

Florida Health Comprehensive Emergency Management Plan:

Health Care Provider User Guide

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Account Creation:

- To begin, select the Create HCP Account Button

Florida Health Comprehensive Emergency Management Plan

Home Contact Log in



Who must submit a CEMP to DOH?

Who must submit a CEMP to DOH?

The Florida Department of Health is statutorily required to annually review and approve the comprehensive emergency management plans (CEMP) for the following licensed provider types:

- Home Health Agency 400.492 Florida Statute
- Home Medical Equipment Provider 400.934 Florida Statute
- Nurse Registry 400.506 Florida Statute
- Hospice 400.610 Florida Statute

If you are an employee of, or represent, a health care provider and do not currently have a user account, please click the button below to create a user account. If you already have a user account, click the Login button to login to the application.

Log in Create HCP Account



What is required in a CEMP?

Agencies are required by the Agency for Health Care Administration (AHCA) to have a CEMP that includes :

- Risk Assessment and Planning
- Policies and Procedures
- Communication Plan
- Training and Testing

In addition, the CEMP must include how services will continue to be provided to clients who must evacuate their homes during an emergency. This will ensure the residents who need assistance during evacuations, rely on agency provided services, or are assigned to the Special Needs Shelter, receive continued care without interruption throughout an emergency.

For more information and plan templates, please visit the [AHCA website](#).

- You will be directed to the registration page where you will input all required information and select the Link Health Care Provider button.

Register

First Name*

Middle Name

Last Name*

Email*

Phone Number

Link Health Care Provider



Register

- A pop-up will appear, allowing you to search for all agencies that have a license or are in the process of applying for one and have a file number associated with their application. If your application has not received a file number or you do not have a current license, you will not be able to submit a CEMP for your company.
- You may search for an agency in three ways. In the ‘Search Type’ drop-down menu, you can select ‘File #’, ‘Name’, or ‘License/Cert #’. Once you have made a selection, type the information into the ‘Search Term’ box, ensuring there are no unnecessary spaces, and select “Search” with your mouse (do not press enter). The example provided below shows a search by agency name. Once you have located your company, select the checkbox icon in the Select column.

Select Health Care Provider

Search Term
Search Type

Name
 ▼

Search

Name	License #	Address	Type	Select
ABOVE & BEYOND VETERANS HOMECARE INC	299996272	9045 LA FONTANA BLVD STE 231 BOCA RATON 33434	Home Health Agency	<input checked="" type="checkbox"/>
ABOVE AND BEYOND HOME HEALTH CARE SERVICES INC	30212186	6801 Lake Worth Rd Ste 319 GREENACRES 33467	Nurse Registry	<input type="checkbox"/>

Close

- After selecting the checkbox, the pop-up will close, and your company will appear below the Link Health Care Provider button. You can link more than one company. Once all required fields are filled out and you have linked your account to your company or companies, select Register. You will be sent an email with a temporary password and a link back to the website.

Register

First Name*

Middle Name

Last Name*

Email*

Phone Number

Link Health Care Provider

Name	License #	Address	Type	Select
ABOVE & BEYOND VETERANS HOMECARE INC	299996272	9045 LA FONTANA BLVD STE 231 BOCA RATON 33434	Home Health Agency	<input checked="" type="checkbox"/>

Register

- Use the provided link, your username (your email), and the temporary password to log into the CEMP system. You will then be prompted to create a unique password and to select and answer three security questions. Once completed, select ‘Save’ and you will be directed to the Home Page to log in with your new credentials.

Setup Password and Security Questions

Username	<input type="text" value="7@gmail.com"/>
Password*	<input type="password"/>
Confirm password*	<input type="password"/>
Phone Number	<input type="text" value="(850) 245-0001"/>
Security Question 1	<input type="text" value="Please select security question 1..."/>
Security Answer 1	<input type="text"/>
Security Question 2	<input type="text" value="Please select security question 2..."/>
Security Answer 2	<input type="text"/>
Security Question 3	<input type="text" value="Please select security question 3..."/>
Security Answer 3	<input type="text"/>

Save 

Plan Submission:

- To create a new plan submission, go to the Home Page. You'll see a teal button in the top-right corner with your agency's name on it. If you have multiple agencies linked to your account, an arrow will appear on this button, allowing you to switch between them.
- To create a new plan, select the yellow 'New Plan' button.

Home



AEGIS HOMECARE LLC

In accordance with Florida Statute, Chapter 400, the Department of Health has 90 days from the date a CEMP is submitted to complete their review. All annual and substantive change submissions will be reviewed by the anticipated processing date listed below. The anticipated processing date is automatically set 90 days from the date of submission.

AEGIS HOMECARE LLC

License Number : 299995386

8660 W FLAGLER ST MIAMI , FL , 33144-2035

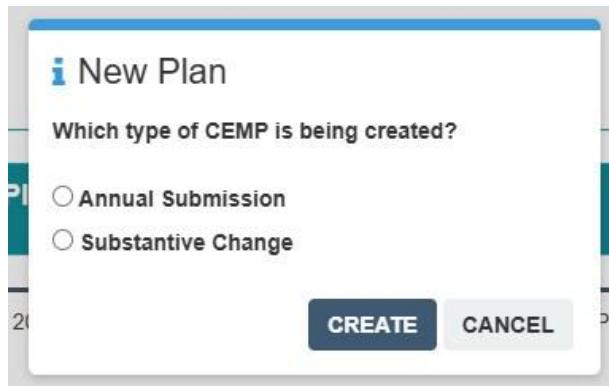
Home Health Agency

Comprehensive Emergency Management Plan Summary



+ New Plan

- When you select new plan, a pop up will appear for you to select the CEMP submission type. Once you select 'Create', a template for the corresponding provider type will open in a form for you to complete each section.



Comprehensive Emergency Management Plan (CEMP) for Nurse Registry

Developed by # 1 HOME CARE SERVICES LLC, License #30212751

- I. Introduction
 - A. Introduction
- II. Identifying Information
- III. Concept of Operations
- IV. Appendices



In Compliance With: s.400.610(1)(b), Florida Statutes
58A-2.005(1)(c)1.d., Florida Administrative Code
58A-2.026, Florida Administrative Code



Instructions: This form is designed so that the requested information may be typed directly below each topic heading, allowing as much space as necessary to capture the needed details. This will also permit the plan to be easily filled online and submitted for review.

Please Note:

- In each submission box please enter ONLY your answer. This template will be converted to a PDF copy of your plan upon approval. The questions/prompts will be added automatically to the final document, so restating them will result in duplicate text.
- When making requested revisions to your CEMP, include your full answer in the revision text box. The revised answer will replace the original answer when submitted.

Plan Type : Annual Submission

Status : Pending Submission

* Required Fields

Save

Next

INTRODUCTION

(Insert any appropriate introductory or overview remarks.)



- The Agency's information will be listed at the top of the CEMP form. On the upper left side of the page is an interactive index allowing you to navigate to different sections of the plan. The 'Next' button can also be used to navigate through the CEMP form.

- The CEMP form is comprised of prompts/questions and answer boxes. The beginning of each section has an introduction box, these are optional and may be left blank. Type your answers to the prompts in the textboxes. Every section must include an answer (except introduction boxes), or you will not be able to submit your CEMP. **PLEASE NOTE:** In each submission box please enter ONLY your answer. This template will be converted to a PDF copy of your plan upon approval. The questions/prompts will be added automatically to the final document, so restating them will result in duplicate text on the PDF.

III. CONCEPT OF OPERATIONS

(Insert any appropriate introductory or overview remarks.)



A. Responsibilities in Emergency Situations

1. The chain of command to ensure continuous leadership and authority in key positions:

Additional Guidelines 

Formats ▾ Font Family ▾ Font Sizes ▾ **B** *I*   

Administrator-
Director of Nursing-

p

Words: 4 

- Each prompt has a blue “Additional Guidelines” link to give you further information on the minimum requirements for the question.

<p>A. Responsibilities in Emergency Situations</p> <p>1. The chain of command to ensure continuous leadership and authority in key positions:</p> <p>Additional Guidelines </p> <p>Statute: 400.506(18)... An administrator shall designate, in writing, for each licensed entity, a qualified alternate administrator to serve during the administrator's absence</p> <p>The chain of command must include at least two different individuals. We recommend naming a role instead of an individuals name to reduce the need for extensive revisions should there be a substantive change.</p>
<p>Formats ▾ Font Family ▾ Font Sizes ▾ B <i>I</i>       </p> <p> A   </p> <p>Administrator- Director of Nursing-</p> <p>p</p>
Words: 4

- At the top and bottom of each page in the CEMP form, you will see the ‘Save’ and ‘Next’ buttons. You can select ‘Save’ at any time to save your submission, this allows you to leave the submission if needed and return to where you left off. If you select ‘Next’, the portal will save everything you’ve done on that page and take you to the next one. Please note: **The CEMP Portal will time out after 40 minutes**, so it is important you save often as you work through the plan. We recommend you save after every 4-5 prompt boxes you have answered.

✓ I. Introduction

✓ II. Concept of Operations

✓ III. Information, Training and Exercise

✓ IV. Appendices

✓ Appendix

Developed by AEGIS HOMECARE LLC, License #299995386

In Compliance With: s.400.610(1)(b), Florida Statutes

58A-2.005(1)(c)1.d., Florida Administrative Code

58A-2.026, Florida Administrative Code

Instructions: This form is designed so that the requested information may be typed directly below each topic heading, allowing as much space as necessary to capture the needed details. This will also permit the plan to be easily filled online and submitted for review.

Plan Type : Annual Submission
Status : Pending Submission

* Required Fields
Submit
Back
Save

- After completing all sections of the CEMP, select ‘Save’, and the ‘Submit’ button will appear. The ‘Submit’ button will only appear after all sections have been completed. Once you submit your CEMP, it will go to the state for review if you service multiple counties. If you are only licensed in a single county, it will go to that county health department for review. **CEMP reviews can take up to 90 days.** **Please Note:** If your agency is only licensed in a single county, and that county requires a review fee (for initial submission or revision reviews), you will not receive correspondence regarding the plan outcome until all fees have been received in full. If your county does require a fee, you will find information regarding payment requirements on each page of the CEMP submission form under the instructions, highlighted in a blue box.
- You will receive a Submission Confirmation Email from the system the following morning after you submit your plan. This email may be shown to a surveyor/AHCA if your survey is scheduled before your plan has been approved to show proof of compliance.

- If your CEMP has been approved, you will receive this email. To access your approval letter, login to the CEMP portal.

From: CEMP@FLHealthResponse.com <CEMP@FLHealthResponse.com>
Sent: Monday, February 10, 2025 1:41 PM
Subject: CEMP Approved

Dear CEMP manager,

Your Comprehensive Emergency Management Plan has been approved. You may now download your new approval letter through the portal, using the following link:
CEMP.FLHealthResponse.com

Please maintain a copy of your approval letter for your records as AHCA may require it.

Sincerely,
 State CEMP Review Team
 Bureau of Preparedness & Response
 Division of Emergency Preparedness and Community Support
 Florida Department of Health
 4052 Bald Cypress Way, BIN A-23
 Tallahassee, FL 32399-1748
 844-234-9307
DOHCEMPReview@flhealth.gov

1AGENCY HOME HEALTH CARE LLC

License Number : 299996155
 7225 NW 25TH ST STE 205
 Home Health Agency

Comprehensive Emergency Management Plan Summary

[+ Duplicate Plan](#)
[+ New Plan](#)

Submission	Status	Anticipated Processing Date	Due Date	Actions
Created by Abbey McCoy on 12/19/2024 12:23 PM.	Approved			



- After approval, when you log back into your portal the home screen will display your submissions 'Approved' status. The eye action icon allows you to view your submission form. The single page action icon will open the PDF copy of the approval letter to view/download. The double page action icon will open a PDF copy of the approved plan to view/download. All submissions, approval letters, and PDF copies of plans will remain stored in the CEMP submission site.

Additional Submission Tips:

- Pay close attention to asterisks (*) in the Identifying Information section of the plan as these fields are required, if any are left blank you will not be able to submit your plan.

2. Person In Charge During Emergency (Key Staff)

Additional Guidelines 

* Primary Name/Title:(Safety Liaison):

Home Phone Number:

* Work Phone Number:

Pager Number:

* Cell Phone Number:

Email:

* Alternate Name/Title:

Home Phone Number:

* Work Phone Number:

Pager Number:

* Cell Phone Number:

Email:

Enter additional Alternate Name/Title and contact information below if you need:

Formats ▾ Font Family ▾ Font Sizes ▾ **B** *I*     

    <>

- You may click and drag the bottom right arrow of an answer box to expand it, this allows you to read more of your answer at a time if needed.

- You may use Copy (Ctrl+C) and Paste (Ctrl+V) to insert answers into an answer box from a previously approved plan to save yourself time. **PLEASE NOTE:** In each submission box please enter ONLY your answer. This template will be converted to a PDF copy of your plan upon approval. The questions/prompts will be added automatically to the final document, so restating them will result in duplicate text on the PDF.
- Remember to hit ‘Save’ often as the portal will time out after 40 mins.
- You may download a copy of your approval letter and PDF of your plan upon approval on the home page.
- All required fields in the template must be filled out to submit. If any section is not, the ‘Submit’ button will not appear. Introduction Boxes are optional and are not required to contain information..

Revision Requests/Submissions:

- If you receive this type of email, there were deficiencies in your CEMP, and you must make revisions for it to be approved. To revise your CEMP, login to the CEMP portal.

From: CEMP@FLHealthResponse.com <CEMP@FLHealthResponse.com>
Sent: Friday, August 22, 2025 12:25 PM
To:
Subject: ACTION REQUIRED: CEMP Revision Requested.

Dear CEMP manager,

After review, your plan for **KINGDOM PARTNERS CONNECTIONS LLC**, License Number - [REDACTED], File Number - [REDACTED] was found to need revision according to the minimum requirements set forth by the Agency for Healthcare Administration. You have 30 calendar days from [REDACTED] to revise your plan. You may view and submit the requested revisions through the portal no later than: [REDACTED].

The Department will respond to your revisions within the following 30 days. At that time, you will receive an approval letter or a finding of a Deficient Plan. Failure to submit the requested information or revisions within 30 days after written notification will result in:

- Deficient Plan status
- Notification to the Agency for Health Care Administration and may constitute a deficiency subject to a fine of \$5,000 per occurrence.

Sincerely,
State CEMP Review Team
Bureau of Preparedness & Response
Division of Emergency Preparedness and Community Support
Florida Department of Health
4052 Bald Cypress Way, BIN A-23
Tallahassee, FL 32399-1748
844-234-9307
DOHCEMPReview@flhealth.gov

- On the home page, the status of the CEMP submission will say “Revision Requested”. Click the pencil action icon to open the CEMP form.

A VISITING REDI-NURSE				
License Number : 20011096 155 SW PORT ST LUCIE BLVD STE 106 Home Health Agency				

Comprehensive Emergency Management Plan Summary				
Submission	Status	Anticipated Processing Date	Due Date	Actions
Created by Abbey McCoy on 12/10/2024 2:39 PM.	Revision Requested		3/15/2025	 

- Use the table of contents to navigate to the sections marked with the red X, which require revision.

✓ I. Introduction
✗ II. Concept of Operations
✓ A. Direction and Control
✗ B. Education of Patients Prior to an Emergency
✓ II.B.1
✓ II.B.2
✓ II.B.3
✗ II.B.4
✓ II.B.5
✓ II.B.6
✓ C. Notification
✓ D. During an Emergency
✓ E. Evacuation
✓ F. The Patients Return Home
✓ III. Information, Training and Exercise
✓ IV. Appendices

- The sections that require revision will be red and will include the reviewer's instructions for correction. Type your revised response to the section in the bottom text box or add the requested file(s). Your revised response must answer the full section prompt again, not just the part that needed revision; the revised response will replace the original answer.

APPENDIX A: AGREEMENTS AND UNDERSTANDINGS

Additional Guidelines

List on this page and insert copies on following pages, and include annual update mutual agreements, memoranda of understanding, or any other understandings entered into between the home health agency and any local, state, and county entities, or health care entities, and service providers that have responsibility during a disaster. This is to include current agreements needed to ensure the operational integrity of the plan.

Originally Submitted Information :

Formats	Font Family	Font Sizes	B	I	≡	≡	≡	≡	≡	≡	≡
    											
Agreement with Example Home Care											
Words: 5 											

Appendix A documents

Please utilize the controls below to select and upload document(s). Please restrict document selection to  **PDF, xlsx, doc and docx** or the following common image formats: **PNG, JPG/JPEG or GIF**. Uploaded documents are available for download by clicking the link containing the file name. [Document submission help !\[\]\(bc8778cba7bb24b846080c7d5b609ff3_img.jpg\)](#)

Documents uploaded or selected for upload will appear in the section below.

  **Attach a copy of your agreement.**

Please enter the revised response below :

Formats	Font Family	Font Sizes	B	I	≡	≡	≡	≡	≡	≡	≡
    											
Words: 0 											
+ Add files...											

- Once you have completed all the revisions, select Save, and the Revision Submit button will appear. After you select this button, your revised CEMP will be sent for the final review process, which will result in approval or deficiency.

Revision Submit

Back

Save

- If your revised CEMP met the requirements and was approved, you will receive an email notification stating that you can login to the CEMP portal to download your approval letter (See page 8-9).
- If your revisions still did not meet all the requirements, you will receive a deficiency notice email.

From: CEMP@FLHealthResponse.com <CEMP@FLHealthResponse.com>
Sent: Tuesday, February 18, 2025 4:19 PM
Subject: ACTION REQUIRED: Deficient Notification.

Dear CEMP manager,

Your plan has failed to meet the minimum requirements set forth by the Agency for Health Care Administration, therefore the submission has been deemed deficient. This may result in notification to the Agency for Healthcare Administration which may constitute a deficiency subject to a fine of \$5,000 per occurrence. This submission is not eligible for further revision. Please see the next steps you must take.

Next Steps:

1. Log into the CEMP portal at: CEMP.FLHealthResponse.com
2. View the reviewer comments and Deficiency letter.
3. Start a New Annual CEMP submission and adjust the plan based on the reviewer comments.
4. Resubmit your plan.

Please note: The timeframe starts over, so you will receive an update on the status of your plan within 90 days of submission.

Sincerely,
 State CEMP Review Team
 Bureau of Preparedness & Response
 Division of Emergency Preparedness and Community Support
 Florida Department of Health
 4052 Bald Cypress Way, BIN A-23
 Tallahassee, FL 32399-1748
 844-234-9307
DOHCEMPReview@flhealth.gov

- Upon receiving this notification, you must login to the CEMP portal to view the reviewer comments explaining why your submission was deficient. To remain compliant with AHCA you must submit a new corrected plan. You may use the “Duplicate Plan” feature available on the home page to save yourself time when submitting a new plan. **Please Note:** All your previous answers will be auto populated into the new submission. Therefore, you will need to edit and make the needed changes requested from the previous rejected/deficient plan to this new submission before submitting it. Please see further explanation below about duplicating deficient or rejected plans.

Duplicate Plan:

- Once a plan has been Approved, Rejected, or marked Deficient in the portal, the 'Duplicate Plan' button will appear on the home screen, allowing you to create a new submission identical to your previous one. This will help you submit your annual plan in only a few clicks if there are no changes to your plan. If any changes did occur, you need to go to the section on the plan that needs updating and make the changes before you submit.
- If your plan was Rejected or marked Deficient, you may use this feature to save yourself time when resubmitting a new plan. Please note that you will still need to edit and make the needed changes from the previous rejected/deficient plan to this new submission before submitting it.

Rejected Plan:

- When a plan is rejected, it means the submission has been closed. The reviewer will provide a clear, documented reason that will appear in an email notification as well as show at the top of the now closed CEMP submission form in the portal. A rejected plan will not be eligible for revisions.

Additional Account Information:

- If you wish to make any changes to your account information or link additional agencies, you may navigate to the person icon next to the 'Log Out' button at the top right of the screen. Make sure to hit 'Save' after any updates.

Home Contact  

User Profile 

User Name				
First Name	test			
Middle Name				
Last Name	test			
Phone number				

Link Health Care Provider 

Name	License #	Address	Type	Select
STYMCO MEDICAL LLC	1313948	8176 WOODLAND CENTER BLVD TAMPA 33614	Home Medical Equipment Provider	
HOVEROUND CORPORATION	1313666	2611 OLD MIDDLEBURG RD N BLDG 200 JACKSONVILLE 32210-3772	Home Medical Equipment Provider	

 **Save**

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System Notifications:

- The system automatically sends out email notifications once a day regarding submission confirmations, approvals, revision requests, rejections, deficiencies, and annual reminders when it is time to submit your CEMP. Please note, notifications are not sent the same day, they will be sent the following morning after an action has occurred.