

Illinois Emergency Operations Plan

ESF-8 Public Health, Healthcare, EMS, & Behavioral Health

Appendix X-7 Access and Functional Needs

Illinois Emergency Management Agency and
Office of Homeland Security

September 23, 2026



Illinois Emergency Management Agency
and Office of Homeland Security



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State of Illinois Managed Plan Emergency Support Function (ESF) #8 Appendix X-07 Access and Functional Needs

Title	ESF-8 Public Health, Healthcare, EMS, & Behavioral Health Appendix X-07 Access and Functional Needs	
Managing Division/Branch	Division of Operations	Strategic Planning – Inter-Agency Strategic Planning Cell (ISPC)
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State ESF-8, X-7 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	American Red Cross (ARC) Illinois Deaf and Hard of Hearing Commission (IDHHC) Illinois Department of Central Management Services (CMS) Illinois Department of Children and Family Services (DCFS) Illinois Department of Financial and Professional Regulation (IDFPR)
Primary State Agencies & Organizations	Illinois Department of Healthcare and Family Services (HFS)
Illinois Department of Public Health (IDPH)	Illinois Department of Human Rights (IDHR) Illinois Department of Human Services (IDHS) Illinois Department of Transportation (IDOT)
Federal ESF-8, X-7 Coordinator	Illinois Department on Aging (IDoA)
U.S. Department of Health and Human Services (HHS) Federal Emergency Management Agency (FEMA)	Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS) Illinois Guardianship and Advocacy Commission (IGAC) Illinois Medical Emergency Response Team (IMERT) Illinois National Guard (ILNG) Illinois Poison Center (IPC) Illinois State Board of Education (ISBE) Illinois Voluntary Organizations Active in Disasters (ILVOAD) Office of the Illinois Attorney General (OIAG)



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Record of Changes

When changes are made to this document, the following procedures will be followed:

1. Changes will be issued by the Inter-Agency Strategic Planning Cell at IEMA-OHS and transmitted to agencies, personnel, and other designees specified by the IEMA-OHS Director or designee via electronic means.
2. When a change is made, an entry will be made in the following log:

CHANGE NUMBER	DATE ENTERED	PAGES OR SECTIONS CHANGED	ENTERED BY
1	October 2025	Bi-Annual Review	Glenn Smith



1. Introduction

1.1. Purpose

- 1.1.1. To provide strategic and operational guidance for the coordination of state-supported access and functional needs support services (AFNSS) to individuals with access and functional needs throughout the response to and recovery from a disaster or public health emergency.

1.2. Scope

- 1.2.1. This appendix provides the strategic framework and responsibility assignments for agencies and organizations responding to and assisting with recovery from a disaster or public health emergency requiring state-supported AFNSS.
- 1.2.2. AFNSS falls under Federal Emergency Support Function (ESF) #8 and ESF #6 of the National Response Framework (NRF) and is necessary to maintain the Federal Emergency Management Agency (FEMA) Health and Medical Community Lifeline.
- 1.2.3. This appendix and all the CMIST appendices outlined in Concept of Operations: General address the core elements necessary to provide AFNSS for at-risk individuals:
 - 1.2.3.1. **At-Risk Individuals:** Individuals with access and functional needs that may interfere with their ability to access communications, health maintenance, support, safety, and transportation services, and independence devices and equipment before, during, or after a disaster or public health emergency:
 - 1.2.3.1.1. Infants and children;
 - 1.2.3.1.2. Older adults;
 - 1.2.3.1.3. Pregnant and nursing women;
 - 1.2.3.1.4. Individuals with physical, developmental, or intellectual disabilities, seen or unseen;
 - 1.2.3.1.5. Individuals who live in institutional settings;
 - 1.2.3.1.6. Individuals with chronic health conditions;



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- 1.2.3.1.7. Individuals with chronic mental health and substance abuse conditions (Hereinafter referred to as “behavioral health conditions”);
 - 1.2.3.1.8. Individuals who are reliant on durable medical equipment technology (DME) and consumable medical supplies;
 - 1.2.3.1.9. Individuals who have limited English proficiency (LEP) or are non-English speaking;
 - 1.2.3.1.10. Individuals with limited or no access to transportation;
 - 1.2.3.1.11. Individuals experiencing homelessness;
 - 1.2.3.1.12. Individuals with social and economic limitations; and
 - 1.2.3.1.13. Individuals who have a pharmacological dependency.
- 1.2.3.2. **Access and Functional Needs (AFN):** Resource needs to manage disability, chronic medical or behavioral health condition, age-related deficiency, limited English proficiency, limited access to transportation, and/or limited access to financial resources to prepare for, respond to, and recover from a disaster or public health emergency:
- 1.2.3.2.1. **Access-Based Needs:** An individual requires access to specific resources to take part in daily activities, such as an interpreter, a wheelchair ramp, DME, a service animal, transportation, and prescription medications.
 - 1.2.3.2.2. **Function-Based Needs:** An individual has limitations of their physical or mental capacity or of their skills that prevent them from living independently, such as paralysis, schizophrenia, or blindness.
- 1.2.3.3. **Access and Functional Needs Support Services (AFNSS):** The provision of services, devices, and equipment that enable individuals with access and functional needs to maintain their independence in a general population shelter, their home, camp, or care facility, including:
- 1.2.3.3.1. Reasonable modifications to policies, practices, and procedures,



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- 1.2.3.3.2. Provision of communications services and assistive devices for at-risk individuals who are deaf, hard of hearing, blind, or have limited English proficiency (LEP),
 - 1.2.3.3.3. Provision of health maintenance services for at-risk individuals with chronic health conditions and behavioral health services for individuals with mental health and substance abuse conditions,
 - 1.2.3.3.4. Provision of independence devices and equipment for at-risk individuals reliant on DME and consumable medical supplies,
 - 1.2.3.3.5. Provision of support and safety services for at-risk individuals who are reliant on communication personal assistance services (PAS), psychological support services, non-medical personal care assistance (PCA), and/or
 - 1.2.3.3.6. Provision of non-emergency transportation services for at-risk individuals who've lost access to their private vehicle or public transportation or are reliant on access to a non-emergency ambulance or medi-car.
- 1.2.4. This appendix applies to:
- 1.2.4.1. Illinois local governments,
 - 1.2.4.2. Illinois state government,
 - 1.2.4.3. Federal government agencies, when deployed to the state,
 - 1.2.4.4. Public and private sector health care providers as outlined in ESF-8, X-2 Health Care Services,
 - 1.2.4.5. Public and private sector behavioral health agencies and providers,
 - 1.2.4.6. Private sector and non-governmental organizations (NGOs) with a role in providing services for and supplying durable medical equipment technology (DME) and consumable medical supplies to individuals with access and functional needs, and
 - 1.2.4.7. Coordinating elements with a role in state access and functional needs operations.



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1.2.5. Operational and tactical details necessary to implement this appendix can be found in:

- 1.2.5.1. Illinois Department of Human Services (IDHS), Office of Security and Emergency Preparedness (OSEP) plans, policies, and procedures, and
- 1.2.5.2. Illinois Department of Healthcare and Family Services (HFS), plans, policies, and procedures.

1.3. Policy

- 1.3.1. General state response and recovery policy is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, and Planning Assumptions, and incorporated herein by reference.
- 1.3.2. The state recognizes the following agencies as primary state agencies responsible for operational and tactical access and functional needs planning and the coordination of response to and recovery from a disaster or public health emergency affecting individuals requiring AFNSS:
 - 1.3.2.1. Illinois Department of Public Health (IDPH)
 - 1.3.2.1.1. ESF-8, X-7 Access and Functional Needs
 - 1.3.2.1.2. ESF-8, X-9 Maintaining Health Services
 - 1.3.2.2. Illinois Department of Human Services (IDHS)
 - 1.3.2.2.1. ESF-8, X-8 Communications Services
 - 1.3.2.2.2. ESF-8, X-11 Support and Safety Services
 - 1.3.2.3. Illinois Department of Healthcare and Family Services (HFS)
 - 1.3.2.3.1. ESF-8, X-10 Assistive Devices and Durable Medical Equipment Technology
 - 1.3.2.3.2. ESF-8, X-12 Non-Emergency Transportation Services
- 1.3.3. To the extent possible, implementation of response and recovery actions will be consistent with guidance from FEMA, HHS, CDC, U.S. Department of Justice (DOJ), and the healthcare and behavioral health industries.



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- 1.3.4. Implementation of this appendix will not supersede existing regulatory, contractual, or other legal obligations between the state and the private sector, including those of health care and behavioral health providers.
- 1.3.5. The state recognizes that the following laws and regulatory authorities are not waived during disaster response and recovery and must be incorporated into all preparedness, response, and recovery activities:
 - 1.3.5.1. Public Health Services Act of 1944, as amended;
 - 1.3.5.2. Title VI, Civil Rights Act of 1964, as amended;
 - 1.3.5.3. Title IX, Education Amendments Act, as amended;
 - 1.3.5.4. Rehabilitation Act of 1973, as amended;
 - 1.3.5.5. Age Discrimination Act of 1975, as amended;
 - 1.3.5.6. Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, as amended;
 - 1.3.5.7. Title II, Americans with Disabilities Act (ADA) of 1990, as amended;
 - 1.3.5.8. Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency;
 - 1.3.5.9. Executive Order 13347, Individuals with Disabilities in Emergency Preparedness, and
 - 1.3.5.10. Post-Katrina Emergency Management Reform Act of 2006, as amended.
- 1.3.6. The state recognizes that individuals with access-based needs require resources to be accessible, including social services, accommodations, information, transportation, and medications to maintain health.
- 1.3.7. The state recognizes that individuals with function-based needs must overcome restrictions or limitations that require assistance before, during, and after a disaster or public health emergency, including individuals with physical mobility limitations and care for unaccompanied children.
- 1.3.8. The state recognizes that access-based and function-based needs are not mutually exclusive and may overlap.



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- 1.3.9. The state recognizes that individuals' status as having access and functional needs may be temporary or permanent.
- 1.3.10. The state recognizes that some individuals with access and functional needs may not self-identify or recognize that they may need additional services.
- 1.3.11. The state recognizes that individuals with access and functional needs should be placed in the least restrictive setting and not unnecessarily hospitalized or institutionalized.
- 1.3.12. The state will not separate individuals with access and functional needs from their caregivers, which may include family, friends, attendants, and professional caregivers.
- 1.3.13. The state will not separate individuals with access and functional needs from their durable medical equipment (DME).
- 1.3.14. The state will not separate individuals with access and functional needs from their service animals.
 - 1.3.14.1. A service animal is any dog that is individually trained to do work or perform tasks for the benefit of an individual with a physical, sensory, psychiatric, or intellectual disability (HHS, ASPR, ABC).
- 1.3.15. The state recognizes the following Concepts of Accessibility as outlined in FEMA, Comprehensive Preparedness Guide (CPG) 101, Version 3:
 - 1.3.15.1. **Self-Determination:** People with disabilities are most knowledgeable about their own needs.
 - 1.3.15.2. **No "One-Size-Fits-All":** People with disabilities do not all require the same assistance and do not all have the same needs.
 - 1.3.15.3. **Equal Opportunity:** People with disabilities must have the same opportunities as those without disabilities to benefit from emergency programs, services, and activities.
 - 1.3.15.4. **Inclusion:** People with disabilities, individuals with access and functional needs, and communities of diverse linguistic and ethnic backgrounds have the right to participate in and receive the benefits of emergency programs, services, and activities. Additionally, these individuals should be included in all phases of the planning process, as they have the insight



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and information necessary to provide comprehensive services to their respective communities during emergencies.

- 1.3.15.5. **Integration:** Emergency services, programs, and activities must be provided in an integrated setting.
- 1.3.15.6. **Physical Access:** Emergency programs, services, and activities must be provided at locations that all people, including those with disabilities, can access.
- 1.3.15.7. **Equal Access:** People with disabilities must have equal access to and benefit from emergency programs, services, and activities.
- 1.3.15.8. **Effective Communication:** People with disabilities must have access to timely and accurate information that is comparable in content and detail to communications shared with the general public.
- 1.3.15.9. **Program Modifications:** People with disabilities must have equal access to emergency programs and services, which may require modifications to rules, policies, practices, and procedures.
- 1.3.15.10. **No Charge:** People with disabilities may not be charged to cover the costs of measures necessary to provide equal access and nondiscriminatory treatment.
- 1.3.16. The state plans for and responds to incidents impacting at-risk individuals with access and functional needs through five broad categories under the CMIST Framework:
 - 1.3.16.1. Communication,
 - 1.3.16.2. Maintaining Health,
 - 1.3.16.3. Independence,
 - 1.3.16.4. Support, Safety, and Self-Determination, and
 - 1.3.16.5. Transportation.
- 1.3.17. The state recognizes that the systems necessary to provide services, devices, and equipment to individuals with access and functional needs are often not operated by government entities and have different missions, jurisdictions of authority, regulatory oversight, and legal liability realities that complicate response and recovery:



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- 1.3.17.1. Emergency Management System,
- 1.3.17.2. Healthcare System,
- 1.3.17.3. Behavioral Health System,
- 1.3.17.4. Rehabilitation Services System,
- 1.3.17.5. Pregnant Women, Infants, and Nursing Mothers Services System,
- 1.3.17.6. Children's Services System,
- 1.3.17.7. Communications Services System,
- 1.3.17.8. Transportation System, and
- 1.3.17.9. Mass Care System.

1.4. Situation

1.4.1. General

- 1.4.1.1. The general situation overview for the state is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, and Planning Assumptions and incorporated herein by reference.
- 1.4.1.2. An incident has disrupted the Food, Hydration, Shelter, and Health and Medical Community Lifelines, leading to state-supported mass evacuation, sheltering, and shelter-in-place initiatives requiring AFNSS for at-risk individuals.
- 1.4.1.3. The specific situation overview for incidents affecting at-risk individuals with access and functional needs is outlined in each of the CMIST appendices listed under Concept of Operations: General below.
- 1.4.1.4. Throughout the IEOP, the acronym "CMS" refers to the Illinois Department of Central Management Services. In this appendix, the acronym "CMS" also refers to the Illinois Department of Central Management Services, and any references to the Center for Medicare and Medicaid Services within the U.S. Department of Health and Human Services (HHS) will be spelled out. The term "consumable medical supplies" will also be spelled out.



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- 1.4.1.5. As stated in the definitions herein, the term “healthcare” as one word refers to the overarching system of providers and suppliers, whereas the term “health care” refers to the medical services received by an individual.
- 1.4.1.6. Access and Functional needs support services are Population-Related Disaster Services (PRDS) that often require the convergence of efforts under this appendix with those of ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, and ESF-8 Public Health, Healthcare, EMS, and Behavioral Health.

1.4.2. Hazard and Threat Analysis Summary

- 1.4.2.1. The state’s hazard and threat analysis summary for natural-, technological-, and human-caused disasters is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, and Planning Assumptions and incorporated herein by reference.

1.5. Assumptions

- 1.5.1. General planning assumptions for the state are outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, and Planning Assumptions and incorporated herein by reference.
- 1.5.2. An incident has disrupted the Food, Hydration, Shelter Community Lifeline to the extent that a local state of emergency has been declared and resources have been requested from the state to support efforts under ESF-6.
- 1.5.3. An incident has disrupted the Health and Medical Community Lifeline to the extent that a local state of emergency has been declared, and resources have been requested from the state to support efforts under ESF-8.
- 1.5.4. Specific planning assumptions for incidents affecting individuals with access and functional needs are outlined in each of the CMIST appendices listed under Concept of Operations: General below.

2. Concept of Operations

2.1. General

- 2.1.1. The general CONOPS for the state is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.



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- 2.1.2. The specific CONOPS for incidents affecting individuals with access and functional needs are outlined in each of the CMIST appendices listed below.
- 2.1.3. IDPH is the primary agency responsible for the coordination of resources for at-risk individuals with access and functional needs in the SEOC and serves as the primary agency for all efforts under ESF-8, X-9, Maintaining Health Services.
- 2.1.4. IDPH will coordinate the efforts of the primary agencies for each of the CMIST appendices and, when necessary, with the Red Cross for support of all activities under ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services:
 - 2.1.4.1. ESF-8, X-8 Communications Services - IDHS
 - 2.1.4.2. ESF-8, X-10 Assistive Devices and Durable Medical Equipment Technology - HFS
 - 2.1.4.3. ESF-8, X-11 Safety and Support Services - IDHS
 - 2.1.4.4. ESF-8, X-12 Non-Emergency Transportation Services - HFS
- 2.1.5. IDPH may support the SEOC IDPH Agency Representative through activation of the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC) as outlined under Direction, Control, and Coordination below.
- 2.1.6. Resolution of general preparedness-, response-, and recovery-related legal questions and issues for the state is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.7. Resolution of specific legal questions and issues for individuals with access and functional needs is outlined in each of the CMIST appendices listed in Concept of Operations: General above.

2.2. Notification, Alert, and Warning (NAW)

- 2.2.1. NAW for IEMA-OHS staff, state agencies, NGOs, and mobile support teams (MSTs) is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.2.2. Detailed procedures governing NAW for the state are outlined under ESF-2, X-1 Notification, Alert, and Warning, and incorporated herein by reference.



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- 2.2.3. Specific NAW responsibilities for incidents affecting individuals with access and functional needs are outlined in each of the CMIST appendices listed under Concept of Operations: General above.

2.3. Activation

- 2.3.1. SEOC activation decision-making is outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.3.2. Specific activations necessary for incidents affecting individuals with access and functional needs are outlined in each of the CMIST appendices listed under Concept of Operations: General above.

2.4. Communications

- 2.4.1. General communications coordination requirements for the state are outlined in the IEOP Base Plan: Communications Coordination and incorporated herein by reference.
- 2.4.2. Detailed communications coordination guidance for the state is outlined in ESF-2 Communications and incorporated herein by reference.
- 2.4.3. Specific communications coordination guidance for incidents affecting at-risk individuals with access and functional needs is outlined in each of the CMIST appendices listed under Concept of Operations: General above.

2.5. Resource Management

- 2.5.1. General administration and finance requirements for the state are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.
- 2.5.2. Detailed administration and finance requirements for the state are outlined under ESF-5, X-2 Financial and Administrative Management, and incorporated herein by reference.
- 2.5.3. Specific administration and finance requirements for access and functional needs operations are outlined in each of the CMIST appendices listed under Concept of Operations: General above.
- 2.5.4. General logistics requirements for the state are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.



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- 2.5.5. Detailed logistics requirements for the state are outlined under ESF-7 Resource Management and Logistics and ESF-7, X-1 Distribution Plan, and incorporated herein by reference.
- 2.5.6. Specific logistics requirements for access and functional needs operations are outlined in each of the CMIST appendices listed under Concept of Operations: General above.
- 2.5.7. Resource management and logistics for IDPH-procured resources will be carried out in accordance with the IDPH ESF 8 Plan.
- 2.5.8. Resources received through the HHS Strategic National Stockpile (SNS) will be carried out in accordance with the State SNS Plan and/or ESF-7, X-1 Distribution Plan.
- 2.5.9. Specific logistics requirements for the delivery of AFNSS are outlined in each of the CMIST appendices listed in the Concept of Operations: General above.
- 2.5.10. General logistics requirements for the state are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.
- 2.5.11. Detailed logistics requirements for the state are outlined under ESF-7 Resource Management and Logistics and ESF-7, X-1 Distribution Plan, and incorporated herein by reference.
- 2.5.12. Specific logistics requirements for access and functional needs operations are outlined in each of the CMIST appendices listed under Concept of Operations: General above.
- 2.5.13. Resource management and logistics for IDPH-procured resources will be carried out in accordance with the IDPH ESF 8 Plan.
- 2.5.14. Resources received through the HHS Strategic National Stockpile (SNS) will be managed in accordance with the State SNS Plan and/or ESF-7, X-1 Distribution Plan.
- 2.5.15. Specific logistics requirements for the delivery of AFNSS are outlined in each of the CMIST appendices listed in Concept of Operations: General above.

2.6. Reporting Requirements

- 2.6.1. General information collection, analysis, and dissemination guidance for the state is outlined in the IEOP Base Plan: Information Collection, Analysis, and Dissemination and incorporated herein by reference.



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- 2.6.2. Detailed information collection, analysis, and dissemination requirements for the state are outlined under ESF-5 Information and Planning and incorporated herein by reference.
- 2.6.3. Specific information collection, analysis, and dissemination requirements for incidents affecting at-risk individuals with access and functional needs are outlined in each of the CMIST appendices listed under Concept of Operations: General above.

2.7. Organization

2.7.1. Direction and Control

- 2.7.1.1. General guidance governing direction, control, and coordination for the state is outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.1.2. Detailed guidance governing direction, control, and coordination for the state is outlined under ESF-5, X-1 Direction, Control, and Coordination, and incorporated herein by reference.
- 2.7.1.3. Specific direction, control, and coordination elements can be found under Direction and Control in each of the CMIST appendices listed under Concept of Operations: General above.

2.7.2. Coordinating Elements

- 2.7.2.1. The IDPH Incident Management Team (IMT) can be activated to provide support, coordination, intelligence, and information sharing between the SEOC and IDPH offices and programs and public health, health care, and EMS stakeholders, in accordance with the IDPH ESF 8 Plan.
- 2.7.2.2. The IDPH Public Health Emergency Operations Center (PHEOC) can be activated to provide support, coordination, intelligence, and information sharing between the SEOC and IDPH offices and programs and public health, health care, and EMS stakeholders, in accordance with the IDPH ESF 8 Plan.
- 2.7.2.3. Upon activation of the IDPH PHEOC or IMT, the PHEOC Director or IMT Lead and the SEOC Manager will coordinate through the SEOC IDPH Agency Representative.



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- 2.7.2.4. IDHS coordinates communications and maintains health services preparedness, response, and recovery operations through the Office of Security and Emergency Preparedness (OSEP) without the use of a regional structure or regional response coordinators.
- 2.7.2.5. HFS coordinates non-emergency transportation preparedness, response, and recovery operations without the use of a regional structure or regional response coordinators.
- 2.7.2.6. General agency preparedness, response, and recovery coordination activities for state agencies and NGOs with responsibilities in the IEOP are outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.7.2.7. Specific agency coordination activities for state agencies and NGOs with a role in delivering AFNSS are outlined in each of the CMIST appendices listed under Concept of Operations: General above.

2.7.3. Federal Coordination

- 2.7.3.1. General procedures for federal coordination with the state are outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.3.2. Specific federal coordinating responsibilities can be found under Organization in each of the CMIST appendices listed in Concept of Operations: General above.

3. Role and Responsibilities

3.1. State ESF Coordinator

3.1.1. Illinois Department of Public Health (IDPH)

- 3.1.1.1. Coordinate the utilization of required ESF-8 support to execute missions presented by the SEOC Manager.
- 3.1.1.2. Lead access and functional needs and healthcare response efforts, ensuring that emergency planning, response, and recovery operations address the needs of individuals with access and functional needs through the CMIST framework.



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- 3.1.1.3. Coordinate public health resources and messaging, ensuring that information is accessible to individuals with access and functional needs, including those who require alternative communication formats, plain language, and language interpretation services.
- 3.1.1.4. Collaborate with IDHS, HFS, IEMA-OHS, and other organizations offering access and functional needs support services to ensure a comprehensive response that integrates CMIST principles, meeting the diverse needs of individuals with disabilities, older adults, and others with access and functional needs.
- 3.1.1.5. Coordinate assistance for those with medical needs, ensuring that emergency response efforts address maintaining health, independence, and safety through access to medications, medical support, and personal care services.
- 3.1.1.6. Oversee the procurement and delivery of assistive technology devices and durable medical equipment, ensuring an inclusive and holistic emergency response that supports physical, mobility, communication, and medical independence for individuals with access and functional needs.

3.2. Primary State Agency/Organization

3.2.1. Illinois Department of Public Health (IDPH)

- 3.2.1.1. Staff the SEOC IDPH Agency Representative position, ensuring the integration of Access and Functional Needs and CMIST considerations in public health emergency response efforts.
- 3.2.1.2. Assess health effects on various populations and provide technical expertise, including evaluating the specific needs of individuals with access and functional needs and ensuring equitable access to health services, resources, and information.
- 3.2.1.3. Manage health services, coordinate alerts, request federal resources, and support behavioral health, ensuring that all response efforts address CMIST needs, including accessible communication, medical and behavioral health support, and resources for maintaining independence and safety.



3.3. Support State Agencies/Organizations

3.3.1. American Red Cross (ARC)

- 3.3.1.1. The Red Cross has a range of responsibilities to ensure inclusivity and support for all affected individuals, including:
 - 3.3.1.1.1. Ensure that emergency shelters are accessible and provide necessary accommodations for individuals with disabilities and other access and functional needs.
 - 3.3.1.1.2. Disseminate critical information in accessible formats, including alternative formats for individuals with visual or hearing impairments.
 - 3.3.1.1.3. Develop partnerships with disability organizations and other relevant groups to enhance outreach and support.
 - 3.3.1.1.4. Collaborate with governmental agencies, non-profit organizations, and community groups to address access and functional needs collectively.

3.3.2. Illinois Deaf and Hard of Hearing Commission (IDHHC)

- 3.3.2.1. In close collaboration with relevant agencies, facilitate communication services for individuals with limited or no hearing ability through established programs and partnerships.
- 3.3.2.2. Compile and report activities for situation reports and coordinate public information and messaging on response issues for both internal and external partners, as well as the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.3. Illinois Department of Central Management Services (CMS)

- 3.3.3.1. Compile and report activities for inclusion in situation reports (SITREPs) produced by IEMA-OHS. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication and transportation, and include actions taken to highlight response gaps or needs.



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- 3.3.3.2. Assist with coordinating Joint Information Technology Teams (JITT) for state agency personnel assigned to various operational areas, including communications services, health maintenance services, non-emergency transportation services, support and safety services, and the procurement and delivery of assistive technology devices and durable medical equipment technology.
- 3.3.3.3. Assist in the identification of non-essential personnel from state agencies available to assist in these operational areas and monitor and advise the State Emergency Operations Center (SEOC) on sustainment requirements for personnel involved in these services.
- 3.3.3.4. Collaborate with the SEOC Public Information Officer (PIO) and/or Joint Information Center (JIC) to assist with the coordination of public information and messaging on response issues with both internal and external response and recovery partners, as well as for the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.4. Illinois Department of Children and Family Services (DCFS)

- 3.3.4.1. Compile and report activities for inclusion in situation reports (SITREPs) by IEMA-OHS. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.4.2. Coordinate access to assistive technology devices and durable medical equipment technology, as well as communication and health maintenance services for youth in state care.
- 3.3.4.3. Collaborate with the SEOC Public Information Officer (PIO) and/or Joint Information Center (JIC) to coordinate public information and messaging on response issues with both internal and external response and recovery partners, as well as for the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.5. Illinois Department of Financial and Professional Regulation (IDFPR)



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- 3.3.5.1. Compile and report activities for inclusion in situation reports (SITREPs) by IEMA-OHS. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs. Collaborate with the State Emergency Operations Center (SEOC) Public Information Officer (PIO) and/or Joint Information Center (JIC) to coordinate public information and messaging on response-related issues with both internal and external response and recovery partners, as well as for the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.5.2. When requested and in coordination with relevant agencies, take specific actions upon gubernatorial disaster proclamation.

3.3.6. Illinois Department of Healthcare and Family Services (HFS)

- 3.3.6.1. Assist IDPH in providing technical expertise on the medical needs of the population.
- 3.3.6.2. Compile and report relevant activities for inclusion in situation reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.6.3. Coordinate the procurement and delivery of assistive technology devices and durable medical equipment technology from private sector suppliers and ensure equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, financial needs, abilities, or impairments.
- 3.3.6.4. Collaborate with local governments and non-governmental organizations to ensure the provision of assistive technology devices and durable medical equipment for individuals in state-supported shelters.
- 3.3.6.5. When requested and in coordination with relevant agencies, take specific actions upon gubernatorial disaster proclamation.

3.3.7. Illinois Department of Human Rights (IDHR)



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- 3.3.7.1. Compile and report relevant activities for inclusion in situation reports (SITREPs) by IEMA-OHS. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.7.2. Provide subject matter expertise on the equitable distribution of assistive technology devices, durable medical equipment technology, health maintenance services, support and safety services, and transportation services to at-risk individuals.
- 3.3.7.3. Collaborate with the State Emergency Operations Center (SEOC) Public Information Officer (PIO) and/or Joint Information Center (JIC) to coordinate public information and messaging on response issues with both internal and external response and recovery partners, as well as for the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.8. Illinois Department of Human Services (IDHS)

- 3.3.8.1. IDHS serves a critical role in disaster response and recovery efforts by assisting IDPH in providing essential public health, disease, and injury prevention information to the public, employing various accessible formats and languages for diverse populations.
- 3.3.8.2. IDHS supports behavioral health services for individuals in Red Cross-managed shelters through local community providers.
- 3.3.8.3. IDHS also plays a key role in coordinating various services, including support and safety services, non-emergency medical transportation for IDHS state-operated facilities, and behavioral health services, while
- 3.3.8.4. IDHS maintains notification systems for effective communication during emergencies.

3.3.9. Illinois Department of Transportation (IDOT)

- 3.3.9.1. IDOT compiles and reports activities for inclusion in situation reports (SITREPs) by IEMA-OHS, ensuring accurate documentation of response efforts. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible



communication, transportation, and beyond, including actions taken to highlight response gaps or needs.

- 3.3.9.2. Additionally, the organization collaborates with the SEOC Public Information Officer (PIO) and/or Joint Information Center (JIC) to coordinate public information and messaging on response-related issues, both for internal and external response and recovery partners, as well as for the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.10. Illinois Department on Aging (IDoA)

- 3.3.10.1. IDoA compiles and reports activities for inclusion in situation reports (SITREPs) produced by IEMA-OHS. Reports should include how response efforts are addressing applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.10.2. IDoA-Aging coordinates and manages contact with elderly populations and their caregivers through Area Agencies on Aging (AAAs), ensuring tailored support.
- 3.3.10.3. Additionally, the organization collaborates with the SEOC Public Information Officer (PIO) and/or Joint Information Center (JIC) to coordinate public information and messaging on response-related issues for both internal and external response and recovery partners, as well as for the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.11. Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS)

- 3.3.11.1. IEMA-OHS collaborates with various state agencies to fulfill requests for resources related to assistive technology devices, durable medical equipment technology, maternal and infant services, non-emergency transportation, behavioral health services, communications services, rehabilitation, and health care services.



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- 3.3.11.2. IEMA-OHS plays a critical role in collecting, analyzing, de-conflicting, and disseminating information on these resources, ensuring efficient coordination and response efforts.
- 3.3.11.3. Additionally, the organization coordinates with the State Emergency Operations Center (SEOC) Public Information Officer (PIO) and/or Joint Information Center (JIC) to manage public information and messaging on response issues for both internal and external partners and the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.11.4. Business Emergency Operations Center (BEOC)
 - 3.3.11.4.1. BEOC compiles and reports activities for inclusion in situation reports (SITREPs) produced by IEMA-OHS. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
 - 3.3.11.4.2. It also coordinates identified needs with potential procurement or donor sources in the private sector, ensuring effective collaboration to address critical requirements, including resources that may be used to assist individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments with Access and Functional Need Support Services (AFNSS).
 - 3.3.11.4.3. Additionally, the organization collaborates with the State Emergency Operations Center (SEOC) Public Information Officer (PIO) and/or Joint Information Center (JIC) to coordinate public information and messaging on response issues, fostering communication with internal and external response and recovery partners, as well as the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.12. Illinois Guardianship and Advocacy Commission (IGAC)



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- 3.3.12.1. IGAC assumes the responsibility of legal guardianship for individuals with specific developmental disabilities when necessary and appropriate, ensuring their rights and well-being.
- 3.3.12.2. Additionally, it compiles and reports relevant activities for inclusion in situation reports (SITREPs) by IEMA-OHS. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.12.3. The organization further coordinates investigations into complaints alleging violations of the rights of individuals with specific developmental disabilities and provides legal counsel as needed.
- 3.3.12.4. Moreover, it actively supports and advocates for the rights of individuals with developmental disabilities.
- 3.3.12.5. Collaborates with the State Emergency Operations Center (SEOC) Public Information Officer (PIO) and/or Joint Information Center (JIC) to coordinate public information and messaging on response-related issues for both internal and external response and recovery partners, as well as for the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.13. Illinois Medical Emergency Response Team (IMERT)

- 3.3.13.1. IMERT deploys at the request of the IDPH and the IEMA-OHS. Manages and coordinates the response and recovery efforts of IMERT personnel and volunteers.
- 3.3.13.2. Additionally, IMERT compiles and reports relevant activities for inclusion in situation reports (SITREPs) by IEMA-OHS. Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.13.3. Collaborates with SEOC Public Information Officers (PIOs) and/or Joint Information Center (JIC) to coordinate public information and messaging on response-related issues for both internal and external response and recovery partners, as well as for the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless



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of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.14. Illinois National Guard (ILNG)

- 3.3.14.1. Provides transportation assets and personnel to support the evacuation and relocation of individuals with access and functional needs, including those who require accessible vehicles, lift assistance, or non-emergency medical transport.
- 3.3.14.2. Supports the delivery and distribution of durable medical equipment technology, consumable medical supplies, and basic health and hygiene resources to shelters, hospitals, and other facilities housing individuals with access and functional needs, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.14.3. Assists with the logistical setup and operation of general population shelters and alternate care sites with access and functional needs-specific support capabilities, including medical support, physical mobility assistance, and communication access (e.g., interpreters, assistive technology).
- 3.3.14.4. Augment shelter security and force protection for facilities housing individuals with access and functional needs, ensuring a safe, stable, and accessible environment for both residents and care providers.
- 3.3.14.5. Coordinate with IEMA-OHS and other partners to identify and fill capability gaps in access and functional needs-related mass care operations, including personnel augmentation, supply transport, and infrastructure support.

3.3.15. Illinois Poison Center (IPC)

- 3.3.15.1. IPC compiles and reports activities for inclusion in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.



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- 3.3.15.2. Moreover, the organization collaborates with the IDPH and State Emergency Operations Center (SEOC) Public Information Officers (PIOs) and/or Joint Information Center (JIC) to coordinate public information and messaging on response-related issues, both for internal and external response and recovery partners and for the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.16. Illinois State Board of Education (ISBE)

- 3.3.16.1. Provides resources to assist in the movement of at-risk/medically fragile populations to shelter areas and with the sheltering of the special medical needs population that exceeds the state's capacity, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.17. Illinois Voluntary Organizations Active in Disasters (IL VOAD)

- 3.3.17.1. IL VOAD actively participates in disaster response efforts by assisting in the recruitment and deployment of volunteers for various critical services, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.17.2. Additionally, the organization plays a key role in compiling and reporting activities for inclusion in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.17.3. Collaborates with the IDPH and State Emergency Operations Center (SEOC) Public Information Officers (PIOs) and/or Joint Information Center (JIC) to coordinate public information and messaging on response-related issues for both internal and external response and recovery partners, as well as the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.18. Office of the Illinois Attorney General (OIAG)



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- 3.3.18.1. OIAG compiles and reports activities for inclusion in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts address applicable access and functional needs, such as the availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.18.2. It also provides valuable legal counsel for state agencies, boards, and commissions involved in policy decisions related to individuals with Access and Functional Needs.
- 3.3.18.3. Additionally, the organization contributes to the State Emergency Operations Center (SEOC) by staffing the OIAG Agency Representative position and collaborating with SEOC Public Information Officers (PIOs) and/or the Joint Information Center (JIC) to coordinate public information and messaging on response issues for both internal and external response and recovery partners, as well as the general public, ensuring that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

4. Authorities

1. Public Health Services Act of 1944, as amended
2. Title VI, Civil Rights Act of 1964, as amended
3. Title IX, Education Amendments Act, as amended
4. Rehabilitation Act of 1973, as amended
5. Age Discrimination Act of 1975, as amended
6. Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Stafford Act), Pub. L. No. 93-288, as amended
7. Health Insurance Portability and Accountability Act (HIPAA) of 1996: Privacy Rule, Pub. L. No. 104-191, as amended
8. Title II, Americans with Disabilities Act (ADA) of 1990, as amended
9. Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency
10. Executive Order 13347, Individuals with Disabilities in Emergency Preparedness



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11. Volunteer Protection Act of 1997, Pub. L. No 105-295; 42 U.S.C. §§ 14501–14505, as amended
12. Post-Katrina Emergency Management Reform Act of 2006 (Post-Katrina Act), Pub. L. No. 109-295, as amended
13. Emergency Management Assistance Compact (EMAC) of 1996, Pub. L. No. 104-321, as amended
14. Sandy Recovery Improvement Act of 2013, Pub. L. No. 113-2, as amended
15. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417, as amended
16. Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, Pub. L. No. 113-5, as amended
17. Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA), Public Law No. 116-22, as amended
18. Illinois Compiled Statutes, 20 ILCS 4010/, Illinois Council on Developmental Disabilities Law, as amended
19. Illinois Compiled Statutes, 225 ILCS 85, Illinois Pharmacy Practice Act, as amended
20. Illinois Compiled Statutes, 745 ILCS 5, State Lawsuit Immunity Act, as amended
21. Illinois Compiled Statutes, 745 ILCS 10, Local Governmental and Governmental Employees Tort Immunity Act, as amended.
22. Illinois Compiled Statutes, 20 ILCS 2105/2105-400, Department of Professional Regulation Law, as amended
23. United States Code, 36 U.S.C. §§300101-300111, re-codified 2007, Congressional Charter of the American National Red Cross.

5. References

1. IEOP Base Plan, as amended
2. ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, as amended
3. ESF-8 Public Health, Healthcare, EMS, and Behavioral Health, as amended
4. National Response Framework (NRF), as amended
5. National Disaster Recovery Framework (NDRF), as amended



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6. State Plan for Independent Living (SPIL), IDHS, Division of Rehabilitative Services, as amended
7. IDPH Emergency Support Function (ESF) 8 Plan, as amended
8. IDPH ESF 8 Plan, Functional and Access Needs (FAN) Annex, as amended
9. The Illinois Plan for Radiological Accidents (IPRA), Vol. 1, Concept of Operations, as amended
10. Illinois Strategic National Stockpile Plan, as amended

6. Acronyms & Definitions

1. For all definitions and acronyms addressed in this plan, please refer to the IEOP Base Plan, Appendix X-07 Glossary of Terms.