safe Return to Home



Preparedness

- Enhance Population-Based Situational Awareness
- Conduct Risk Assessments & Scenario Analyses
- Conduct Emergency Planning
- Develop Response Systems, Processes & Triggers
- Set the Stage for Life-Saving Outreach



Response

- Activate Emergency Plans
- Deploy Emergency Response Assets
- Activate Communications Networks

Advancing the Program through Innovative Technology



emPOWER Strategy: Translation, Innovation & Expansion

emPOWER Map and REST Service



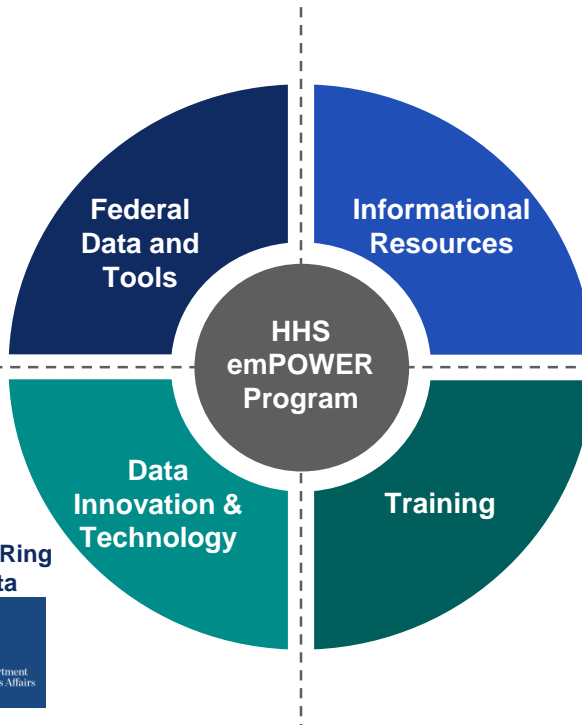
emPOWER Medicare Datasets

services	All Power Dependent	
# At Home people (3 months)	# Electricity Dependent Devices and DME	# Cardiac Devices (5 years)
18	42	55
30	13	11
50	15	11
11	44	55

Fact Sheets, Job Aids, Stories from the Field



emPOWER Portal



emPOWER AI



emPOWERing State Medicaid/CHIP Data Pilot



emPOWERing VA Data



HHS emPOWER Program Web-Based Training

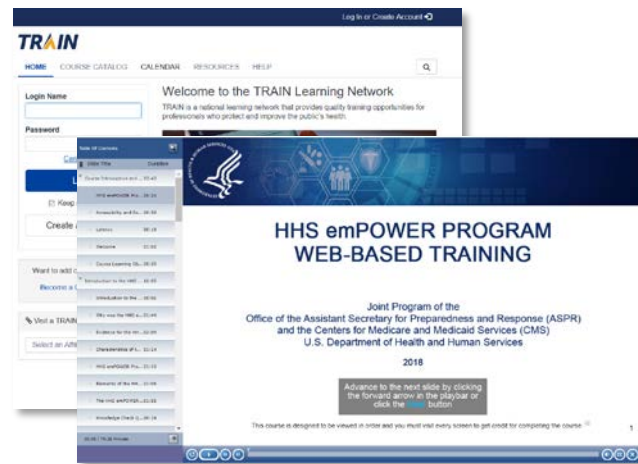


2019 HHS emPOWER Program Web-Based Training

This free, publicly accessible course on www.train.org is designed to help HHS emPOWER Program partners better **understand the HHS emPOWER Program and integrate its tools into their emergency preparedness, response, recovery, and mitigation activities**

The course is divided into five modules:

1. Introduction to the HHS emPOWER Program
2. HHS emPOWER Map and REST Service
3. HHS emPOWER Emergency Planning De-identified Dataset
4. HHS emPOWER Emergency Response Outreach Individual Dataset
5. Bringing It All Together: The HHS emPOWER Program in Practice

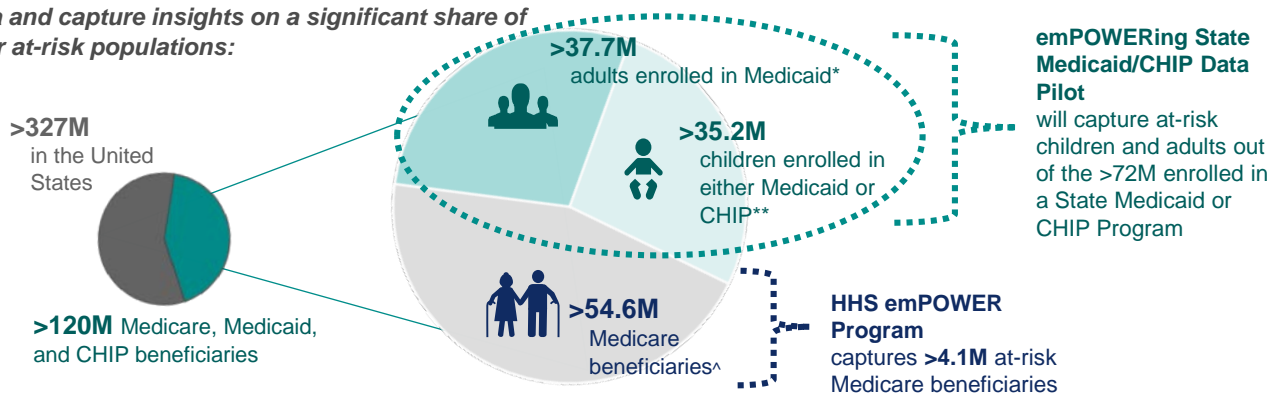


This training is now available at <https://www.train.org/main/course/1083714>
or search course ID #1083714

The emPOWERing State Medicaid and CHIP Data Pilot

ASPR, in partnership with CMS, provides states with guidance, technical assistance, and tools to generate emPOWER datasets from their state-operated Medicaid and CHIP data, giving states a more complete picture of their at-risk populations

Using the emPOWER guidance, states can generate data and capture insights on a significant share of their at-risk populations:



Pilot Partners and Phases

Key State Partners

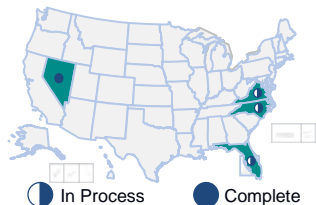
State Medicaid IT/
Enterprise
Coordinator



State Public Health
Preparedness
Director

Pilot Phases

- 1 State Develops Partnership
- 2 Federal Partners Provide Technical Assistance
- 3 State Implements Framework and Generates Dataset(s)
- 4 State Operationalizes Dataset(s)



Pilot Supporting Activities



Intra-State Partnership
Development



Stakeholder
Training



Technical Assistance
and Innovation Support



Communications
Materials Development



Data Sharing

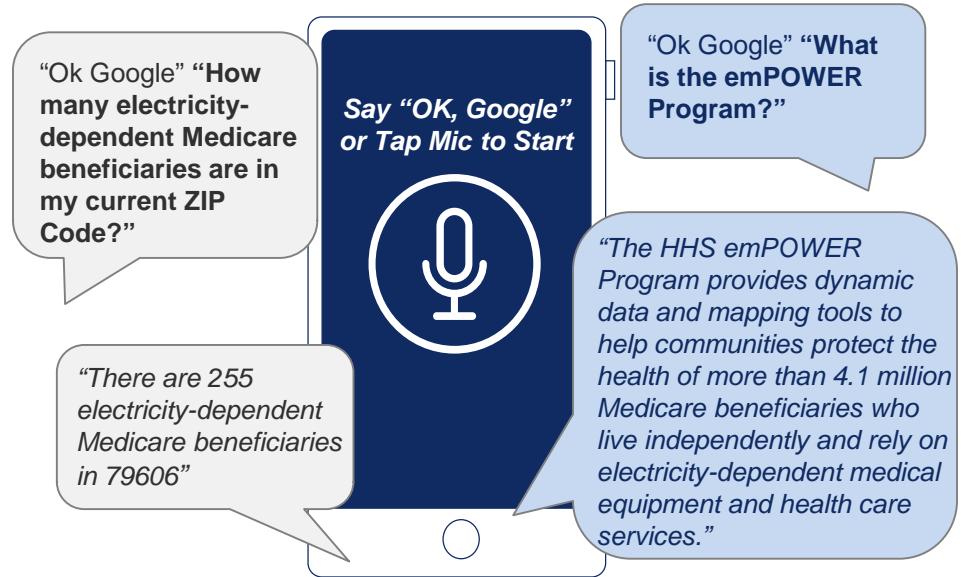
[^] As of October 2018, **Medicare beneficiaries** : age 65+, regardless of income, medical history, or health status, and people <65 years old with permanent disabilities
^{**} As of October 2018, **Medicaid**: some low-income people (i.e., families and children, pregnant women, elderly) and people with disabilities. In some states,
^{***} As of October 2018, **CHIP** provides health coverage to eligible children, through Medicaid and separate CHIP programs.



HHS emPOWER AI

In FY2019 the HHS emPOWER Program will launch HHS emPOWER AI through [Amazon Alexa](#), [Microsoft Cortana](#), and [Google Assistant](#) to put emPOWER de-identified data more quickly into the hands of responders

- Provides users with a **public, voice - controlled application** that audibly answers a user's questions about the HHS emPOWER Program or its underlying data, such as the total number of at-risk electricity-dependent Medicare beneficiaries in an area
- Allows community partners across public health authorities, emergency management, first responders, aging and disability networks, and utilities to have greater situational awareness



Additional Resources and Information

HHS emPOWER Program Resources

Training

- [HHS emPOWER Program Web-based Training Program \(ID #1083714\)](#) is a free, publicly accessible course designed to help partners better understand the HHS emPOWER Program* and integrate its tools into their emergency preparedness, response, recovery, and mitigation activities. The course is divided into five modules, which provide: an introduction to the HHS emPOWER Program, a detailed overview of each of the mapping and dataset tools, practical application examples and case studies of how public health authorities and their partners have used the program tools in real world emergencies.

Informational Resources

- [HHS emPOWER Program Executive Summary](#)
- [HHS emPOWER Program Fact Sheet](#)
- [HHS emPOWER Map Job Aid](#)
- [HHS emPOWER REST Service Public Job Aid](#)
- [HHS emPOWER REST Service Public Link](#)
 - The REST Service allows users to consume the HHS emPOWER Map data layer in their own geographic information system (GIS) applications to help them better integrate and use this with other community data to inform and support public health activities across the emergency management cycle.

HHS emPOWER Program

Contact Information

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Questions

