

LANZEA LLC



# **Healthcare Emergency Management Portal**

## **Web Portal Overview**

**Content**

Initial Submittal Information..... 3  
Upload Form..... 4

## Initial Submittal Information

1. All plans must be submitted online through the Healthcare Emergency Management Portal.
2. The plan must be in PDF format
3. Plans cannot be password protected.
4. Plans must include AHCA's Emergency Management Planning Criteria specific to your facility. The criteria will serve as the suggested plan format. List the page number and paragraph of where the information is located in your plan on the line to the left of each item on the criteria.
5. Criteria, Contact Sheet and Review Acknowledgement form must be included before the basic plan when uploading to the portal.
6. Plans must be submitted as one document with all supporting documentation inserted after the basic plan.
7. Use identifiers (blank page) between each section to separate the annexes/appendixes/MA Agreements/floor plans etc.
8. All submissions can be uploaded as one (1) complete document, to include criteria, CEMP, Fire Plan, Mutual Aid Agreements, Fire Plan, Emergency Power Plan, annexes etc. or separately as appropriate.
9. The Fire Plan must be a separate appendix; if approved by a municipality, ensure the approval letter from the fire marshal is included.

## Upload Form

This module is password protected. The password it is giving by the System Administrator. The Upload Form section is where the Healthcare Facilities upload their documents in a secure way.

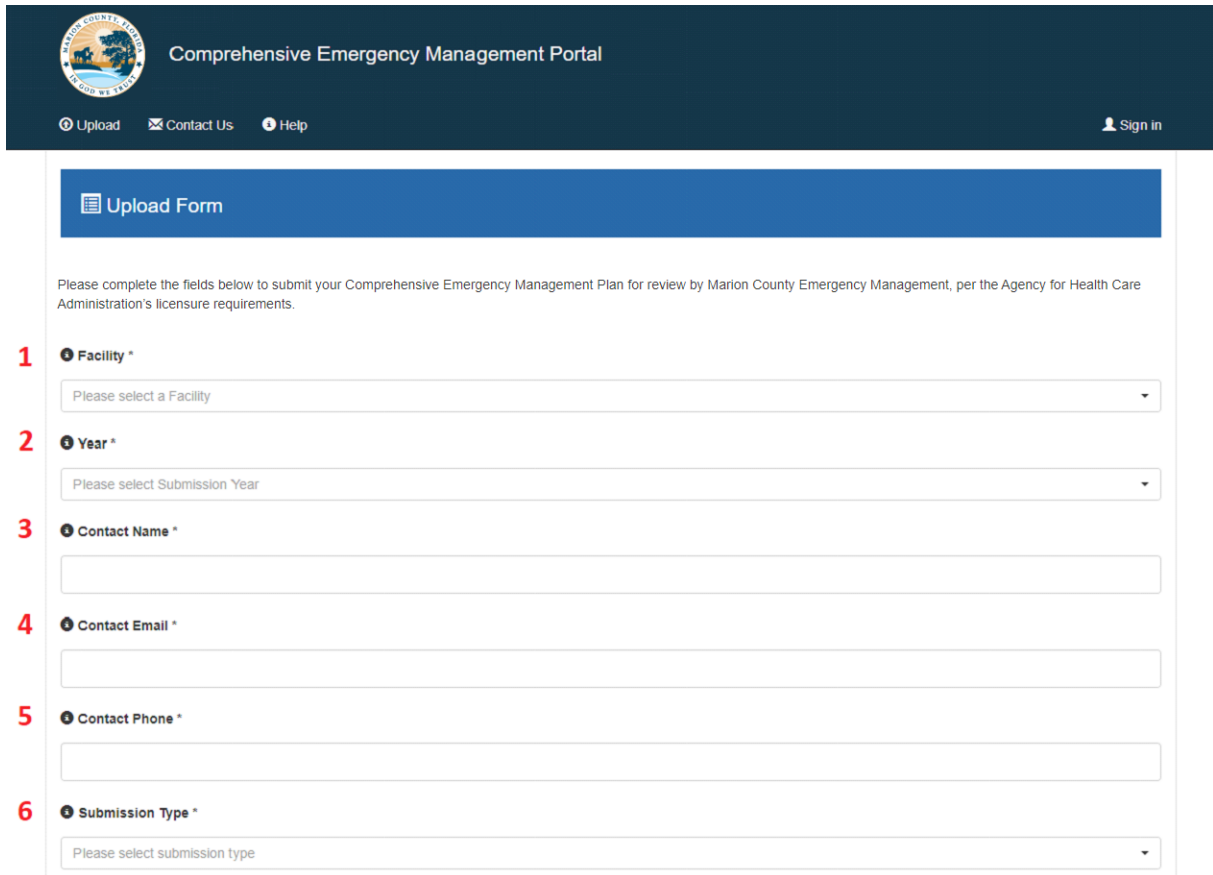
The screenshot shows the 'Comprehensive Emergency Management Portal' interface. At the top, there is a navigation bar with links for 'Upload', 'Register', 'Contact Us', and 'Help', along with a 'Sign in' button. The main content area is titled 'Upload Form' and contains a message: 'Please complete the fields below to submit your Comprehensive Emergency Management Plan for review by Miami-Dade County Emergency Management, per the Agency for Health Care Administration's licensure requirements.' Below this message are several form fields: 'Facility \*' (a dropdown menu), 'Year \*' (a dropdown menu), 'Contact Name \*' (a text input field), 'Contact Email \*' (a text input field), and 'Contact Phone \*' (a text input field). A modal window titled 'Upload Password' is centered over the form, with the text 'Please enter your password:' and a text input field. A blue 'Continue' button is located at the bottom right of the modal.

This section is used to upload the Facilities' CEMP documents.


1. **Facility Name:** The Healthcare Facility Name. Please find and select your facility using the drop-down list. In case the facility is not listed please select other and enter the name.
2. **Year:** The CEMP year. This field automatically selects the current year and adds two other options to upload CEMP for the previous and next years.
3. **Contact Name:** The user's contact name.
4. **Contact Email:** The user's contact email. The system uses this email address to send email notifications.
5. **Contact Phone:** The user's contact phone number.
6. **Submission Type:** There are three options to submit the CEMP documents (1<sup>st</sup> Submission, 2<sup>nd</sup> Submission, 3<sup>rd</sup>. Submission). Please select the "1<sup>st</sup> Submission" option when uploading the CEMP for the first time for the selected year.

# LANZEA LLC

7. **Comprehensive Emergency Management Plan:** The actual CEMP file. Please click browse and select the CEMP document to upload for the selected Facility and Year.
8. **Fire Plan:** Please click browse and select the Fire Plan document to upload for the selected Facility and Year.
9. **Mutual Aid Agreements:** Please click browse and select the Mutual Aid Agreements document to upload for the selected Facility and Year.
10. **Emergency Power Plan:** Please click browse and select the Emergency Power Plan document to upload for the selected Facility and Year.
11. **Submit Documents:** Uploads the documents after all the required fields are filled out. The system will send an email confirmation to the entered contact email address.



The screenshot shows the 'Comprehensive Emergency Management Portal' interface. At the top, there is a dark blue header with the Marion County logo on the left, the text 'Comprehensive Emergency Management Portal' in the center, and navigation links for 'Upload', 'Contact Us', and 'Help' on the right. A 'Sign in' link is also present in the top right corner. Below the header is a white content area with a blue 'Upload Form' button. The form instructions state: 'Please complete the fields below to submit your Comprehensive Emergency Management Plan for review by Marion County Emergency Management, per the Agency for Health Care Administration's licensure requirements.' The form contains six numbered fields: 1. Facility (dropdown menu), 2. Year (dropdown menu), 3. Contact Name (text input), 4. Contact Email (text input), 5. Contact Phone (text input), and 6. Submission Type (dropdown menu).



### Comprehensive Emergency Management Portal

[Upload](#) [Contact Us](#) [Help](#) [Sign in](#)

**7** **Comprehensive Emergency Management Plan**

No file chosen

**8** **Fire Plan**

No file chosen

**9** **Mutual Aid Agreements**

No file chosen

**10** **Emergency Power Plan**

No file chosen

By clicking on the "Upload File" button, you acknowledge the following:

- For Initial Submissions - Emergency Management, by Florida Statute, has 60-calendar days, from date of submission, to complete their review;
- Any revisions must be made and the plan resubmitted to the County Office of Emergency Management within 30 days of receiving notification from the county agency that the plan must be revised. If revisions are not submitted within the time allowed, the CEMP will be considered out of compliance and must be uploaded as an initial plan;
- For Re-Submissions – Emergency Management, by Florida Statute, has 15-business days, from date of re-submission, to complete their review;
- If you do not currently have an approved CEMP, AHCA will be notified, and your facility administrator will receive a delinquency notice.
- CEMPs are reviewed in the order they are received, and in compliance with the appropriate time period associated to the type of submission;
- All Submissions should be uploaded as one (1) complete document with page separators between sections (i.e. criteria/ basic plan section/transportation section/evacuation section) if possible. The submission must include the criteria, contact information sheet, and review acknowledgement form. MA Agreements and Fire Plan can be uploaded separately if needed.
- Emergency Management does not review Home Health, Nurse Registry, and Home Medical Equipment facility plans. These plans should be submitted to the Florida Department of Health.

**11**