

Illinois Emergency Operations Plan

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

Appendix X-9 Maintaining Health Services

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 Emergency Operations Plan (IEOP)
Emergency Support Function (ESF) #8 Public Health, Healthcare, EMS, & Behavioral Health
Appendix X-9 Maintaining Health Services
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State of Illinois Managed Plan Emergency Support Function (ESF) #8 Appendix X-9 Maintaining Health Services

Title	ESF-8 Public Health, Healthcare, EMS, & Behavioral Health Appendix X-9 Maintaining Health Services	
Managing Division/Branch	Division of Operations	Strategic Planning – Inter-Agency Strategic Planning Cell (ISPC)
Drafted/Evaluated	The ISPC, in coordination with the ESF planning group.	October 2025
Evaluated Against	1. Prior version, if applicable. 2. Federal statutes and regulations. 3. State statutes and administrative codes. 4. Federal, state, and IEMA-OHS policies and directives. 5. National Preparedness Goal 6. National Response Framework 7. NRF Emergency Support Function Annexes 8. FEMA Community Lifelines 9. National Disaster Recovery Framework (NDRF) 10. IEMA-OHS policies, plans, and common definitions list. 11. Corrective actions from After-Action Reports (AARs) and real-world events where this ESF was engaged.	
Plan Type	☒ New ☐ Revised	
Branch Manager Review and Approval	Scott Gauvin, Manager of Strategic Operations and Preparedness	July 7, 2026
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State ESF-8, X-9 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	American Red Cross (ARC) Illinois Council for Developmental Disabilities (ICDD)
Primary State Agencies & Organizations	Illinois Department of Central Management Services (CMS)
Illinois Department of Public Health (IDPH)	Illinois Department of Children and Family Services (DCFS)
Federal ESF-8, X-9 Coordinator	Illinois Department of Financial and Professional Regulation (IDFPR)
U.S. Department of Health and Human Services (HHS)	Illinois Department of Healthcare and Family Services (HFS) Illinois Department of Human Rights (IDHR) Illinois Department of Human Services (IDHS) Illinois Department on Aging (IDoA) 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 Voluntary Organizations Active in Disaster (IL VOAD) 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 support for health maintenance services for at-risk 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 affecting at-risk individuals who require health maintenance services.
- 1.2.2. Health maintenance services are one of five planning and response categories of the HHS CMIST Framework for at-risk individuals with access and functional needs outlined under Policy in ESF-8, X-7 Access and Functional Needs.
- 1.2.3. Health maintenance services are access and functional support services (AFNSS) that fall under Federal Emergency Support Function (ESF) #8 and ESF #6 of the National Response Framework (NRF) and are necessary to maintain the Federal Emergency Management Agency (FEMA) Health and Medical Community Lifeline.
- 1.2.4. The goal of this appendix is to reduce the negative impacts of a disaster or public health emergency on individuals with access and functional needs.
- 1.2.5. This appendix outlines how the state provides for individuals who require health maintenance services, which includes individuals who are dependent on:
 - 1.2.5.1. Prescription medications.
 - 1.2.5.2. Outpatient health care services are normally delivered by home health and hospice providers and outpatient clinics.
 - 1.2.5.3. Consumable medical supplies.
 - 1.2.5.4. Durable medical equipment technology (DME).
 - 1.2.5.5. Behavioral health services.
 - 1.2.5.6. Specialty nutrition.



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- 1.2.5.7. Electricity for life-maintaining equipment.
- 1.2.5.8. Special accommodations for breastfeeding and infant/childcare.
- 1.2.6. This appendix applies to the following entities:
 - 1.2.6.1. Illinois local governments.
 - 1.2.6.2. Illinois state government.
 - 1.2.6.3. Federal government agencies, when deployed to the state.
 - 1.2.6.4. Public and private sector health care and behavioral health services providers and suppliers, including state-regulated health care providers listed under Scope in ESF-8, X-2 Health Care Services.
 - 1.2.6.5. Non-governmental organizations (NGOs) with a role in state health maintenance services operations.
 - 1.2.6.6. Coordinating elements with a role in state health maintenance services operations.
- 1.2.7. The operational and tactical details necessary to implement this appendix can be found in:
 - 1.2.7.1. Illinois Department of Public Health (IDPH), Emergency Support Function (ESF) 8 Plan, Functional and Access Needs (FAN) Annex.
 - 1.2.7.2. Illinois Department of Human Services (IDHS), Office of Security and Emergency Preparedness (OSEP) plans, policies, and procedures, and
 - 1.2.7.3. Illinois Department of Healthcare and Family Services (HFS) plans, policies, and procedures.

1.3. Policy

- 1.3.1. General response and recovery policy for the state is outlined in the IEOP Base Plan: Purpose, Scope, Policy, Situation Overview, and Planning Assumptions and incorporated herein by reference.
- 1.3.2. All policies stated under Policy in ESF-8, X-7 Access and Functional Needs are incorporated herein by reference.



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- 1.3.3. To the extent possible, implementation of health maintenance services response and recovery operations will be consistent with FEMA, U.S. Department of Justice (USDOJ), U.S. Department of Health and Human Services (HHS), and healthcare and behavioral health industry guidance.
- 1.3.4. The state recognizes IDPH as the primary state agency responsible for operational and tactical health maintenance services planning and the coordination of response to and recovery from a disaster or public health emergency affecting at-risk individuals who require health maintenance services.
 - 1.3.4.1. IDPH is the lead agency responsible for coordinating health care services for individuals with access and functional needs, as outlined herein and in ESF-8, X-2 Health Care Services.
 - 1.3.4.2. IDPH is the lead agency responsible for coordinating maternal, infant, and children's services as outlined herein.
 - 1.3.4.3. IDHS is the lead agency responsible for coordinating behavioral health services for individuals with access and functional needs, as outlined herein and in ESF-8, X-4 Behavioral Health Services.
 - 1.3.4.4. HFS is the lead agency responsible for coordinating the procurement and delivery of DME and consumable medical supplies for individuals with access and functional needs, as outlined herein and in ESF-8, X-10 Assistive Devices and Durable Medical Equipment Technology.
- 1.3.5. IDPH shares responsibility with IDHS, HFS, and private sector health maintenance services providers for overall authority and responsibility to determine health maintenance services-related risks and response measures throughout response and recovery.
- 1.3.6. 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 maintenance services providers and suppliers.
- 1.3.7. The state will shelter at-risk individuals with access and functional needs in the least restrictive setting and not unnecessarily hospitalize or institutionalize them.
- 1.3.8. The state will not separate at-risk individuals with access and functional needs from their caregivers, which may include family, friends, attendants, and professional caregivers.



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- 1.3.9. The state will not separate at-risk individuals with access and functional needs from their DME, consumable medical supplies, and assistive devices.
- 1.3.10. The state will not separate at-risk individuals with access and functional needs from their service animals.
- 1.3.11. The state recognizes that health maintenance services are delivered primarily through healthcare and behavioral health systems, which:
 - 1.3.11.1. Reside predominantly in the private sector through private non-profit and for-profit corporate entities that may not be swayed by orders from the governor or chief elected official.
 - 1.3.11.2. Do not operate within legally defined borders (state, county, and municipal) like the emergency management and public health systems.
 - 1.3.11.3. Have no local government agency or office dedicated to providing or coordinating the provision of health maintenance services, and
 - 1.3.11.4. If not a government entity, neither a health maintenance services entity nor its employees have qualified immunity under the State Lawsuit Immunity Act (745 ILCS 5/) or the Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/).
- 1.3.12. The state will prepare for the delivery of health maintenance services in a way that enables at-risk individuals to maintain their health and avoid the risk of decompensating, including:
 - 1.3.12.1. Providing for individuals who require consumable medical supplies, such as:
 - 1.3.12.1.1. Glucose test strips.
 - 1.3.12.1.2. Lancet devices and lancets.
 - 1.3.12.1.3. Oxygen.
 - 1.3.12.1.4. Ostomy supplies.
 - 1.3.12.1.5. Catheters.
 - 1.3.12.1.6. Wound care dressings.
 - 1.3.12.1.7. Enteral feeding supplies.



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1.3.12.2. Providing for individuals who require the replacement of durable medical equipment technology (DME), such as:

1.3.12.2.1. Blood sugar meters.

1.3.12.2.2. Commode chairs.

1.3.12.2.3. Continuous Positive Airway Pressure (CPAP) devices.

1.3.12.2.4. Hospital beds.

1.3.12.2.5. Home infusion services.

1.3.12.2.6. Infusion pumps & supplies.

1.3.12.2.7. Nebulizers & nebulizer medications.

1.3.12.2.8. Oxygen equipment & accessories.

1.3.12.2.9. Patient lifts.

1.3.12.2.10. Pressure-reducing support surfaces.

1.3.12.3. Providing for individuals who rely on professional services for:

1.3.12.3.1. Mental health.

1.3.12.3.2. Substance abuse.

1.3.12.3.3. Stress and anxiety management.

1.3.12.3.4. Personal assistance, such as putting on and taking off clothes, eating, and using the restroom.

1.3.12.3.5. Chronic medical conditions are generally managed through medical outpatient and home care and hospice services, such as wound care, pregnancy care, dialysis, and cancer treatments.

1.3.12.3.6. Maternal and child health considerations, including privacy for nursing mothers, supplies for postpartum women, and access to infant supplies

1.3.12.3.7. Access to medications through prescription refills.



- 1.3.12.4. Providing for the nutritional needs of individuals who require allergy-safe foods, baby food, and enteral feeding.

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. The situation overview stated under Situation in ESF-8, X-7 Access and Functional Needs is incorporated herein by reference.
- 1.4.1.3. An incident has disrupted the FEMA Food, Hydration, Shelter, and Health and Medical Community Lifelines, leading at-risk individuals who are reliant on health maintenance services to be displaced from their homes, camps, or institutions, requiring sheltering by the state.
- 1.4.1.4. An incident has led at-risk individuals to lose access to their consumable medical supplies and DME.
- 1.4.1.5. An incident has led at-risk individuals to lose access to services from their home health or hospice providers or outpatient clinics.
- 1.4.1.6. An incident has led at-risk individuals to lose access to services from their behavioral health providers.
- 1.4.1.7. An incident has led at-risk individuals to lose access to their required prescription medications.
- 1.4.1.8. An incident has led at-risk individuals to lose access to services from their maternity care provider.
- 1.4.1.9. An incident has led at-risk individuals to lose access to the required specialty nutrition needs.
- 1.4.1.10. An incident has led children to be displaced from their homes, camps, or institutions requiring specialty behavioral health services from the state.

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. Planning assumptions stated under Assumptions in ESF-8, X-7 Access and Functional Needs are incorporated herein by reference.
- 1.5.3. A trained health care and behavioral health services workforce will be available primarily through private sector providers.
- 1.5.4. Disasters and public health emergencies will require state support services for at-risk individuals who require:
 - 1.5.4.1. Behavioral health services.
 - 1.5.4.2. Health care services for chronic medical conditions.
 - 1.5.4.3. Stress and anxiety management services.
 - 1.5.4.4. Personal assistance, such as putting on and taking off clothes, eating, and using the restroom.
 - 1.5.4.5. Maternal, infant, and child health services.
 - 1.5.4.6. Access to medications through prescription refills.
- 1.5.5. The private sector is primarily responsible for health maintenance services and may not be responsive to the needs or demands of the SEOC, the governor, chief elected officials, or designees.
- 1.5.6. There is no local government agency or office responsible for directly delivering health maintenance services at the local level.
- 1.5.7. IDHS will augment behavioral health services for individuals who have lost access to their behavioral health provider with the support of available resources of state personnel and the use of state facilities, depending on available resources and organizational capacity



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- 1.5.8. Individuals who have lost access to their home health or hospice provider or outpatient clinic will require assistance to reconnect with appropriate health care services.
- 1.5.9. There is a limited deployable element available from the Emergency Management Assistance Compact (EMAC) to augment health care and behavioral health services. Supplies and equipment will be more readily available than staff.
- 1.5.10. There is a limited deployable element available from the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), National Disaster Medical System (NDMS), to augment health care and behavioral health services. Supplies and equipment will be more readily available than staff.

2. Concept of Operations

2.1. General

- 2.1.1. CONOPS principles for the state are outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.1.2. CONOPS principles under Concept of Operations in ESF-8, X-7 Access and Functional Needs are incorporated herein by reference.
- 2.1.3. Through the Office of Preparedness and Response (OPR), Division of Disaster Preparedness and Response (DPR), IDPH is the primary agency responsible for coordinating state-supported health maintenance services in the SEOC.
- 2.1.4. During a state-declared disaster or public health emergency that adversely affects individuals who rely on health maintenance services, IDPH and IDHS will deploy agency representatives to the SEOC.
- 2.1.5. IDPH is the primary agency for ESF-8, X-9 Maintaining Health Services, and may support the IDPH SEOC Agency Representative through activation of the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC).
- 2.1.6. The IDPH Office of Healthcare Regulation (OHCR) regulates the health care providers and suppliers listed under Scope in ESF-8, X-2 Health Care Services, and enforces the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule. OHCR has the authority to take administrative action to force health care providers and suppliers into specific life-safety actions during response and recovery to protect patients and residents.



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- 2.1.7. Health care services are delivered by health care providers and suppliers listed in ESF-8, X-2 Health Care Services under Scope.
- 2.1.8. CONOPS principles for health care providers and suppliers are outlined in ESF-8, X-2 Health Care Services under Concept of Operations and incorporated herein by reference.
- 2.1.9. Behavioral health services are delivered by behavioral health providers listed in ESF-8, X-4 Behavioral Health Services under Scope.
- 2.1.10. CONOPS Principles for behavioral health providers are outlined in ESF-8, X-4 Behavioral Health Services under Concept of Operations and incorporated herein by reference.
- 2.1.11. The IDPH Office of Healthcare Regulation (OHCR) regulates the behavioral health providers listed below and enforces the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule. OHCR has the authority to take administrative action to force these providers into specific life-safety actions during response and recovery to protect patients and residents:
 - 2.1.11.1. Psychiatric Residential Treatment Facilities (PRTFs).
 - 2.1.11.2. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID).
 - 2.1.11.3. Home Health Agencies (HHAs) providing behavioral health services, and
 - 2.1.11.4. Community Mental Health Centers (CMHCs).
- 2.1.12. IDPH is the lead agency responsible for coordinating state-supported maternal, infant, and child services in the SEOC through its Division of Medical Programs.
 - 2.1.12.1. IDPH will coordinate with the HFS Division of Medical Programs when coordinating state-supported maternal, infant, and child services in the SEOC.
 - 2.1.12.2. If a provider delivering maternal, infant, and child services requires resources, they will request them through the local EMA.
 - 2.1.12.3. If a local EMA cannot fulfill a resource request from a maternal and infant services provider, it will request resources on the provider's behalf from the state through a WebEOC request routed to the provider's IEMA-OHS Regional Coordinator.



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- 2.1.13. IDPH employs its own legal counsel and utilizes its internal policies and procedures to engage counsel for opinions and direction on preparedness, response, and recovery issues specific to its agency and interpreting its enabling legislation.
- 2.1.14. IDHS employs its own legal counsel and utilizes its internal policies and procedures to engage counsel for opinions and direction on preparedness, response, and recovery issues specific to its agency and interpreting its enabling legislation.
- 2.1.15. HFS employs its own legal counsel and utilizes its internal policies and procedures to engage counsel for opinions and direction on preparedness, response, and recovery issues specific to its agency and interpreting its enabling legislation.
- 2.1.16. Throughout the IEOP, the acronym "CMS" refers to the Illinois Department of Central Management Services. In this annex, the acronym "CMS" also refers to the Illinois Department of Central Management Services, and any reference to the Center for Medicare and Medicaid Services within the U.S. Department of Health and Human Services (HHS) will be spelled out in full. The term "Consumable Medical Supplies" will also be spelled out.
- 2.1.17. Health maintenance 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.
- 2.1.18. In the Spring of 2021, the State Legislature amended the Illinois Emergency Management Agency Act by adding Section 23, Access and Functional Needs Advisory Committee. If proposals from the Committee altering this appendix's intent are adopted by the IEMA-OHS Director, it will be updated accordingly.

2.2. Notification, Alert, and Warning (NAW)

- 2.2.1. NAW for IEMA-OHS staff, state agencies, non-governmental organizations (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.
- 2.2.3. IDPH is responsible for NAW for:
 - 2.2.3.1. IDPH leadership, offices, divisions, and employees.



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- 2.2.3.2. Health care providers, as defined in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health.
- 2.2.3.3. Local Health Departments (LHDs).
- 2.2.3.4. Non-governmental partner organizations with a role in coordinating or delivering health care services.
- 2.2.3.5. Non-governmental partner organizations with a role in coordinating or delivering maternal, infant, and child services.
- 2.2.3.6. The Illinois Medical Emergency Response Team (IMERT).
- 2.2.4. IDHS is responsible for NAW for:
 - 2.2.4.1. IDHS leadership, offices, divisions, and employees.
 - 2.2.4.2. Public and private sector providers of behavioral health services.
 - 2.2.4.3. Non-governmental partner organizations with a role in coordinating or delivering behavioral health services.
- 2.2.5. HFS is responsible for NAW for:
 - 2.2.5.1. HFS leadership, offices, divisions, and employees.
 - 2.2.5.2. Non-governmental partner organizations with a role in coordinating or delivering maternal, infant, and child services.

2.3. Activation

- 2.3.1. SEOC activation, authority, and decision-making for the state are outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.3.2. IDPH is responsible for activating its internal agency response and recovery coordination elements, including the IDPH IMT and PHEOC.
- 2.3.3. IDHS is responsible for activating its internal agency response and recovery coordination elements.
- 2.3.4. HFS is responsible for activating its internal agency response and recovery coordination elements.



2.4. Communications

- 2.4.1. General communications requirements and procedures for the state are outlined in the IEOP Base Plan: Communications Coordination and incorporated herein by reference.
- 2.4.2. Detailed procedures governing communication coordination for the state are outlined under ESF-2 Communications and incorporated herein by reference.
- 2.4.3. IDPH is responsible for developing, testing, and maintaining its communications resources and systems, which include:
 - 2.4.3.1. Medical Emergency Communications of Illinois (MERCi)
 - 2.4.3.2. SIREN
 - 2.4.3.3. STARCOM21
- 2.4.4. IDHS is responsible for developing, testing, and maintaining its communications resources and systems.
- 2.4.5. HFS is responsible for developing, testing, and maintaining its communications resources and systems.
- 2.4.6. During a crisis affecting individuals needing health maintenance services, IDPH is responsible for maintaining communications with:
 - 2.4.6.1. IDPH leadership offices, divisions, and employees.
 - 2.4.6.2. Regional Hospital Coordinating Centers (RHCCs)
 - 2.4.6.3. Health Care Coalitions (HCCs)
 - 2.4.6.4. Illinois Medical Emergency Response Team (IMERT)
 - 2.4.6.5. Local Health Departments (LHDs)
 - 2.4.6.6. Health care providers outlined under Scope in ESF-8 Public Health, Healthcare, EMS, and Behavioral Health.
 - 2.4.6.7. Public and private sector maternal, infant, and child services providers.
 - 2.4.6.8. Non-governmental maternal, infant, and child services response partner organizations.



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- 2.4.6.9. Non-governmental health care response partner organizations.
- 2.4.7. During a crisis affecting individuals needing health maintenance services, IDHS is responsible for maintaining communications with:
 - 2.4.7.1. IDHS leadership offices, divisions, and employees.
 - 2.4.7.2. Public and private sector behavioral health providers.
 - 2.4.7.3. Non-governmental behavioral health services response partner organizations.
- 2.4.8. During a crisis affecting individuals needing health maintenance services, HFS is responsible for maintaining communications with:
 - 2.4.8.1. IDHS leadership offices, divisions, and employees.
 - 2.4.8.2. Public and private sector maternal, infant, and child services providers.
 - 2.4.8.3. Non-governmental maternal, infant, and child services response partner organizations.

2.5. Resource Management

- 2.5.1. General administration and finance requirements and procedures for the state are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.
- 2.5.2. Detailed procedures governing finance administration for the state are outlined under ESF-5, X-2 Financial and Administrative Management, and incorporated herein by reference.
- 2.5.3. General logistics requirements and procedures for the state are outlined in the IEOP Base Plan: Administration, Finance, and Logistics and incorporated herein by reference.
- 2.5.4. Detailed procedures governing logistics for the state are outlined under ESF-7 Resource Management and Logistics and ESF-7, X-1 Distribution Plan, and incorporated herein by reference.
- 2.5.5. Resource management and logistics for IDPH-procured resources will be carried out in accordance with the IDPH ESF 8 Plan.



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- 2.5.6. Resources received through the HHS Strategic National Stockpile will be delivered in accordance with the State SNS Plan and/or ESF-7, X-1 Distribution Plan.

2.6. Reporting Requirements

- 2.6.1. General information collection, analysis, and dissemination requirements and procedures for the state are outlined in the IEOP Base Plan: Information Collection, Analysis, and Dissemination and incorporated herein by reference.
- 2.6.2. Detailed procedures for information collection, analysis, and dissemination for the state are outlined under ESF-5 Information and Planning and incorporated herein by reference.

2.7. Organization

2.7.1. Direction and Control

- 2.7.1.1. General procedures governing direction, control, and coordination for the state are outlined in the IEOP Base Plan: Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.1.2. Detailed procedures governing direction, control, and coordination for the state are outlined under ESF-5, X-1 Direction, Control, and Coordination and incorporated herein by reference.
- 2.7.1.3. The SEOC IDPH Agency Representative is the primary point of coordination for state support of health maintenance services in the SEOC.
- 2.7.1.3.1. The SEOC IDPH Agency Representative is the coordinator for state support of health care services, as outlined herein and in ESF-8, X-2 Health Care Services in the SEOC.
- 2.7.1.3.2. The SEOC IDPH Agency Representative, in coordination with the SEOC HFS Agency Representative, is the coordinator for state support of maternal, infant, and child services, as outlined herein.
- 2.7.1.3.3. The SEOC IDHS Agency Representative is the coordinator for state support of behavioral health services, as outlined in ESF-8, X-4 Behavioral Health Services.

2.7.2. Coordinating Elements



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- 2.7.2.1. State hospital and critical access hospital preparedness, response, and recovery activities are coordinated through 11 EMS Regions managed by IDPH.
- 2.7.2.2. The IDPH Regional EMS Coordinators (REMSECs) serve as the liaison between hospitals and critical access hospitals and the SEOC IDPH Agency Representative, IMT, or PHEOC for their assigned IDPH EMS Region.
- 2.7.2.3. Other than for hospitals and critical access hospitals, IDPH does not coordinate state preparedness, response, and recovery operations for health care providers and suppliers listed under Scope in ESF-8, X-2 Health Care Services.
- 2.7.2.4. Activation and application of the IDPH IMT is done in accordance with the IDPH ESF 8 Plan.
- 2.7.2.5. Activation and application of the PHEOC is done in accordance with the IDPH ESF 8 Plan.
- 2.7.2.6. IDHS does not use a regional coordination system or regional emergency response coordinators for behavioral health services.
- 2.7.2.7. HFS does not use a regional coordination system or regional emergency response coordinators for behavioral health services.
- 2.7.2.8. General agency preparedness, response, and recovery coordination activities for state agencies, boards, commissions, and non-governmental organizations with responsibilities in the IEOP are outlined in the IEOP Base Plan: Concept of Operations and incorporated herein by reference.
- 2.7.2.9. IDPH
 - 2.7.2.9.1. The Office of Preparedness and Response (OPR), Division of Disaster Planning and Readiness (DPR) coordinates internal agency preparedness, response, and recovery elements with other IDPH offices and their associated divisions:
 - 2.7.2.9.1.1. Office of the Director (OD)
 - 2.7.2.9.1.2. Office of Disease Control (ODC)
 - 2.7.2.9.1.3. Office of Finance and Administration (OFA)
 - 2.7.2.9.1.4. Office of Health Care Regulation (OHCR)



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- 2.7.2.9.1.5. Office of Health Promotion (OHPm)
- 2.7.2.9.1.6. Office of Health Protection (OHP)
- 2.7.2.9.1.7. Office of Human Resources (OHR)
- 2.7.2.9.1.8. Office of Information Technology (OIT/DoIT)
- 2.7.2.9.1.9. Office of Performance Management (OPM)
- 2.7.2.9.1.10. Office of Policy, Planning, and Statistics (OPPS)
- 2.7.2.9.1.11. Office of Racial and Cultural Health Equity (ORCHE)
- 2.7.2.9.1.12. Office of Women's Health and Family Services (OWHFS)
- 2.7.2.9.2. For incidents affecting individuals needing health maintenance services, OPR and DPR will coordinate primarily with OHCR and OWHFS.
- 2.7.2.9.3. Coordinates agency response and recovery operations with state and federal agencies and non-governmental organizations (NGOs) through OPR and DPR by deploying an agency representative to the SEOC and, when necessary, activating the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC).
- 2.7.2.10. IDHS
 - 2.7.2.10.1. The Office of Security and Emergency Preparedness (OSEP) coordinates internal agency preparedness, response, and recovery elements with IDHS program divisions:
 - 2.7.2.10.1.1. Division of Developmental Disabilities (DDD).
 - 2.7.2.10.1.2. Division of Family and Community Services (DFCS).
 - 2.7.2.10.1.3. Division of Behavioral Health and Recovery.
 - 2.7.2.10.1.4. Division of Rehabilitation Services (DRS).



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- 2.7.2.10.2. Coordinates agency response and recovery operations with state and federal agencies and NGOs through OSEP by deploying an agency representative to the SEOC.
- 2.7.2.11. HFS
 - 2.7.2.11.1. Coordinates internal agency preparedness, response, and recovery elements with HFS divisions through the Division of Medical Programs.
 - 2.7.2.11.2. Coordinates agency response and recovery operations with state and federal agencies and NGOs.
- 2.7.2.12. General responsibilities and authorities of the Governor's Office are outlined in the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.13. General procedures governing mutual aid integration in the state are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.14. Detailed procedures governing the use of mutual aid for the state are outlined under ESF-5, X-3 Mutual Aid Coordination, and incorporated herein by reference.
- 2.7.2.15. General procedures governing private sector integration in the state are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.16. Detailed procedures governing private sector integration in the state are outlined under ESF-14 Cross-Sector Business and Infrastructure and incorporated herein by reference.
- 2.7.2.17. General procedures governing the activation and deployment of the Illinois National Guard (ILNG) are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.18. Detailed procedures governing the activation and deployment of the ILNG are outlined under ESF-13 Public Safety and Security and incorporated herein by reference.



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- 2.7.2.19. General responsibilities of local governments in the state are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.2.20. Local governments are subject to the same requirements as the state to provide for at-risk individuals with access and functional needs during a disaster or public health emergency, as outlined in ESF-8, X-7 Access and Functional Needs.

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. The SEOC IDPH Agency Representative will coordinate with the U.S. Department of Health and Human Services (HHS), Assistant Secretary for Preparedness and Response (ASPR), to:
 - 2.7.3.2.1. Obtain subject matter expertise on health care and health maintenance issues.
 - 2.7.3.2.2. Request medical countermeasures (MCM) from the Strategic National Stockpile (SNS).
 - 2.7.3.2.3. Coordinate the delivery of MCMs from the SNS.
 - 2.7.3.2.4. Request deployment of the U.S. Public Health Service (USPHS) to support the state's health care response and recovery operations.
 - 2.7.3.2.5. Get clarification on the appropriate use of funds during response and recovery from the HHS, ASPR Hospital Preparedness Program (HPP).
- 2.7.3.3. The SEOC IDHS Agency Representative will coordinate with HHS, ASPR, At-Risk, Behavioral Health and Community Resilience (ABC), and the Substance Abuse and Mental Health Services Administration (SAMHSA) to:
 - 2.7.3.3.1. Obtain subject matter expertise on behavioral health issues.



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- 2.7.3.3.2. Request deployment of the U.S. Public Health Service (USPHS) to support the state's behavioral health response and recovery operations.
- 2.7.3.4. The SEOC HFS Agency Representative will coordinate with HHS to access support for DME and consumable medical supplies related to health maintenance services.
- 2.7.3.5. General policies governing the use of federal resources are outlined under the IEOP Base Plan: Organization and Assignment of Responsibilities and incorporated herein by reference.
- 2.7.3.6. The U.S. Department of Health and Human Services (HHS) and the Federal Emergency Management Agency (FEMA) are the federal coordinating agencies for access and functional needs, including health maintenance services, and are incorporated herein by reference.

3. Roles 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. Serve as the coordinating agency for the state's access and functional needs response and recovery efforts, ensuring emergency operations address Communication, Maintaining Health, Independence, Support & Safety, and Transportation (CMIST) needs for individuals with disabilities, older adults, and others with access and functional needs.
- 3.1.1.3. Serve as the coordinating agency for the state's health care response and recovery efforts, as outlined herein and in ESF-8, X-2 Health Care Services, ensuring equitable access to medical services for individuals with access and functional needs.
- 3.1.1.4. Coordinate with HFS on the state's disaster response and recovery efforts to provide health care services for pregnant women, nursing mothers, infants, and children, incorporating access and functional needs considerations such as accessible communication, mobility support, and specialized medical care.



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- 3.1.1.5. In coordination with the Red Cross, local governments, and NGOs providing congregate shelter services, ensure the provision of necessary health maintenance services for individuals in state-supported shelters, as outlined in ESF-6, X-1 Shelter Support, prioritizing access and functional needs accommodations such as medical support, accessible facilities, and communication and personal assistance services.
- 3.1.1.6. Coordinate the use of SIREN for IDHS to alert agencies, offices, personnel, and non-governmental organizations (NGOs) with a role in behavioral health operations, ensuring alert systems are accessible to individuals with communication-related access and functional needs.
- 3.1.1.7. In coordination with the IDPH Office of Healthcare Regulation (OHCR), request and coordinate the waiver of applicable health care rules and regulations from the Illinois Department of Financial and Professional Regulation (IDFPR) to enhance flexibility in meeting access and functional needs and CMIST needs during response efforts.
- 3.1.1.8. Request and coordinate with IDFPR on the expanded scope of practice for health care professionals, ensuring personnel are equipped to address the unique needs of individuals with access and functional needs, including those requiring complex medical care.
- 3.1.1.9. Request and coordinate with IDFPR on the waiver of state licensure for non-state responders deploying to the state through EMAC and the HHS, ASPR, National Disaster Medical System (NDMS) to enhance access to specialized care for individuals with access and functional needs.
- 3.1.1.10. Request 1135 waivers from HHS, Centers for Medicare and Medicaid Services, ensuring flexibility in providing essential health care and support services for individuals with access and functional needs.
- 3.1.1.11. Coordinate the use of the ESAR-VHP system by IDHS to recruit, register, and deploy behavioral health services professionals, ensuring adequate mental health support for individuals with access and functional needs, including those with cognitive and psychological needs.
- 3.1.1.12. Request and coordinate the receiving of supplies and equipment through HHS, ASPR, and SNS, prioritizing access and functional needs -related resources such as assistive technology, durable medical equipment, and accessible medical supplies.



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- 3.1.1.13. Request and coordinate the receiving of federal personnel through HHS, ASPR, and NDMS, ensuring a workforce capable of addressing access and functional needs and CMIST considerations in health care and emergency support services.
- 3.1.1.14. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners, ensuring all communication is accessible, inclusive, and available in multiple formats (e.g., plain language, braille, ASL, captioning).
- 3.1.1.15. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public, ensuring access and functional needs of populations receive timely, clear, and accessible information in culturally appropriate formats and languages.

3.2. Primary State Agency/Organization

3.2.1. Illinois Department of Public Health (IDPH)

- 3.2.1.1. Provides technical expertise and guidance on public health issues of the medically needy population, ensuring response efforts address the unique challenges faced by individuals requiring continuous medical care, durable medical equipment technology, or communication personal assistance services.
- 3.2.1.2. In cooperation with IDHS, assess public health and medical effects resulting from all hazards on individuals with access and functional needs, incorporating the CMIST framework to ensure comprehensive support for communication, medical, independence, support & safety, and transportation needs.
- 3.2.1.3. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs), ensuring access and functional needs considerations are documented and addressed in response and recovery efforts.
- 3.2.1.4. Consults public health and medical subject matter experts with ESF-8 supporting organizations that represent all appropriate populations, including individuals with access and functional needs, such as pediatric populations, individuals with disabilities, older adults, and individuals with temporary or chronic medical conditions, ensuring response efforts are inclusive and equitable.



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- 3.2.1.5. Maintain accurate contact data for healthcare system leadership and organizations through the State of Illinois Rapid Electronic Notification System (SIREN), ensuring the inclusion of access- and functional-needs-focused providers such as home health and hospice providers, federally qualified health centers, and rural health clinics to facilitate coordinated communication and response.
- 3.2.1.6. Staff the SEOC IDPH Agency Representative position, ensuring the integration of access and functional needs and CMIST considerations in all public health emergency response efforts.

3.3. Support State Agencies/Organizations

3.3.1. American Red Cross (ARC)

- 3.3.1.1. Staff the Red Cross SEOC Agency Representative position.
- 3.3.1.2. Provide basic health care and behavioral services at Red Cross-managed and -supported shelters, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments
- 3.3.1.3. When conditions dictate, request health maintenance services through the SEOC.
- 3.3.1.4. Compile and report activities to be included 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.
- 3.3.1.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.1.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



- 3.3.1.7. Alert the Illinois Department on Aging (IDoA) to older adults requiring services of the department.

3.3.2. Illinois Council for Developmental Disabilities (ICDD)

- 3.3.2.1. Provide subject matter expertise and network access to IDHS to support the provision of health maintenance services to individuals with developmental disabilities, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.2.2. Compile and report activities to be included 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.
- 3.3.2.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.2.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure 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. Staff the SEOC CMS Agency Representative position.
- 3.3.3.2. Assist with identifying non-essential personnel from state agencies available to assist in health maintenance services operations.
- 3.3.3.3. Assist in coordinating notification, activation, and deployment of state personnel required for health maintenance services operations, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



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- 3.3.3.4. Assist in coordinating Just-in-Time Training (JITT) for state agency personnel assigned to health maintenance services operations. JITT should include policies, procedures, and plans for the assistance and inclusion of all individuals regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.3.5. Monitor and advise the SEOC on sustainment requirements for state agency personnel assigned to health maintenance services operations.
- 3.3.3.6. Compile and report activities to be included 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.
- 3.3.3.7. With the SEOC PIO and/or the JIC, assist in coordinating public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.3.8. With the SEOC PIO and/or the JIC, assist in coordinating public information and messaging on response-related issues for the public. Ensure 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. Coordinate health maintenance services for youth in state care.
- 3.3.4.2. When requested by the governor, coordinate health maintenance for unaccompanied youth not in state care.
- 3.3.4.3. Compile and report activities to be included 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. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure



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that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

- 3.3.4.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure 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)

- 3.3.5.1. When requested, take the following actions upon gubernatorial disaster proclamation in coordination with IEMA-OHS and IDPH for any person working under the direction of IEMA-OHS, IDPH, or IDHS:
 - 3.3.5.1.1. Suspend requirements for permanent or temporary licensure of persons who are licensed in another state.
 - 3.3.5.1.2. Modify the scope of practice under any licensing act administered by IDFPR.
- 3.3.5.2. Compile and report activities to be included 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.
- 3.3.5.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.5.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

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



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- 3.3.6.1. Serve as the lead agency for coordination of the state's disaster response and recovery efforts to procure and deliver durable medical equipment technology (DME) and consumable medical supplies, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.6.2. Coordinate the provision of DME and consumable medical supplies from network providers, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.6.3. Maintain and provide lists of individuals in the Medicaid program who have been issued DME or are receiving consumable medical supplies.
- 3.3.6.4. Coordinate with IDPH on the state's disaster response and recovery efforts to provide services for pregnant women, nursing mothers, infants, and children, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.6.5. Compile and report activities to be included 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.
- 3.3.6.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.6.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.6.8. Assist IDPH in providing technical expertise and guidance on the public health issues of the medical needs population.



3.3.7. Illinois Department of Human Rights (IDHR)

- 3.3.7.1. Provide subject matter expertise on the fair provision of health maintenance services to at-risk individuals.
- 3.3.7.2. Compile and report activities to be included 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.
- 3.3.7.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.7.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure 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. Staff the SEOC IDHS Agency Representative position.
- 3.3.8.2. Serve as the primary agency for coordination of the state's disaster response and recovery efforts for individuals requiring behavioral health services, as outlined herein and in ESF-8, X-4 Behavioral Health Services.
- 3.3.8.3. In coordination with the Red Cross, local governments, and NGOs providing congregate shelter services, ensure the provision of necessary behavioral health services for individuals in state-supported shelters, as outlined in ESF-6, X-1 Shelter Support, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.8.4. Coordinate with IDPH to maintain contact information in the State of Illinois Rapid Electronic Notification System (SIREN) to alert agencies,



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offices, personnel, and non-governmental organizations (NGOs) with a role in behavioral health operations.

- 3.3.8.5. Coordinate with IDPH to use the Illinois Helps Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system to recruit, register, and deploy behavioral health professionals, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.8.6. Provide behavioral health services to affected populations and responders through existing IDHS programs and community partnerships, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments, depending on available resources and organizational capacity
- 3.3.8.7. Coordinate behavioral health services for individuals in Red Cross-managed and supported shelters, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments, depending on available resources and organizational capacity
- 3.3.8.8. Coordinate the provision of behavioral health services to affected populations and responders through non-profit and for-profit providers, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments, depending on available resources and organizational capacity
- 3.3.8.9. Compile and report activities to be included 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.
- 3.3.8.10. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



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- 3.3.8.11. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.8.12. Provides subject matter expertise on populations with access and functional needs, including pediatric populations, individuals with disabilities, older adults, and individuals with temporary or chronic medical conditions.
- 3.3.8.13. Provides for home services to eligible disabled individuals under the age of 60 in collaboration with local home health agencies or Centers for Independent Living (CILs).
- 3.3.8.14. In coordination with IDPH, public health and medical effects resulting from all hazards by assessing those with disabilities and others with access and functional needs that are served by IDHS.
- 3.3.8.15. In coordination with IDPH, it assesses public health, medical, and veterinary medical effects resulting from all hazards. Such tasks may include assessing exposures of the general population, children, those with disabilities, and others with access and functional needs.
- 3.3.8.16. Assists IDPH in providing public health, disease, and injury prevention information that can be transmitted to members of the public who are located in or near affected areas in multiple and accessible formats and languages in a culturally and linguistically appropriate manner that is understandable to all appropriate populations, including individuals with access and functional needs; those with limited English proficiency; pediatric populations; populations with disabilities and others with access and functional needs; the aging; and those with temporary or chronic medical conditions.
- 3.3.8.17. Based on availability, provides for available ASL interpreters as requested, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.9. Illinois Department on Aging (IDoA)

- 3.3.9.1. Staff the SEOC IDoA Agency Representative position.



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- 3.3.9.2. Coordinate with the HHS Administration on Aging to implement federal disaster assistance programs to meet the needs of older adult populations.
- 3.3.9.3. Implement the Emergency Home Response Service (EHRS) of the Community Care Program to improve the independence and safety of clients in their own homes and reduce the need for nursing home care.
- 3.3.9.4. Coordinate and manage contact with older adult populations and their caregivers through Area Agencies on Aging (AAAs).
- 3.3.9.5. Provide information on the status and needs of older adult populations and their caregivers in the community.
- 3.3.9.6. Compile and report activities to be included 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.
- 3.3.9.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.9.8. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.9.9. Provides subject matter expertise on populations with access and functional needs, including individuals with disabilities (aged 18-59) and older adults (aged 60+).
- 3.3.9.10. Coordinates with the American Red Cross on any situation involving older adults (aged 60+).

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

3.3.10.1. SEOC Manager



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- 3.3.10.1.1. Coordinate collection, receipt, compilation, and development of situational reports on damage impacts to services, facilities, sites, and programs.
- 3.3.10.1.2. Collect, analyze, deconflict, and disseminate health maintenance services information.
- 3.3.10.1.3. Collaborate with IDPH on requests for health care services resources.
- 3.3.10.1.4. Collaborate with IDHS on requests for behavioral health services resources.
- 3.3.10.1.5. Collaborate with HFS on requests for maternal and infant services resources.
- 3.3.10.1.6. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.10.1.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.10.2. Business Emergency Operations Center (BEOC)
 - 3.3.10.2.1. Coordinate needs identified by the SEOC with potential procurement or donor sources in the private sector, including resources which 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).
 - 3.3.10.2.2. Compile and report activities to be included 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.

- 3.3.10.2.3. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure 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 Guardianship and Advocacy Commission (IGAC)

- 3.3.11.1. Support and advocate for the rights of individuals with developmental disabilities.
- 3.3.11.2. Provide lists of clients living in affected areas.
- 3.3.11.3. Make available or provide legal counsel to people with specific developmental disabilities where necessary and appropriate.
- 3.3.11.4. Assume legal guardianship of individuals with specific developmental disabilities where necessary and appropriate.
- 3.3.11.5. Coordinate investigations of complaints alleging that the rights of a person with a specific developmental disability have been violated.
- 3.3.11.6. Compile and report activities to be included 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.
- 3.3.11.7. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.



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- 3.3.11.8. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure 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 Medical Emergency Response Team (IMERT)

- 3.3.12.1. Deploy at the request of IDPH and IEMA-OHS.
- 3.3.12.2. Manage and coordinate the response and recovery efforts of IMERT personnel and volunteers.
- 3.3.12.3. Provide personnel and equipment to support temporary medical treatment stations and alternate care sites, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.12.4. Compile and report activities to be included 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.
- 3.3.12.5. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.12.6. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure 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 National Guard (ILNG)

- 3.3.13.1. Staff the SEOC ILNG Agency Representative position.



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- 3.3.13.2. Provide personnel and equipment to transport at-risk individuals, ensuring support is available regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.13.3. Deliver medical equipment and consumable medical supplies to shelters and temporary medical treatment locations, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.13.4. Establish and operate temporary medical treatment sites and shelter-based medical care areas by providing non-clinical staffing, logistical support, and infrastructure setup, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.13.5. Provide security and force protection for temporary medical facilities, mobile treatment sites, and medical supply distribution points.
- 3.3.13.6. Coordinate with IEMA-OHS, IDPH, and other state agencies to identify, prioritize, and fulfill requests for ILNG support to reestablish or maintain access to disrupted health maintenance services, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.14. Illinois Poison Center (IPC)

- 3.3.14.1. When requested by IDPH, may augment the IPC call center to take calls from the public regarding health maintenance issues during an emergency or disaster. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.14.2. Compile and report activities to be included 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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- 3.3.14.3. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.14.4. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.

3.3.15. Illinois Voluntary Organizations Active in Disaster (IL VOAD)

- 3.3.15.1. Assist with the recruitment and deployment of health maintenance services volunteers to support IDPH, IDHS, and private sector health care and behavioral health providers, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.15.2. Compile and report activities to be included 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.
- 3.3.15.3. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.15.4. With the IDPH and SEOC PIOs and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure 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. Office of the Illinois Attorney General (OIAG)



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- 3.3.16.1. Staff the SEOC OIAG Agency Representative position.
- 3.3.16.2. Provide legal counsel for state agencies, boards, and commissions making policy decisions regarding individuals with access and functional needs.
- 3.3.16.3. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how response efforts are addressing applicable access and functional needs, such as availability of accessible communication, transportation, and beyond, including actions taken to highlight response gaps or needs.
- 3.3.16.4. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the public is timely, clear, and accessible, regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.16.5. With the SEOC PIO and/or the JIC, coordinate public information and messaging on response-related issues for the public. Ensure 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, as amended.
7. Title II, Americans with Disabilities Act (ADA) of 1990, as amended.
8. Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency
9. Executive Order 13347, Individuals with Disabilities in Emergency Preparedness



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10. Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Stafford Act), Pub. L. No. 93-288, as amended.
11. Health Insurance Portability and Accountability Act (HIPAA) of 1996: Privacy Rule, Pub. L. No. 104-191, as amended.
12. Post-Katrina Emergency Management Reform Act of 2006 (Post-Katrina Act), Pub. L. No. 109-295, as amended.
13. Volunteer Protection Act of 1997, Pub. L. No. 105-295; 42 U.S.C. §§ 14501–14505, as amended.
14. Emergency Management Assistance Compact (EMAC) of 1996, Pub. L. No. 104-321, as amended.
15. Sandy Recovery Improvement Act of 2013, Pub. L. No. 113-2, as amended.
16. Section 319 of the Public Health Service Act: Public Health Emergencies, 42 U.S.C. § 247d, as amended.
17. Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Pub. L. No. 107-188, as amended.
18. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417, as amended.
19. Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, Pub. L. No. 113-5, as amended.
20. Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA), Public Law No. 116-22, as amended.
21. Section 1135 of the Social Security Act: Authority to Waive Requirements During National Emergencies, 42 U.S.C. § 1320b-5, as amended.
22. Illinois Compiled Statutes, 20 ILCS 4010/, Illinois Council on Developmental Disabilities Law, as amended.
23. Illinois Compiled Statutes, 225 ILCS 85, Illinois Pharmacy Practice Act, as amended.
24. Illinois Compiled Statutes, 745 ILCS 5, State Lawsuit Immunity Act, as amended.
25. Illinois Compiled Statutes, 745 ILCS 10, Local Governmental and Governmental Employees Tort Immunity Act, as amended.



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26. Illinois Compiled Statutes, 20 ILCS 2105/2105-400, Department of Professional Regulation Law, as amended.
27. 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-8 Public Health, Healthcare, EMS, and Behavioral Health, as amended
3. ESF-8, X-7 Access and Functional Needs, as amended
4. IDPH Emergency Support Function (ESF) 8 Plan, as amended
5. IDPH ESF 8 Plan – Functional and Access Needs (FAN) Annex, as amended
6. National Response Framework (NRF), as amended
7. National Disaster Recovery Framework (NDRF), as amended
8. ESF-6 Mass Care, Emergency Assistance, Temporary Housing, and Human Services, as amended
9. ESF-8, X-2 Health Care Services, as amended
10. ESF-8, X-4 Behavioral Health Services, 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.