



Emergency Support Function (ESF) #18 **Access and Functional Needs**

Primary Agency

Albuquerque Department of Senior Affairs



City of Albuquerque, New Mexico
Emergency Support Function (ESF) #18
ACCESS AND FUNCTIONAL NEEDS

Purpose:

1. To coordinate activities involved with the identification, registering, transportation, sheltering, and care of people with disabilities and others with access and functional needs before, during, and after a significant emergency.

Primary:

- Albuquerque Department of Senior Affairs

Support:

- Albuquerque Department of Family and Community Services
- Albuquerque Fire Department
- Albuquerque Housing Authority
- Albuquerque Police Department
- Albuquerque Transit Department
- American Red Cross
- Community and Faith Based Organizations
- Congregate Care Facilities
- Direct and Supportive Care Providers

Likely Tasks:

- Staff the Access and Functional Needs Group within the CABQ "EOC Operation Section Human Services Branch."
- Determine coordination needed regarding functional or medical needs shelters.
- Notify civic association representatives serving the threatened or impacted areas regarding the emergency situation and initiate steps to utilize their support and services.

Likely Tasks Continued:

- Establish the status of recommendations or orders for evacuation of all or portions of the CABQ. Consult with ESF #14 regarding actions by CABQ to provide the necessary services to Access and Functional Needs individuals, and predictions for the level of support likely to be needed from the City.
- Coordinate with local ESF #14 staff to establish, if needed, telephone numbers(s) for Access and Functional Needs individuals. Ensure that telephone operators are given up-to-date information regarding instructions for Access and Functional Needs individuals and that procedures are in place for relaying requests from the public to ESF #18 for action;
- Ensure ESF #15, Public Information, has received all relevant information regarding actions that Access and Functional Needs individuals within the City are to take, and that such information is released to the media through ESF #15.
- Coordinate with ESF #7, Resource Management, and ESF #6, to identify facilities, institutions and businesses that may be available to provide additional support in the transportation and care of Access and Functional Needs individuals. Advise ESF #5, Information and Planning, of the results;
- Coordinate with City ESF #1, Transportation, to provide resources needed to assist in the evacuation of Access and Functional Needs individuals.

State of New Mexico

Primary:

- American Red Cross
- Department of Homeland Security and Emergency Management

Support:

- Baptist Disaster Relief
- Aging and Long-Term Services Department
- Children, Youth and Family Services Department
- Corrections Department
- Department of Health
- Higher Education Department
- Indian Affairs Department
- Military Affairs Department
- Public Education Department
- State Police
- Department of Transportation
- The Salvation Army
- Department of Workforce Solutions

Likely Actions:

Federal Government

Primary:

- ESF-8 Department of Health and Human Services
- ESF-6 Department of Homeland Security/ Federal Emergency Management Agency

Support:

- Department of Agriculture
- Department of Commerce
- Department of Defense
- Department of Energy
- Department of Homeland Security
- Department of the Interior
- Department of Justice
- Department of Labor
- Department of State
- Department of Transportation
- Department of Veterans Affairs
- Environmental Protection Agency
- General Services Administration
- U.S. Agency for International Development
- U.S. Postal Service
- American Red Cross

Likely Actions:

- Emergency Support Function (ESF) #8 – Public Health and Medical Services provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency. The phrase "medical needs" is used throughout this annex. Public Health and Medical Services include responding to medical needs associated with mental health, behavioral health, and substance abuse considerations of incident victims and response workers. Services also cover the medical needs of members of the "at risk" or "special needs" population described in the Pandemic and All-Hazards Preparedness Act and in the National Response Framework (NRF) Glossary, respectively. It includes a population whose members may have medical and other functional needs before, during, and after an incident.
- Emergency Support Function (ESF) #6 – Mass Care, Emergency Assistance, Temporary Housing, and Human Services coordinates and provides life-sustaining resources, essential services, and statutory programs when the needs of disaster survivors exceed local, state, tribal, territorial, and insular area government capabilities.

EMERGENCY SUPPORT FUNCTION #18

ACCESS AND FUNCTIONAL NEEDS

Primary Agency: Albuquerque Department of Senior Affairs

Primary Coordinator: Associate Director of Senior Affairs

Support Organizations:

- Albuquerque Department of Family and Community Services
- Albuquerque Fire Department
- Albuquerque Housing Authority
- Albuquerque Police Department
- Albuquerque Transit Department
- American Red Cross
- Community and Faith Based Organizations
- Congregate Care Facilities
- Direct and Supportive Care Providers

I. Introduction.

A. PURPOSE.

1. The purpose of this Access and Functional Needs Emergency Support Function annex is to provide guidelines and procedures for disaster planning, response, and recovery efforts to address people with disabilities and other access and functional needs populations in the City of Albuquerque.
2. To coordinate activities involved with the identification, registering, transportation, sheltering and care of people with access and functional needs before, during, and after a significant emergency.
3. The following definitions for what are sometimes referred to as “vulnerable” or “special needs” populations have been adopted for the purposes of this plan and are derived from the National Response Framework 2013 (NRF) with slight modifications. “The NRF definition for ‘special needs’ provides a function–based approach for planning and seeks to establish a flexible framework that addresses a broad set of common function–based needs irrespective of specific diagnosis, statuses, or labels (e.g. children, the elderly, transportation disadvantaged). In other words, this function–based definition reflects the

capabilities of the individual, not the condition or label.”

B. SCOPE.

1. People with Disabilities and others with Access and Functional Needs Populations:

- Identify how to effectively coordinate the response operations for People with Disabilities and others with Access and Functional Needs. Access and Functional Needs Populations are defined as: populations whose members may have additional needs before, during, and after an incident in one or more of the following (CMIST) function-based approach areas (J. Kailes):

- **C**ommunication
- **M**aintaining Health
- **I**ndependence
- **S**upport/**S**afety and **S**elf Determination
- **T**ransportation

Communication	<ul style="list-style-type: none"> • Individuals who have limitations that interfere with the receipt of and response to information will need that information provided in methods they can understand and use. • Some may not be able to hear verbal announcements, see directional signs, or understand how to get assistance due to hearing, vision, speech, cognitive, or intellectual limitations, and/or have limited English proficiency.
Maintaining Health	<ul style="list-style-type: none"> • Individuals who are not self-sufficient or who do not have adequate support from caregivers, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life. These individuals require support of trained medical professionals
Independence	<ul style="list-style-type: none"> • Individuals requiring support to be independent in daily activities may lose this support during an emergency or disaster. Such support may include consumable medical supplies (diapers, formula, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), service animals, and/or attendants or caregivers. Providing the necessary support to these individuals will enable them to maintain their pre-disaster level of independence.
Support/Safety and Self Determination	<ul style="list-style-type: none"> • Before, during, and after an emergency individuals may lose the support of caregivers, family, or friends or may be unable to cope in a new environment (particularly if they have dementia, Alzheimer’s or psychiatric conditions such as schizophrenia or intense anxiety). If separated from their caregivers, young

	<p>children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.</p>
<p>Transportation</p>	<ul style="list-style-type: none"> Individuals who cannot drive or who do not have a vehicle may require transportation support for successful evacuation. This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information about how and where to access mass transportation during an evacuation.

- Initial response activities will focus on meeting urgent needs of emergency victims, including members of access and functional needs groups. Additional assistance will be based on needs of the emergency victims, the emergency situation and available resources.

C. SITUATION.

- Disasters will require immediate activation to provide access and functional needs care to affected populations.
- Many emergencies will cause evacuation of affected areas. The responsibility for the provision of temporary emergency special needs and care for victims is the responsibility of CABQ
- Lessons learned from emergencies concerning people with disabilities and older adults have shown that four areas are repeatedly identified as most important:
 - Communications and Public Information: Emergency notification systems must be accessible to ensure effective communication for people who are deaf/hard of hearing, blind/low vision, or deaf/blind, and those with cognitive or intellectual disabilities, low literacy or other language barriers.
 - Evacuation and Transportation: Evacuation plans must incorporate functional needs providers for identifying and the movement of people with mobility impairments and those with transportation disadvantages.
 - Sheltering: Shelter plans must address the access and functional needs of people to allow for sheltering in general population shelters.
 - Americans with Disabilities Act (ADA)–When shelter facilities are activated, local officials and shelter operators must ensure they accommodate the provisions of the ADA.

D. POLICIES.

1. The CABQ recognizes the need to undertake additional reasonable efforts to protect and assist people in need of additional response assistance at the time of emergencies and disasters, and especially during evacuations, sheltering and reentry.
2. Access and Functional Needs individuals are those who are in situations that would prohibit them from receiving, understanding and/or implementing governmental recommendations or orders regarding protective actions (evacuation and/or sheltering), and need support from others to effectively take protective actions. Access and Functional Needs individuals will include those who require assistance in implementing protective actions. It also includes individuals who lack the vehicles or structures to effectively implement recommendations or orders to evacuate or shelter-in-place, respectively.
3. There are facilities and institutions within the CABQ that house and care for Access and Functional Needs individuals, which by New Mexico law, must have plans, procedures and resources in place to implement protective actions for their patients during emergencies. The CABQ will expect that such facilities within its jurisdiction have complied with this law and will not require, without advanced planning, CABQ resources or personnel to complete protective actions for their patients. The CABQ does recognize, however, that disaster-related damage to structures and transportation infrastructures could limit or prohibit implementation of facility emergency plans, and under such circumstances, City assistance could be necessary to minimize injury or loss of life.
4. **NONDISCRIMINATION.** No services will be denied on the basis of race, color, national origin, religion, sex, age, or disability, and no special treatment will be extended to any person or group in an emergency over and above what normally would be expected in the way of government services. The CABQ activities pursuant to the Federal /State Agreement for major emergency recovery will be carried out in accordance with Title 44, Code of Federal Regulations (CFR), Section 205.16.—Nondiscrimination. Federal disaster assistance is conditional on full compliance with this rule.
5. It is the policy of CABQ to comply with the American Disabilities Act and its standards set forth in Title 41. CFR Section 101.18–6, to the extent permitted by practical constraints.

II. Concept Of Operations.

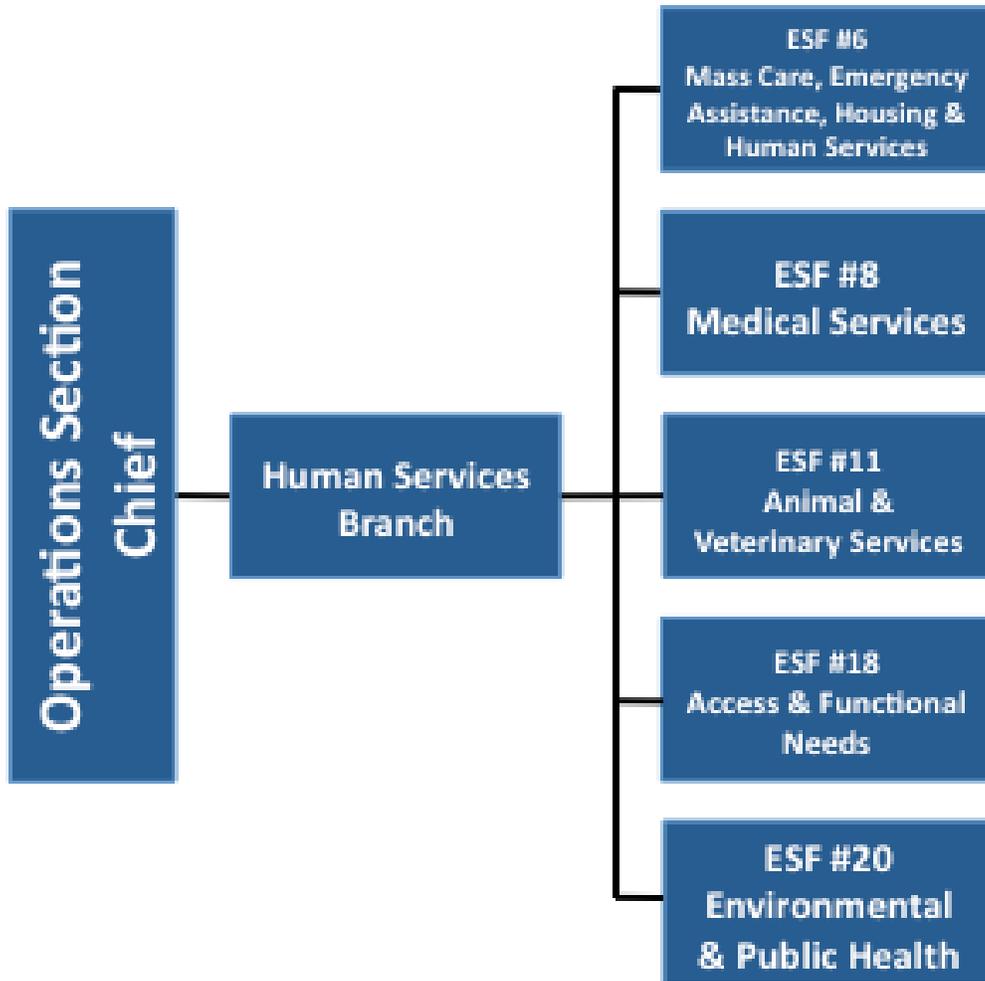
A. GENERAL.

1. Emergency operations for People with Disabilities and other Access and Functional Needs may include the following:
 - a. Access and Functional Needs Sheltering – A designated place of last refuge for those displaced individuals identified as persons with disabilities or other access and functional needs not able to be met at general shelter facilities. This may include hospitals or other supportive care facility.
 - b. Persons with Disabilities and other Access and Functional Needs include:
 - Displaced individuals with minor health/medical conditions that require professional observation, assessment and maintenance; evacuees with chronic conditions who require assistance with activities of daily living but do not require hospitalization; displaced individuals who need medications and/or vital sign readings and are unable to do so without professional assistance.
 - Displaced individuals with health conditions that cannot be managed in a mass care settings, such as persons who require 24–hour electrical power or air conditioning for their treatment modality, persons who are not ambulatory, wheelchair residents who cannot transfer from wheelchair to bed or toilet without assistance, persons who are incontinent, and persons with contagious diseases will be referred to a hospital or another appropriate facility.
 - c. Access and Functional Needs Transportation – Prearranged transportation for those individuals who live in an evacuation area and are unable to transport themselves, arrange private transportation or use regular mass transportation to a shelter site.

B. RESPONSE ORGANIZATION & STRUCTURE.

1. Organizational Chart.
 - ESF #18 is positioned within the Human Services Branch during an EOC activation, each ESF under Human Services Branch will be led by a CABQ representative carrying out their ESF role.

The Organizational Structure Of The Human Services Branch.



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C. PRIMARY DEPARTMENT RESPONSIBILITIES/TASKS BY PHASE.

PRIMARY DEPARTMENT RESPONSIBILITIES/TASKS BY PHASE	
ALBUQUERQUE DEPARTMENT OF SENIOR AFFAIRS	
Pre-Emergency	<p><u>Coordinate and collaborate with the CABQ OEM to:</u></p> <ul style="list-style-type: none"> • Maintain this Emergency Support Function (ESF). • Prepare and maintain operating procedures, resource inventories, personnel rosters, and detailed resource mobilization information necessary for implementation of this Annex. • Develop and maintain an inventory and sources of special medical needs resources, personnel and equipment to include supplies and maintenance. • Develop procedures to meet functional needs during disaster. <p><u>Education and Outreach:</u></p> <ul style="list-style-type: none"> • Public education on personal and family preparedness is one component of effective response. Encouraging individuals with Access and Functional Needs to take responsibility for their own safety and security will benefit emergency managers and responders. Everyone should have preparedness, evacuation, and sheltering plans whether as an individual or a family. A general rule is to plan to be self-sufficient for at least three days. Individuals with access and functional needs should be encouraged to prepare these plans that include provisions for: <ul style="list-style-type: none"> – support networks. – evacuation. – adaptive equipment and batteries. – service animals and their provisions. – rendezvous components. – accessible transportation. – medications. – food and water. – important legal documents. – Other go-kit necessities. • An emergency support network can consist of friends, relatives, or aides who know where the person is, what assistance he or she needs, and who will join the person to assist them in seeking shelter or when sheltering-in-place. If a person’s plan depends on assistance from others, it is essential that those others fully understand and commit to their role, and that the individual also establishes backup plans as a safeguard against unforeseen contingencies. Some support network members may not be able to

PRIMARY DEPARTMENT RESPONSIBILITIES/TASKS BY PHASE	
ALBUQUERQUE DEPARTMENT OF SENIOR AFFAIRS	
	reach the person with specific access and functional needs, so alternatives must be in place.
Emergency	<ul style="list-style-type: none"> Coordinate emergency medical transport of individuals with acute medical needs to a hospital. Assist with meeting any access and functional needs. For example, Durable Medical Equipment and Supplies? Personal Assistance Services? Skilled Nursing Services. Support and monitor primary shelter activities, and redirect functional needs persons as necessary. Work with ESF #1, Transportation, to provide resources needed to assist in the evacuation of functional needs individuals. Maintain records of cost and expenditures to accomplish this ESF and forward them to the EOC Finance/ Administration Section Chief.
Emergency Operations Center (EOC)	<ul style="list-style-type: none"> Staff ESF #18 position in the EOC. Determine coordination needed regarding functional needs shelters. Notify civic association representatives serving the threatened or impacted areas regarding the emergency situation and initiate steps to utilize their support and services. Establish the status of recommendations or orders for evacuation of all or portions of City of Albuquerque. Consult with ESF #14 regarding actions to provide the necessary services to functional needs individuals. Work with ESF #6 staff to establish, if needed, telephone numbers for functional needs individuals. Ensure that telephone operators are given up-to-date information regarding instructions for functional needs individuals and that procedures are in place for relaying requests from the public to ESF #18 staff for action. Ensure ESF #15, Public Information, has received all relevant information regarding actions that functional needs individuals within the City are to take, and that such information is released to the media through ESF #15. Ensure messaging is effective, accessible, and actionable. Identify facilities and service that may be needed or available to provide additional support for the access and functional needs population
Recovery Actions	<ul style="list-style-type: none"> Coordinate with ESF #1, Transportation, to support reentry of evacuated functional needs individuals to their homes.

PRIMARY DEPARTMENT RESPONSIBILITIES/TASKS BY PHASE	
ALBUQUERQUE DEPARTMENT OF SENIOR AFFAIRS	
	<ul style="list-style-type: none"> • Work with ESF #6 to identify functional needs individuals from impacted areas that may require assistance in accessing and using disaster relief and recovery services. • Develop and prioritize strategies, in coordination with ESF #6, for supporting recovery operations. • Upon request by the EOC, provide personnel to assist in recovery operations.

D. SUPPORT ORGANIZATION'S RESPONSIBILITIES AND TASKS.

SUPPORT ORGANIZATIONS' RESPONSIBILITIES AND TASKS	
Albuquerque Department of Family and Community Services	<ul style="list-style-type: none"> • Ensure shelter operations enable people with disabilities and other access and functional needs to maintain their independence in a general population shelter.
Albuquerque Fire Department	<ul style="list-style-type: none"> • Support shelter activities. • Assist with identifying group homes, elderly facilities and other needed facilities. • Assist with identifying and pre-planning the evacuation necessities of functional needs persons. • Provide personnel to assist in evacuation of functional needs persons.
Albuquerque Housing Authority	<ul style="list-style-type: none"> • Identify accessible housing available for displaced persons.
Albuquerque Police Department	<ul style="list-style-type: none"> • Assist with identifying and pre-planning the evacuation necessities of Access and Functional Needs persons. • Provide personnel to assist in evacuation of Access and Functional Needs persons. • Assist with identifying group homes, elderly facilities, and handicapped facilities during emergencies.
Albuquerque Transit Department	<ul style="list-style-type: none"> • Coordinate transportation for individuals requiring transport with the Access and Functional Needs Group Supervisor
American Red Cross	<ul style="list-style-type: none"> • Provide staffing for Access and Functional Needs shelters if available. • Request any additional resources as needed to effectively operate shelters. • Establish and operate screening procedures that allow for Access

SUPPORT ORGANIZATIONS' RESPONSIBILITIES AND TASKS	
	<p>and Functional Needs triage that results in appropriate organization of residents.</p> <ul style="list-style-type: none"> • Conduct essential human services as described in ESF #6 (Mass Care). • Coordinate activities with other agencies tasked for shelter operations. • Request adequate security to keep the peace, protect rights and safety of residents, and to facilitate release of shelter residents. • Help facilitate family reunification. • Identify the need for, and request, professional mental health assistance and health services assistance within the shelter. • Maintain communications with shelter staff. • Maintain communications with EOC personnel. EOC staff shall determine method of communications. • Establish operating area for amateur radio, as needed.
Community and Faith Based Organizations	<ul style="list-style-type: none"> • Provide voluntary staffing for Access and Functional Needs activities if available. • Provide resources as needed to support community initiatives and Neighborhood partnerships during disasters. • Assist with establishing and operate screening procedures that allow for Access and Functional Needs triage that results in appropriate organization of residents. • Assist with requesting adequate security to keep the peace, protect rights and safety of residents, and to facilitate release of shelter residents. • Help facilitate family reunification. • Identify the need for, and request, professional mental health assistance and health services assistance within the shelter. • Maintain communications with EOC personnel. EOC staff shall determine method of communications. • Detailed roles and responsibilities are being refined in a collaborative effort with the community and faith based providers.
Congregate Care Facilities	<ul style="list-style-type: none"> • Nursing homes, personal care homes, assisted living facilities, adult homes, group homes, activity centers, rehabilitation centers, and related licensed facilities are required to have emergency and disaster plans appropriate for emergency conditions. As a rule they are expected to transfer their residents to a safer and similar facility if they are located in a mandatory evacuation area. Due to the lead time requirements for transporting patients or residents, these

SUPPORT ORGANIZATIONS' RESPONSIBILITIES AND TASKS	
	<p>facilities should be prepared to evacuate prior to evacuation orders.</p> <ul style="list-style-type: none"> • Nursing home and care facility operators must make special arrangements to fulfill their requirements for the specific transport service their facility may require. Similar arrangements must also be made by each facility to accommodate the transport of their equipment and supplies. • These facilities must be prepared to evacuate immediately following the issuance of evacuation orders for their location.
Direct and Supportive Care Providers	<ul style="list-style-type: none"> • Respond to ESF #18's request to assist ESF #18 by providing volunteer personnel in needed locations. • Prior to emergencies, facilitate CABQ efforts to register individuals. • Develop rosters of clients to assist responders and the EOC make appropriate decisions and deliver assistance. • Monitor and inform the lead agency of the support requirements of Access and Functional Needs individuals to take protective actions. • Facilitate the provision of City services to Access and Functional Needs individuals in their neighborhoods. • Assist with identification of Access and Functional Needs individuals who will require assistance in accessing disaster relief and recovery programs.

E. LIFE SAFETY ASSESSMENT.

1. An initial EOC priority is to gather intelligence about the extent of damage as soon as possible. Access and Functional Needs personnel constitute a presence in the field and are the eyes and ears of the EOC.
2. Whenever they identify an unusual or developing situation, they should report the circumstances to the Access and Functional Needs Group Supervisor, [what is happening, the numbers of dead or injured persons encountered, damage to buildings or public facilities such as roads and bridges, and utilities]. These reports will be compiled and immediately communicated within the EOC.

F. EVACUATION.

Evacuation will be coordinated at the EOC to ensure the evacuees are moved to an appropriate shelter, and others needing enhanced assistance are provided for. Mass Care ESF #6 will ensure appropriate human services support.

G. FIELD OPERATIONS.

1. Access and Functional Needs emergency actions include:
 - Making contact with populations and individuals needing additional access or functional care during emergency situations.
 - Identify needs, prevent barriers, and identify resources to ensure effective communication, physical access, and program access.
 - Communicating findings to the EOC and Incident Commander for further action.
 - Making contact with populations and individuals needing additional access or

III. Response Actions.**A. NOTIFICATION.**

Upon notification by CABQ OEM Director or designee of an incident, the ESF coordinator will notify support departments and organizations of potential need for ESF #18 response in accordance with ESF #18 procedures and checklists. Notification may occur via landline, cell phones, electronic means, and/or two-way radios.

B. ACTIVATION.

1. Report to the EOC as requested and fulfill the role of ESF #18 unit leader
2. Activation of ESF #18 will be determined by the OEM Duty officer, or by the OEM Director or by request of the ESF responding agency based on the needs of the incident and in accordance with CABQ CEMP.

C. ONGOING ACTIVITIES.

1. ESF #18 departments and organizations participate in activities throughout the emergency management cycle:
 - Coordinate emergency medical transport of individuals with acute medical concerns to a hospital.
 - Assist with meeting any access and functional medical needs.
 - Assist people with functional limitations and various disease processes and chronic illnesses.

- Coordinate with the staff of Access and Functional Needs Shelters with EMS.
- Support and monitor primary shelter activities, and redirect Access and Functional Needs persons as necessary to specialized care facilities.

D. DEACTIVATION.

1. The EOC will be deactivated or the response level will be lowered when the event needs have decreased. Deactivation or change in response level may also occur as a result of a transition of the EOC mission from response to recovery. EOC activation status may be changed when determined appropriate by the EOC Manager.
2. Upon EOC deactivation, ESF #18 responsibilities will either be deactivated or assumed by an appropriate department. Once the decision to deactivate the EOC has been reached, the following activities may be necessary:
 - Complete or transfer remaining coordinating activities to the appropriate department operation center or ESF(s).
 - Coordinate the physical closing of the EOC, to include staff release, equipment pack up, return and inventory.
 - Coordinate the release of a public deactivation announcement with the JIC.
 - Provide deactivation information and a final status report to all involved response departments and/or coordinating and supporting ESF departments.

IV. Attachments And References.

A. ATTACHMENTS.

None.

B. REFERENCES.

1. Listing of Access and Functional Needs Facilities (published separately and managed by this ESF's primary department).
2. Listing of Access and Functional Needs potential shelters (published separately and managed by this ESF's primary department).
 - a. Americans with Disabilities Act (ADA).

- Signed into law on July 26, 1990, by President George H. W. Bush, the Americans with Disabilities Act (ADA) is a broad civil rights law that prohibits discrimination against people with disabilities. The law covers a wide range of areas, from employment to the accessibility of public buildings. The ADA also requires that people with disabilities have equal access to all government programs.
- b. The Pets Evacuation and Transportation Standards Act of 2006.
- The Pets Evacuation and Transportation Standards Act amends the Stafford Act, and requires evacuation plans to take into account the needs of individuals with household pets and service animals, prior to, during, and after a major disaster or emergency.

C. PROVISIO.

1. This support annex has been prepared in accordance with the standards of the National Incident Management System and other Federal and State requirements and standards for emergency plans applicable of the plan's preparation date.
2. The plan provides a broad planned framework for response and recovery; it is intended for use in further development for response capabilities, implementation of training and exercises, and defining the general approach to incident response. The actual response to an incident is dependent on:
 - a. The specific conditions of the incident, including incident type, geographic extent, severity, timing, and duration;
 - b. The availability of resources for response at the time of the incident;
 - c. Decisions of incident command staff and political leadership;
 - d. Actions taken by neighboring jurisdictions, the State, and the Federal Government.
 - e. These and other factors may result in unforeseen circumstances, prevent the implementation of plan components, or require actions that are significantly different from those described in the plan.