asked ASPR TRACIE to help him find the federal definition of Alternate Care Sites (ACS) as it relates to long term care (LTC) facilities. He noted he saw some other definitions online, but was interested to know if there was an official “federal definition” in particular.

Response:

The ASPR TRACIE Team reviewed several resources, including those located in our Topic Collections, to identify any existing federal definition for ACS as it relates to LTC facilities. We also reached out to our ASPR and Centers for Medicare & Medicaid Services (CMS) partners. At this time, we have concluded that there is no one federal definition, however, our partners provided the following responses:

- The ACS referred to by the requestor are likely non-institutional locations where mass casualties can receive treatment during a disaster. CMS does not have any definition, either for acute care or long-term care (LTC), because their expectation is that any ACS use is time-limited. For example, a high school gym may be an appropriate ACS for LTC residents immediately following the event, but then residents should be quickly transitioned into a more appropriate setting. CMS does not believe that there is a need to define these ACS locations specifically because their expectation is that ACS’s are only an interim, transitional location for displaced residents.

- The following CMS resource related to ACS during the 2009 H1N1 flu emergency was provided: Hospital Alternative Care Sites during H1N1 Public Health Emergency. Although the document discusses section 1135 waiver authorities, it also includes information on hospitals establishing ACS to expand the ability of the facility to care for patients.

- There is no universal definition of LTC. It differs by state (some regulate, some do not; the terminology varies). The Office of the Assistance Secretary for Planning and Education (ASPE) compiles studies on the variety of regulations for residential care settings. The following is the Compendium of Residential Care and Assisted Living Regulations and Policy (2015 Edition): https://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

- Following Superstorm Sandy, through Hospital Preparedness Program (HPP) funding, the NY chapter for long term care put together an extensive training on LTC preparedness and response, and included certifications for meeting requirements. They trained approximately 500 people from state and local public health agencies, as well as
private and non-profit facilities and organizations. ASPR believes they included information about ACS given they have had to set them up for LTCs in the past. For more information, the requestor can contact the following individuals:

- **Lee Ann Griffin**, Director of Quality & Regulatory Services, Florida Health Care Association
  Phone: 850-224-3907, and 850-681-2075
  Email: lgriffin@fhca.org
  Note: She was one of the leaders that developed their Nursing Home Incident Command System (NHICS), and is similarly an expert on emergency preparedness.

- **Jocelyn Montgomery**, Director of Clinical Affairs, California Association of Health Facilities
  Phone: 916-441-6400, and 916-441-6441
  Email: jmontgomery@cahf.org
  Note: She was one of the leaders of the NY initiative.

- **Lowell Feldman**, Administrator, Terrace Health Care
  Phone: 718-796-8500, and 718-796-6495
  Email: lfeldman@TerraceHealthCare.com
  Note: He was one of the leaders of the NY initiative.

- Our Mutual Aid Plans work to call these Stop Over Points and we have a baseline definition for this. In essence, it is a location established for the short term placement of residents, typically less than 24 hours, but could convert to an ACS/ Alternate Care Facility (ACF).

There are many definitions available for what may constitute an ACS, but they are not necessarily specific to LTC facilities or provided by the federal government. Please see the [ASPR TRACIE Long Term Care Facilities Topic Collection](http://www.asprtracie.org) for additional information. We are currently developing an Alternate Care Site Topic Collection, which is expected to be completed by the end of October 2016.