

LANZEA LLC



Healthcare Emergency Management Portal

Web Portal Overview

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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 'Upload', 'Contact Us', and 'Help' links, and a 'Sign in' button. The main content area is titled 'Upload Form'. Below the title, there is a instruction: 'Please complete the fields below to submit your Comprehensive Emergency Management Plan for review by Seminole County Emergency Management, per the Agency for Health Care Administration's licensure requirements'. A modal window titled 'Upload Password' is overlaid on the form, containing the text 'Please enter your password:' and a text input field, with a 'Continue' button at the bottom right. The background form has the following fields:


- Facility ***: A dropdown menu with the placeholder text 'Please select a Facility'.
- Year ***: A dropdown menu with the placeholder text 'Please select Submission Year'.
- Contact Name ***: A text input field.
- Contact Email ***: A text input field.
- Contact Phone ***: A text input field.

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 (1st Submission, 2nd Submission, 3rd. Submission). Please select the "1st Submission" option when uploading the CEMP for the first time for the selected year.

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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.


Comprehensive Emergency Management Portal

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

Upload Form

Please complete the fields below to submit your Comprehensive Emergency Management Plan for review by Seminole County Emergency Management, per the Agency for Health Care Administration's licensure requirements.

- 1 **Facility ***
- 2 **Year ***
- 3 **Contact Name ***
- 4 **Contact Email ***
- 5 **Contact Phone ***
- 6 **Submission Type ***



Comprehensive Emergency Management Portal

Upload Contact Us Help Sign in

7 **Comprehensive Emergency Management Plan**

Choose Files No file chosen

8 **Fire Plan**

Choose Files No file chosen

9 **Mutual Aid Agreements**

Choose Files No file chosen

10 **Emergency Power Plan**

Choose Files 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.

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