

To begin, select Create HCP Account:

Florida Health Comprehensive Emergency Management Plan

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[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

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](#).

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](#)



[Florida Special Needs Registry](#)



[Florida Agency for Health Care Administration](#)

Input all required information and select link healthcare provider:

Register

First Name*

Middle Name

Last Name*

Email*

Phone Number

[Link Health Care Provider](#)

[Register](#)

A pop up will appear with the ability to search for all agencies who have a license or are in the process for applying for a license and have a file number associated with their application. If you have not received a file number associated with your application or have a current license, then you will not be able to submit a CEMP for your company.

Search by using your license/file number or by searching for your company name. Once you have located your company, select the checkbox icon in the Select column.

Select Health Care Provider ✕

Search Term **Search Type**

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

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

Register

First Name*

Middle Name

Last Name*

Email*

Phone Number

Name	License #	Address	Type	Select
ABOVE & BEYOND VETERANS HOMECARE INC	299996272	9045 LA FONTANA BLVD STE 231 BOCA RATON33434	Home Health Agency	<input type="checkbox"/>

Use the username (your email) and the temporary password to log into the CEMP system. You will be prompted to setup a password and security questions. Once completed, Select Save, and you will be directed to the Home

Setup Password and Security Questions

Username

Password*

Confirm password*

Phone Number

Security Question 1

Please select security question 1...



Security Answer 1

Security Question 2

Please select security question 2...



Security Answer 2

Security Question 3

Please select security question 3...



Security Answer 3

Save

page.

On the Home page, to start a new submission, select the New Plan button. The template for the corresponding provider type will be in a form for you to complete each section. The counties license

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

New Plan

Which type of CEMP is being created?

- Annual Submission
- Substantive Change

CREATE

CANCEL

A pop up will appear for you to select the CEMP type and the Create button.

Comprehensive Emergency Management Plan (CEMP) for Home Health Agency

I. Introduction

- II. Concept of Operations
- III. Information, Training and Exercise
- IV. Appendices

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 :

* Required Fields

Save

Next

INTRODUCTION

(Insert any appropriate introductory or overview remarks.)

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The CEMP form will open with the CEMP's information at the top and the sections listed on the left. Click the Next button to navigate through the CEMP form.

II. CONCEPT OF OPERATIONS

A. Direction and Control

(Insert any appropriate introductory or overview remarks.)

Formats Font Family Font Sizes **B** *I* [List Icons]
[Link Icon] A **A** <>

p

Words: 0

1. The chain of command for ensuring continuous leadership and authority in key positions:

[Additional Guidelines](#)

Formats Font Family Font Sizes **B** *I* [List Icons]
[Link Icon] A **A** <>

Administrator-
Director of Nursing-

p

Words: 4

Type your answers to the prompt in the textboxes. Every section must include an answer, or you will not be able to submit your CEMP.

1. The chain of command for ensuring continuous leadership and authority in key positions:

[Additional Guidelines](#)

Statue: 400.476(1)(a) An administrator shall designate, in writing, for each licensed entity, a qualified alternate administrator to serve during the administrator's absence.

Your 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.

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[Link Icon] A ▾ **A** ▾ <>

Administrator-
Director of Nursing-

p Words: 4

You can select "Additional Guidelines" to view information on the minimum requirements for the section to be approved.

- ✓ 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

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.**

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

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

1 AGENCY 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			  	

The status of the CEMP submission will say Approved. Click the paper action icon to view the approval letter.

You are also able to select the third action icon to generate a PDF version of your CEMP.

From: CEMP@FLHealthResponse.com <CEMP@FLHealthResponse.com>

Sent: Tuesday, February 18, 2025 4:48 PM

Subject: ACTION REQUIRED: CEMP Revision Requested.

Dear CEMP manager,

After review, your plan was found to need revision according to the minimum requirements set forth by the Agency for Healthcare Administration. **You have 30 calendar days from 2/18/2025 , to revise your plan. All the required revisions must be made through the portal no later than: 3/20/2025 .**

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.

The portal may be accessed using the following link: CEMP.FLHealthResponse.com

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

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.

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	

The status of the CEMP submission will say Revision Requested. Click the pencil action icon to open the CEMP form.

- ✓ I. Introduction
 - ✓ ▶ A. Introduction
- ✓ II. Concept of Operations
- ✓ III. Information, Training and Exercise
- ✗ IV. Appendices

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

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* [List Icons] [List Icons]

 A ▾ A ▾ <>

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](#) 

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* [List Icons] [List Icons]

 A ▾ A ▾ <>

p

Words: 0

 Add files...

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 textbox or add the requested file(s). Your revised response must answer the full section prompt again, not just the part that needed revision.

Revision Submit

Back

Save

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.

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 7).

If your revisions still did not meet all of 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, make the appropriate changes, and resubmit your CEMP as a New Plan.