

November 19, 2025, 2:00 PM – 3:00 PM

# LTC Provider Call

Intermediate Care Facilities for Individuals with Intellectual Disabilities  
(ICF/IID)

*If you see this screen, you are in the right place, but we have not yet started. We will begin shortly.*

All lines are muted. Lines will be muted throughout the program.

Questions can be submitted in the online Q&A or email them to [LTC@health.ok.gov](mailto:LTC@health.ok.gov)



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# Discussion Outline

Emergency  
Preparedness for LTC  
Facilities

Reminders from the  
Long-Term Care  
Facilities Administrator  
Licensing program

November 19, 2025

# Emergency Preparedness for LTC Facilities

A short introduction to emergency planning

**OKLAHOMA**  
State Department of Health



# Jennifer Krawic

## State HPP Manager | Oklahoma State Department of Health

- Coordinates Oklahoma's Hospital Preparedness Program (HPP) grant
- The primary liaison for six regional Health Care Coalitions
- 7 years of emergency preparedness experience across local & state health departments
- I believe strong partnerships on "blue sky" days lead to success on bad ones
- Led planning and operations for OKC COVID-19 vaccine campaign



# Why Preparedness Matters in Long-Term Care

- 1. Protect Residents and Staff.**

Having a plan safeguards vulnerable populations during emergencies.

- 2. Meet Regulatory Requirements.**

Compliance with CMS and other federal standards keeps the facility in good standing.

- 3. Ensure Continuity of Care.**

A high-quality plan will maintain critical operations when staffing, utilities, or supplies are disrupted.

- 4. Support Rapid Recovery.**

Minimizing impacts allows you to return to normal operations more quickly.

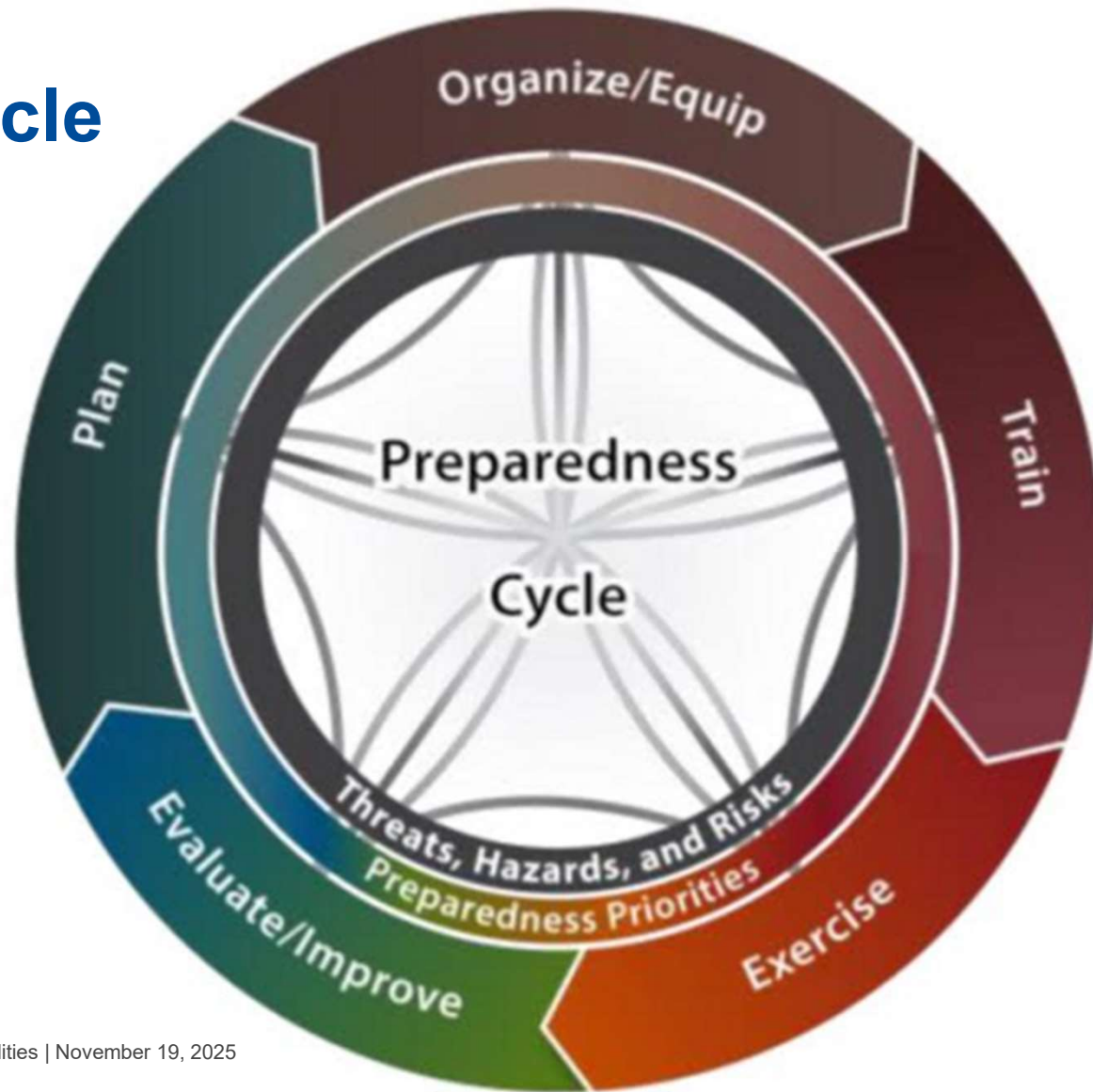
- 5. Strengthen Coordination with Partners.**

Early and consistent coordination with partners on good days makes everything easier when you need help.



# The Preparedness Cycle & CMS

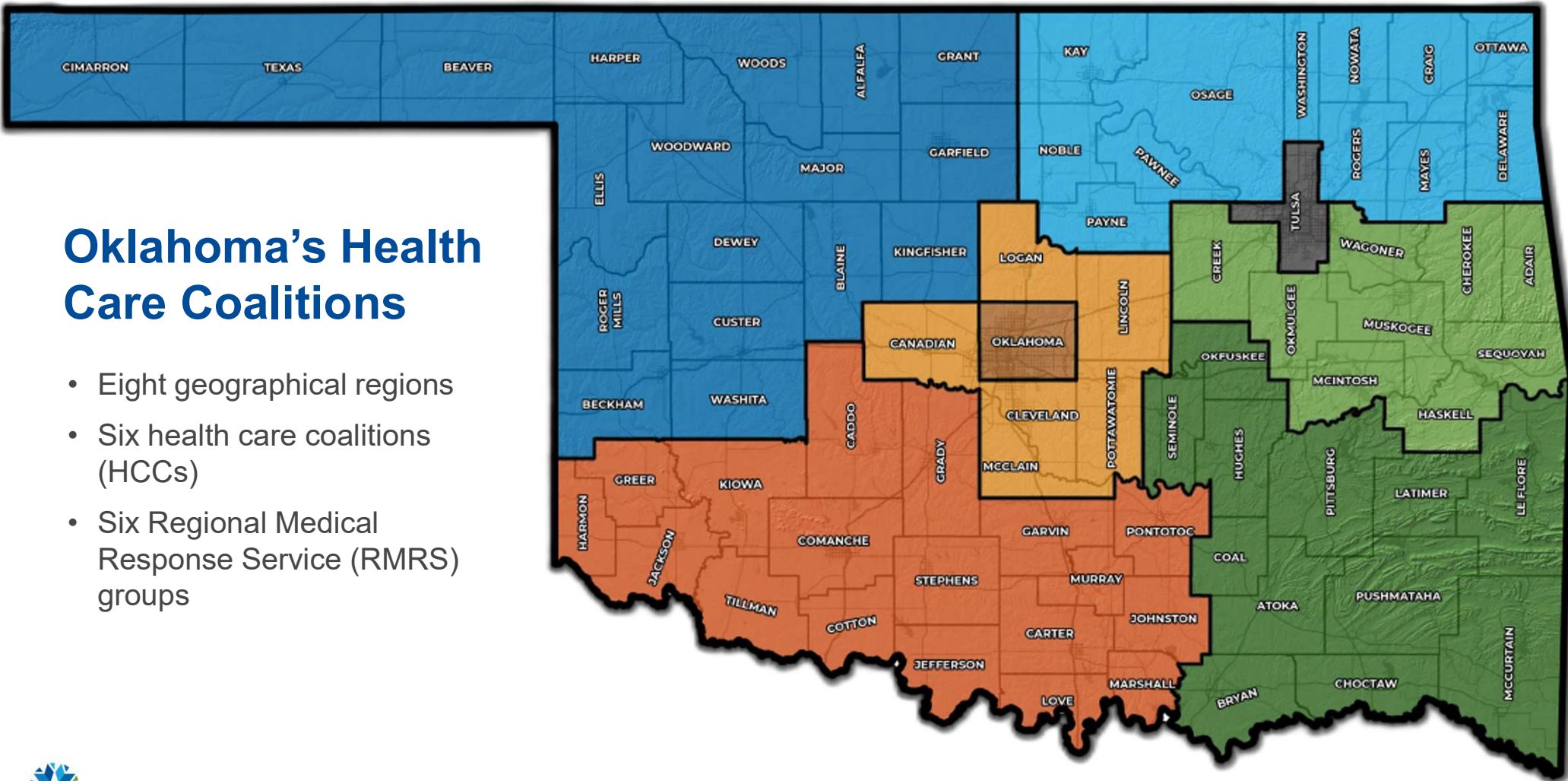
- All-hazards Risk Assessment considering facility and community risks
- Emergency Plan written to address the risks identified
- Communications Plan that includes methods to contact residents' other care providers, public health, and emergency management
- Policies and Procedures aligned with the Emergency Plan & Communications Plan
- Training & Testing to demonstrate familiarity and competency with the plan





# Oklahoma's Health Care Coalitions

- Eight geographical regions
- Six health care coalitions (HCCs)
- Six Regional Medical Response Service (RMRS) groups





# Risk Assessments

## Evaluation of Readiness

# Step 1: Evaluating Risk

## Facility- level risk assessment:

- Use a tool like Kaiser-Permanente to evaluate the risks in your facility.
- Be sure to include all CMS-required hazards:
  - Hazards likely in geographic area
  - Care-related emergencies (e.g., missing client)
  - Equipment and Power failures
  - Interruption in Communications, including cyber attacks
  - Loss of all/portion of facility
  - Loss of all/portion of supplies
- Review and update your assessment annually for continued accuracy.

## Community-based risk assessment:

- Participate in the regional Hazard Vulnerability Assessment through the RMRS.
  - This is an all-hazards assessment that will look at your whole community.
  - Demonstrates coordination with Emergency Management, EMS, and hospitals across local, regional, state, and federal partners.
- Coordinated and completed by the RMRS, you only need to participate by sharing thoughts, information, and reviewing their report.
- Provides information for the hazards likely in your geographical area.

**Assessment findings help prioritize hazards in your Emergency Plan.**



# Emergency Planning

Writing a Plan that is Functional and Efficient

# Emergency Plan Development

**There are many templates and resources available to help get you started!**

- <https://oklahoma.gov/content/dam/ok/en/health/health2/documents/ltc-model-emergency-action-plan-ms-word.doc>
- <https://asprtracie.hhs.gov/technical-resources/resource/123/disaster-preparedness-plan-template-for-use-in-long-term-care-facilities>
- [https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/downloads/sandc\\_ep\\_checklist\\_persons\\_ltcfacilities\\_ombudsmen.pdf](https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertemergprep/downloads/sandc_ep_checklist_persons_ltcfacilities_ombudsmen.pdf)



# Emergency Plan Writing Tips & Tricks



# Well-Developed Planning Assumptions are Critical to a Good Emergency Plan



Assumptions are the conditions, limitations, and external factors that the plan is based on.



Sets realistic expectations for how and when the plan will work.



Clarifies what the plan does and does not cover.



“This plan will work as written if these things are true.”



Assume at least 72 hours without external support



# Plan Activation & Roles

- **Identify** who:
  - Activates the plan
  - Monitors warnings
  - Makes first notifications
  - Include backups for each role
  - Use position titles rather than individual names
- **Consider** what outside entities (local, tribal, state; public health or EM) may have jurisdiction to issue directives to the facility during an emergency:
  - Who receives those contacts?
  - Who makes sure they have updated contact information?





# Continuity and Recovery Planning

## Continuity is how you continue providing care despite an emergency:

- What are your backup plans for:
  - Communications outages?
  - Utilities outages?
  - Pharmacy closures?
- Do you have plans for maintaining and creating documentation in austere conditions?
- Do you have a family reunification plan to use if you need to relocate residents?

## Recovery is getting back to full service after an emergency:

- If your primary facility is unusable:
  - What supports do you need to restore the facility?
- Can you plan to fill those needs by talking to partners today?
- How do you secure food, water, medications, and PPE when current options are no longer viable?



# Policies and Procedures

Organizing and Equipping for Success

## Write Policies and Procedures

- Make sure you have written policies to support your Emergency Plan.
- Define roles, responsibilities, and authority during an emergency.
- Write step-by-step instructions for priority actions, e.g., resident relocation.

GUIDELINES

PROCEDURES

STANDARDS

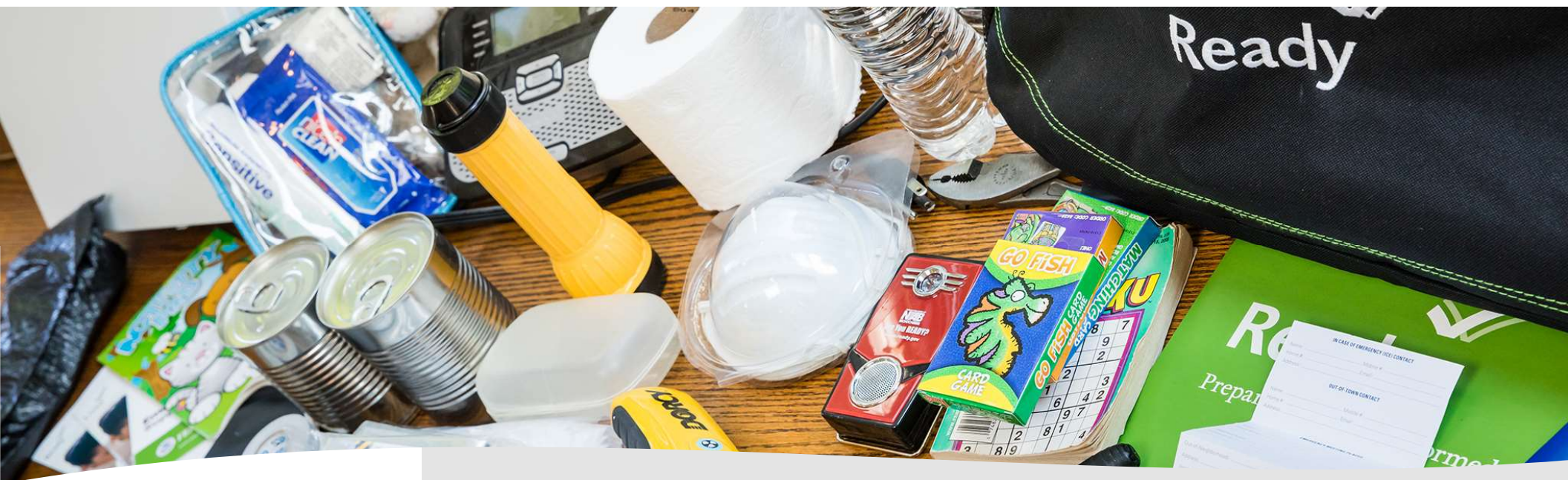
POLICIES

*HOW*

*WHAT*

*WHY*





## What Next?

- Use your plan to put together emergency kits.
- Consider the different needs of residents and staff.
- Plan for each hazard in your assessment.
- Make multiple kits if needed to keep things accessible.



# Have a Backup Generator Strategy

- If you don't have a generator already, how can you get one?
  - Agreement with a vendor
  - Sharing with a sister facility outside your geographic region
  - Other options?
- How is the generator maintained & fueled?
- What will need to be plugged into a generator if you can't do everything?
- Are there any facility-specific safety/security concerns with generator use?
- Write procedures that support safe use.

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for LTC Facilities | November 19, 2025





# Training & Testing

Preparing Residents and Staff

# Train all Staff and Residents

## Staff Training

- Regular training on the Emergency Plan will keep staff familiar with the plan elements.
- Training staff on each relevant Policy and Procedure will ensure staff reactions align with facility documents.
- Build familiarity with available emergency kits so staff can respond quickly and efficiently.

## Resident Training

- Reduces resident anxiety and distress during emergencies.
- Increases resident compliance with staff directives when seconds matter.
- Ensures the special needs of each resident are accounted for in your plan.
- Allows staff to evaluate resident-specific planning through a safe environment.





# Evaluate & Improve

Using experience to build resiliency

# Exercising: Test Plans, Policies, and Procedures

- Follow CMS rules regarding exercise requirements – make a schedule of how often you need to drill and plan for ~30-60 days of preparing before each exercise.
- Partner with your HCC to participate in semiannual communications drills, annual surge exercise drills, and any other community-based exercises they host.
  - \* Tip: participate in their planning meetings to let them know what your objectives need to be to meet CMS standards so they can make these community-based exercises work for you.
  - \* Bonus: This also demonstrates coordination with partners to support CMS expectations!
- If you still have objectives that haven't been met by these community exercises, reach out to your RMRS if you need support developing an exercise.



# Evaluate & Improve: the After-Action Review Process

- Document your exercises by writing an AAR/IP. If you participated in a community exercise, even if the exercise host prepares the AAR, you should still conduct a facility-level after-action review of strengths and challenges. Sharing this report with your RMRS team will help them develop community exercises that will help maintain strengths and build success.
  - \*Tip: RMRS teams have AAR/IP templates to share and can provide technical assistance in using the templates.
- Using your Improvement Plan in the AAR/IP template, conduct the activities identified to help resolve challenges.
- After Improvement Plan actions are complete, use the original objective again in your next exercise to show improvement.



# Bonus Tips for Consideration



## **Regularly participate in your HCC Meetings**

Demonstrates coordinated response planning with jurisdictional response partners and state/federal response partners and builds relationships that will be valuable during emergencies.

# **Adopt Hospital Incident Command System (HICS)**

Using HICS templates during emergencies will support record keeping, helps your facility integrate into larger emergency responses, and builds familiarity with the process and terminology state and federal partners use.

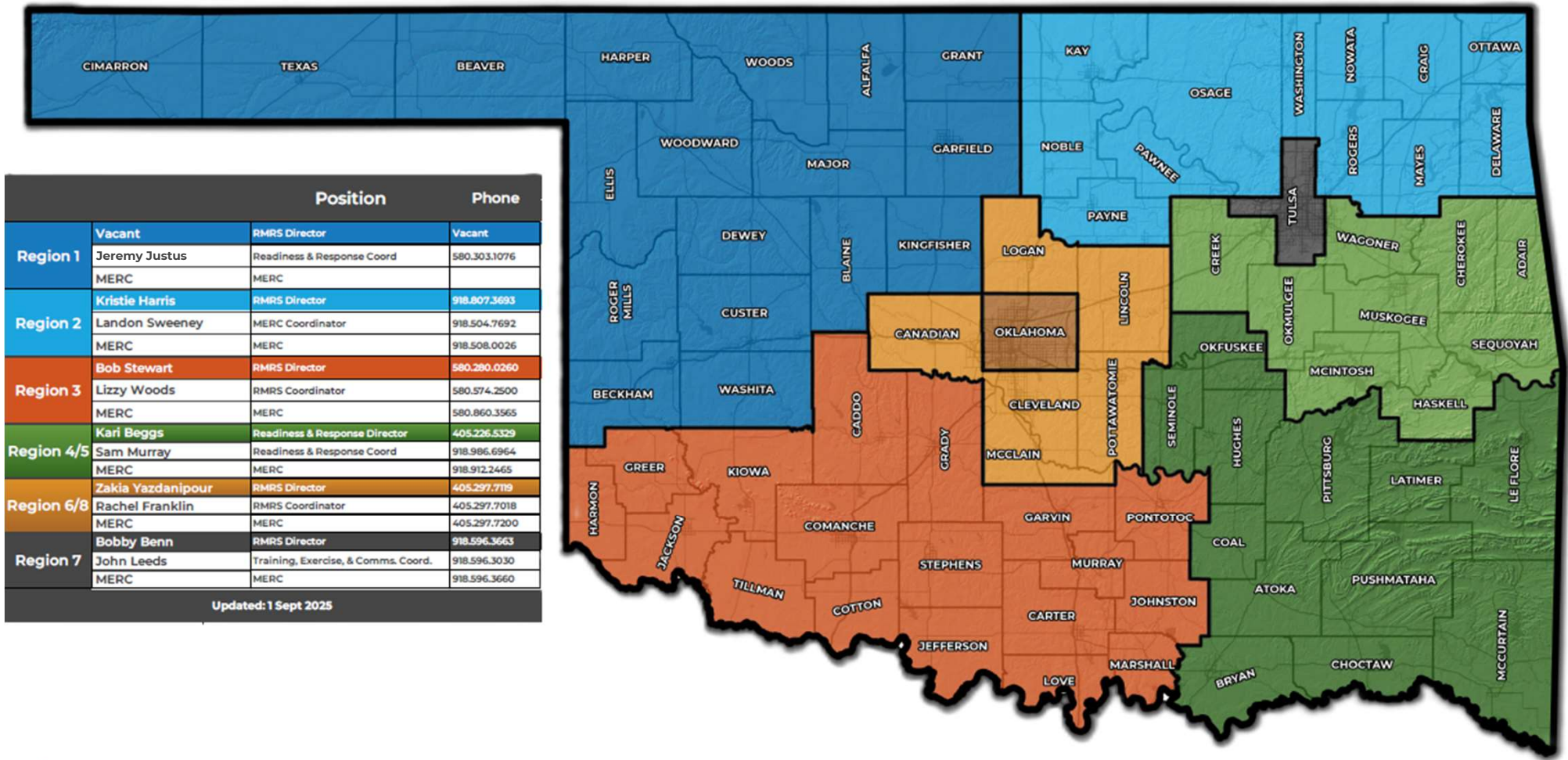
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# CONTACT INFORMATION







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## Regional Health Care Coalition Contacts:

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Region 2 (NE) – Kristie Harris | [Kristie.Harris@r2rmrs.org](mailto:Kristie.Harris@r2rmrs.org) | 918-807-3693

Region 3 (SW) – Bob Stewart | [Robert.stewart@drhhealth.org](mailto:Robert.stewart@drhhealth.org) | 580-280-0260

Region 4/5 (SE) – Kari Beggs | [karib@mcems.us](mailto:karib@mcems.us) | 405-226-5329

Region 6/8 (Central) – “Yaz” Yazdanipour | [Yazdanipourz@emsa.net](mailto:Yazdanipourz@emsa.net) | 405-297-7119

Region 7 (Tulsa) – Bobby Benn | [bobby.benn@emsa.net](mailto:bobby.benn@emsa.net) | 918-596-3663



# Reminders



OKLAHOMA  
State Department  
of Health

# Long-Term Care Administrator Licensing Program (LTCALP)

**Lindsey R. Jeffries, MSOL**

Program Manager

Nurse Aide & Home Care Administrator Registry

Long-Term Care Administrator Licensing Program

Oklahoma State Department of Health

[longtermcareadminlicensing@health.ok.gov](mailto:longtermcareadminlicensing@health.ok.gov)

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# Coming Soon!

## Education Fair

Initial notification emailed to ICF/IID administrators on 09/23/2025.

Infectious Disease Prevention and Response, HAI/AR program will be partnering with local Community Health Departments to host an education fair on infection control practices.

**HAI Team E-mail:** [HAI@health.ok.gov](mailto:HAI@health.ok.gov)

# The Q&A Session has begun

Questions can be submitted in the online Q&A or email them to [LTC@health.ok.gov](mailto:LTC@health.ok.gov)



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# Closing Comments



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