

July 6, 2018

**Subject: Nursing and Assisted Living Facilities Must Have an Evacuation Plan in Place**

Presbyterian Health Plan, Inc. (Presbyterian) is committed to ensuring accessible healthcare options for our members. We would like to take this opportunity to remind Centennial Care nursing and assisted living facilities that they are required by New Mexico Human Services Department (HSD) to have an evacuation plan in place should an emergency or natural disaster occur.

An evacuation plan will ensure our members are transported to a safe place where they can continue to receive the care and services they need. To ensure payment is processed appropriately, providers must have a single case agreement (i.e., contract) with the facility/facilities they plan to transfer members to should an emergency or natural disaster occur. Likewise, providers must inform Presbyterian of which facility/facilities they plan to transport member to if such an event occurs.

The evacuation plan must be tailored to its geographic location and the types of member residents it serves, and it must ensure that the member's pharmacy needs, such as medication refills, are met. In addition, nursing and assisted living facility providers must review the evacuation plan, train new employees in emergency procedures, ensure member residents are informed of the evacuation plan, perform evacuation drills, and conduct periodic reviews with staff. Furthermore, providers must ensure there is enough staff to carry out the evacuation plan. Below are additional considerations providers may want to include in their evacuation plan:

- How will member residents be identified during an evacuation?
- How will electronic medical records be protected and recovered?
- Will there be a backup system in place that provides off-site access to medical records?
- How will member residents be transported to a facility?
- How and when will staff notify family members about evacuation plans?
- How can family members help in an emergency situation?
- Is there an backup phone number family members can call to receive more information during an emergency?
- How will the plan change based on the type of emergency or natural disaster that occurs?

To ensure Presbyterian is aware of your emergency evacuation plan, please fill out the attached form and mail to the following address:

MPC071801

Presbyterian exists to improve the health of the patients, members, and communities we serve.

Presbyterian Health Plan  
Provider Network Management  
P.O. Box 27489  
Albuquerque, NM 87125

For your convenience, we included a prepaid envelope with this communication. Providers may also submit their evacuation plan via fax at (505) 923-5440.

Presbyterian care coordinators are available to assist in the coordination of care for members. Your assigned care coordinator is <care coordinator>. Should you need assistance, you may contact your care coordinator at <phone number> or <email address>.

Thank you for your commitment to ensuring our member's safety and well-being. If you have any questions, please use the information below to contact your Provider Network Management relationship executive.

### **Provider Network Management**



**Hours:** Monday through Friday, 8 a.m. to 5 p.m.



**Phone:** (505) 923-5141

**Contact Guide:** [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide)



**Mailing address:** P.O. Box 27489, Albuquerque, NM 87125

**Location:** 9521 San Mateo Blvd NE, Albuquerque, NM 87113

**Evacuation Plan Questionnaire**

1. Nursing / Assisted Living Facility Name:	
2. Which facility / facilities will members be transferred to in the event of an evacuation?	
3. Do you currently have, or are you in the process of obtaining, a single case agreement (i.e., contract) with any of the facilities that members will be transferred to in an emergency situation?	
4. With which facilities do you currently have, or are you in the process of obtaining, a single case agreement?	
5. Will the member's pharmacy needs, such as medication refills, continue to be met in the event members are evacuated to another facility?	

**By checking this box and signing below, I confirm that the information provided in this questionnaire is correct and true to the best of my knowledge.**

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**Signature**

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**Date**