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The CMIST Framework

Individuals with access and functional needs (AFN), such as adults with disabilities, may have additional needs that must be considered in planning for, responding to, and recovering from a disaster or public health emergency. The [CMIST Framework](#), an approach used by emergency managers and public health practitioners, provides a flexible, crosscutting approach for planning to address a broad set of common AFN without having to define a specific diagnosis, status, or label. For the purposes of this resource on discharge planning, the CMIST Framework also provides a set of considerations to assist healthcare providers in addressing AFN during a public health emergency.

The CMIST Framework is a mnemonic device consisting of five categories:

C = Communication

Individuals with communication needs may speak American Sign Language (ASL), have limited English proficiency (LEP), use braille print or use other auxiliary aids and devices to communicate or navigate their environment. These individuals may have limited ability to hear announcements, see signs, understand messages, or verbalize their concerns.

M = Maintaining Health

Individuals may require specific medications, supplies, services, durable medical equipment (DME), electricity for life-maintaining equipment, breastfeeding and infant/childcare, or nutrition in order to reduce negative impacts of a disaster or public health emergency on individuals' health.

I = Independence

When relocating adults with disabilities to medical care settings and when discharging them home or into the community, it is crucial to ensure continuity of access to necessary mobility devices or assistive technology, vision and communication aids, and services animals that assist the individual in maintaining their independence.

S = Support

Early identification and planning for AFN can help to reduce the negative impacts of a public health emergency on individuals' self-determination and general well-being. Some people may have lost caregiver assistance during a hospital stay and require additional support post-discharge; some individuals may find it difficult to cope in a new or strange environment or have difficulty understanding or remembering; and some individuals may have experienced trauma or be victims of abuse.

Discharge Planning and Care Coordination during COVID-19

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As a result, they may need additional personal care assistance; experience higher levels of distress and need support for anxiety, psychological, or behavioral health needs; or require a trauma-informed approach or support for personal safety, health, and welfare post-discharge. Such supports should be provided with deference to the person-centered discharge plan developed with the individual.

T = Transportation

Individuals may lack access to personal transportation, be unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions, injury, or legal restriction. Disasters and public health emergencies can significantly reduce transportation options in some communities, inhibiting individuals from accessing services and staying connected. Disaster planning requires coordination with mass transit and accessible transportation services providers.

Using the CMIST Framework, this resource will navigate important recommendations and considerations for adults with disabilities during discharge planning across three potential scenarios, as depicted in the [journey map](#). Of note, not every item in the CMIST Framework will be relevant in each scenario described below. The following scenarios outline steps for discharge planning to different settings: returning home, temporary care setting, and new community or facility based home.

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