POLICY AND PROCEDURE	
Policy # and TITLE: Emergency Preparedness and Response Plan (EPRP) Policy	
Primary Policy owner: Administration	**POLICY #:** EM01
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☒All Departments 2) ☐Behavioral Health & Social Services (BH/SS) 3) ☐ Benefits Administration (BA) 4) ☐ Case Management (CM) 5) ☐ Claims (CLMS) 6) ☐ Community Marketplace & Member Engagement (MAR) 7) ☐ Compliance (CMP/HPA) 8) ☐ Configuration (CFG) 9) ☐ Provider Contracting (CONT) 10) ☐ Cultural & Linguistics (CL) 11) ☐ Customer Service (CS)	12) ☐ Facilities (FAC) 13) ☐ Finance (FIN) 14) ☐ Human Resources (HR) 15) ☐ Information Technology / Core Systems (IT) 16) ☐ Pharmacy (PH) 17) ☐ Provider Networks (PRO) 18) ☐ QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) ☐ Utilization Management (UM) 20) ☐ Procurement (PRM) 21) ☐ Administration (SAF/BC/EM) 22) ☐ Medical Management (MM)
PRODUCT TYPE: ☒Medi-Cal	**Supersedes Policy Number:** N/A

I. PURPOSE

Defines the requirements of developing, maintaining, and testing the Emergency Preparedness and Response Plan (EPRP) at Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan").

II. POLICY

A. Health Plan's emergency preparedness is an ongoing process that involves planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions. The goal is to minimize disruption, ensure patient care, and protect employees and assets. Contractor's Emergency Preparedness process is one element of a broader national preparedness system to prevent, respond to, and recover from public health crises, natural disasters, acts of terrorism, and other disasters.

B. The goal of emergency preparedness is to ensure that Health Plan can continue its business operations during an emergency, deliver its essential care and services to its members during the emergency, help mitigate potential harm caused by an emergency.

C. Health Plan:

1. Complies with the regulations (Code of Federal Regulations (CFR) Title 29 §1910.38; CFR Title 45 §164.308(a)(7)), standards (National Fire Protection Association [NFPA]1660; ISO 22301: 2019 Security and Resilience – Business Continuity Management Systems – Requirements), and other applicable directives (Department of Health Care Services [DHCS] Medi-Cal Managed Care Plan Contract) governing emergency preparedness and business continuity as they apply to healthcare systems and organizations.
2. Emergency Response focuses on the safety and protection of life, assets, and the environment while Business Continuity Response focuses on continuing the critical operations of the business until it can return to normal.
3. The Emergency Preparedness and Response Plan (EPRP) is a document that:
    a. Is NOT a Business Continuity Plan (BCP), although a BCP is an integral part of the EPRP. Refer to BC-001 Business Continuity Plan policy for details.
    b. Assigns responsibility to departments and individuals for carrying out specific actions that exceed routine responsibility at projected times and places during an emergency,

c. Sets forth lines of authority and organizational relationships (NIMS/SEMS/ICS) and shows how all actions shall be coordinated.

d. Identifies personnel, equipment, facilities, supplies, and other resources available within the organization or by agreement with other organizations, agencies and jurisdictions, and

   Reconciles requirements with other organizations, agencies and jurisdictions.

e. Describes the procedures and considerations including but not limited to Incident Management, Communications, Public Information, Call Center Operations, Cooperation with Local and County Emergency Preparedness/Response Programs, Situation Status/Emergency Reporting, Resources and Cooperative Agreements, Business Continuity, Claims Resolution, Systems Recovery, Member and Network Provider Communications, and Continuity of Covered Services.

f. It is designed to guide Health Plan in managing emergencies, ensure that its members can access healthcare services during emergencies and effectively contribute to the healthcare system's emergency response. This EPRP should be regarded as guidelines rather than performance guarantees.

g. Outlines the expectations of Health Plan staff and members, identifies direction and control systems, identifies internal and external communications methodologies, outlines the frequency and types of training, and defines the roles and responsibilities before, during, and after an incident. It is the foundational framework of all emergency responses within Health Plan.

4. This EPRP does not stand alone and is intended to work in conjunction with other supportive emergency response plans and documentation as appropriate.

D. **Emergency Response Framework:**

Health Plan follows a structured approach to emergency management, which consists of:

Phase	Description
Mitigation	Identifying and reducing risks before an emergency occurs.
Preparedness	Planning, training, and ensuring resources are available.
Response	Taking immediate action to protect people, assets, and operations.
Recovery	Restoring normal operations and assessing lessons learned.

E. **Incident Management and Response:**

1. **Roles and Responsibilities**

   a. **Executive Leadership:** Ensures policy adherence and strategic oversight.

   b. **Emergency Response Team (ERT):** Executes response operations and makes real-time decisions.

   c. **Departmental Leads:** Coordinate response activities within their respective areas.

   d. **Employees:** Follow emergency procedures, participate in training, and report concerns.

F. **Emergency Activation Levels:**

Level	Criteria	Example
Level 1	Minor disruption, manageable internally.	Localized power outage.
Level 2	Moderate impact requiring coordinated response.	Cybersecurity breach.
Level 3	Severe incident, requiring external assistance.	Earthquake, pandemic.

G. **Communication and Coordination:**

1. **Internal Communication:** Health Plan utilizes emergency hotlines, email alerts, and employee notification systems to ensure timely and accurate information dissemination.
2. **External Coordination:** Partnerships with local emergency agencies, DHCS, healthcare providers, and law enforcement ensures effective response and resource sharing.

H. **Training and Testing:**

To maintain a state of readiness, Health Plan implements a robust training and testing program:

Activity	Frequency
New Hire Orientation	Within 30 days of hire.
Annual Emergency Preparedness Training	Yearly.
Tabletop Exercises	Semi-annual.
Full-Scale Drills	Annually.
IT System Resilience Testing	Quarterly.

I. **Recovery Strategies:**

1. **Short-Term:** Relocation of key personnel, activation of backup IT systems, and temporary work arrangements.
2. **Long-Term:** Restoration of physical facilities, review of financial and operational impact, and implementation of mitigation measures.

III. PROCEDURE

A. **Risk Assessment (RA):**

1. Conducting RA: Health Plan conducts a comprehensive RA to identify and evaluate potential hazards, their probabilities of occurrence, and the potential impacts on the organization. The RA assesses how these hazards could affect the Health Plan's finances, service delivery, members, employees, compliance, and

reputation at each site and organizationally.

a. Identifying potential risks:
    i. Natural risks, such as earthquakes, floods, and wildfires.
    ii. Technological risks, such as system outages, cyberattacks, data breaches, or technological failures.
    iii. Operational risks, such as staff shortages, service disruptions, supply chain issues, or equipment failures.
    iv. Regulatory or compliance risks, including legal challenges.
    v. Financial risks, such as loss of funding, or rising costs.
b. Determining the likelihood of potential risks
    i. High likelihood: The risk is highly probable and could occur frequently.
    ii. Medium likelihood: The risk is possible, but not likely to occur often.
    iii. Low likelihood: The risk is unlikely to occur, but still possible under certain circumstances.
c. Assessing vulnerabilities:
    i. Identify vulnerabilities that could make the impact of these risks worse.
    ii. Consider existing controls: What existing controls, policies, or safeguards are in place to mitigate the identified risks?
    iii. Resolve weaknesses: Are there areas where Health Plan is particularly vulnerable?
    iv. Evaluate response capabilities: Does Health Plan have the capability to respond effectively to the hazard (e.g., emergency plans, trained staff, communication protocols)?
d. Developing mitigation strategies:
    i. For each high-priority risk, develop mitigation strategies to reduce the likelihood or impact of the hazard.

2. <u>Risk Assessment Tools</u>
    a. Health Plan uses the Preparis Risk Assessment module to systematically evaluate risks at each site and throughout the organization. This tool allows for thorough analysis and

documentation of identified hazards and risks.

3. Frequency & Updates:
    a. The RA shall be conducted annually, at a minimum, and shall be updated whenever there are significant changes to Health Plan's operational environment, services, or external factors that could alter the risk landscape.
    b. Corrective actions should be documented and implemented.

B. **Emergency Preparedness and Response Plan (EPRP):**

1. Base EPRP components

    a. RA integration: The base plan shall include a detailed summary of the results of the RA, along with an assessment of potential hazards and vulnerabilities. This section outlines Health Plan's priorities based on identified risks and impacts to ensure a structured approach to disaster preparedness and recovery.

    b. National Incident Management System (NIMS), Incident Command System (ICS) and Standardized Emergency Management System (SEMS) Framework: The EPRP utilizes the NIMS, ICS, and SEMS to define roles, responsibilities, and the organizational structure during an emergency to ensure coordination and clarity in times of crisis.

    c. Responsibilities & contact lists: The EPRP defines clear roles and responsibilities for Health Plan employees during a disaster. A comprehensive contact list is maintained, outlining key stakeholders, including vendors, contractors, regulators, and other essential partners who must be reached during an emergency.

    d. Communication plan: The communication plan includes strategies to keep employees, members, and external stakeholders informed throughout the incident. The communication plan addresses different communication

channels and ensure that messages are clear, timely, and consistent.

2. Annually Exercising the EPRP
    a. Health Plan shall conduct at least one exercise per year to test the effectiveness of the EPRP. These exercises may include tabletop scenarios, functional exercises, or full-scale simulations, depending on the severity of risks and the organizational readiness level.
    b. After each annual exercise, a report is prepared documenting the exercise outcomes, including any identified gaps or deficiencies in the plan. Corrective actions are implemented to address weaknesses, ensuring continuous improvement of Health Plan's emergency response capabilities.
3. Business Continuity Plans (BCPs)
    a. BCPs within Preparis: Each department of Health Plan develops and maintains a BCP in Preparis. These BCPs outline specific actions to be taken to maintain critical departmental functions during and after an emergency, including but not limited to:
        i. Staff continuity
        ii. Data and systems recovery
        iii. Alternative service delivery models
        iv. Financial and operational management during disruptions
    b. Member Emergency Preparedness Plan: Health Plan shall develop and maintain a Member Emergency Preparedness Plan, ensuring that members are supported during

emergencies with guidance, communication, and access to essential services.

IV. ATTACHMENT(S)

A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)

B. Glossary of Terms Link

C. Health Plan's Emergency Preparedness and Response Plan

D. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

A. Department of Health Care Services (DHCS) Medi-Cal Managed Care Plan Contract Exhibit A, Attachment III, 2.0 Acronyms)

B. Code of Federal Regulations (CFR) Title 29 §1910.38

C. Code of Federal Regulations (CFR) Title 45 §164.308(a)(7)

D. CA Code Regs §§ 2400-2450, Standardized Emergency Management System (SEMS)

E. CA Govt Code § 8607, Emergency Services Act (Chapter 7, Division 1, Title 2)

F. California State Emergency Plan (CA SEP)

G. California Public Health and Medical Emergency Operations Manual

H. CA Executive Order S-2-05, NIMS Implementation, February 2005

I. Homeland Security Presidential Directive 5, Management of Domestic Incidents, February 28, 2003

VI. REVISION HISTORY

*Version 001 as of 01/01/2023

Version*	Revision Summary	Date

001	New policy created to be in compliance with DHCS Contract Exhibit A, Attachment III, Section 6.1	12/06/2024
002	Added Emergency Preparedness Framework, Incident management and response, Emergency Activation levels, Communication and Coordination, and Training and Testing.	02/12/2025
Initial Effective Date: 01/01/2025		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee		
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee		
• Audits & Oversight Committee		
• Policy Review		
Quality Improvement Health Equity Committee (QIHEC)		
• Quality Operations Committee		
• Grievance		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)			

Department of Managed Care (DMHC)			

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy