

The seal of the State of Texas is visible in the background on the left side of the slide. It features a five-pointed star in the center, surrounded by a wreath of olive and live oak branches. The words "STATE OF TEXAS" are inscribed around the perimeter of the seal.

Hurricane Harvey Response: Long- Term Care Facility Evacuations

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Regulatory Services Division



The new Regulatory Services Division at the Health and Human Services Commission (HHSC) oversees the regulation of the following provider types:

- Long-term care (LTC) providers, such as nursing facilities and assisted living facilities;
- Health care providers, including hospitals and dialysis centers; and
- Child care providers.

The division also oversees investigations of allegations of abuse and neglect in provider settings and triages complaints about LTC providers.

Interim Charge



“Review the state's response to Hurricane Harvey with a focus on public health efforts at the local and state level. The review should include an analysis of the state and local response related to ... the evacuation of vulnerable populations from state operated or regulated facilities, and coordination between all levels of government.”



Hurricane Harvey Response: Long-Term Care (LTC) Facilities

- A total of 104 assisted living and nursing facilities reported evacuating 4,486 residents as a result of Hurricane Harvey.
- As of October 26, 33 nursing and assisted living facilities remained temporarily closed due to damage.



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Hurricane Harvey Response: Regulatory Actions

- Before, during and after Hurricane Harvey, HHSC staff stayed in constant communication with affected providers. If a facility reported an emergency, staff immediately notified the State Operations Center (SOC) so that local emergency personnel could intervene.
- HHSC obtained federal and state exceptions from standard rules.
- Before allowing residents to return to facilities that suffered damage, HHSC teams conducted on-site inspections to ensure these facilities could safely resume operations and serve residents.
- After the storm, HHSC worked to ensure residents who evacuated from heavily damaged facilities and their families were given a choice in selecting a new location that fully met their health and safety needs.

Hurricane Harvey Response: LTC Provider Responsibilities

Regulatory staff issued an alert to LTC providers, before the storm, in potentially affected areas to remind them of their responsibilities to:

- Review their disaster and evacuation plans to ensure they were ready to implement and had all essential elements to protect resident health and safety;
- Contact their regional regulatory office if their building or residents suffered any adverse impact; and
- Contact HHSC Regulatory if their facility needed to exceed its licensed capacity limit to take in evacuees from other facilities.

HHSC cannot direct facilities to evacuate. Rather, they must follow their own evacuation plans, comply with local evacuation orders whenever possible, and evacuate residents, if needed to protect health and safety.



Provider Evacuation Plans: Nursing Facilities and ICFs

- Nursing facilities and intermediate care facilities serving individuals with an intellectual and developmental disability (ICFs/IID) are required to have written emergency plans.
- HHSC confirms that LTC facilities have an emergency evacuation plan that contains the required core elements and that facility staff is trained on how to carry out the plan.
- HHSC does not approve or deny an individual facility's plan.



Provider Evacuation Plans: Assisted Living Facilities (ALFs)

- Assisted living facilities are required to have a written emergency preparedness and response plan that addresses the eight core functions of emergency management.
- Requirements for emergency preparedness for ALFs do not provide the same level of detail on the eight core functions in comparison to other LTC facility types.



Hurricane Harvey Response: Facility Monitoring

- For facilities that sheltered in place, HHSC staff closely monitored their status to ensure they had the necessary resources to serve residents safely, including electricity, water, food, and medications.
- Several facilities evacuated residents to a new location and then had to re-evacuate to a second site as flooding spread.
- Some facilities declined to evacuate even when local officials had issued a mandatory evacuation order.



Hurricane Harvey Response: Coordination with Emergency Management

- Throughout any crisis, HHSC communicates closely with an array of partners and external stakeholders, including key trade organizations, to ensure vital information is shared.
- During Hurricane Harvey, this effort included:
 - ❖ Providing support for the SOC; and
 - ❖ Regional directors' coordination with the Catastrophic Medical Operations Center in Houston and local Department of Public Safety Disaster District Councils.



Hurricane Harvey Response: Regulatory Flexibility

HHSC staff work closely with the federal Centers for Medicare & Medicaid Services (CMS), state leadership and other partners to obtain policy clarifications or any exceptions to state and federal requirements for LTC providers, as long as the waivers pose no risk to resident health or safety.

Examples from the Hurricane Harvey response include:

- Allowing facilities to temporarily exceed their licensed capacity to take in evacuated residents; and
- Temporarily suspending rules to make it easier and faster for certified nurse aides from Louisiana to work for a limited time in Texas nursing facilities.



Recommendations

- Develop and maintain a list of standardized long-term care rule suspensions that could be authorized by the governor immediately upon issuance of a disaster declaration related to a hurricane.
- Implement more specific regulations for assisted living facilities related to content of emergency plans and require mandatory compliance with emergency evacuation orders.
- Encourage local officials with authority to issue mandatory evacuation orders sooner for facilities and other settings housing a significant number of individuals with limited mobility.



Hurricane Harvey Response: Healthcare Facilities



Throughout the hurricane, HHSC Regulatory staff tracked affected facilities, particularly hospitals and dialysis centers, focusing on facilities that had to close, partially close, or evacuate patients.

- HHSC coordinated closely with the State Medical Operations Center (SMOC) to get facilities any immediate assistance they require.
- HHSC staff assessed how much flexibility to grant affected facilities from standard regulatory requirements.
- Staff also worked extensively with external partners to ensure that the 51,000-plus dialysis patients in Texas were able to receive dialysis services at the more than 700 licensed ESRD facilities throughout the state.

Hurricane Harvey Response: Healthcare Facilities

- After the storm and as conditions allowed, regulatory staff were deployed to conduct on-site inspections of hospitals and dialysis centers, assessing damage and focused on core functions needed to ensure patient health and safety.
- To minimize disruption to hospitals struggling to resume operations, these teams focused on core functions required to safely serve patients, for example:
 - ❖ Air conditioning
 - ❖ Electrical systems
 - ❖ Generator services
 - ❖ Sufficient clinical and pharmacy staff
- As of October 23, more than 60 facilities had been inspected. Four hospitals in the Houston area remain closed; 23 dialysis centers remained closed.





Hurricane Harvey Response: Child Care Providers

- HHSC regulatory staff was in continual contact with child care providers before, during, and after the storm and worked closely with state and federal partners to assist them.
- Any operations that suffered damage and have reopened were inspected.
- HHSC also streamlined regulatory processes for any providers that might need to temporarily or permanently relocate.
- As of mid-October, 184 providers remained closed due to Harvey, with approximately 14,198 children displaced from those operations and needing to be cared for elsewhere.



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Thank you
