

Illinois Emergency Operations Plan

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

Appendix X-10 Assistive Devices and Durable Medical Equipment Technology

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-10 Assistive Devices and Durable Medical Equipment

Title	ESF-8 Public Health, Healthcare, EMS, & Behavioral Health Appendix X-10 Assistive Devices and Durable Medical Equipment Technology	
Managing Division/Branch	Division of Operations	Strategic Planning – Inter-Agency Strategic Planning Cell (ISPC)
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State ESF-8, X-10 Coordinator	Support Agencies & Organizations
Illinois Department of Public Health (IDPH)	American Red Cross (ARC) Illinois Council for Developmental Disabilities (ICDD) Illinois Department of Central Management Services (CMS) Illinois Department of Children and Family Services (DCFS) Illinois Department of Human Rights (IDHR) Illinois Department on Aging (IDoA) Illinois Emergency Management Agency and Office of Homeland Security (IEMA-OHS) Illinois Guardianship and Advocacy Commission (IGAC) Illinois National Guard (ILNG) Illinois Poison Center (IPC) Illinois Voluntary Organizations Active in Disaster (IL VOAD) Office of the Illinois Attorney General (OIAG)
Primary State Agencies & Organizations	
Illinois Department of Healthcare and Family Services (HFS)	
Federal ESF-8, X-10 Coordinator	
U.S. Department of Health and Human Services (HHS) Federal Emergency Management Agency (FEMA)	



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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 the procurement and delivery of assistive technology devices and durable medical equipment technology 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 assistive technology devices and durable medical equipment technology.
- 1.2.2. Independence is one of five planning and response categories of the 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. The provision of assistive technology devices and durable medical equipment technology is an Access and Functional Needs Support Service (AFNSS) that 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.

Assistive technology devices and durable medical equipment technology include, but are not limited to:

- 1.2.3.1. Communication aids, such as hearing aids, text messages, and amplified phones;
- 1.2.3.2. Vision aids, such as reading glasses, magnifiers, and screen readers;
- 1.2.3.3. Mobility devices, such as manual and power wheelchairs, walkers, and scooters;
- 1.2.3.4. Service animals;
- 1.2.3.5. Access to a power source for battery-powered assistive devices; and
- 1.2.3.6. Replacement equipment.



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1.2.4. This appendix applies to the following entities:

- 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 independence services providers and suppliers;
 - 1.2.4.5. Non-governmental organizations (NGOs) with a role in state independence services operations; and
 - 1.2.4.6. Coordinating elements with a role in state independence services operations.
- 1.2.5. The operational and tactical details necessary to implement this appendix can be found in:
- 1.2.5.1. Illinois Department of Healthcare and Family Services (HFS) plans, policies, and procedures, and
 - 1.2.5.2. Illinois Department of Public Health (IDPH), Emergency Support Function (ESF) 8 Plan, Functional and Access Needs (FAN) Annex.

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.
- 1.3.3. To the extent possible, procurement and delivery of assistive technology devices and durable medical equipment technology will be consistent with FEMA and U.S. Department of Health and Human Services (HHS) access and functional needs guidance.
- 1.3.4. The state recognizes HFS as the primary state agency responsible for operational and tactical assistive technology devices and durable medical equipment technology planning and the coordination of response to and recovery from a disaster or public health emergency affecting at-risk individuals who require assistive technology devices and durable medical equipment technology.



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- 1.3.5. HFS shares responsibility with private sector assistive technology devices and durable medical equipment technology suppliers for overall authority and responsibility to determine assistive technology devices and durable medical equipment technology-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 assistive technology devices and durable medical equipment technology 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 individuals with access and functional needs from their caregivers, which may include family, friends, attendants, and professional caregivers.
- 1.3.9. The state will not separate individuals with access and functional needs from their durable medical equipment technology (DME).
- 1.3.10. The state will not separate individuals with access and functional needs from their service animals.
- 1.3.11. The state recognizes that the assistive technology devices and durable medical equipment technology suppliers:
 - 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 assistive technology devices and durable medical equipment technology, and
 - 1.3.11.4. If not a government entity, neither an assistive technology devices and durable medical equipment technology supplier 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/).



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1.3.12. The state will prepare for the provision of assistive technology devices and durable medical equipment technology to enable at-risk individuals to maintain independence by providing devices and equipment critical to independence that include:

- 1.3.12.1. Communications aids, such as hearing aids, text messages, and amplified phones;
- 1.3.12.2. Vision aids, such as reading glasses, magnifiers, and screen readers;
- 1.3.12.3. Mobility devices, such as wheelchairs, walkers, and scooters;
- 1.3.12.4. Service animals;
- 1.3.12.5. Access to a power source for battery-powered assistive devices; and
- 1.3.12.6. Replacement equipment.

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 led many at-risk individuals who are reliant on assistive technology devices and durable medical equipment to be displaced from their homes, camps, or institutions, requiring sheltering by the state.
- 1.4.1.4. An incident has led many at-risk individuals to lose access to their mobility equipment, such as:
 - 1.4.1.4.1. Canes;
 - 1.4.1.4.2. Commode chairs;
 - 1.4.1.4.3. Crutches;
 - 1.4.1.4.4. Walkers; and



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1.4.1.4.5. Wheelchairs & scooters.

- 1.4.1.5. An incident has led many at-risk individuals to lose access to their vision aids.
- 1.4.1.6. An incident has led many at-risk individuals to lose access to their service animals.
- 1.4.1.7. An incident has led many at-risk individuals to lose access to the power to operate their assistive devices.
- 1.4.1.8. 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 in full. The term “Consumable Medical Supplies” will also be spelled out.
- 1.4.1.9. The provision of assistive technology devices and durable medical equipment technology is a population-related disaster service (PRDS) that often requires 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.
- 1.4.1.10. 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 to alter this appendix’s intent are adopted by the IEMA-OHS Director, it will be updated accordingly.

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. Independence services suppliers will make available equipment and devices for purchase through emergency state procurement.

Disasters and public health emergencies will require state support for support services for at-risk Individuals who require assistive technology devices and durable medical equipment, including:

- 1.5.2.1. Communications aids, such as hearing aids, text messages, and amplified phones;
 - 1.5.2.2. Vision aids, such as reading glasses, magnifiers, and screen readers;
 - 1.5.2.3. Mobility devices, such as wheelchairs, walkers, and scooters;
 - 1.5.2.4. Service animals;
 - 1.5.2.5. Access to power source for battery-powered assistive devices, and
 - 1.5.2.6. Replacement equipment.
- 1.5.3. There is no local government agency or office responsible for procuring and delivering assistive technology devices and durable medical equipment.
- 1.5.4. There are no deployable assistive technology devices and durable medical equipment technology cache available in state warehouses.
- 1.5.5. There are no deployable assistive technology devices and durable medical equipment technology cache available from the Emergency Management Assistance Compact (EMAC).
- 1.5.6. There will be limited deployable assistive technology devices and durable medical equipment technology available from the HHS, Assistant Secretary for Preparedness and Response (ASPR), and Strategic National Stockpile (SNS).



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. HFS is the primary agency responsible for coordinating state-supported procurement and delivery of assistive technology devices and durable medical equipment.
- 2.1.4. 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 AFNSS in the SEOC and coordinates with HFS on the procurement and delivery of assistive technology devices and durable medical equipment.
- 2.1.5. During a state-declared disaster or public health emergency that separates individuals who rely on assistive technology devices and durable medical equipment, IDPH will deploy an agency representative to the SEOC.
- 2.1.6. During a state-declared disaster or public health emergency that separates individuals who rely on assistive technology devices and durable medical equipment technology, IDPH, HFS, and other agencies and organizations will coordinate the provision of assistive technology devices and durable medical equipment technology.
- 2.1.7. IDPH is the primary agency for ESF-8, X-7 Access and Functional Needs, and may support the IDPH SEOC Agency Representative through activation of the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC).
- 2.1.8. If an individual, agency, or organization requires the replacement of assistive technology devices and durable medical equipment, in coordination with HFS, they request them through systems established by the local EMA.
- 2.1.9. If a local EMA cannot fulfill a resource request from an individual, agency, or organization, it will request resources on their behalf from the state through a WebEOC request routed to their IEMA-OHS Regional Coordinator.



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- 2.1.10. 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.
- 2.1.11. 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.
- 2.1.12. 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.

2.2. 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. HFS is responsible for NAW for:
 - 2.2.3.1. HFS leadership, offices, divisions, and employees;
 - 2.2.3.2. Public and private sector suppliers of assistive technology devices and durable medical equipment technology.
 - 2.2.3.3. Public and private sector suppliers and organizations with a role in delivering assistive technology devices and durable medical equipment technology.
- 2.2.4. IDPH is responsible for NAW for:
 - 2.2.4.1. IDPH leadership, offices, divisions, and employees;
 - 2.2.4.2. Healthcare providers, as defined in ESF-8 Public Health, Healthcare, EMS and Behavioral Health;
 - 2.2.4.3. LHDs, and
 - 2.2.4.4. Non-governmental partner organizations with a role in providing AFNSS.



2.3. Activation

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

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. HFS is responsible for developing, testing, and maintaining its communications resources and systems.
- 2.4.4. IDPH is responsible for developing, testing, and maintaining its communications resources and systems, which include:
 - 2.4.4.1. Medical Emergency Communications of Illinois (MERCi)
 - 2.4.4.2. SIREN
 - 2.4.4.3. STARCOM21
- 2.4.5. IDPH is responsible for maintaining communications with IDPH leadership offices, divisions, and employees.
- 2.4.6. HFS is responsible for maintaining communications with:
 - 2.4.6.1. HFS leadership offices, divisions, and employees.
 - 2.4.6.2. Private sector suppliers of assistive technology devices and durable medical equipment technology, and
 - 2.4.6.3. Non-governmental response partner organizations that provide assistive technology devices and durable medical equipment technology.



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.
- 2.5.6. Resources received through the HHS Strategic National Stockpile will be distributed in accordance with the State SNS Plan and/or ESF-7, X-1 Distribution Plan.
- 2.5.7. Private sector suppliers of assistive technology devices and durable medical equipment technology may deliver directly to those affected by a disaster or public health emergency.

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



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- 2.7.1.1. General direction, control, and coordination procedures 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. HFS, in coordination with the IDPH SEOC Agency Representative, is the primary point of coordination for state procurement and delivery of assistive technology devices and durable medical equipment.
- 2.7.1.4. HFS has no regional coordination system or regional emergency response coordinators for coordinating the provision of assistive technology devices and durable medical equipment.

2.7.2. Coordinating Elements

- 2.7.2.1. HFS is responsible for establishing internal agency coordinating elements for the provision of assistive technology devices and durable medical equipment.
- 2.7.2.2. 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.
- 2.7.2.3. HFS
 - 2.7.2.3.1. Coordinates internal agency preparedness, response, and recovery elements with HFS divisions through the Division of Medical Programs.
 - 2.7.2.3.2. Coordinates agency response and recovery operations with state and federal agencies and NGOs.
- 2.7.2.4. IDPH
 - 2.7.2.4.1. 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:



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- 2.7.2.4.1.1. Office of the Director (OD)
- 2.7.2.4.1.2. Office of Disease Control (ODC)
- 2.7.2.4.1.3. Office of Finance and Administration (OFA)
- 2.7.2.4.1.4. Office of Health Care Regulation (OHCR)
- 2.7.2.4.1.5. Office of Health Promotion (OHPm)
- 2.7.2.4.1.6. Office of Health Protection (OHP)
- 2.7.2.4.1.7. Office of Human Resources (OHR)
- 2.7.2.4.1.8. Office of Information Technology (OIT/DoIT)
- 2.7.2.4.1.9. Office of Performance Management (OPM)
- 2.7.2.4.1.10. Office of Policy, Planning, and Statistics (OPPS)
- 2.7.2.4.1.11. Office of Racial and Cultural Health Equity (ORCHE)
- 2.7.2.4.1.12. Office of Women's Health and Family Services (OWHFS)
- 2.7.2.4.2. 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 activating the IDPH Incident Management Team (IMT) or Public Health Emergency Operations Center (PHEOC).

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), At-Risk, Behavioral Health and Community Resilience (ABC), on assistive technology devices and durable medical equipment technology issues.



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- 2.7.3.3. HFS will coordinate with the HHS, Center for Medicare and Medicaid Services (CMS), and ASPR, ABC on assistive technology devices and durable medical equipment technology issues.

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. Staff the SEOC IDPH Agency Representative position, ensuring access and functional needs and CMIST considerations are integrated into all public health emergency response efforts.
- 3.1.1.3. Serve as the primary agency for coordination of the state's access and functional needs response and recovery efforts, ensuring that individuals with disabilities, older adults, and others with access and functional needs receive equitable access to resources, services, and support.
- 3.1.1.4. Coordinate with HFS to ensure necessary procurement and delivery of assistive technology devices and durable medical equipment technology, addressing CMIST needs by supporting communication access, medical care, and independent living during response and recovery.
- 3.1.1.5. Request and coordinate the receiving of federal assistive technology devices and durable medical equipment technology through HHS, ASPR, and SNS, prioritizing timely distribution to individuals with access and functional needs who rely on these resources for daily functioning and emergency preparedness.
- 3.1.1.6. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs), ensuring access and functional needs-related challenges, resource needs, and response efforts are documented and addressed.
- 3.1.1.7. With the SEOC PIO and/or JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners, ensuring communications are accessible,



available in multiple formats, and inclusive of access and functional needs considerations.

- 3.1.1.8. With the SEOC PIO and/or JIC, coordinate public information and messaging on response-related issues for the public, ensuring information is provided in plain language, alternative formats, and multiple languages to effectively reach individuals with access and functional needs.

3.2. Primary State Agency/Organization

3.2.1. Illinois Department of Healthcare & Family Services (HFS)

- 3.2.1.1. Serve as the primary agency for coordination of the state's efforts to procure and deliver assistive technology devices and durable medical equipment technology, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments
- 3.2.1.2. Coordinate the procurement and delivery of assistive technology devices and durable medical equipment technology from private sector suppliers, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments
- 3.2.1.3. Coordinate the provision of assistive technology devices and durable medical equipment technology from non-governmental network providers, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments
- 3.2.1.4. In coordination with the Red Cross, local governments, and NGOs providing congregate shelter services, ensure the provision of assistive technology devices and durable medical equipment technology 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
- 3.2.1.5. Maintain and provide lists of individuals in the Medicaid program who have been issued assistive technology devices and durable medical equipment technology.



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- 3.2.1.6. 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.
- 3.2.1.7. With the SEOC PIO and/or 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.
- 3.2.1.8. With the SEOC PIO and/or 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. 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. Coordinate the provision of necessary assistive technology devices and durable medical equipment technology for at-risk clients 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.
- 3.3.1.3. When resources dictate, request necessary assistive technology devices and durable medical equipment technology for at-risk clients in Red Cross-managed and supported shelters from 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.



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- 3.3.1.5. With the SEOC PIO and/or 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 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.

3.3.2. Illinois Council for Developmental Disabilities (ICDD)

- 3.3.2.1. Provide subject matter expertise and network access to IDHS to support the provision of assistive technology devices and durable medical equipment to individuals with developmental disabilities.
- 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. With the SEOC PIO and/or 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.
- 3.3.2.3. With the SEOC PIO and/or JIC, coordinate public information and messaging on response-related issues for the general 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 in identifying non-essential personnel from state agencies available to assist in the procurement and delivery of assistive technology devices and durable medical equipment technology.



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- 3.3.3.3. Assist in coordinating notification, activation, and deployment of state personnel required to assist with the procurement and delivery of assistive technology devices and durable medical equipment technology, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.3.4. Assist in coordinating Just-in-Time Training (JITT) for state agency personnel assigned to the procurement and delivery of assistive technology devices and durable medical equipment technology. 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 the procurement and delivery of assistive technology devices and durable medical equipment technology, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.3.6. Compile and report activities to be included in IEMA-OHS Situation Reports (SITREPs). Reports should include how its 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.
- 3.3.3.7. With the SEOC PIO and/or 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 JIC, assist in coordinating public information and messaging on response-related issues for the general 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. Staff the SEOC DCFS Agency Representative position.



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- 3.3.4.2. Coordinate access to assistive technology devices and durable medical equipment technology for youth in state care, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments. When requested by the governor, coordinate access to assistive technology devices and durable medical equipment 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.
- 3.3.4.4. With the SEOC PIO and/or 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.
- 3.3.4.5. With the SEOC PIO and/or 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 Human Rights (IDHR)

- 3.3.5.1. Provide subject matter expertise on the fair distribution of assistive technology devices and durable medical equipment technology to at-risk individuals.
- 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 JIC, coordinate public information and messaging on response-related issues with internal and external response and recovery partners. Ensure that all communication with the



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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 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 on Aging (IDoA)

- 3.3.6.1. Staff the SEOC IDoA Agency Representative position.
- 3.3.6.2. Coordinate with the HHS Administration on Aging to implement federal disaster assistance programs to meet the needs of older adult populations, 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. 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.
- 3.3.6.4. Coordinate and manage contact with older adult populations and their caregivers through Area Agencies on Aging (AAA).
- 3.3.6.5. Provide information on the status and needs of older adult populations and their caregivers in the community.
- 3.3.6.6. 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.
- 3.3.6.7. With the SEOC PIO and/or 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.
- 3.3.6.8. With the SEOC PIO and/or 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.

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

3.3.7.1. SEOC Manager

- 3.3.7.1.1. Coordinate collection, receipt, compilation, and development of situational reports on damage impacts to services, facilities, sites, and programs.
- 3.3.7.1.2. Collect, analyze, de-conflict, and disseminate assistive technology devices and durable medical equipment technology information.
- 3.3.7.1.3. Collaborate with HFS on fulfilling requests for assistive technology devices and durable medical equipment technology, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.7.1.4. With the SEOC PIO and/or 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.
- 3.3.7.1.5. With the SEOC PIO and/or 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.

3.3.7.2. Business Emergency Operations Center (BEOC)

- 3.3.7.2.1. Coordinate needs identified by the SEOC with potential procurement or donor sources in the private sector. 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).

- 3.3.7.2.2. 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.
- 3.3.7.2.3. With the SEOC PIO and/or 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.
- 3.3.7.2.4. With the SEOC PIO and/or 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 Guardianship and Advocacy Commission (IGAC)

- 3.3.8.1. Support and advocate for the rights of individuals with developmental disabilities.
- 3.3.8.2. Provide lists of clients living in affected areas.
- 3.3.8.3. Make available or provide legal counsel to people with specific developmental disabilities where necessary and appropriate.
- 3.3.8.4. Assume legal guardianship of individuals with specific developmental disabilities where necessary and appropriate.
- 3.3.8.5. Coordinate investigations of complaints alleging that the rights of a person with a specific developmental disability have been violated.



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- 3.3.8.6. 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.
- 3.3.8.7. With the SEOC PIO and/or 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.
- 3.3.8.8. With the SEOC PIO and/or 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. Illinois National Guard (ILNG)

- 3.3.9.1. Staff the SEOC ILNG Agency Representative position.
- 3.3.9.2. Provide transportation, ensuring it is accessible regardless of physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.9.3. 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.
- 3.3.9.4. With the SEOC PIO and/or 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.
- 3.3.9.5. With the SEOC PIO and/or 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. Illinois Poison Center (IPC)

- 3.3.10.1. When requested by IDPH, augment the IPC call center to take calls from the public regarding assistive technology devices and durable medical equipment technology issues during a disaster or public health emergency. 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. 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. With the SEOC PIO and/or 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.
- 3.3.10.3. With the SEOC PIO and/or 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 Voluntary Organizations Active in Disaster (IL VOAD)

- 3.3.11.1. Assist with the recruitment and deployment of volunteers to assist with the delivery of assistive technology devices and durable medical equipment technology, ensuring equitable distribution strategies that prioritize accessibility for individuals with physical, mobility, visual, hearing, cognitive, or financial needs, abilities, or impairments.
- 3.3.11.2. 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.



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- 3.3.11.3. With the SEOC PIO and/or 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.
- 3.3.11.4. With the SEOC PIO and/or 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. Office of the Illinois Attorney General (OIAG)

- 3.3.12.1. Staff the SEOC OIAG Agency Representative position.
- 3.3.12.2. Provide legal counsel for state agencies, boards, and commissions making policy decisions regarding individuals with access and functional needs.
- 3.3.12.3. 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.
- 3.3.12.4. With the SEOC PIO and/or 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.
- 3.3.12.5. With the SEOC PIO and/or 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



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3. Title IX, Education Amendments Act, as amended
4. Rehabilitation Act of 1973, as amended
5. Age Discrimination Act of 1975, as amended
6. Title II, Americans with Disabilities Act (ADA) of 1990, as amended
7. Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency
8. Executive Order 13347, Individuals with Disabilities in Emergency Preparedness
9. Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Stafford Act), Pub. L. No. 93-288, as amended
10. Health Insurance Portability and Accountability Act (HIPAA) of 1996: Privacy Rule, Pub. L. No. 104-191, as amended
11. Post-Katrina Emergency Management Reform Act of 2006, as amended
12. Emergency Management Assistance Compact (EMAC) of 1996, Pub. L. No. 104-321, as amended
13. Sandy Recovery Improvement Act of 2013, Pub. L. No. 113-2, as amended
14. Section 319 of the Public Health Service Act: Public Health Emergencies 42 U.S.C. § 247d, as amended
15. Public Health Security and Bioterrorism Preparedness and Response Act of 2002, Pub. L. No. 107-188, as amended
16. Pandemic and All-Hazards Preparedness Act of 2006, Pub. L. No. 109-417, as amended
17. Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA) of 2013, Pub. L. No. 113-5, as amended
18. Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 (PAHPAIA), Public Law No. 116-22, as amended
19. Illinois Compiled Statutes, 20 ILCS 4010/, Illinois Council on Developmental Disabilities Law, as amended
20. 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

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.