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Development of Standards and Guidelines for Healthcare Surge during Emergencies

Funding Sources

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NOTE: This document was developed with input from a broad group of stakeholders representing constituent organizations with diverse perspectives and technical expertise. The purpose of eliciting a wide range of input was to ensure the information contained in this document was as comprehensive and as sound as possible.

Although the individuals referenced and the organizations they represent have provided many constructive comments, information and suggestions, they were neither asked nor did they agree to endorse the conclusions or recommendations represented here or in subsequent iterations.

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1 Introduction

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During a catastrophic surge, the primary focus of the healthcare community is expected to be on responding to the event and caring for the ill and injured. However, the financial viability and stability of the healthcare system must be attended to as well in order to sustain operations at facilities and continue to provide medical care to the affected population. Ensuring this viability requires the healthcare community to recognize the kinds of financial challenges that may arise during a surge and to develop plans to respond accordingly. While there is a considerable amount of uncertainty in any surge, and especially with the financial implications of a surge, there are some practical planning tools and recommendations that healthcare providers can implement to mitigate some of the barriers and prepare for financial viability.

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This document focuses on funding and reimbursement related to surge with consideration for preserving the financial viability of the existing healthcare system. As such, it is designed to identify financial barriers that may cause healthcare services to be interrupted during an emergent event. Additionally, this document compiles recommendations for how these barriers can be addressed to facilitate access to and funding for care delivery during a surge event. The contents of this guide are assembled into two sections:

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Section I: Maintaining Revenue Stream & Financial Liquidity During a Surge Event. This section outlines the ways in which the healthcare community can maintain its current revenue stream and financial liquidity when faced with the challenges of providing care under surge conditions. Included in this section are the existing laws and rules governing emergency provisions, steps and recommendations that providers can take to prepare for their financial needs in advance of a surge, opportunities for additional intervention in the form of waivers or declarations, and tools providers can use during surge to facilitate the continued flow of revenue through the system.

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Section II: Funding Sources Related To a Surge Event. This section outlines sources of funding for pre-disaster planning and disaster response, highlights key sources of funding for Alternate Care Sites and personnel, and includes practical recommendations to facilitate the proper allocation of funds.

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This document is based on the following key assumptions:

- **Healthcare payers should be responsible for payment of costs they would contractually be accountable for in non-surge situations.** Recognizing that surge conditions may preclude the ability to follow normal reimbursement rules and protocols while providing care that would be reimbursable under non-surge conditions, it is believed that that care should continue to be reimbursed and mechanisms should be developed to solve administrative complications and deficiencies that present during a surge.
- **Volunteers and federally funded agencies will not be "reimbursed".** It is assumed that serving during disasters is a fulfillment of personal or entity mission. This document does not outline reimbursement or funding opportunities for everyone who may provide care during a surge as it is expected that there will be a considerable number of volunteers and that public resources will be used to the maximum extent possible.
- **Some portion of care provided during a surge will be uncompensated.** The current healthcare system includes uncompensated care and this characteristic will remain and perhaps be exacerbated during a surge. This document identifies potential sources of funding for the uninsured and makes recommendations on how to relieve providers that may be burdened by excessive levels of uncompensated care.

While viability of the healthcare system post-event should be strongly considered in surge planning efforts, this document is not intended to address the inefficiencies and fragmentation of

101 the current system nor the restructuring of the financial mechanisms supporting that system.
102 Although recommendations around these issues were developed over the course of compiling
103 this guide, these recommendations are not included in this document. Rather they have been
104 submitted in a separate document to the State of California and policy makers. This document is
105 meant to serve only as a guide to funding and reimbursement during surge scenarios.
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2 Maintaining Revenue Stream and Liquidity During a Surge Event

One of the key challenges for healthcare providers during a surge will be maintaining adequate cash flow and liquidity in order to sustain operations and continue to provide medical care to the affected population. This section outlines some of the ways in which providers can maintain their current revenue stream, either through the protections afforded by existing laws and regulations, through waivers or declarations that may be issued in response to a specific disaster, or through steps and planning measures that providers can take in advance of a surge.

During a surge, the enforcement of certain rules and requirements may preclude the effective and timely care of patients affected by the event. To ensure that care is delivered to meet the healthcare needs during a surge, certain rules and requirements may need to be flexed and/or waived during these events. The specific rules and requirements addressed in this document are:

- Network Requirements
- Out of State Physicians
- Pre-Authorization Requirements
- Pharmaceutical Coverage
- Co-Pay Requirements
- Non-Payment of Premiums and Coverage Continuity
- Claims Management
- Facilities Providing Services Under Surge Conditions

Some of these questions are governed by existing rules, regulations and contractual agreements and some have been addressed in previous disasters through waivers and declarations. This section outlines the existing rules and regulations governing these provisions as well as the opportunities for waivers and declarations to address additional barriers. This section concludes with examples from previous disasters that represent some of the ways in which these rules may be addressed in California during similar events.

2.1 Existing Laws and Rules Governing Emergency Provisions

The following section outlines existing laws and rules that govern emergency provisions in California. The laws and regulations stipulate what services must be made available to members during a disaster and what, if any, cost implications result from that emergency coverage. These rules and regulations are broken out by payer type and include private payers, Medicare Advantage, traditional Medicare and Medi-Cal.

2.1.1 Private Payers

From US Code 42, Chapter 6a, Subchapter XI, §300e, also known as the Public Health Service Act, " basic health services (and only such supplemental health services as members have contracted for) shall within the area served by the health maintenance organization be available and accessible to each of its members with reasonable promptness and in a manner which assures continuity, and when medically necessary be available and accessible twenty-four hours a day and seven days a week, except that a health maintenance organization which has a service area located wholly in a non-metropolitan area may make a basic health service available outside its service area if that basic health service is not a primary care or emergency health care service and if there is an insufficient number of providers of that basic health service within the service area who will provide such service to members of the health maintenance organization. A member of a health maintenance organization shall be reimbursed by the organization for his expenses in securing basic and supplemental health services other than through the organization

160 if the services were medically necessary and immediately required because of an unforeseen
161 illness, injury, or condition.¹

162
163 To the extent that a natural disaster, war, riot, civil insurrection, or any other similar event not
164 within the control of a health maintenance organization (as determined under regulations of the
165 Secretary) results in the facilities, personnel, or financial resources of a health maintenance
166 organization not being available to provide or arrange for the provision of a basic or supplemental
167 health service in accordance with the requirements of paragraphs (1) through (4) of this
168 subsection, such requirements only require the organization to make a good-faith effort to provide
169 or arrange for the provision of such service within such limitation on its facilities, personnel, or
170 resources."²

171
172 From 28 CCR § 1300.67, "health care services required to be provided by a health care service
173 plan to its enrollees shall include...emergency health care services which shall be available and
174 accessible to enrollees on a twenty-four hour a day, seven days a week, basis within the health
175 care service plan area. Emergency health care services shall include ambulance services for the
176 area served by the plan to transport the enrollee to the nearest twenty-four hour emergency
177 facility with physician coverage, designated by the Health Care Service Plan.

178
179 Coverage and payment for out-of-area emergencies or urgently needed services involving
180 enrollees shall be provided on a reimbursement or fee-for-service basis and instructions to
181 enrollees must be clear regarding procedures to be followed in securing such services or benefits.
182 Emergency services defined in section 1317.1 include active labor. 'Urgently needed services' are
183 those services necessary to prevent serious deterioration of the health of an enrollee, resulting
184 from an unforeseen illness, injury, or complication of an existing condition, including pregnancy,
185 for which treatment cannot be delayed until the enrollee returns to the plan's service area.³

186
187 No health care service plan contract executed or amended on or after the effective date of this
188 regulation shall limit or exclude health care services based on a determination that the need for
189 the health care service arose as a result of an Act of War. The term 'contract' includes but is not
190 limited to health care service plan contracts with subscribers and health care service providers.
191 The term 'Act of War' includes any act or conduct, or the prevention of an act or conduct, resulting
192 from war, declared or undeclared, terrorism, or warlike action by any individual, government,
193 military, sovereign group, terrorist or other organization. This regulation does not preclude a
194 health plan from coordinating coverage of benefits with other entities. Nothing in this section shall
195 prevent the Director from finding any exclusion or limitation of health care service or other
196 services covered by the contract objectionable on grounds other than those set forth herein."⁴

197

198 2.1.2 Medicare Advantage

199 "For Medicare beneficiaries enrolled in a Medicare Advantage plan, there exists no 'good faith'
200 provision similar to the Public Health Service Act provision. Therefore, Medicare Advantage plans
201 are required to continue directly providing all Part A and Part B services, or otherwise arranging
202 for such services to be provided, so that statutory and regulatory requirements for accessibility
203 and availability of services continue to be met.

204

205 The term 'urgently needed services,' are covered services medically necessary and immediately
206 required when the Medicare beneficiary is temporarily outside of the plan's service area. Medicare
207 Advantage plans are also required to cover urgently needed services within the service area
208 when, due to unusual and extraordinary circumstances, the organization's provider network is
209 temporarily unavailable or inaccessible, for example because of a natural disaster or electrical
210 power outage. Urgently needed services are medically necessary and immediately required (1) as
211 a result of an unforeseen illness, injury, or condition; and (2) it was not reasonable, given the

¹ US Code 42, Chapter 6a, Subchapter XI, §300e Section b4

² US Code 42, Chapter 6a, Subchapter XI, §300e Section b5

³ 28 CCR §1300.67 (g)(1) and (2)

⁴ 28 CCR § 1300.67.05.

212 circumstances, to obtain the services through the plan's provider network."⁵
 213

214 2.1.3 Traditional Medicare

215 Per 42 CFR 424.103, Medicare pays for emergency services in nonparticipating hospitals.
 216 *Emergency* is defined at 42 CFR 424.101 as inpatient or outpatient hospital services necessary to
 217 prevent death or serious impairment of health and, because of the danger to life or health, require
 218 use of the most accessible hospital available and equipped to furnish those services. Per 42 CFR
 219 424.105 determination of emergency requires (a) emergency exists re patient's condition; (b)
 220 hospital qualified emergency services hospital; (c) hospital substantially more accessible from the
 221 site of the emergency than the nearest participating hospital. However, these provisions relate to
 222 patient emergencies, not a general state of emergency.
 223

224 2.1.4 Medi-Cal

225 For Medi-Cal, per 22 CCR 51056, *emergency services* mean services required for alleviation of
 226 severe pain, or immediate diagnosis and treatment of unforeseen medical conditions, which, if not
 227 immediately diagnosed and treated, would lead to disability or death. For purposes of treating
 228 eligible aliens it means a medical condition (including emergency labor and delivery) manifesting
 229 itself by acute symptoms of sufficient severity, including severe pain, such that the absence of
 230 immediate medical attention could reasonably be expected to result in any of the following:
 231

- placing the patient's health in serious jeopardy
- serious impairment to bodily functions
- serious dysfunction of any bodily organ or part

 232
 233
 234

235 2.2 Opportunities for Waivers and Declarations to Address 236 Rules, Requirements and Other Barriers

237
 238 As the regulations governing emergency provisions do not fully address all of the funding and
 239 reimbursement issues that may arise during a surge, the opportunity exists for the issuance of
 240 waivers and declarations to address these barriers. The following section outlines the
 241 opportunities to address these rules and requirements for public and private payers. These
 242 opportunities include the Section 1135 Waivers impacting programs managed by the Centers for
 243 Medicare and Medicaid, Section 1115 Demonstration Waivers affecting Medicaid, and Emergency
 244 Rule Declarations impacting private payers.
 245
 246

247 2.2.1 Section 1135 Waivers

248
 249 One mechanism to address rules and requirements that may present a financial barrier during a
 250 surge is the Section 1135 Waiver. Under 42 U.S.C. § 1320b-5 (section 1135 of the Social Security
 251 Act), the Secretary of Health and Human Services has authority to waive certain requirements of
 252 CMS programs in an emergency area during a federal emergency period.⁶ These waivers are
 253 known as Section 1135 Waivers. As documented in the Federal Register, "the stated purpose of
 254 section 1135 of the Social Security Act (the Act) is to enable the Secretary to ensure, to the
 255 maximum extent feasible, in any emergency area and during an emergency period, that sufficient
 256 health care items and services are available to meet the needs of enrollees in Medicare,

⁵ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Hurricane Questions and Answers," http://questions.cms.hhs.gov/cgibin/cmsshs.cfg/php/enduser/std_adp.php?p_faqid=5605

⁶ MA Influenza Pandemic Preparedness Plan, "Section 10: Legal Considerations For Pandemic Influenza," October 2006

257 Medicaid, and the State Children's Health Insurance Program (SCHIP).⁷ The purpose of section
258 1135 of the Social Security Act is further to ensure "that health care providers (as defined in
259 subsection (g)(2)) that furnish such items and services in good faith, but that are unable to comply
260 with one or more requirements described in subsection (b), may be reimbursed for such items
261 and services and exempted from sanctions for such noncompliance, absent any determination of
262 fraud or abuse."⁸
263

264 Section 1135 Waivers can be issued in an emergency area during a federal emergency period.
265 For purposes of Section 1135 Waivers, "an 'emergency area' is a geographical area in which, and
266 an 'emergency period' is the period during which, there exists an emergency or disaster declared
267 by the President pursuant to the National Emergencies Act or the Robert T. Stafford Disaster
268 Relief and Emergency Assistance Act and a public health emergency declared by the Secretary
269 pursuant to section 319 of the Public Health Service Act."⁹ "The term 'health care provider' means
270 any entity that furnishes health care items or services, and includes a hospital or other provider of
271 services, a physician or other health care practitioner or professional, a health care facility, or a
272 supplier of health care items or services."¹⁰
273

274 Under the Section 1135 Waivers, the Secretary of Health and Human Services is authorized to
275 temporarily waive or modify the requirements of titles XVIII, XIX, or XXI (Medicare, Medicaid, and
276 SCHIP) pertaining to:
277

- 278 1. a. "Conditions of participation or other certification requirements for an individual health
279 care provider or types of providers,
280 b. Program participation and similar requirements for an individual health care
281 provider or types of providers, and
282 c. Pre-approval requirements;
- 283 2. Requirements that physicians and other health care professionals be licensed in the State
284 in which they provide such services, if they have equivalent licensing in another State and
285 are not affirmatively excluded from practice in that State or in any State a part of which is
286 included in the emergency area;
- 287 3. Actions under section 1867 (relating to examination and treatment for emergency medical
288 conditions and women in labor) for—
 - 289 b. a transfer of an individual who has not been stabilized in violation of subsection (c)
290 of such section if the transfer arises out of the circumstances of the emergency;
 - 291 c. the direction or relocation of an individual to receive medical screening in an
292 alternative location—
 - 293 i. pursuant to an appropriate State emergency preparedness plan; or
 - 294 ii. in the case of a public health emergency described in subsection (g)(1)(B)
295 that involves a pandemic infectious disease, pursuant to a State pandemic
296 preparedness plan or a plan referred to in clause (i), whichever is
297 applicable in the State;
- 298 4. Sanctions under section 1877(g) (relating to limitations on physician referral);
- 299 5. Deadlines and timetables for performance of required activities, except that such deadlines
300 and timetables may only be modified, not waived; [75]
- 301 6. Limitations on payments under section 1851(i) for health care items and services furnished
302 to individuals enrolled in a Medicare+Choice [Medicare Advantage] plan by health care
303 professionals or facilities not included under such plan; and[76]
- 304 7. Sanctions and penalties that arise from the noncompliance with the following requirements
305 (as promulgated under the authority of section 264(c) of the Health Insurance Portability
306 and Accountability Act of 1996 (42 U.S. C. 1320d-2 note)—
 - 307 b. section 164.510 of title 45, Code of Federal Regulations, relating to—
 - 308 i. requirements to obtain a patient's agreement to speak with family
309 members or friends; and

⁷ Federal Register Vol. 71, No. 129, page 38264, July 6, 2006,
<http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/06-6029.pdf>

⁸ 42 U.S.C. § 1320b-5 (a)(2)

⁹ 42 U.S.C. § 1320b-5 (g)(1)

¹⁰ 42 U.S.C. § 1320b-5 (g)(2)

- 310 ii. the requirement to honor a request to opt out of the facility directory;
- 311 c. section 164.520 of such title, relating to the requirement to distribute a notice; or
- 312 d. section 164.522 of such title, relating to—
- 313 i. the patient's right to request privacy restrictions; and
- 314 ii. the patient's right to request confidential communications.
- 315

316 Insofar as the Secretary exercises authority under paragraph (6) with respect to individuals
317 enrolled in a Medicare+Choice [Medicare Advantage] plan, to the extent possible given the
318 circumstances, the Secretary shall reconcile payments made on behalf of such enrollees to
319 ensure that the enrollees do not pay more than would be required had they received services
320 from providers within the network of the plan and may reconcile payments to the organization
321 offering the plan to ensure that such organization pays for services for which payment is included
322 in the capitation payment it receives under part C of title XVIII. A waiver or modification provided
323 for under paragraph (3) or (7) shall only be in effect if such actions are taken in a manner that
324 does not discriminate among individuals on the basis of their source of payment or of their ability
325 to pay, and, except in the case of a waiver or modification to which the fifth sentence of this
326 subsection applies, shall be limited to a 72-hour period beginning upon implementation of a
327 hospital disaster protocol. A waiver or modification under such paragraph (7) shall be withdrawn
328 after such period and the provider shall comply with the requirements under such paragraph for
329 any patient still under the care of the provider. If a public health emergency described in
330 subsection (g)(1)(B) involves a pandemic infectious disease (such as pandemic influenza), the
331 duration of a waiver or modification under paragraph (3) shall be determined in accordance with
332 subsection (e) as such subsection applies to public health emergencies."¹¹

333
334 These waivers or modifications can "be made retroactive to the beginning of the emergency
335 period or any subsequent date in such period specified by the Secretary" at the Secretary's
336 discretion.¹² These waivers are issued in response to specific events and are defined for a
337 designated time and place.
338

339 2.2.2 Section 1115 Demonstration Waivers

340 In addition to the Section 1135 Waivers addressing Medicare, Medicaid and SCHIP, Section 1115
341 Demonstration Waivers provide another mechanism to make modifications to the Medicaid
342 program. These waivers are generally more cumbersome and time consuming and should not be
343 depended upon to provide primary relief during a surge. According to CRS Report RL33083,
344 "Section 1115 of the Social Security Act provides the Secretary of HHS with broad authority to
345 conduct research and demonstration projects under several programs authorized in the Social
346 Security Act. Specifically, Section 1115 authorizes the Secretary to waive certain statutory
347 requirements for conducting demonstration projects that further the goals of Titles XIX (Medicaid)
348 and XXI (SCHIP). Under Section 1115, the Secretary may waive Medicaid requirements
349 contained in Section 1902 (known as "freedom of choice" of provider, "comparability," and
350 "statewideness"). States must submit proposals outlining terms and conditions for proposed
351 waivers to CMS for approval before implementing these programs. Whether large or small
352 reforms, Section 1115 waiver programs have resulted in significant changes for Medicaid
353 recipients nationwide, and serve as a precedent for federal and state officials who wish to make
354 temporary changes to the Medicaid program in response to the unique circumstances resulting
355 from events such as the devastation of Hurricane Katrina.
356

357
358 Under current law, states may obtain waivers that allow them to provide services to individuals not
359 traditionally eligible for Medicaid, cover non-Medicaid services, limit benefit packages for certain
360 groups, adapt their programs to the special needs of particular geographic areas or groups of
361 recipients, or accomplish a policy goal such as to temporarily provide Medicaid assistance in the
362 aftermath of a disaster, among other purposes.

363
364 While Section 1115 is explicit about provisions in Medicaid law that may be waived in conducting
365 research and demonstration projects, a number of other provisions in Medicaid law and

¹¹ 42 U.S.C. § 1320b-5 (b)(1-7)

¹² 42 U.S.C. § 1320b-5 (c)

366 regulations specify limitations or restrictions on how a state may operate a waiver program. For
 367 example, one provision restricts states from establishing waivers that fail to provide all mandatory
 368 services to the mandatory poverty-related groups of pregnant women and children; another
 369 provision specifies restrictions on cost-sharing imposed under demonstration waivers.

370

371

Other features of the Section 1115 waiver authority that may be relevant:

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- *Federal Reimbursement for Section 1115 Demonstrations.* Approved Section 1115 waivers are deemed to be part of a state's Medicaid state plan. Project costs associated with waiver programs are subject to that state's FMAP. Changes to these financing arrangements, even under a Section 1115 waiver, would require congressional action.

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- *Financing and Budget Neutrality.* Unlike regular Medicaid, CMS waiver guidance specifies that costs associated with waiver programs must be *budget neutral* to the federal government over the life of the waiver program. To meet the budget neutrality test, estimated spending under the waiver cannot exceed the estimated cost of the state's existing Medicaid program under current law program requirements.

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- *Financing and Allotment Neutrality.* Under the SCHIP program, a different budget neutrality standard applies. States must meet an "allotment neutrality test" where combined federal expenditures for the state's regular SCHIP program *and* for the state's SCHIP demonstration program are capped at the state's individual SCHIP allotment. This policy limits federal spending to the capped allotment levels. Any additional financial resources for SCHIP would require congressional action.

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- *Relationship of Medicaid/SCHIP Demonstration Waivers to Other Statutes.* Section 1115 waiver projects may interact with other program rules outside of the Social Security Act; for example, employer-sponsored health insurance as described by the Employee Retirement Income Security Act (ERISA), or alien eligibility as contained in immigration law. In cases like these, the Secretary does not have the authority to waive provisions in these other statutes.

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- *Program Guidance.* The Secretary can develop policies that influence the content of demonstration projects and prescribe approval criteria in three ways: (1) by promulgating program rules and regulations; (2) through the publication of program guidance (e.g., the waiver program must meet a budget neutrality test); and (3) waiver policy may also be implicitly shaped by the programs that have been approved. Legislative action may be required if Congress chooses to further shape the Secretary's authority over the content of the demonstration programs or dictate specific Section 1115 waiver approval criteria."¹³

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406 2.2.3 Emergency Rule Declaration

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The waivers described above provide potential options to flex rules and requirements for public programs. To address similar issues among private payers, it is believed the opportunity exists to issue an Emergency Rule Declaration impacting health products that are regulated by the California Department of Insurance and Department of Managed Health Care, however this authority has never been tested. Emergency Rules 15 and 17 were implemented by the Louisiana DOI pursuant to temporary powers granted by Governor Blanco in Executive Order KBB 2005-40. According to the Executive Order, the Governor was authorized by Louisiana Law to "suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business, or the orders, rules, or regulations of any state agency, if strict compliance with the provisions of any statute, order, rule, or regulation would in any way prevent, hinder, or delay necessary action in coping with the emergency"¹⁴ during a declared state of emergency.

¹³ Baumrucker, Evelyne , April Grady, Jean Hearne, Elicia Herz, Richard Rimkunas, Julie Stone, and Karen Tritz. "Hurricane Katrina: Medicaid Issues", *CRS Report RL33083 for Congress*, September 15, 2005

¹⁴ Section 29:724(D)(1) of the Louisiana Revised Statutes

419 California Government Code Section 8571 grants similar power to the California Governor:
420 "During a state of war emergency or a state of emergency the Governor may suspend any
421 regulatory statute, or statute prescribing the procedure for conduct of state business, or the
422 orders, rules, or regulations of any state agency, including subdivision (d) of Section 1253 of the
423 Unemployment Insurance Code, where the Governor determines and declares that strict
424 compliance with any statute, order, rule, or regulation would in any way prevent, hinder, or delay
425 the mitigation of the effects of the emergency."¹⁵
426

427 Although the language of the Louisiana statute and the California statute are almost identical, it
428 remains untested whether Section 8571 permits the California Governor the authority to proclaim
429 an executive order similar to that proclaimed by Governor Blanco in Louisiana. It is anticipated
430 that the Governor is permitted to delegate certain of his decision-making power under Section
431 8571 to the director of a state agency, and that the statutory frameworks in the Insurance and
432 Health and Safety Codes would support this conclusion.
433

434 The following table summarizes the waivers and declarations that have been used in previous
435 situations by payer, providing a snapshot for when and how these responses were issued and
436 what impact they had on rules and requirements that might pose a financial barrier during a
437 surge. This table can be used by providers to identify the rules that may pose a challenge and
438 how they may be responded to during an event in California, giving providers some context for
439 how they may provide care during a surge.
440

441 Following this summary table is an expanded table that outlines the rules and requirements for
442 each administrative rule and requirement by payer, with relevant examples or potential
443 applications to waive or flex these rules. This expanded table serves as a tool for providers to
444 identify how specific rules or requirements may be addressed by various payers, giving providers
445 additional context for how they may provide care during a surge.

¹⁵ California Government Code Section 8571

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2.2.4 Waiver and Declaration Matrix

The following matrix summarizes the key waivers and declarations that may be issued in response to a surge that would impact the reimbursement process to providers. While providers serve to benefit from the flexed rules and requirements that these waivers and declaration would implement, they have little influence over their issuance. However, this tool helps illustrate the kinds of financial response that may occur following a surge. It also highlights to those who are in a position to influence the release of these waivers and declarations the relative impact of such actions. This table is also useful as it highlights the waivers and declarations that best serve the healthcare system, indicating the areas that key influencers and persons of authority should focus their attention. Most notably, the Section 1135 and Emergency Rule Declarations offer the most financial impact with the least amount of effort and time, whereas the 1115 Demonstration Waivers are more cumbersome with less likelihood of significant and timely impact. It is important to note that it is unclear how the Emergency Rule Declarations may be applied in California as these authorities have not been tested in the State.

Key Influencer ¹	Waiver or Declaration Name	Issued By	Rules / Requirements Potentially Addressed	Relative Potential Impact ²	Relative Effort to Enact ³	Expected Time To Enact ⁴
Healthcare Providers and State	Waiver Under Section 1135 of the Social Security Act	Secretary of Health and Human Services	<ul style="list-style-type: none"> • Conditions of Participation • Pre-Approval Requirements • State Licensure Requirements • Out-of-Network Providers 	\$\$\$\$	Low	
State	Emergency Rule Declarations	State Commissioner of Insurance	<ul style="list-style-type: none"> • Medical Certifications • Referrals • Medical Necessity Reviews • Notification of Hospital Admissions • Right to Conduct Medical Necessity Reviews (for non-elective services) • Pharmaceutical Management • Claims Management • Co-payments, deductibles and coinsurance requirements • Non-payment of premiums and coverage continuity 	\$\$\$	Medium	 
State	Disaster Relief Emergency Medicaid Waiver Section 1115 Model Waiver	Secretary of Health and Human Services	<ul style="list-style-type: none"> • Simplified Eligibility Chart • 5 Months Temporary Eligibility • Simplified Application and Self-Attestation • Uncompensated Care Pool • Simplified, expedited patient enrollment • Expanded eligibility guidelines 	\$	High	   

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¹Application Owner - Entity who can apply and/or has the primary responsibility to initiative the application for the waiver or declaration

²Relative potential impact - Relative impact on the revenue amounts and flow in the system

³Effort - Relative measure of complexity, skills and resources to get waiver or declaration approved

⁴Time - Relative expected time from application initiation to fund initiation

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A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
PHYSICIAN / NETWORK REQUIREMENTS		
Private Payers	<p>(1) Emergency health care services which shall be available and accessible to enrollees on a twenty-four hour a day, seven days a week, basis within the health care service plan area. Emergency health care services shall include ambulance services for the area served by the plan to transport the enrollee to the nearest twenty-four hour emergency facility with physician coverage, designated by the Health Care Service Plan.</p> <p>(2) Coverage and payment for out-of-area emergencies or urgently needed services involving enrollees shall be provided on a reimbursement or fee-for-service basis and instructions to enrollees must be clear regarding procedures to be followed in securing such services or benefits. Emergency services defined in section 1317.1 include active labor. "Urgently needed services" are those services necessary to prevent serious deterioration of the health of an enrollee, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the enrollee returns to the plan's service area. "Urgently needed services" includes maternity services necessary to prevent serious deterioration of the health of the enrollee or the enrollee's fetus, based on the enrollee's reasonable belief that she has a pregnancy-related condition for which treatment cannot be delayed until the enrollee returns to the plan's service area.¹⁶</p>	<p>Under the authority of the Governor of Louisiana's numerous Emergency Declarations and Executive Orders, the Commissioner of Insurance for the state of Louisiana issued Emergency Rules 15, 17, 19 and 20.</p> <ul style="list-style-type: none"> • These Emergency Rules suspended certain statutes and regulations regarding health insurance in Louisiana.²² • These rules applied to primary and limited secondary parishes in Louisiana affected by the hurricanes over specific time periods.^{23, 24} • These rules applied only to products regulated by the Louisiana Department of Insurance. • These rules waived all restrictions relative to out-of-network access. <p>For the full text of these Emergency Rules, please see Appendices D and E.</p> <p>Along with the Governor's Emergency Rules:</p> <ul style="list-style-type: none"> • Aetna implemented policies for its members to receive

¹⁶ 28 CCR 1300.67 (g)(1) and (2)

¹⁷ 28 CCR § 1300.67.05.

¹⁸ US Code 42, Chapter 6a, Subchapter XI, §300e Section b4

¹⁹ US Code 42, Chapter 6a, Subchapter XI, §300e Section b5

²⁰ California - Legislation (CA Statutes) California Business And Professions Code Chapter 1.5. Exemption From Licensure § 900 Bus. & Prof.

²¹ California - Legislation (CA Statutes) California Business And Professions Code Chapter 1.6. Health Care Professional Disaster Response Act § 921 Bus. & Prof.

²² Louisiana State Medical Society, "Louisiana Department of Insurance's Final Emergency Rules and Directives relative to Suspension

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>No health care service plan contract executed or amended on or after the effective date of this regulation shall limit or exclude health care services based on a determination that the need for the health care service arose as a result of an Act of War.</p> <p>The term "Act of War" includes any act or conduct, or the prevention of an act or conduct, resulting from war, declared or undeclared, terrorism, or warlike action by any individual, government, military, sovereign group, terrorist or other organization.¹⁷</p> <p>Basic health services (and only such supplemental health services as members have contracted for) shall within the area served by the health maintenance organization be available and accessible to each of its members with reasonable promptness and in a manner which assures continuity, and when medically necessary be available and accessible twenty-four hours a day and seven days a week, except that a health maintenance organization which has a service area located wholly in a non-metropolitan area may make a basic health service available outside its service area if that basic health service is not a primary care or emergency health care service and if there is an insufficient number of providers of that basic health service within the service area who will provide such service to members of the health maintenance organization. A member of a health maintenance organization shall be reimbursed by the organization for his expenses in securing basic and supplemental health services other than</p>	<p>in-network benefits for care out of their network in any state, and seek care from providers, including dentists, other than their designated primary care physicians.²⁵</p> <ul style="list-style-type: none"> • UnitedHealthcare provided emergency transportation and treated all area hospitals as participating network hospitals under existing emergency benefit provisions.²⁶ • Members from the affected disaster areas who could not access CIGNA participating physicians, hospitals or other providers for the dates of service from August 27, 2005 to September 30, 2005 were able to seek care as needed, for which in-network benefits applied. If members were unable to see their primary care physician, they sought care as needed from any available medical professional.²⁷ • Blue Cross of California made revisions that applied to members who were living in Alabama, Louisiana and Mississippi at the time of the disaster that: <ul style="list-style-type: none"> ○ Allowed the affected members to see any physician necessary to provide access to care. ○ Blue Cross of California paid all claims as in-network, regardless of whether or not the health care provider was in network.²⁸

of Certain Health Insurance Laws and Regulations Governing Louisiana Licensed Health Insurers Post Hurricane Katrina and Rita" <http://www.lsms.org/Hurricanes/2005%20Emergency%20Rules%20%20Directives.pdf>

²³ Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

²⁴ Louisiana Department of Insurance, "Hurricanes Katrina and Rita Health Insurance Protections," http://www.lidi.state.la.us/Documents/Health/LHCC/2006_HealthCareConference/HealthInsuranceProtectionsPrintFile.ppt.

²⁵ "Aetna Lifts Policy Requirements to Help Members in Hurricane Katrina's Wake" http://www.aetna.com/news/2005/pr_20050902.htm

²⁶ UnitedHealthcare Responds to Support Hurricane Victims, August 31, 2005. <http://www.unitedhealthgroup.com/news/rel2005/0831Hurricane.htm>

²⁷ America's Health Insurance Plans (AHIP), "Hurricane Katrina Disaster Response", <http://www.ahip.org/HurricaneResponse/cigna.htm>

²⁸ America's Health Insurance Plans (AHIP), "Hurricane Katrina Disaster Response", <http://www.ahip.org/HurricaneResponse/cigna.htm>

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>through the organization if the services were medically necessary and immediately required because of an unforeseen illness, injury, or condition.¹⁸</p> <p>To the extent that a natural disaster, war, riot, civil insurrection, or any other similar event not within the control of a health maintenance organization (as determined under regulations of the Secretary) results in the facilities, personnel, or financial resources of a health maintenance organization not being available to provide or arrange for the provision of a basic or supplemental health service in accordance with the requirements of paragraphs (1) through (4) of this subsection, such requirements only require the organization to make a good-faith effort to provide or arrange for the provision of such service within such limitation on its facilities, personnel, or resources.¹⁹</p> <p>California - Legislation (CA Statutes) California Business And Professions Code Chapter 1.5. Exemption From Licensure § 900 Bus. & Prof.</p> <p>(a) Nothing in this division applies to a health care practitioner licensed in another state or territory of the United States who offers or provides health care for which he or she is licensed, if the health care is provided only during a state of emergency as defined in subdivision (b) of Section 8558 of the Government Code, which emergency overwhelms the response capabilities of California health care practitioners and only upon the request of the Director of the Emergency Medical Services Authority.</p> <p>(b) The director shall be the medical control and shall designate the licensure and specialty health care practitioners required for the specific emergency and shall designate the areas to which they may be deployed.</p> <p>(c) Health care practitioners shall provide, upon request, a valid copy of a professional license and a photograph identification issued by the state in which the practitioner holds licensure before being deployed by the director.</p>	

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>(d) Health care practitioners deployed pursuant to this chapter shall provide the appropriate California licensing authority with verification of licensure upon request.</p> <p>(e) Health care practitioners providing health care pursuant to this chapter shall have immunity from liability for services rendered as specified in Section 8659 of the Government Code.</p> <p>(f) For the purposes of this chapter, "health care practitioner" means any person who engages in acts which are the subject of licensure or regulation under this division or under any initiative act referred to in this division.</p> <p>(g) For purposes of this chapter, "director" means the Director of the Emergency Medical Services Authority who shall have the powers specified in Division 2.5 (commencing with Section 1797) of the Health and Safety Code.²⁰</p> <p>California - Legislation (CA Statutes) California Business And Professions Code Chapter 1.6. Health Care Professional Disaster Response Act § 921 Bus. & Prof.</p> <p>The Legislature finds and declares the following:</p> <p>(1) In times of national or state disasters, a shortage of qualified health care practitioners may exist in areas throughout the state where they are desperately required to respond to public health emergencies.</p> <p>(2) Health care practitioners with lapsed or inactive licenses could potentially serve in those areas where a shortage of qualified health care practitioners exists, if licensing requirements were streamlined and fees curtailed.</p> <p>(b) It is, therefore, the intent of the Legislature to address these matters</p>	

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	through the provisions of the Health Care Professional Disaster Response Act. ²¹	
Traditional Medicare	<p>Physician Requirements for Medicare Eligibility</p> <p>Physician means doctor of medicine, doctor of osteopathy (including osteopathic practitioner), doctor of dental surgery or dental medicine (within the limitations in subsection §70.2), doctor of podiatric medicine (within the limitations in subsection §70.3), or doctor of optometry (within the limitations of subsection §70.5), and, with respect to certain specified treatment, a doctor of chiropractic legally authorized to practice by a State in which he/she performs this function.</p> <p>The services performed by a physician within these definitions are subject to any limitations imposed by the State on the scope of practice.²⁹</p> <p>"The issuance by a State of a license to practice medicine constitutes legal authorization. Temporary State licenses also constitute legal authorization to practice medicine. If State law authorizes local political subdivisions to establish higher standards for medical practitioners than those set by the State licensing board, the local standards determine whether a particular physician has legal authorization. If State licensing law limits the scope of practice of a particular type of medical practitioner, only the services within the limitations are covered."³⁰</p>	<p>Applicable Waivers</p> <p>The Secretary of HHS may waive:</p> <ul style="list-style-type: none"> a. Conditions of participation or other certification requirements for an individual health care provider or types of providers, b. Program participation and similar requirements for an individual health care provider or types of providers, and c. Pre-approval requirements.³³ <p>The Secretary of HHS may waive sanctions under 42 U.S.C. § 1395nn(g), relating to limitations on physician referrals.³⁴</p> <p>The Secretary of HHS may waive "requirements that physicians and other health care professionals be licensed in the state in which they provide services, if they have equivalent licensing in another state and are not affirmatively excluded from practice in that state or in any state a part of which is included in the emergency area."³⁵</p>

²⁹ Medicare General Information, Eligibility and Entitlement Manual, Chapter 5, §70

³⁰ Medicare General Information, Eligibility and Entitlement Manual, Chapter 5, §70

³¹ California - Legislation (CA Statutes) California Business And Professions Code Article 4. Requirements for Licensure § 2082 Bus. & Prof.

³² California - Legislation (CA Statutes) California Business And Professions Code Article 4. Requirements for Licensure § 2089 Bus. & Prof.

³³ 42 U.S.C. § 1320b-5(b)(1)

³⁴ 42 U.S.C. § 1320b-5(b)(4)

³⁵ 42 U.S.C. § 1320b-5(b) (2)

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>State of California Requirements for Licensure:</p> <p>(a) A diploma issued by an approved medical school. The requirements of the school shall have been at the time of granting the diploma in no degree less than those required under this chapter or by any preceding medical practice act at the time that the diploma was granted. In lieu of a diploma, the applicant may submit evidence satisfactory to the Division of Licensing of having possessed the same.</p> <p>(b) An official transcript or other official evidence satisfactory to the division showing each approved medical school in which a resident course of professional instruction was pursued covering the minimum requirements for certification as a physician and surgeon, and that a diploma and degree were granted by the school.</p> <p>(c) Such other information concerning the professional instruction and preliminary education of the applicant as the division may require.</p> <p>(d) An affidavit showing to the satisfaction of the division that the applicant is the person named in each diploma and transcript that he or she submits, that he or she is the lawful holder thereof, and that the diploma or transcript was procured in the regular course of professional instruction and examination without fraud or misrepresentation.</p> <p>(e) Either fingerprint cards or a copy of a completed Live scan form from the applicant in order to establish the identity of the applicant and in order to determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries. The information obtained as a result of the fingerprinting of the applicant shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure under the</p>	

³⁶ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Hurricane Questions and Answers," http://questions.cms.hhs.gov/cgi-bin/cms_hhs.cfg/php/enduser/std_adp.php?p_faaid=5605

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>provisions of Division 1.5 (commencing with Section 475) and Section 2221.³¹</p> <p>(a) Each applicant for a physician's and surgeon's certificate shall show by official transcript or other official evidence satisfactory to the Division of Licensing that he or she has successfully completed a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, in a medical school or schools located in the United States or Canada approved by the division, or in a medical school or schools located outside the United States or Canada which otherwise meets the requirements of this section. The total number of hours of all courses shall consist of a minimum of 4,000 hours. At least 80 percent of actual attendance shall be required. If an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received prior to the granting of the degree.</p> <p>(b) The curriculum for all applicants shall provide for adequate instruction in the following subjects: Alcoholism and other chemical substance dependency, detection and treatment. Anatomy, including embryology, histology, and neuroanatomy. Anesthesia. Biochemistry. Child abuse detection and treatment. Dermatology. Geriatric medicine. Human sexuality. Medicine, including Pediatrics. Neurology. Obstetrics and gynecology. Ophthalmology. Otolaryngology. Pain management and end-of-life care. Pathology, Bacteriology, and immunology. Pharmacology. Physical medicine. Physiology. Preventive medicine, including nutrition. Psychiatry. Radiology, including Radiation safety. Spousal or partner abuse detection and treatment. Surgery, including orthopedic surgery. Therapeutics. Tropical medicine. Urology.</p> <p>(c) The requirement that an applicant successfully complete a medical curriculum that provides instruction in pain management and end-of-life care shall only apply to a person entering medical school on or after June 1, 2000.³²</p>	<p>During past disasters, some provider locations were</p>

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>Application Procedure</p> <p>Medicare physicians and non-physician providers use the form CMS 855B.</p>	<p>destroyed or were otherwise uninhabitable. As a result, physicians or other health care providers were allowed to set up a practice in a different physical location. Under normal circumstances, the provider would be required to complete an 855-enrollment package. The carriers streamlined this process. Carriers required at least a fax in order to make a change to a location. The fax had to list the provider's Tax I.D. and enough information for the staff to be certain of the provider's identity, but did not require an 855 form. The requests received priority processing. This process worked if there was an original signature on an original application in-house.³⁶</p>
<p>Medicare Advantage Plans</p>	<p>"For Medicare enrollees of a Medicare Advantage plan, there exists no 'good faith' provision similar to the Public Health Service Act provision. Therefore, Medicare Advantage plans are required to continue directly providing all Part A and Part B services, or otherwise arranging for such services to be provided, so that statutory and regulatory requirements for accessibility and availability of services continue to be met.</p> <p>For Medicare enrollees, Medicare Advantage plans have financial responsibility for emergency services and "urgently needed" services.</p> <p>The term 'urgently needed services,' are covered services medically necessary and immediately required when the Medicare beneficiary is temporarily outside of the plan's service area. Medicare Advantage plans are also required to cover urgently needed services within the service area when, due to unusual and extraordinary circumstances, the organization's provider network is temporarily unavailable or inaccessible, for example because of a natural disaster or electrical power outage. Urgently needed services are medically necessary and immediately required (1) as a result of an unforeseen illness, injury, or condition; and (2) it was not reasonable, given the circumstances, to obtain the services through the plan's provider network."³⁷</p>	<p>Post disaster, HHS issued a waiver permitting Medicare Advantage enrollees to use out-of-network providers in an emergency situation. This waiver was applied retroactively.³⁸</p> <p>The Secretary of HHS may waive limitations on payments under 42 U.S.C. § 1395w-21(i) for health care items and services furnished to individuals enrolled in a Medicare+Choice plan by health care professionals or facilities that are not included under that plan.³⁹</p>

³⁷ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Hurricane Questions and Answers," http://questions.cms.hhs.gov/cgi-bin/cms/hhs.cfg/php/enduser/std_adp.php?p_faqid=5605

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
Medi-Cal	<p>Physician Requirements for Medi-Cal Eligibility</p> <p>A physician shall be licensed as a physician and surgeon by the California Board of Medical Quality Assurance or the California Board of Osteopathic Examiners or similarly licensed by a comparable agency of the state in which he practices.⁴⁰</p> <p>State of California Requirements for Licensure:</p> <p>(a) A diploma issued by an approved medical school. The requirements of the school shall have been at the time of granting the diploma in no degree less than those required under this chapter or by any preceding medical practice act at the time that the diploma was granted. In lieu of a diploma, the applicant may submit evidence satisfactory to the Division of Licensing of having possessed the same.</p> <p>(b) An official transcript or other official evidence satisfactory to the division showing each approved medical school in which a resident course of professional instruction was pursued covering the minimum requirements for certification as a physician and surgeon, and that a diploma and degree were granted by the school.</p> <p>(c) Such other information concerning the professional instruction and</p>	<p>Applicable Waivers</p> <p>The Secretary of HHS may waive:</p> <ul style="list-style-type: none"> a. Conditions of participation or other certification requirements for an individual health care provider or types of providers, b. Program participation and similar requirements for an individual health care provider or types of providers, and c. Pre-approval requirements.⁴³ <p>The Secretary of HHS may waive sanctions under 42 U.S.C. § 1395 (g), relating to limitations on physician referrals.⁴⁴</p> <p>The Secretary of HHS may waive “requirements that physicians and other health care professionals be licensed in the state in which they provide services, if they have equivalent licensing in another state and are not affirmatively excluded from practice in that state or in any state a part of which is included in the emergency area.”⁴⁵</p>

³⁸ HHS - Section 1135 Waiver, Hurricane Katrina. September 4 2005

³⁹ 42 U.S.C. § 1320b-5(b)(6)

⁴⁰ CCR Title 22, Division 3. Health Care Services, Subdivision 1. California Medical Assistance Program, Chapter 3. Health Care Services, Article 3. Standards of Participation: Physician (§51228)

⁴¹ California - Legislation (CA Statutes) California Business And Professions Code

Article 4. Requirements for Licensure § 2082 Bus. & Prof.

⁴² California - Legislation (CA Statutes) California Business And Professions Code Article 4. Requirements for Licensure § 2089 Bus. & Prof.

⁴³ 42 U.S.C. § 1320b-5(b)(1)

⁴⁴ 42 U.S.C. § 1320b-5(b)(4)

⁴⁵ 42 U.S.C. § 1320b-5(b) (2)

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>preliminary education of the applicant as the division may require.</p> <p>(d) An affidavit showing to the satisfaction of the division that the applicant is the person named in each diploma and transcript that he or she submits, that he or she is the lawful holder thereof, and that the diploma or transcript was procured in the regular course of professional instruction and examination without fraud or misrepresentation.</p> <p>(e) Either fingerprint cards or a copy of a completed Live scan form from the applicant in order to establish the identity of the applicant and in order to determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries. The information obtained as a result of the fingerprinting of the applicant shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221.⁴¹</p> <p>(a) Each applicant for a physician's and surgeon's certificate shall show by official transcript or other official evidence satisfactory to the Division of Licensing that he or she has successfully completed a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, in a medical school or schools located in the United States or Canada approved by the division, or in a medical school or schools located outside the United States or Canada which otherwise meets the requirements of this section. The total number of hours of all courses shall consist of a minimum of 4,000 hours. At least 80 percent of actual attendance shall be required. If an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received prior to the granting of the degree.</p> <p>(b) The curriculum for all applicants shall provide for adequate instruction in the following subjects: Alcoholism and other chemical substance</p>	

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>dependency, detection and treatment. Anatomy, including embryology, histology, and neuroanatomy. Anesthesia. Biochemistry. Child abuse detection and treatment. Dermatology. Geriatric medicine. Human sexuality. Medicine, including Pediatrics. Neurology. Obstetrics and gynecology. Ophthalmology. Otolaryngology. Pain management and end-of-life care. Pathology, Bacteriology, and immunology. Pharmacology. Physical medicine. Physiology. Preventive medicine, including nutrition. Psychiatry. Radiology, including Radiation safety. Spousal or partner abuse detection and treatment. Surgery, including orthopedic surgery. Therapeutics. Tropical medicine. Urology.</p> <p>(c) The requirement that an applicant successfully complete a medical curriculum that provides instruction in pain management and end-of-life care shall only apply to a person entering medical school on or after June 1, 2000.⁴²</p>	
Facility Reimbursement		
<p>Medicare</p>	<p>Facility Eligibility</p> <p>Eligible provider must enroll by completing a CMS Form 855A, and upon approval, enter into a Provider Agreement per 42 USCA § 1395cc; 42 CFR §§ 489.10, .12, .53.</p> <p>To be eligible, facility must be licensed or approved by State licensing agency, and meet applicable Conditions of Participation (CoP). 42 CFR 409.3.</p> <p>Emergency Services</p> <p>42 CFR 424.103 – Medicare pays for emergency services in nonparticipating hospital.</p> <p>Emergency defined at 42 CFR 424.101 as inpatient or outpatient hospital services necessary to prevent death or serious impairment of health and, because of the danger to life or health, require use of the most accessible hospital available and equipped to furnish those services.</p>	<p>Waiver</p> <p>Waivers of Federal CMS Requirements ("Section 1135 Waivers.") Under 42 U.S.C. § 1320b-5 (section 1135 of the Social Security Act), the Secretary of Health and Human Services has authority to waive certain requirements of CMS programs in an emergency area during a federal emergency period. An "emergency area" is a geographical area in which, and an "emergency period" is the period during which, there exist two types of declared emergencies: an emergency or disaster declared by the President under the National Emergencies Act or the Stafford Act, and a public health emergency declared by the Secretary of HHS. 42 U.S.C. § 1320b-5(g)(1). At the Secretary's discretion, waivers that are authorized after the emergency has occurred may be made retroactive to the beginning of the emergency period. 42 U.S.C. § 1320b-5(c). With 2 exceptions (EMTALA and HIPAA), the waivers generally last for the duration of the emergency period or</p>

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>Out of State Facilities</p> <p>Since Medicare is a federal program, Medicare beneficiaries who are not enrolled in M+Choice programs should be able receive services in any state and same rules as for in-state facilities should apply.</p> <p>Foreign Facilities</p> <p>42 CFR 413.74 and section 1814(f) of the Act – payment for the reasonable cost of emergency and nonemergency inpatient hospital services – may only be paid to hospitals in Canada and Mexico</p>	<p>until CMS determines that the waiver is no longer necessary. However, if a hospital regains its ability to comply with a waived requirement before the end of the declared emergency period, the waiver of that requirement no longer applies to that hospital.⁴⁶</p> <p>Retroactivity</p> <p>42 CFR 489.13(2) – Retro effective date if: a provider or supplier meets the requirements of 42 CFR 489.13 (d)(1) [accreditation] and (d)(1)(i) [compliance with additional requirements, then effective on date of compliance] or (d)(1)(ii) [if no additional requirements, then effective date is date of initial request for participation], the effective date may be retro for up to 1 year</p> <p>State Alternate Standards of Care</p> <p>This MAY be allowed under Section 1135 (b) (1) allowing HHS to waive conditions of participations, allowing facilities and practitioners to provide care that does not meet CMS approved guidelines while operating under State Alternate Standards of Care waivers.⁴⁷</p> <p>Expanded Clinical Areas</p> <p>This MAY be allowed under Section 1135 (b) (1) allowing HHS to issue waivers to non-traditional facilities operating under state "special project" licensing waivers to be recognized by CMS for reimbursement purposes.⁴⁸</p>

⁴⁶ MA Influenza Pandemic Preparedness Plan, "Section 10: Legal Considerations For Pandemic Influenza," October 2006

⁴⁷ MA Influenza Pandemic Preparedness Plan, "Section 10: Legal Considerations For Pandemic Influenza," October 2006

⁴⁸ MA Influenza Pandemic Preparedness Plan, "Section 10: Legal Considerations For Pandemic Influenza," October 2006

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
<p>Medi-Cal</p>	<p>Facility Eligibility</p> <p>CCR 51207 (a) A hospital, to be eligible for participation in the program, shall:</p> <ul style="list-style-type: none"> (1) Be certified, or meet the requirements for certification under Title XVIII of the Federal Social Security Act. (2) Be licensed pursuant to the provisions of Chapter 2 of the Health and Safety Code. (3) Have an organized medical staff that has promulgated medical staff by-laws, rules, and regulations which include provisions that assure correct utilization and high quality of professional services rendered to Medi-Cal beneficiaries in the hospital. (4) Take timely and definitive action, including initiating proceedings to suspend or terminate hospital privileges, against medical staff members who provide inappropriate or excessive services, or services of inferior quality to Medi-Cal beneficiaries. <p>(b) Notwithstanding the provisions of paragraph (a) of this regulation, eligibility for participation in the program shall be conditional on compliance with Welfare and Institutions Code 14105.5.</p> <p>(c) Notwithstanding any other provisions of these regulations, those hospitals operated by, or listed and certified by, the First Church of Christ Scientist, Boston, Massachusetts, are eligible for participation in the program provided they conform to governmental requirements with regard to housing, fire protection, safety, and sanitation.</p> <p>(d) A hospital which does not meet all of the requirements of this section, may nevertheless, be paid under the program for services furnished by it to eligible beneficiaries of the program on an emergency basis as defined in Section 51056, provided it meets the requirements specified in subsection (a)(2) of this Section. This provision shall apply in each case only until such time as the patient may be moved safely to an institution that meets the requirements of the remainder of this Section.</p>	<p>Emergency Services</p> <p>22 CCR 51207 – a hospital not meeting all the requirements may be paid for services furnished to eligible beneficiaries on an emergency basis per 22 CCR 51056 – only until such time as the patient may be moved safely to an institution that meets the requirements</p> <p>22 CCR 51056 –</p> <p>(a) emergency services mean services required for alleviation of severe pain, or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnosed and treated, would lead to disability or death.</p> <p>(b) for purposes of treating eligible aliens – it means a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:</p> <ul style="list-style-type: none"> ▪ placing the patient's health in serious jeopardy ▪ serious impairment to bodily functions ▪ serious dysfunction of any bodily organ or part <p>Non-Contracted Hospitals</p> <ul style="list-style-type: none"> ▪ 22 CCR 51541(c)(6) – non-contracted hospitals not eligible to service Medi-cal beneficiaries, except under one of the following: <ul style="list-style-type: none"> ▪ (a) Providing stabilizing services as required to program beneficiaries located in a closed health facility planning area who are in a life threatening or emergency situation before the beneficiary may be transported to a contracting hospital.

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>22 CCR 51000.30 – Provider enrollee must meet Standards of Participation in Chapter 7 (commencing with § 14000) and Chapter 8 (commencing with § 14200 of the W&I Code, and be certified by DHS as a Medical provider as a:</p> <ul style="list-style-type: none"> ▪ Clinic licensed (or exempt) per H&S 1200 et seq. ▪ Licensed health facility per H&S 1250 et seq. ▪ Adult day health care provider licensed per H&S 1570 et seq. ▪ Home health agency licensed per H&S 1725 ▪ Hospice licensed per H&S 1745 <p>complete an application per 22 CCR 51000.35 and 51000.45</p> <p>[Note: despite wording of regulations, Medi-Cal requires provider enrollment applications for all provider applicants, including those enrolled in Medicare]</p> <p>22 CCR 51000.45 - Also must enter into a Medical Provider Agreement – DHS 6208</p> <p>Services may be subject to Treatment Authorization Request (TAR) requirements per 22 CCR 51003. TARs may be extended when further acute care is needed [based on patient condition – not based on facility needs]</p> <p>22 CCR 51008 – bills must be submitted within 6 months of service (unless good cause per 21 CCR 51008.5)</p> <ul style="list-style-type: none"> ▪ 22 CCR 51207 Hospitals must be certified for Medicare (or meet requirements for Medicare certification); be licensed ▪ 22 CCR 51212 – Intermediate Care Facility standards ▪ 22 CCR 51213 – Rehabilitation Center standards ▪ 22 CCR 51215 – SNF standards ▪ 22 CCR 51216 – HHA standards 	<p>(b) If a beneficiary is located in a closed health facility planning area and experiencing a life threatening or emergency situation but cannot be stabilized sufficiently to facilitate a transfer to a contracting facility, those health services medically necessary for alleviation of severe pain or immediate diagnosis and treatment of unforeseen medical conditions which, if not immediately diagnosed and treated, could lead to significant disability or death.</p> <p>(c) Providing services to beneficiaries who are also eligible for benefits under the federal program of hospital insurance for the aged and disabled.</p> <p>(d) Providing services to beneficiaries who live or reside farther than the community travel time standard from a contract hospital, as defined by the department, if the hospital providing services is closer than a contract hospital.</p> <ul style="list-style-type: none"> ▪ provision of services to beneficiary where travel time from home to contract hospital exceeds the normal practice for the community or 30 minutes (whichever is greater) and the non-contracting hospital is closer ▪ provision of services to a Medicare cross-over pt, subsequent to exhaustion of M-Care benefits and pts in a life threatening or emergency situation which could result in permanent impairment <p>Out of State Facilities</p> <p>22 CCR 51006 – Medi-Cal pays for necessary out-of-state medical care in following circumstances:</p> <ul style="list-style-type: none"> ▪ emergency arises from accident, injury, or illness; or

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<ul style="list-style-type: none"> ▪ 22 CCR 51250 – Hospice standards ▪ 22 CCR 51541 – Hospital reimbursed per Negotiated Contracts (with CMAC). <p>Hospital Outpatient CCR 51209</p> <p>A hospital outpatient department shall be operated by a hospital certified for participation in the Medi-Cal Program and shall be staffed by personnel who meet the standards of Division 3, Chapter 3, Article 3 of Title 22, California Administrative Code when providing services outlined in Section 51331.</p>	<ul style="list-style-type: none"> ▪ where individual health would be endangered if care were postponed until feasible for pt to return to California; or ▪ where individual health would be endangered if pt undertook return travel to California; or ▪ when customary practice in border communities for residents to use medical resources in adjacent areas outside the State; or ▪ when an out-of-state treatment plan has been authorized – and only when proposed treatment is not available from in-state resources <p>Prior authorization required for all out-of-state services except in emergency (per 22 CCR 51056) or where it is customary to go out of state.</p> <p>CCR §51543. Out-of-State Hospital Inpatient Services Reimbursement</p> <p>(a) Out-of-state inpatient hospital services which have been certified for payment at the acute level and which are either of an emergency nature or for which prior Medi-Cal authorization has been obtained, shall be reimbursed at an amount not to exceed the current statewide average of contract rates for acute inpatient hospital services negotiated by the California Medical Assistance Commission or the actual billed charges, whichever is less.</p> <p>(b) Hospitals may request an administrative adjustment to the rate within 60 days of notice of payment. The request, which must be in writing, to the Department of Health Services, Hospital Reimbursement Unit, 714 P Street, P.O. Box 942732, Sacramento, CA 94234-7320. The decision on the administrative adjustment shall be final and not</p>

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
		subject to further appeal. Foreign Facilities 22 CCR 51006 – no services are covered outside of the US, except for emergency services requiring hospitalization in Canada or Mexico
PRE-AUTHORIZATION		
Private Payers	<p>The following rules set forth emergency medical condition and post-stabilization responsibilities for medically necessary health care services after stabilization of an emergency medical condition and until an enrollee can be discharged or transferred. These rules do not apply to a specialized health care service plan contract that does not provide for medically necessary health care services following stabilization of an emergency condition.</p> <p>(a) Prior to stabilization of an enrollee's emergency medical condition, or during periods of destabilization (after stabilization of an enrollee's emergency medical condition) when an enrollee requires immediate medically necessary health care services, a health care service plan shall pay for all medically necessary health care services rendered to an enrollee.</p> <p>(b) In the case when an enrollee is stabilized but the health care provider</p>	<p>Under the authority of the Governor of Louisiana's numerous Emergency Declarations and Executive Orders, the Commissioner of Insurance for the state of Louisiana issued Emergency Rules 15, 17, 19 and 20.</p> <ul style="list-style-type: none"> • These Emergency Rules suspended certain statutes and regulations regarding health insurance in Louisiana.⁵⁰ • These rules applied to primary and limited secondary parishes in Louisiana affected by the hurricanes over specific time periods.^{51, 52} • These rules applied only to products regulated by the Louisiana Department of Insurance.⁶³ • These rules suspended: <ul style="list-style-type: none"> ○ Medical Certifications ○ Referrals

⁴⁹ 28 CCR § 1300.71.4. Emergency Medical Condition and Post-Stabilization Responsibilities for Medically Necessary Health Care Services

⁵⁰ Louisiana State Medical Society, "Louisiana Department of Insurance's Final Emergency Rules and Directives relative to Suspension of Certain Health Insurance Laws and Regulations Governing Louisiana Licensed Health Insurers Post Hurricane Katrina and Rita" <http://www.lsms.org/Hurricanes/2005%20Emergency%20Rules%20%20Directives.pdf>

⁵¹ Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

⁵² Louisiana Department of Insurance, "Hurricanes Katrina and Rita Health Insurance Protections," http://www.lidi.state.la.us/Documents/Health/LHCC/2006_HealthCareConference/HealthInsuranceProtectionsPrintFile.ppt.

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>believes that the enrollee requires additional medically necessary health care services and may not be discharged safely, the following applies:</p> <p>(1) A health care service plan shall approve or disapprove a health care provider's request for authorization to provide necessary post-stabilization medical care within one half hour of the request.</p> <p>(2) If a health care service plan fails to approve or disapprove a health care provider's request for authorization to provide necessary post-stabilization medical care within one half-hour of the request, the necessary post-stabilization medical care shall be deemed authorized. Notwithstanding the foregoing sentence, the health care service plan shall have the authority to disapprove payment for (A) the delivery of such necessary post-stabilization medical care or (B) the continuation of the delivery of such care; provided, that the health care service plan notifies the provider prior to the commencement of the delivery of such care or during the continuation of the delivery of such care (in which case, the plan shall not be obligated to pay for the continuation of such care from and after the time it provides such notice to the provider, subject to the remaining provisions of this paragraph) and in both cases the disruption of such care (taking into account the time necessary to effect the enrollee's transfer or discharge) does not have an adverse impact upon the efficacy of such care or the enrollee's medical condition.</p> <p>(3) Notwithstanding the provisions of Subsection (b) of this rule, a health care service plan shall pay for all medically necessary health care services provided to an enrollee which are necessary to maintain the enrollee's stabilized condition up to the time that the health care service plan effectuates the enrollee's transfer or the enrollee is discharged.</p> <p>(c) In the case where a plan denies the request for authorization of post-stabilization medical care and elects to transfer an enrollee to another health care provider, the following applies:</p> <p>(1) When a health care service plan responds to a health care provider's</p>	<ul style="list-style-type: none"> o Medical Necessity Reviews o Notification of Hospital Admissions o Right to Conduct Medical Necessity Reviews (for non-elective services) ⁵² <p>For the full text of these Emergency Rules, please see Appendices D and E.</p> <p>Some private payers in California updated their force majeure clauses to excuse parties from some of the terms and conditions of the contract if a major disaster occurs.</p> <p>Along with the Governor's Emergency Rules:</p> <ul style="list-style-type: none"> • Aetna implemented policies for its members to receive treatment covered under their plan without medical pre-certification, referrals, or notification of hospital admissions.²⁵ • CIGNA temporarily modified certain standard claim approval requirements including requirements for pre-certification, referrals, medical necessity determinations and hospital admission procedures. Essentially, this entailed suspending the need for members and their providers to get pre-certifications or referrals for procedures and treatments that usually require it. Similarly, they were not reviewing claims for medical necessity.²⁷ <p>WellPoint Health Networks, parent company of Blue Cross of California made revisions that applied to members who were living in Alabama, Louisiana and Mississippi at the time of Hurricane Katrina that:</p> <ul style="list-style-type: none"> • Suspended requirements for prior authorization and pre-certification. • Suspended requirements for authorization or referral from a primary care physician.²⁸

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
	<p>request for post-stabilization medical care authorization by informing the provider of the plan's decision to transfer the enrollee to another health care provider, the plan shall effectuate the transfer of the enrollee as soon as possible.</p> <p>(2) A health care service plan shall pay for all medically necessary health care services provided to an enrollee to maintain the enrollee's stabilized condition up to the time that the health care service plan effectuates the enrollee's transfer.</p> <p>(d) All requests for authorizations, and all responses to such requests for authorizations, of post-stabilization medically necessary health care services shall be fully documented. All provision of medically necessary health care services shall be fully documented. Documentation shall include, but not be limited to, the date and time of the request, the name of the health care provider making the request, and the name of the plan representative responding to the request.⁴⁹</p>	
<p>Medicare Advantage Plans</p>		<ul style="list-style-type: none"> • After a recent disaster, CMS deemed it acceptable for Medicare Advantage plans to implement a liberal service authorization policy. In the past, MA plans have approved all urgent requests for authorizations for participating/non-participating providers, including facility transfers to participating/non-participating hospitals. In addition, most plans approve urgent referral requests.⁵³ • In the case of Hurricane Andrew in South Florida and also the hurricanes in Florida during 2004, Medicare Advantage plans in affected States advised CMS of their intention to be liberal in the interpretation of

⁵³ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Hurricane Questions and Answers," http://questions.cms.hhs.gov/cgi-bin/cms_hhs.cfg/php/enduser/std_adp.php?p_faqid=5605

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
		<p>emergent and urgent care during the worst days of the effects of the hurricane. One health plan, for example, publicly announced that, for beneficiaries residing in a certain geographic area, the plan would pay all claims from all providers for medically necessary care during a specified number of days.⁵³</p>
<p>Private Payers</p>		<p>Under the authority of the Governor of Louisiana's numerous Emergency Declarations and Executive Orders, the Commissioner of Insurance for the state of Louisiana issued Emergency Rules 15, 17, 19 and 20.</p> <ul style="list-style-type: none"> • These Emergency Rules suspended certain statutes and regulations regarding health insurance in Louisiana.⁵⁴ • These rules applied to primary and limited secondary parishes in Louisiana affected by the hurricanes over specific time periods.^{55, 56} • These rules applied only to products regulated by the Louisiana Department of Insurance.⁵⁶ • These rules stipulated that claims for an initial 30 day supply prescription medication could not be rejected or pended regardless of date of last refill.⁵⁶ <p>For the full text of these Emergency Rules, please see Appendices D and E.</p> <p>Along with the Governor's Emergency Rules:</p>

⁵⁴ Louisiana State Medical Society, "Louisiana Department of Insurance's Final Emergency Rules and Directives relative to Suspension of Certain Health Insurance Laws and Regulations Governing Louisiana Licensed Health Insurers Post Hurricane Katrina and Rita" <http://www.lsms.org/Hurricanes/2005%20Emergency%20Rules%20%20Directives.pdf>

⁵⁵ Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

⁵⁶ Louisiana Department of Insurance, "Hurricanes Katrina and Rita Health Insurance Protections," http://www.lidi.state.la.us/Documents/Health/LHCC/2006_HealthCareConference/HealthInsuranceProtectionsPrintFile.ppt.

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
		<ul style="list-style-type: none"> • Aetna implemented policies for its members to refill prescriptions even if they were not due to be filled and, for those who use Aetna's mail-order pharmacy, receive replacement for any lost or damaged prescriptions for no additional costs.²⁵ • WellPoint Health Networks, parent company of Blue Cross of California made revisions that applied to members who were living in Alabama, Louisiana and Mississippi at the time of the disaster that: <ul style="list-style-type: none"> ○ Suspended early refill limits and shipping prescriptions to members at alternative addresses. ○ Waived co-payments for prescriptions.²⁸ • UnitedHealthcare allowed members who needed prescription refills to replace them quickly at local pharmacies or via mail service. Even before the hurricane hit, UnitedHealthcare began allowing members to obtain early refills and extra prescription levels in Alabama, Louisiana and Mississippi. • Local pharmacies in the affected areas were notified about these changes. Members were given a toll-free number to call with any questions on how to replace lost prescriptions. Members who normally used mail pharmacy services and who were in short supply were eligible to obtain medications through their local retail pharmacy. Mail pharmacy orders were expedited by key zip codes to crisis areas. All mail orders for temperature-sensitive prescriptions were being assessed on a daily basis to determine appropriate and safe handling for fulfillment.²⁶ • CIGNA Pharmacy Management allowed members to order refills of their prescription medications early to replace medicines lost or destroyed, and waived medical necessity reviews. • Members who normally received their prescriptions in

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
		<p>the mail through CIGNA Tel-Drug were allowed to have medications shipped overnight at no additional cost. If shipping to the member was not feasible, the member could request that the prescription be transferred to a local retail pharmacy. CIGNA Tel-Drug will replaced lost or damaged medication at no charge to members.²⁷</p>
<p>Medicare Advantage Plans</p>		<p>With past emergency situations, Medicare Advantage plans have stipulated that for areas sustaining major damage, all pharmacy requests will be filled for either par/non-par pharmacies at par benefits.⁵⁷</p> <p>After a recent disaster, Managed care plans in the affected areas made special arrangements to ensure that members had access to needed medications. The plans permitted early re-fills, lifted other restrictions, and arranged with a number of major pharmacy chains across the country to fill the prescriptions. These pharmacies in turn contacted the managed care organization or physician if the member did not know the name of the drug. The managed care organization reimbursed the member for any out-of-pocket costs associated with the prescription drug. Further information about access to pharmacies could be received through the plans individual toll-free member hot lines.⁵⁷</p>
<p>CO-PAY REQUIREMENTS</p>		

⁵⁷ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Hurricane Questions and Answers," http://questions.cms.hhs.gov/cgi-bin/cms_hhs.cfg/php/enduser/std_adp.php?p_faqid=5605

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
Private Payers		<p>Under the authority of the Governor of Louisiana's numerous Emergency Declarations and Executive Orders, the Commissioner of Insurance for the state of Louisiana issued Emergency Rules 15, 17, 19 and 20.</p> <ul style="list-style-type: none"> • These Emergency Rules suspended certain statutes and regulations regarding health insurance in Louisiana.⁵⁸ • These rules applied to primary and limited secondary parishes in Louisiana affected by the hurricanes over specific time periods.^{59, 60} • These rules applied only to products regulated by the Louisiana Department of Insurance.⁶⁰ • These rules stipulated that when a claim is submitted but the premium has not been received: <ul style="list-style-type: none"> ○ The Insured was responsible for co-payments, deductibles and coinsurance.⁶⁰ <p>For the full text of these Emergency Rules, please see Appendices D and E.</p> <p>Along with the Governor's Emergency Rules:</p> <ul style="list-style-type: none"> • WellPoint Health Networks, parent company of Blue Cross of California made revisions that applied to members who were living in Alabama, Louisiana and Mississippi at the time of the disaster that waived co-payments for prescriptions.²⁸

⁵⁸ Louisiana State Medical Society, "Louisiana Department of Insurance's Final Emergency Rules and Directives relative to Suspension of Certain Health Insurance Laws and Regulations Governing Louisiana Licensed Health Insurers Post Hurricane Katrina and Rita" <http://www.lsms.org/Hurricanes/2005%20Emergency%20Rules%20%20Directives.pdf>

⁵⁹ Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

⁶⁰ Louisiana Department of Insurance, "Hurricanes Katrina and Rita Health Insurance Protections," http://www.lidi.state.la.us/Documents/Health/LHCC/2006_HealthCareConference/HealthInsuranceProtectionsPrintFile.ppt.

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
NON-PAYMENT OF PREMIUMS AND COVERAGE CONTINUITY		
Private Payers		<p>Under the authority of the Governor of Louisiana's numerous Emergency Declarations and Executive Orders, the Commissioner of Insurance for the state of Louisiana issued Emergency Rules 15, 17, 19 and 20.</p> <ul style="list-style-type: none"> • These Emergency Rules suspended certain statutes and regulations regarding health insurance in Louisiana.⁶¹ • These rules applied to primary and limited secondary parishes in Louisiana affected by the hurricanes over specific time periods.^{62, 63} • These rules applied only to products regulated by the Louisiana Department of Insurance.⁶³ • These rules stipulated that: <ul style="list-style-type: none"> ○ Individual and group policies could not be cancelled or terminated during the State of Emergency even if premiums had not been received.⁶³ ○ No renewals were allowed until January 1, 2006 ○ No rate increases were allowed until January 1, 2006 ○ Employees must be continued under their previous insurance provisions until the State of Emergency was lifted if they were laid off ○ COBRA and State-Continuation ("mini-COBRA") enrollment timeframes were extended

⁶¹ Louisiana State Medical Society, "Louisiana Department of Insurance's Final Emergency Rules and Directives relative to Suspension of Certain Health Insurance Laws and Regulations Governing Louisiana Licensed Health Insurers Post Hurricane Katrina and Rita" <http://www.lsms.org/Hurricanes/2005%20Emergency%20Rules%20%20Directives.pdf>

⁶² Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

⁶³ Louisiana Department of Insurance, "Hurricanes Katrina and Rita Health Insurance Protections," http://www.lidi.state.la.us/Documents/Health/LHCC/2006_HealthCareConference/HealthInsuranceProtectionsPrintFile.ppt.

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
		<p>For the full text of these Emergency Rules, please see Appendices D and E.</p> <p>Along with the Governor's Emergency Rules:</p> <ul style="list-style-type: none"> • UnitedHealthcare offered deferred payment options to customers and individuals affected by the disaster.²⁶ • UnitedHealthcare established a multi-million-dollar pool of emergency resources and funds to assist their customers and consumers. UnitedHealthcare used the resources to address insurance premium concerns for affected employers and their employees.²⁶ • CIGNA HealthCare announced that the grace period for receipt of premium payment by their affected customers was extended an additional 30 days, to a total of 61 days, to help offset business challenges caused by the disaster. CIGNA Group Insurance announced it would allow an appropriate extension of time for making premium payments for life, accident and disability coverage, and for certain other time sensitive policy transactions, such as receipt of medical information and conversion requests for certificate holders in the affected areas.²⁷

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
Medicare Advantage		<ul style="list-style-type: none"> • Medicare Advantage enrollees who could not pay the premiums they owed their managed care plan had up to 60 days to submit premium payment. They were not terminated from their plan for non-payment of the premium during the post-evacuation time.⁶⁴ • Medicare Advantage members were not disenrolled from their plan unless they wanted to be, even if their plan was affected by the hurricane. They remained enrolled in their Medicare managed care plan even while they were temporarily unable to use it. While they were unable to use their Medicare health plan they got health care from health care providers that were not part of their managed care plan's network.⁶⁵
CLAIMS MANAGEMENT		
Private Payers		<p>Under the authority of the Governor of Louisiana's numerous Emergency Declarations and Executive Orders, the Commissioner of Insurance for the state of Louisiana issued Emergency Rules 15, 17, 19 and 20.</p> <ul style="list-style-type: none"> • These Emergency Rules suspended certain statutes and regulations regarding health insurance in Louisiana.⁶⁶ • These rules applied to primary and limited secondary

⁶⁴ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Hurricane Questions and Answers," http://questions.cms.hhs.gov/cgibin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=5605

⁶⁵ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Hurricane Questions and Answers," http://questions.cms.hhs.gov/cgibin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=5605

⁶⁶ Louisiana State Medical Society, "Louisiana Department of Insurance's Final Emergency Rules and Directives relative to Suspension of Certain Health Insurance Laws and Regulations Governing Louisiana Licensed Health Insurers Post Hurricane Katrina and Rita" <http://www.lsms.org/Hurricanes/2005%20Emergency%20Rules%20%20Directives.pdf>

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
		<p>parishes in Louisiana affected by the hurricanes over specific time periods.^{67, 68}</p> <ul style="list-style-type: none"> • These rules applied only to products regulated by the Louisiana Department of Insurance.⁶⁸ • These rules stipulated that when a claim is submitted but the premium has not been received: <ul style="list-style-type: none"> ○ The Insured was responsible for co-payments, deductibles and coinsurance ○ The Insurer paid 50% of either the contracted rate or the non-participating rate ○ The Provider accepted 50% as payment in full and could not bill the patient ○ If the entire premium was subsequently received, the claim was readjusted and paid according to the contract.⁶⁸ <p>For the full text of these Emergency Rules, please see Appendices D and E.</p>
<p>Medicare Advantage Plans</p>		<p>After a recent disaster:</p> <ul style="list-style-type: none"> • Medicare Advantage enrollees who could not pay the premiums they owed their managed care plan had up to 60 days to submit premium payment. They were not terminated from their plan for non-payment of the premium during the post-evacuation time.⁶⁹

⁶⁷ Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

⁶⁸ Louisiana Department of Insurance, "Hurricanes Katrina and Rita Health Insurance Protections," http://www.lidi.state.la.us/Documents/Health/LHCC/2006_HealthCareConference/HealthInsuranceProtectionsPrintFile.ppt.

⁶⁹ http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=5605

A. Payer / Organization	B. Pertinent Regulations	C. Previous Response Example, Pertinent Waivers or other Application During a Surge
INSURANCE QUESTIONS AND COVERAGE VERIFICATION		
Private Payers		<ul style="list-style-type: none"> • AHIP published a 1-800 number where anyone could call to find their coverage / doctors. AHIP got them connected with their appropriate health plan. Most health plans had a 1-800 number as well.⁷⁰ This process remains enabled for future emergency or disaster situations. • UnitedHealthcare established A 24-hour crisis toll-free hotline for anyone in the Gulf Coast.²⁶

⁷⁰ Interview with AHIP representatives, January 30, 2007

2.3 Waiver and Declaration Recommendations

While it is recognized that funding and reimbursement responses during a surge are highly situational and cannot be predicted or guaranteed with any certainty, there are some items that the Funding Sources work team believes should be specifically identified in advance for inclusion in potential waivers and declarations. These are items that may serve as barriers to timely and effective healthcare delivery during a surge and should be appropriately considered.

It is recommended that the following general assumptions and actions should serve as the framework from which specific waivers and declarations should be developed in order to facilitate and expedite the flow of funds necessary to sustain an effective health care delivery system during a surge requiring this initial type of funding response. Following these general principles are specific items that have been compiled from waivers and declarations issued in response to previous disaster situations organized by payer. Many of the requested waivers may be required to apply to periods that are not part of the declared disaster time period due to their affect on periods prior to the surge (i.e. the disaster related destruction of medical records for prior periods).

2.3.1 General Waiver and Declaration Principles

- At the onset of surge all prior authorization and network requirements, including out-of-network requirements for those whose coverage may reside in other states or countries, should be waived.
- Patients will remain responsible for their co-pays, deductibles and coinsurance amounts, although these payments can be made retrospectively.
- Insurance coverage that is in place when the surge begins should remain in place for defined period during and after surge, regardless of whether premium payments are maintained. This recommendation would hold for Medicaid, Medicare private coverage, and other state structured programs.
- Licensed, eligible emergency vehicles will be paid according to usual payment guidelines.
- Transportation resources such as those that are municipal, hospital-based, or privately owned will not be reimbursed except through established funding sources already linked to these resources.
- Healthcare payers should be responsible for payment of costs they would contractually be accountable for under non-surge situations.

2.3.2 CMS: Medicare, Medicaid and SCHIP

The Funding Sources work team recommends that all the elements from the Section 1135 and Section 1115 Waivers implemented in Louisiana post Katrina be included in the toolbox for California. The goal of this section is to address those items that during a catastrophic surge would and would not be in the best interests of Californians. In addition, it is recommended that the following items should specifically be included in any CMS waiver:

1. Items that impact program participation by institutional providers and physicians
 - a. Conditions of participation
 - b. Retroactive application and approval process
 - c. Institutional admitting privileges and protocols
 - d. Program certification requirements
 - e. Pre-approval requirements imposed on providers and suppliers

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- 2. Items that result in program penalties and sanctions if the provider has acted in good faith and can not comply with the normal protocols and programs requirements.
 - a. Quality and performance measures
 - b. EMTALA, 42 U.S.C. 1395dd, Section 1867
 - c. HIPAA privacy and disclosure requirements for healthcare entities, Section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S. C. 1320d-2 note), Section 164.510, Section 164.520 and Section 164.522 of title 45, Code of Federal Regulations
 - d. Self referrals and Stark law restrictions, 42 U.S.C. 1395, Section 1877(g)

- 3. Items that limit or preclude payments
 - a. Alternative settings paid at "usual" rates
 - b. Routine prior authorization/medical necessity/TARS,
 - c. Out-of-network services, 42 U.S.C. 1395w-21, Section 1851(i)
 - d. Clarity on payment level for beneficiary enrolled in managed care products, 42 U.S.C. 1395w-21, Section 1851(i)
 - e. Claims requirements/statutes of limitations
 - f. Data collection requirements/Billing requirements
 - g. Licensing requirements and adherence to sanctions - all payers would accept healthcare entity "certification" of qualified personnel and would honor that certification for payment purposes

- 4. Items that impact consumers
 - a. Co-payments and deductible requirements at the time of service
 - b. Payment for premiums and coverage continuity
 - c. Stipulated that claims for an initial 30 day supply prescription medication could not be rejected or pended regardless of date of last refill
 - d. Expanded, streamlined and presumptive eligibility for disabled, low-income children, and pregnant women
 - e. Replacement DME equipment and supplies cannot be rejected or pended
 - f. Requirements for reimbursement of dialysis - approved locations, allowance for additional / unusual costs that may be necessary to meet dialysis patient needs

Any Section 1135 Waiver would be applicable for a defined emergency area during an emergency period, such that both the geography and time period would be specified appropriately.

2.3.3 Medi-Cal

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In addition to the federal Medicaid requirements that may be addressed under a federal Section 1135 Waiver, the Funding Sources work team felt there were additional recommendations that California's Medicaid program, Medi-Cal, could adopt to meet the needs of Californians during a surge. These recommendations involve expanding Medi-Cal in several ways in order to have a graduated and calibrated response with the flexibility to meet the needs of various levels of surge. And while it is understood that a primary goal of any such expansion would be to maximize federal funds in the process, it is important for the state to recognize that it has an increased fiscal responsibility in the event of a catastrophic surge and should therefore be prepared to meet the financial needs of some of these recommendations absent any additional federal dollars. Historically, the State has utilized new sales tax and income surcharges as mechanisms for providing additional funding following previous events, and this precedent could serve as a potential model for the State during a future, catastrophic surge.

The recommendations that Medi-Cal should consider, both under a federal / state funding mechanism and a state-only funded mechanism, include:

- 1. Guidelines indicating that California eligibility requirements prevail for any Section 1115 Demonstration Waiver that allows "host" states to treat displaced Medi-Cal patients
- 2. Various options for expanding Medi-Cal during a surge. These options include:

- 585 a. Expanding Medi-Cal to the uninsured for a specific event for a narrow set of
 586 services applicable to that event. Coverage would not be for the full scope of the
 587 Medi-Cal package but for specific services rendered. These services could be
 588 based on the emergency services guidelines for Medi-Cal.
 589 b. Develop a categorical expansion of Medi-Cal to cover any victim of the event
 590 without other means of coverage for a defined period and geographic area.
 591 c. Extend limits on eligibility thereby extending coverage
 592 d. Funding services not covered prior to an event
 593 e. Simplified eligibility for "host" states
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596 2.3.4 Private Payers

597
 598 It is recommended that the elements addressed in Louisiana's Emergency Rules 15 and 17 be
 599 used as a framework from which to develop similar declarations to be adopted by private payers
 600 in the state of California. Additional research is being done on the applicability of these
 601 declarations to California regulations, but the items that were addressed and the manner in which
 602 they were addressed are recommended for inclusion in the State's waivers and declarations
 603 toolbox. A summary of these emergency rules, although included elsewhere in this document, is
 604 included below:
 605

606 Emergency Rules in Louisiana:

- 607 • Suspended certain statutes and regulations regarding health insurance in Louisiana.⁷¹
 608
- 609 • Applied to primary and limited secondary parishes in Louisiana affected by the hurricanes
 610 over specific time periods.¹³⁴⁷²
 611
- 612 • Applied only to products regulated by the Louisiana Department of Insurance.
 613
- 614 • Waived all restrictions relative to out-of-network access.
 615
- 616 • Suspended:
 - 617 ○ Medical Certifications
 - 618 ○ Referrals
 - 619 ○ Medical Necessity Reviews
 - 620 ○ Notification of Hospital Admissions
 - 621 ○ Right to Conduct Medical Necessity Reviews (for non-elective services)⁷³
- 622 • Stipulated that claims for an initial 30 day supply prescription medication could not be
 623 rejected or pended regardless of date of last refill.¹³⁴
 624
- 625 • Stipulated that:
 - 626 ○ Individual and group policies could not be cancelled or terminated during the State of
 627 Emergency even if premiums had not been received.
 - 628 ○ No policy renewals were allowed until January 1, 2006 [four months after the
 629 storm].¹³⁴
- 630 • Stipulated that when a claim is submitted but the premium has not been received:

⁷¹ Louisiana State Medical Society, "Louisiana Department of Insurance's Final Emergency Rules and Directives relative to Suspension of Certain Health Insurance Laws and Regulations Governing Louisiana Licensed Health Insurers Post Hurricane Katrina and Rita"
<http://www.lsms.org/Hurricanes/2005%20Emergency%20Rules%20%20Directives.pdf>

⁷² Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

⁷³ Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

- 631 ○ The Insured was responsible for co-payments, deductibles and coinsurance
- 632 ○ The Insurer paid 50% of either the contracted rate or the non-participating rate
- 633 ○ The Provider accepted 50% as payment in full and could not bill the patient
- 634 ○ If the entire premium was subsequently received, the claim was readjusted and paid
- 635 according to the contract.¹³⁴

636

637 For California, it is recommended that any restrictions on policy cancellations or member
638 terminations asked of private payers be limited to those employers that are unable to make
639 premium payments as a result of business interruption related to the emergency or disaster. In
640 order to qualify, businesses would have to validate operations in the declared disaster geography,
641 have significant employee populations in the declared disaster geography, or be able to link
642 business interruption in a credible way to the declared emergency or disaster.

643

644 2.4 Preparing in Advance

645

646 There are things healthcare organizations should focus on doing to preserve revenue and liquidity
647 in a surge in advance of a disaster.

648

- 649 1. During contracting, negotiate a minimum data set
- 650 2. Discuss various provisions ahead of time for advancing and accelerating payments

651

652 Given the unpredictable nature of a disaster and its potential to significantly impact the healthcare
653 system, sufficient planning and coordination between payers and providers will be essential to
654 maintaining business continuity and sustaining operations at facilities providing medical care.
655 Such coordination and planning may include creating new/modify existing contracts to include
656 disaster provisions, minimizing administrative billing functions and requirements for providers, and
657 creating policies to expedite cash flow during a declared surge.

658

659 Maintaining existing revenue streams during healthcare surge will likely depend upon payer and
660 provider organizations developing contracts to include provisions specific to disaster-related
661 events. It is recommended that such contracts consider minimum required data elements for
662 reimbursement purposes during surge. Contracts should also consider provisions to include third
663 party vendors who may assist with billing on behalf of an existing facility during an extended
664 surge.

665

666 During a disaster scenario it may be reasonable to expect that most existing facilities personnel
667 will be devoted to patient care. Additionally, current electronic systems may be nonfunctional or
668 unavailable. As such, administrative billing functions under surge conditions may need to be
669 reduced to minimum requirements. A fundamental component of minimizing requirements will be
670 to minimize the billing data that needs to be captured by providers and reported to payers. The
671 following includes recommended data elements required for billing purposes during healthcare
672 surge. However, reimbursement to facilities will ultimately depend on private and public payers
673 agreeing to accept these elements.

674

675 2.4.1 Recommended Minimum Required Data for Billing

676

677 The following list was derived from existing UB-04 (or CMS 1450) and CMS 1500 forms. Under
678 normal conditions the UB-04 form is used by institutional providers (e.g. hospitals, skilled nursing
679 facilities, hospices) to submit Medicare paper claims. Under normal conditions the CMS 1500
680 form is used by non-institutional providers (e.g. physicians) to submit Medicare paper claims. It is
681 recommended that private payers consider a similar list for providers to submit within their
682 network.

683

UB-04 Data Elements	CMS 1500 Data Elements
1: Provider name, address, phone #	1: MEDICARE / MEDICAID / CHAMPUS / CHAMPVA / GROUP HEALTH PLAN / FECA BLK LUNG / OTHER
4: Type of bill	1a: Insured's I.D. Number
8b: Patient name	2: Patient Name
42: Revenue Codes	3: Patient's Birth Date
43: Revenue Description	5: Patient's Address
44: HCPCS Rates/Codes	21: Diagnosis or nature of illness or injury
46: Units of Service	24 A-G: Date of service, Place of service, Type of service, Procedures/services/supplies, Diagnosis code, \$ Charges, Days or units
47: Total Charges	24K: Use space to include condition code
50: Payer	25: Federal Tax I.D. Number
56: NPI	27: Accept Assignment? (yes/no)
58: Insured's Name	28: Total Charge
67: Principal Diagnosis Code	33: Physician's, Supplier's Billing Name, Address, Zip Code & Phone #
69: Admitting Diagnosis	
74: Principal Procedure Code	
76: Attending	
77: Operating	

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For additional information and sample forms see Administrative Work Team Summary document.

688 **2.4.2 Advancing and Expediting Payment**

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In some surge situations, cash flow may present a challenge for providers, large, small and independent. As such, the following tool outlines possible opportunities for advancing and expediting payment from a range of payers. In many cases, there is not a formalized policy or procedure for advancing or expediting payments, but there is an established practice of doing so on an "as needed" basis. Providers in need of expedited or advanced payment options will likely need to contact their plan or program representative directly to discuss advancing and expediting payments and establish letters of understanding (LOUs) and protocols in advance or at the time funds are needed.

The following table summarizes some of the options available by payer type with respect to advancing and expediting payment.

Payer	Option Available	Examples
Medicare Part A	Accelerated Payments	Cash flow problems can be resolved through accelerated payments rather than through suspension of the mandatory payment floor. In the past, intermediaries have been asked to process immediately any requests for accelerated payments or increases in PIP for providers affected by the hurricane. The intermediaries have also been authorized to increase the rate of the accelerated payment to 100 percent and extend the repayment period to 180 days on a case-by-case basis. ⁷⁴
Medicare Part B	Advance Payments	Cash flow problems can be resolved through advance payments rather than through suspension of the mandatory payment floor. In the past, intermediaries have been asked to process immediately any requests for accelerated payments or increases in PIP for providers affected by the hurricane. The intermediaries have also been authorized to increase the rate of the accelerated payment to 100

⁷⁴ U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Hurricane Questions and Answers," http://questions.cms.hhs.gov/cgibin/cmsshs.cfg/php/enduser/std_adp.php?p_faqid=5605

Payer	Option Available	Examples
		percent and extend the repayment period to 180 days on a case-by-case basis ⁷⁵
Medi-Cal	Advance Payments	<p>Medi-Cal has an existing process in place for advancing payment to participating providers. This interim payment process can be used in instances when providers are experiencing cash flow inadequacies, where Medi-Cal is experiencing payment delays, or when a provider's business operations are temporarily challenged. However, Medi-Cal will approve advances more readily if there is a problem with the State processing or payment system, not solely because the provider is experiencing billing issues. In the current process, if the provider has claims pending in the State system, the State can issue an interim payment and will reconcile against future claim submissions and payments. The amount of the advance is usually about 75% of the claim value in the Medi-Cal system awaiting payment for that provider. The provider must be a Medi-Cal enrolled provider to receive these advanced payments. This is a manual process at present and is highly labor intensive. In an emergency, this interim payment process can be invoked to advance a reasonable amount to keep a provider's cash flow positive until business operations can resume to normal.</p> <p>Medi-Cal can issue this advance by either valuing the claims that are currently in the State processing system or can run a report of a provider's claim payment history and issue an advance in lieu of receiving claims. Should the State issue an advance without having evidence of claims in the payment system, they cannot qualify for the Federal match. Claims must be submitted as proof of loss in order for the State to establish that they have a liability to pay. In circumstances where claims had not yet been received the Deputy Director of Medical Care Services, Department of Health Services would have to approve the advance because the funds would come from the State General Fund. This process could theoretically be set up easily, but it would take some time to orchestrate given the number of providers that may be requesting it.⁷⁶</p>
Private Payer		<p>Private payers have informal processes set up in order to advance payment to contracted providers in times of financial need. This advance payment process can be used in instances when providers are experiencing cash flow inadequacies, where the payer is experiencing payment delays, or when a provider's business operations are temporarily challenged. The amount of the advance can vary depending on provider need, provider volume, previous payment history, contractual parameters, and re-payment factors. Upon provider request, private payers will typically offer one of two options: 1) Advance a lump sum amount for a specified period of time to be re-paid in full when agreed period elapses, or 2) Advance an agreed amount based upon previous payment history and provider need to be reconciled against future claim submissions. Contracted providers in good standing in need of expedited or advanced payment options will likely need to contact their plan or program representative directly to discuss advancing and expediting payments and establish letters of understanding (LOUs) and protocols in advance or at the time funds are needed.</p>

⁷⁵ Ibid.

⁷⁶ Information gleaned from interviews with representatives from Medi-Cal, May 2007.

702 2.5 Responding During Surge

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704 Some events cannot be adequately planned for and will require providers to respond in the
705 moment to special circumstances that may arise. The following section outlines some tools and
706 guidelines that can help providers respond more effectively during a disaster to maintain cash
707 flow, specifically with regards to reallocating Graduate Medical Education funding and patient
708 transfer during a surge.
709

710 2.5.1 GME Reallocation Guidelines

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712 Should infrastructure changes occur as a result of a surge, causing medical students and
713 residents to transfer mid-year, the GME funding attached to those students and residents should
714 be reallocated to the facilities accepting those students and residents. In response to Hurricane
715 Katrina, CMS developed an interim final rule titled 'Payment for Graduate Medical Education
716 (GME) in the Wake of a National Disaster or Public Health Emergency' to address this issue. This
717 interim final rule provides a template which will allow for an immediate response to minimize the
718 impact of a national disaster on hospital payment and resident training programs.⁷⁷ The full text
719 of the interim final rule, taken from the CMS website, is included below.
720

**"Payment for Graduate Medical Education (GME)
in the Wake of a National Disaster or Public Health Emergency**

Issue

Hurricane Katrina clarified the need for a policy option to mitigate the disruption of medical residency training programs caused by natural disasters. This interim final rule with comment provides a template for hospitals affected by national disaster or public health emergency, giving hospitals the flexibility to minimize the impact of the disaster on their medical residents and ensure continuity of resident training programs.

Background

Among other concerns, Hurricane Katrina caused major disruptions in the medical residency training programs in the affected New Orleans hospitals. The hospitals informed the Centers for Medicare & Medicaid Services (CMS) that the training programs at many teaching hospitals in the affected area were closed down and that the displaced residents were being transferred to training programs at host hospitals throughout the country. The New Orleans hospitals asked [CMS] to find a way in which host hospitals – those taking on the displaced residents – could receive payment for the training they were providing.

In response to these concerns, CMS immediately issued a document discussing a provision in the existing regulations which allows hospitals that have closed programs to temporarily transfer their allotment of full time equivalent (FTE) residents paid for under the Medicare program (referred to as the hospitals' FTE cap) to the host hospitals so that host hospitals that were already training residents at or above their cap could receive payment for training additional residents displaced by the hurricane.

Further communications with teaching hospitals in New Orleans clarified that in most cases the programs did not close entirely. In addition, hospitals in the hurricane-affected areas are in the process of reopening their residency training programs incrementally.

⁷⁷ Centers for Medicare and Medicaid Services, "Fact Sheet - Payment for Graduate Medical Education (GME) in the Wake of a National Disaster or Public Health Emergency." http://www.cms.hhs.gov/AcuteInpatientPPS/Downloads/Katrina_Fact_Sheet.pdf

In order to provide relief where the programs have not or are no longer closed, the Department of Health and Human Services used the rulemaking process to allow host hospitals an adjustment to their FTE caps. The new rule allows for the host hospitals to receive financial relief for the additional medical residents they have taken on in the wake of the disaster.

The New Regulation

CMS has revised existing regulations to address new affiliations between hospitals and nationwide affiliations in situations where a special waiver has been implemented to ensure medical care for Medicare, Medicaid or SCHIP populations in an emergency area during an emergency period. This regulation change allows Katrina affected hospitals, as well as hospitals dealing with future national disasters or states of emergency, the flexibility to temporarily transfer residents while permitting payment for all affected hospitals.

Emergency Medicare GME Affiliation

Under this interim final rule, hospitals will now be allowed to create Emergency Medicare GME affiliation agreements retroactive to the date of the disaster (e.g., for Katrina, August 29, 2005) to incorporate new members host hospitals, even if the host hospital is outside of the affected area.

- These “emergency affiliation agreements” allow for long distance affiliations. Under existing rules, affiliations are limited by geographical requirements or to hospitals under common ownership.
- Emergency affiliations would be limited to no more than three years. During the effective period, the shared rotational arrangement requirement would also be relaxed so that residents will not be required to train in both hospitals that are members of the affiliated group.

Host Hospital Payment

Based on the provisions of the existing closed program regulations, and believing that the home hospital programs had actually closed, many host hospitals took in displaced residents in the belief that they would be paid in full for those residents.

- Under the usual GME payment rules, a hospital is paid in the current year based on a three-year “rolling average” count of residents; that is, the average of the number of residents in the current year, prior year, and penultimate year.
- If a hospital increases its number of residents in the current year, as the result of the existing affiliations provision, the hospital would only receive 1/3 of the payment for the additional residents in that year, 2/3 payment the next year, and finally, full payment in the third year.
- Under the new affiliation option in the interim final rule, displaced residents from August 29, 2005 to June 30, 2006 (the end of the current academic year) will be excluded from the rolling average calculation with the effect that the payment will be made in full in one year rather than spread over three years.
- As of July 1, 2006, the usual rolling average provision would apply to the host hospitals.

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Conclusion

The process envisioned in this interim final rule will provide hospitals with greater flexibility to transfer residents within an emergency affiliated group while ensuring payment for all the hospitals involved.

- The details of where the slots are transferred, determining how to deal with any excess residents the affected hospital was training in excess of its cap, and tracking those slots would be left to the hospitals to work out amongst themselves.
- The documentation burden is less severe because the affiliated group decides how to share the caps. Each hospital and its fiscal intermediary would rely on the cap adjustment agreed upon in the emergency affiliation agreement for payment purposes.
- Finally, in the first year of this emergency affiliation, displaced residents at host hospitals would be exempt from the three year rolling average and thus payment will be made in full in one year. ***In the first year not only will host hospitals receive payment in full for training displaced residents, but home hospitals will also receive 2/3 payment under the three-year rolling average mechanism, providing some much needed relief to the Katrina-affected hospitals.***

By making these changes, CMS has taken action to address Katrina-related GME payment issues. This updated regulation also helps the Agency to be prepared for future emergencies, establishing a template, which will allow for an immediate response to minimize the impact of a national disaster on hospital payment and resident training programs."

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2.5.2 GME Payment Transfer Overview and Checklist⁷⁸

If the Host Hospital has room under its caps:

- No cap increase is necessary if the total number of residents the host hospital is receiving keeps the total number of residents under its caps. IME and direct GME payments will be made directly to the adopting hospital.
- The issue of who pays the residents' salaries is decided between the original hospital and the adopting hospital. This decision is to be incorporated in the emergency affiliation agreement between the two facilities.

If the Host Hospital does not have room under its caps:

- The Host Hospital can count the displaced FTE residents for Medicare payment purposes by virtue of a temporary FTE cap adjustment as long as the original program in which the resident trained remains closed (whether because the hospital itself is permanently closed or because the specific residency training program is closed).⁷⁹
- The displaced FTE residents in excess of the caps are not included in the adopting hospital's rolling average count of FTE residents for purposes of computing the adopting hospital's IME and direct GME payments, (nor is an adjustment made to the original hospital's prior and penultimate year FTE counts for purposes of the rolling average). The displaced FTEs would be reported on the Medicare cost report for direct GME on

⁷⁸ CMS Post-Katrina Provisions, 9/22/05:
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=5605

⁷⁹ CMS Post-Katrina Provisions, 9/22/05:
http://questions.cms.hhs.gov/cgi-bin/cmshhs.cfg/php/enduser/std_adp.php?p_faqid=5605

778 Worksheet E-3 Part IV of CMS 2552-96, line 3.16 and/or line 3.22. For IME payment, the
779 displaced FTEs would be reported on line 3.17 of Worksheet E Part A. Furthermore, for
780 IME payment purposes on line 3.19 of Worksheet E Part A, the numerator of the adopting
781 hospital's resident-to-bed ratio from the prior year may be adjusted to reflect the
782 incremental increase in the current year FTE count attributable to the displaced FTEs in
783 excess of the caps.^{78, 80}
784

- 785 • No later than 60 days after the hospital begins to train the displaced residents, the Host
786 Hospital must submit to its fiscal intermediary⁷⁹:
 - 787 ○ A request for a temporary adjustment to its FTE caps,
 - 788 ○ Document that the hospital is eligible for the temporary adjustment by identifying
789 the residents who have come from the closed program and have caused the
790 hospital to exceed its cap, and
 - 791 ○ Specify (if possible, otherwise indicate an estimate of) the length of time the
792 adjustment is needed.
 - 793 ○ A copy of the FTE reduction statement by the hospital that closed its program (In
794 the case where the adopting hospital is training residents displaced by the closure
795 of another hospital's program but the original hospital is not permanently closed)
 - 796 ○ In addition, the hospital that closed its program(s) must submit the FTE reduction
797 statement to its fiscal intermediary within the same 60-day timeframe.
 - 798 ▪ The FTE reduction statement is a statement signed and dated by the
799 representative of the hospital that closed its program(s) specifying that the
800 hospital agrees to the temporary reduction in its FTE cap to allow the hospital
801 training the displaced residents to obtain a temporary adjustment to its cap.
802 After Hurricane Katrina, the 60 day timeframe for the reduction statements
803 was extended.⁷⁸
 - 804 ○ To include a resident in the FTE count for a particular cost reporting period, the
805 hospital must furnish the following information. The information must be certified by
806 an official of the hospital and, if different, an official responsible for administering
807 the residency program.
 - 808 (1) The name and social security number of the resident.
 - 809
 - 810 (2) The type of residency program in which the individual participates and the
811 number of years the resident has completed in all types of residency programs.
 - 812
 - 813 (3) The dates the resident is assigned to the hospital and any hospital-based
814 providers.
 - 815
 - 816 (4) The dates the resident is assigned to other hospitals, or other freestanding
817 providers, and any nonprovider setting during the cost reporting period, if any.
 - 818
 - 819 (5) The name of the medical, osteopathic, dental, or podiatric school from which
820 the resident graduated and the date of graduation.
 - 821
 - 822 (6) If the resident is a Foreign Medical Graduate (FMG), documentation
823 concerning whether the resident has satisfied the requirements of this section.
 - 824
 - 825 (7) The name of the employer paying the resident's salary.⁸¹
 - 826 • After Hurricane Katrina, the timely filing requirements for this
827 documentation were extended.
 - 828
 - 829

830 Note: Only those caps for which the closing hospital originally had cap space are eligible for
831 funding transfer. For example, if a hospital had 25 residents but cap space for 20, only 20 would
832 be eligible for a cap transfer with funding. Host facilities must discuss and agree how to share the
833 residents for whom no cap transfer is available.
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⁸⁰ Federal Registers (66 FR 39899 and 67 FR 50058), August 1, 2001 and the August 1, 2002

⁸¹ 42 CFR 413.75(d)

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2.5.3 Patient Transfer

During a surge event, it may be necessary to transfer patients between healthcare facilities as a response to public health needs as well as medical need. The following table outlines the rules and requirements that must be met for reimbursement of patient transfer during a surge, for both medically necessity and reasons other than the patient's medical condition.

Transportation / Transfer Scenario	Reimbursable		Coverage Rule
	Y/N	Payer	
Patient transfer for reasons other than medical condition? <ul style="list-style-type: none"> Evacuation to/from facility 	Y: See Rules	Medicare	<p>Following a recent disaster, charges for ambulance transportation were paid according to the usual Payment guidelines. The regulatory requirements must be met (i.e. the vehicle must be an ambulance, the crew must be certified, the patient must need an ambulance transport and the transport must be to an eligible destination). (See Additional Regulatory Requirements Below)</p> <p>Ambulance transportation charges for patients who were evacuated from and returned to originating hospitals were included on the inpatient claims submitted by the originating hospitals.</p> <p>Inpatient: Payment was included in the DRG Payment amounts made to hospitals paid under the prospective payment system.</p> <p>Outpatient: Outpatient claims were submitted for ambulance charges incurred by those patients who were transported from the originating hospitals and subsequently discharged by receiving hospitals. The Medicare contractors made payment for ambulance transportations that evacuated patients from affected locations when the regulatory requirements were met.</p> <p>From a claims perspective, in using the CR HCPCS modifier an institutional provider would designate any service line item on the claim that is disaster related. If all of the services on the claim are disaster related, the institutional provider can use the condition code DR to indicate that the entire claim is disaster related.⁸² (10/12/05)</p>
		Private Payers	Some private payer contracts indicate this is not a covered service.

⁸² U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, "Hurricane Questions and Answers," http://questions.cms.hhs.gov/cgi-bin/cms_hhs.cfg/php/enduser/std_adp.php?p_faqid=5605

Transportation / Transfer Scenario	Reimbursable		Coverage Rule
	Y/N	Payer	
Patient Transfer		Medicare	<p>Under sections 1834(l) and 1861(s)(7) of the Social Security Act (the Act), Medicare Part B (Supplemental Medical Insurance) covers and pays for ambulance services, to the extent prescribed in regulations, when the use of other methods of transportation would be contraindicated by the beneficiary's medical condition.</p> <p>The ambulance benefit cover transportation services only if other means of transportation are contraindicated by the beneficiary's medical condition; and Only ambulance service to local facilities be covered unless necessary services are not available locally, in which case, transportation to the nearest facility furnishing those services is covered (H.R. Rep. No. 213, 89th Cong., 1st Sess. 37 and Rep. No. 404, 89th Cong., 1st Sess. Pt 1, 43 (1965)). The reports indicate that transportation may also be provided from one hospital to another, to the beneficiary's home, or to an extended care facility.</p> <p>Ambulance services are subject to basic conditions and limitations set forth at § 410.12 and to specific conditions and limitations included at § 410.40. 83</p> <p>Vehicle and Crew Requirement Any vehicle used as an ambulance must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable of transporting beneficiaries with acute medical conditions. The vehicle must comply with State or local laws governing the licensing and certification of an emergency medical transportation vehicle. At a minimum, the ambulance must contain a stretcher, linens, emergency medical supplies, oxygen equipment, and other lifesaving emergency medical equipment and be equipped with emergency warning lights, sirens, and telecommunications equipment as required by State or local law. This should include, at a minimum, one 2-way voice radio or wireless telephone.</p> <p>Vehicle Requirements for Basic Life Support and Advanced Life Support Basic Life Support ambulances must be staffed by at least two people, at least one of whom must be certified as an emergency medical technician (EMT) by the State or local authority where the services are being furnished and be legally authorized to operate all lifesaving and life-sustaining equipment on board the</p>

⁸³ Federal Register, Vol. 71, No. 102, 26 May 2006.

Transportation / Transfer Scenario	Reimbursable		Coverage Rule
	Y/N	Payer	
			<p>vehicle. Advanced Life Support (ALS) vehicles must be staffed by at least two people, at least one of whom must be certified by the State or local authority as an EMT-Intermediate or an EMT-Paramedic.</p> <p>The Destination Medicare covers ambulance transports (that meet all other program requirements for coverage) only to the following destinations:</p> <ul style="list-style-type: none"> • Hospital; • Critical Access Hospital (CAH); • Skilled Nursing Facility (SNF); • Beneficiary's home; or • Dialysis facility for ESRD patient who requires dialysis; or • A physician's office is not a covered destination. However, under special circumstances an ambulance transport may temporarily stop at a physician's office without affecting the coverage status of the transport. <p>There are certain circumstances in which ambulance service is covered and payable as a beneficiary transportation service under Part A; however in this case the service cannot be classified and paid for as an ambulance service under Part B.</p> <p>Once a beneficiary is admitted to a hospital, Critical Access Hospitals (CAH), or Skilled Nursing Facility (SNF), it may be necessary to transport the beneficiary to another hospital or other site temporarily for specialized care while the beneficiary maintains inpatient status with the original provider. This movement of the patient is considered "patient transportation" and is covered as an inpatient hospital or CAH service under Part A and as a SNF service when the SNF is furnishing it as a covered SNF service and Part A payment is made for that service. Because the service is covered and payable as a beneficiary transportation service under Part A, the service cannot be classified and paid for as an ambulance service under Part B. This includes intra-campus transfers between different departments of the same hospital, even where the</p>

⁸⁴ Centers for Medicare and Medicaid, "Medicare Claims Processing Manual, Chapter 15," <http://www.cms.hhs.gov/manuals/downloads/clm104c15.pdf>

Transportation / Transfer Scenario	Reimbursable		Coverage Rule
	Y/N	Payer	
			departments are located in separate buildings. Such intra-campus transfers are not separately payable under the Part B ambulance benefit. ⁸⁴
Patient Transfer			<p>In times of declared disaster, a variety of resources are required for an appropriate response and recovery. It is expected that these resources will be compensated for. In almost all cases, eligibility for compensation requires that resources are requested through the appropriate means and consistent with NIMS. A mission tracking number needs to be assigned which links the request to the event, and thus to the reimbursement.</p> <p>Transportation resources can be broadly classified as Traditional Medical, ambulances, gurney vans, wheel chair cars, etc., and non-medical, school and or transit buses, vanpools, etc. Traditional medical resources can generally be funded through either direct fee-for-service billing or reimbursement from disaster relief funds. In order to be eligible for the latter, it is critical that resources be requested through the proper channels and in accordance with NIMS. The request should come through the Logistics Branch of the appropriate Emergency operations Centers (EOC), either at the City, County or Regional level, generally progressing from City to Region. The requests must be accompanied by a Mission Tasking Number.</p> <p>Non-medical transportation resources will generally only be reimbursed through available disaster relief funds. As is the case for medical resources, it is critical that resources be requested through the proper channels and in accordance with NIMS.</p>

3 Surge Event Funding Sources

This section outlines existing sources of funds and funding opportunities that providers and the healthcare community can access to help them meet the financial needs of a surge. Recognizing that the healthcare system may incur additional costs as a result of preparing or responding to a surge, these sources of funding were identified as an addition to the reimbursement providers receive as a direct provision of care to prepare, support and replenish the healthcare system as needed in response to a surge. This list identifies sources of funding by who and what services are eligible for funding and describes the rules for accessing those funds. It is a tool that a range of stakeholders including providers, volunteers, government entities and individuals can use to identify relevant sources of funding and develop plans to access those funds for their surge related needs. Stakeholders can utilize this tool in advance of surge to identify and apply for funds to aid in planning and preparedness.

Recognizing that when an event occurs it may be too late to undertake a comprehensive analysis of how to access additional funds, stakeholders can also use this tool to develop familiarity with the funds that can be accessed in the moment of surge and their corresponding application procedures. The main source for additional funding in response to a catastrophic event comes from the Federal Emergency Management Agency (FEMA) whose funding response is highly situational and often complex. However, there are steps that the healthcare community can take to facilitate the FEMA application process, and this funding source is reviewed to encourage this process.

This section also highlights key sources of funding for Alternate Care Sites and personnel, two areas given considerable attention elsewhere in this manual.

3.1 Disaster Planning (Pre-Surge) Funding Sources

This section outlines the funds that are available to assist a healthcare community in preparing prior to a catastrophic surge. The Federal government appropriates funds on a fiscal year basis to the Department of Homeland Security (DHS), Federal Emergency Management Authority (FEMA) and the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA). These agencies set up programs and grants for which state and local providers, hospitals, clinics, public agencies, health departments, and first responders can apply. The disaster planning programs and grants are geared towards training and educating personnel on disaster preparation and disaster relief. These funds may cover the purchase of educational materials, classroom training, drills, coordination of personnel, medical equipment and supplies, technical assistance, and more. Each program is specific and more detail may be found in the Funding Sources matrix.

- HRSA Bioterrorism Training and Curriculum Development Program (BTCDDP)
BTCDDP is intended to improve the capability of the Nation's healthcare workforce to respond to bioterrorism and other public health emergencies. In past fiscal years, total nationwide funding has been between \$20 million to \$27 million. HRSA believes possible new applicants have been exhausted, and FY2007 funding decreased to slightly over \$12 million for existing grantees only to maintain previous fiscal year's BTCDDP.
- HRSA National Bioterrorism Hospital Preparedness Program (NBHPP, 2006)⁸⁵
NBHPP enhances the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies. Program priority areas include improving bed and personnel surge capacity, decontamination capabilities, isolation capacity, pharmaceutical supplies, and supporting training, education, and drills and exercises.

⁸⁵ This grant recently changed ownership to the Department of Health and Human Services, but verification of its new name could not be found.

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- FEMA Commercial Equipment Direct Assistance Program (CEDAP)
CEDAP helps meet the equipment needs of smaller jurisdictions, especially for first responders, by providing communications interoperability, information sharing, chemical detection, sensors, personal protective equipment, technology, and training in using the equipment, devices, and technology. Awards are made to law enforcement and emergency responder agencies not currently eligible for funding through the Department's Urban Areas Security Initiative grant program⁸⁶.
- FEMA Pre-Disaster Mitigation (PDM) Program
The PDM program provides funds to eligible public and private, not for profit groups for hazard mitigation planning and the implementation of mitigation projects prior to a disaster event. Funding these plans and projects reduces overall risks to the population and structures, while also reducing reliance on funding from actual disaster declarations.
- DHS Emergency Management Performance Grants (EMPG)
EMPG structures emergency management programs based on identified needs and priorities to strengthen their ability to support emergency management mission areas while simultaneously addressing issues of national concern as identified in the Department of Homeland Security's National Priorities and Target Capabilities List of the National Preparedness Goal.

Foundations and organizations recognize that the private sector may be under the same strain during a disaster or pandemic and may have more limited resources available to fund operations through a strained period. Several loans and funds are available for small private businesses to plan and prepare for disasters and fund their response. Each program is unique and has specific criteria to qualify for funding. More detail may be found in the Funding Sources matrix.

- U.S. Small Business Association Pre-Disaster Mitigation Loan Program
- VHA Innovations in Hospital Emergency Preparedness

Legislative appropriation enables the continuance and evolution of these funds and consequently the amount and existence of these funds is subject to Federal fiscal year budget appropriation. Most funds cover eligible services such as property casualty losses and could possibly cover medical services that are outside the direct provision of care. These programs and grants are not a form of temporary or permanent health care coverage.

For detailed eligibility, benefits, application procedure and additional resources please refer to Appendix B.

3.2 Sources of Funding During a Disaster

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The following section outlines the sources of funding that are available to a healthcare community to recoup some of the additional costs incurred as a result of a surge. During a disaster or pandemic response, the State's disaster funds may quickly deplete, and the Governor may request Federal government aid and invite Federal personnel to augment current strained personnel. The following section details how FEMA's public assistance funds flow from FEMA and NDMS, through the State, and finally to the providers who render medical care during a surge.

FEMA has traditionally focused on aiding individuals who have experienced property casualty losses due to a disaster. However, as a result of temporary but substantial population displacement during the Hurricane Katrina disaster period and the SARs pandemic, FEMA funds have been appropriated for payment of medical stabilization services during a disaster and immunizations against the human influenza pandemic. Providers will need to seek education on how to maximize reimbursement for rendered care and acquire sufficient knowledge to submit

⁸⁶ United States Department of Homeland Security Commercial Equipment Direct Assistance Program (CEDAP). http://www.ojp.usdoj.gov/odp/equipment_cedap.htm. Accessed 10 May 2007.

948 necessary documents, including funding applications and substantiation, to FEMA in a limited
 949 time frame.
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952 3.2.1 Federal Emergency Management Authority and National Disaster 953 Medical System

954
 955 The main source of additional funding that may be available in response to an event comes from
 956 the Federal Emergency Management Agency (FEMA). The following section outlines the process,
 957 rules and requirements for initiating and receiving FEMA funds to enable health care entities to
 958 become more familiar with this funding opportunity. Developing broader familiarity with FEMA
 959 may facilitate the delivery of these funds to a healthcare community in need following a surge. For
 960 more complete information on FEMA, its eligibility, covered services and processes for
 961 reimbursement, please see Appendix A.
 962

963 California has a well-defined process to escalate local emergencies to State first and
 964 subsequently Federal attention. When disaster relief costs and response requirements are
 965 expected to deplete local government resources, the local government may declare a local
 966 disaster within 10 days of the event. Following the declaration, local government works with the
 967 Director of the California Office of Emergency Services to achieve concurrence on the
 968 declaration. If the local community is devastated by a natural disaster, then the State may aid the
 969 locality under the California Natural Disaster Assistance Act (NDAA). If additional help is needed,
 970 the Governor may proclaim a state of emergency and direct execution of the State's emergency
 971 plan, use State Police or the National Guard, or commit other State resources as the situation
 972 demands.
 973

974 The President may declare a state of emergency on the federal level when damages due to the
 975 disaster exceed a per capita threshold. "The Robert T. Stafford Disaster Relief and Emergency
 976 Assistance Act (the Stafford Act) authorizes the President to issue major disaster declarations
 977 that directly order any Federal agency, with or without reimbursement, to use the authorities and
 978 resources in support of State and local assistance efforts⁸⁷. The President may delegate certain
 979 agencies such as the Federal Emergency Management Agency (FEMA), within the Department of
 980 Homeland Security (DHS), responsibility for administering the major provisions of the Stafford Act.
 981 Congress appropriates funds to the Disaster Relief Fund (DRF) for these dire situations, with over
 982 \$10 billion in DRF appropriation in FY2005⁸⁸. Unspent funds may carry over to subsequent fiscal
 983 years, and Congress may legislate for supplemental fund appropriation as needed. In the midst of
 984 a disaster, it is not necessary for Congress to enact new legislation to provide funds as the
 985 Stafford Act "provides the President with permanent authority to direct federal aid to stricken
 986 states."⁸⁹
 987

988 Under the National Response Plan, the National Disaster Medical System (NDMS) may deploy
 989 personnel to provide medical care "under any conditions at a disaster site, in transit from the
 990 impacted area, and into participating definitive care facilities."⁹⁰ The amount of FEMA funds and
 991 number of NDMS personnel deployed is variable and contingent on the scope of mitigation effort
 992 to comply with the above mission statement. FEMA broadly lists eligible persons and groups,
 993 services, and costs. Since each grantee is assessed separately, it is crucial for eligible grantees
 994 to cooperate with the FEMA project officers throughout the application process in order to
 995 maximize and expedite assistance. The proceeding FEMA information is general information that
 996 potential applicants can use to gain access for Federal aid.
 997

⁸⁷ United States Department of Homeland Security Federal Emergency Management Authority
 Financial Management Support Annex. <http://www.au.af.mil/au/awc/awcgate/frp/frpfm.htm>.
 Accessed 7 May 2007.

⁸⁸ Ibid.

⁸⁹ Bea, K. "Federal Stafford Act Disaster Assistance: Presidential Declarations, Eligible Activities,
 and Funding." *CRS Report for Congress*. 2005 Aug 26

⁹⁰ United States Department of Health and Human Services National Disaster Medicaid Systems.
<http://www.oep-ndms.dhhs.gov/about/index.html>. Accessed 4 May 2007.

998 Public Assistance (PA) Eligible Services

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1000 The following section outlines the Public Assistance program, the most applicable type of aid and
1001 coverage available to healthcare entities during a surge.

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1003 During a disaster, the Disaster Relief Fund is the main source of public assistance for state, tribal,
1004 local governments, certain private nonprofit organizations that provide assistance to States, local
1005 governments, and certain non-profit organizations to alleviate suffering and hardship resulting
1006 from major disasters or emergencies declared by the President.

1007

1008 Through the PA Program, FEMA provides supplemental Federal disaster grant assistance for
1009 various medical surge services. During mass evacuation, FEMA and NDMS have a process
1010 beginning from patient evacuation transport to treatment at a Federal public designated patient
1011 site. The medical personnel stabilizes injuries resulting from the disaster, treats pre-existing
1012 conditions exacerbated by the disaster and illnesses arising during the emergency period, and
1013 provides on-going care interrupted by the disaster. This process is separate from the existing
1014 private medical provider system and the aforementioned funding mechanism. FEMA may
1015 reimburse eligible public and non-profit health facilities on site or at an emergency location (e.g.
1016 shelter) for direct costs associated with stabilization care for the provision of emergency or
1017 austere care when patients are not billed for services. These eligible costs may include some
1018 personnel costs, equipment, supplies, and utilities. FEMA and NDMS may provide its staff to
1019 augment existing public providers to render medical stabilization. Separate medical records are
1020 kept. The hospital itself does not bill for stabilizing services or for immunizations because the
1021 federal and state cost sharing funds pay the providers for these direct costs or expenses for
1022 qualifying hospitals and providers as long as services have clear documentation.

1023

1024 FEMA and NDMS do not provide ongoing definitive or fee-for-service care such as follow-up care
1025 or long term care. In limited situations, NDMS has provided for definitive care in a Veterans Affairs
1026 system or Department of Defense federal facility. For ongoing needs, the patient's primary
1027 insurance coverage is considered in addition to possible patient out-of-pocket cost share.

1028

1029 FEMA and NDMS also do not compensate for disaster-related stabilization and care administered
1030 in a private, for-profit health care setting. Limited funding is available to not-for-profit agencies
1031 without government function.

1032

1033 Public Assistance Ineligible Services

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1035 It is important for healthcare entities to be aware of the services and expenses that are ineligible
1036 for reimbursement from FEMA so they can plan accordingly.

1037

1038 Hospitals are expected to have capacity and reserves for surges in demand for medical services.
1039 Staffing, equipment, and supply costs are not compensated by FEMA. FEMA compensates
1040 medical costs only when a disaster victim has made a point-of-service contact with the provider
1041 for stabilization of injuries as a direct result of the disaster or an illness that presents in a
1042 designated disaster area during the declared emergency time period. When billing mechanisms
1043 are in place and utilized, providers are held accountable to secure reimbursement for care from
1044 the primary and any subsequent insurance provider before defaulting to FEMA as the payer of
1045 last resort. Primary insurance coverage includes but is not limited to private employer insurance,
1046 Medicare, and Medicaid. Otherwise FEMA may compensate only for the actual cost of care and
1047 providers of service must provide documentation.

1048

1049 Eligibility

1050

1051 FEMA stipulates specific eligibility requirements for its funding assistance and healthcare entities
1052 can better prepare for the kinds of funding they may receive if they are more familiar with these
1053 requirements. Overall eligibility for FEMA assistance requires the individual applicant to:

1054

- 1055 • apply funds towards eligible disaster services,
- 1056 • reside within a designated disaster area, and
- 1057 • be legally responsible for the eligible applicant.

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FEMA further designates the entities that are available for public assistance funds. These entities include State, Tribal, and local governments and certain private nonprofit organizations⁹¹ including the following:

- State government agencies

- Federally recognized Indian Tribes, Alaskan Tribal Governments, Alaskan Native village organization, and authorized tribal organizations within the areas declared a federal disaster area. This does not include the Alaska Native Corporations, which are owned by private individuals.

- Any local governments with special districts such as county, city, village, town, district, or other political subdivision government of any State and includes any rural community, unincorporated town or village, or other public entity for which an application for assistance is made by a State or political subdivision thereof.

- Other State and local political subdivisions may be eligible if they are formed in accordance with State law as a separate entity and have taxing authority. These include, but are not limited to, school districts, irrigation districts, fire districts, and utility districts.

- Eligible private non-profit organizations that own or operate facilities that provide essential services and are open to the general public. Examples include:
 - Hospitals, outpatient facilities, rehabilitation facilities, or facilities for long-term care, mental illness, physical injury, or disease
 - Colleges, universities, parochial, and other private school
 - Systems of energy, communication, water supply, sewage collection and treatment, or other similar public facilities
 - Homes for the elderly and similar facilities that provide institutional care for persons who require close supervision but do not require day-to-day medical care
 - Community centers
 - Fire protection, ambulance, rescue, and similar emergency services
 - Libraries
 - Homeless shelters or other shelters that provider health and safety services of a governmental nature such as low-income housing, alcohol and drug rehabilitation programs, battered spouses program, transportation to medical facilities, and food programs
 - Museums that offer cultural programs
 - Senior citizen centers
 - Zoos

The following table, Table 1, matches the various types of assistance available through FEMA, Individual Assistance, Public Assistance and Hazard Mitigation Assistance, with the entities eligible to receive that assistance to provide context around other types of FEMA assistance. The center square highlights the assistance that is most applicable to the healthcare audience.

⁹¹ United States Department of Homeland Security Federal Emergency Management Authority Public Assistance Eligible Applicants. http://www.fema.gov/government/grant/pa/re_applicants.shtm Accessed 8 May 2007.

1105 Table 1. Type of Aid, eligible entities, and example of eligible services.

Eligible Entity v. Aid for Eligible Services	Individual Assistance	Public Assistance	Hazard Mitigation Assistance
Individuals and Households	Medical & dental; funeral & burial; temporary housing; housing repair/replacement, clothing; household items; job tools; educational materials; fuel; clean-up; vehicle; moving & storage	Not available.	Not available.
State, tribal, and local governments, and certain private nonprofit organizations	Not applicable.	Medical stabilization and pre-existing illnesses exacerbated by the event; disaster-damaged, publicly owned facilities and certain private non-profit facilities repair, replacement, or restoration; debris removal	Home elevation to prevent flood water invasion; facility retrofitting; vegetative and mud-slide erosion prevention
Private, for profit organizations (ineligible)	Not available.	Not available.	Not available.

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Public Assistance (PA) Program Application and Fund Allocation

The process to apply for FEMA funds can be complicated, and the following information serves to highlight the process with the intent of providing some clarity for the healthcare audience. The State OES, in conjunction with FEMA Region IX representatives, may conduct a preliminary damage assessment (PDA) across all eligible entities and report actual and estimated total costs to FEMA. These representatives interview local government representatives and potential fund applicants, accept documentation of eligible services rendered, evaluate level of severity, and estimate need.

FEMA assigns a Public Assistance Coordinator (PAC) to each applicant. The PAC acts as a liaison for the applicant on all eligible funding requests both for emergency and permanent work reimbursement. The state also assigns a companion State liaison to advocate for the applicant and to collaborate with FEMA. FEMA PAC assigns project file officers to interview prospective aid applicants, evaluate provided services, map timeline of events and services, and collect documentation on eligible costs and services rendered and restoration or repair of the facility, such as an alternative care facility, to its normal business function. Any fee schedules for care, lost business revenues due to interruption of normal day-to-day business, or staff time-off is not considered an actual cost. Public agencies are encouraged to cooperate with FEMA agents to elicit a transparent process and clear evidence of services in order to qualify. Prudent repairs and restoration of facilities must be immediately committed and completed to avoid preventable repair costs. All applicants must be eligible agencies that provide eligible services with adequate documentation of how funds are spent.

Based on collected information and extensive cooperation, FEMA agents write a grant application on behalf of all applicants or sub-grantees. Project worksheets are presented to each applicant for a signature for data collection information verification. Signatures are usually from a designated leader, typically the chief operations officer. Project worksheet may be submitted to FEMA PA without signature.

After a series of regulatory and quality assurance reviews, FEMA obligates funds for each eligible project worksheet. These funds are first disbursed to the State as the official FEMA public assistance grantee, and the State releases funds to the sub-grantee or applicant. Federal funding

1141 to a State is authorized under the FEMA-State Agreement and is passed to the State by
1142 electronic funds transfer through the Payments Management System (PMS) operated by the
1143 Department of Health and Human Services (HHS)⁹². Finally the State is responsible for the
1144 expenditures, and the State must return any unspent or ineligible funds as well as refunds to
1145 FEMA.

1146
1147 Recommendations to Facilitate Payment
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1149 Recognizing that receiving reimbursement from FEMA can be complicated and delayed, the
1150 following section highlights key recommendations for the healthcare community to follow to
1151 facilitate reimbursement from FEMA following a disaster. The following are not guarantees of
1152 payment, but understanding some of the potential barriers prior to submitting an application can
1153 improve the likelihood that the application will be well received.

1154
1155 For all recipients, auditable documentation is required for FEMA reimbursement. Basic
1156 information may include the patient's name, permanent and temporary displacement address,
1157 telephone number, disaster-related medical conditions or pre-existing condition flare up, specific
1158 services rendered, cause of the injury or illness, date, time, and location of treatment, provider,
1159 provider license and Medicaid/Medicare ID number, and provider's signature. In addition,
1160 documentation of care should also include the stage of care whether it is a moment of care or
1161 stabilization. For each administration of care, the provider must indicate if treatment is for medical
1162 stabilization or regular medical care.

1163
1164 Since most FEMA medical care funding is restricted to stabilization, the State may provide
1165 definitions of the level of care to properly attain FEMA funding and it is recommended that the
1166 State define or establish criteria for stabilization. Ambiguous documentation may lead to a delay
1167 in reimbursement without interest payment or no reimbursement ultimately for care rendered.
1168 Please see Administrative Guidelines on Minimum Data Sets - Registration, Charge Capture, and
1169 Billing as a foundation to collaborate with private and government payers on generating a sole
1170 documentation source of acceptable data elements for reimbursement.

1171 Mutual aid agreements (MAA) can increase the likelihood that FEMA funds will flow from one
1172 eligible entity to another. The State and FEMA application agents can better identify eligible sub-
1173 grantees through MAA networks rather than stand alone sub-grantees.

1174
1175 One recommendation for the State is to evaluate, enforce, and manage the MAA. MAA can also
1176 be in place between governments and private, non-profit and public hospitals and providers.
1177 Private for-profit hospitals and other healthcare facilities are not eligible to be reimbursed through
1178 FEMA's Public Assistance because they do not meet the eligible applicant criteria.

1179
1180 State or local government may explore public-private partnerships and contracts with for-profit
1181 entities. These service agreements evoked during a disaster with the nearest sizeable hospitals
1182 and clinics can strengthen the existing fragile emergency resources for rural or isolated providers.
1183 These agreements designate the public entity as the cognizant agency with the for-profit provider
1184 assuming the contractor role. Through the Public Assistance program, FEMA will consider
1185 reimbursing direct costs to the public entity for services provided by the contractor(s) if services
1186 are not offered on a fee basis to the patient receiving stabilization care. Reimbursable costs must
1187 be reasonable and represent only the direct costs of providing care that result from the disaster
1188 and do not include costs of business interruption/lost revenue.

1189
1190 It is strongly recommended that healthcare facilities, providers, communities, and stakeholders
1191 annually review FEMA funding policies and procedures and that they take accountability to
1192 educate their organizations on the available resources and mechanisms that can be deployed for
1193 healthcare surge pre-planning, preparation and response. Organizations can infuse existing
1194 training curriculum and required annual training with these concepts and program elements.

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⁹² Federal Emergency Management Authority - State Agreement.
<http://www.au.af.mil/au/awc/awcgate/frp/frpfrm.htm> Accessed 2007 May 7.

1197 FEMA Public Assistance Process and Checklist

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The State/applicant and the potential subgrantees for FEMA Public Assistance are strongly recommended to review the Public Assistance Policy Digest - FEMA Report 321 and Applicant Handbook - FEMA Report 323. Both handbooks available online provides a comprehensive review of the applicant's role and responsibility for Public Assistance funding. 93, 94 With the familiarity of these two handbooks, stakeholders will have a context for the handbook excerpts and checklist below. This process flow and checklist serves as a brief reference during a disaster.

Each parallel process and checklist is broken down by the three main participatory stakeholders: FEMA, California Governor's Office of Emergency Services, and the eligible entity requesting for FEMA Public Assistance. Each parallel process and checklist is broken down by two main participatory stakeholders: California Governor's Office of Emergency Services, and the eligible entity requesting for FEMA Public Assistance. These checklists outline the key steps that need to be taken by these stakeholders, providing a tool that can better assist healthcare entities in the FEMA application process. Although during the actual application process FEMA provides a Public Assistance Coordinator to work with applicants, understanding the key steps of the process can ensure that healthcare entities provide the appropriate staff and complete the appropriate documentation for the process.

⁹³ FEMA Public Assistance Policy Digest.

<http://www.fema.gov/pdf/government/grant/pa/321print.pdf>. Accessed 14 May 2007.

⁹⁴ FEMA Public Assistance Applicant Handbook.

<http://www.fema.gov/pdf/government/grant/pa/apphndbk.pdf> Accessed 14 May 2007.

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Stakeholder: State Governor Office of Emergency Services

Public Assistance Steps	Stakeholder: State Governor Office of Emergency Representing the State or Indian Tribe Grantee	Checklist
(1) Preliminary Damage Assessment (PDA)	<ul style="list-style-type: none"> ▪ Visits local potential subgrantees to view damage, assesses scope of damage, estimates repair costs, and identifies unmet needs that requires immediate attention ▪ Uses result of PDA to determine if situation is beyond combined capabilities of State and local resources and verifies the need of supplemental Federal assistance ▪ Identifies Applicant Liaison from State's customer service representative for providing potential subgrantees with specific information on State regulations, documentation, reporting requirements, and technical assistance 	<ul style="list-style-type: none"> <input type="checkbox"/> Interviews potential subgrantees <input type="checkbox"/> Decides whether or not to request for Federal aid based on PDA <input type="checkbox"/> Identifies Applicant Liaison from State's customer service representative
(2) Presidential Disaster Declaration	<ul style="list-style-type: none"> ▪ If the Governor has already declared state of emergency, then the State sends Governor's request letter to the President, directed through the Regional Director of FEMA Region IX 	<ul style="list-style-type: none"> <input type="checkbox"/> Submits request letter to President for disaster declaration on federal level
(3) Applicants' Briefing by Grantee	<ul style="list-style-type: none"> ▪ Conducts prospective subgrantee briefing to reveal available technical advice and assistance and eligibility requirements for Federal assistance ▪ Presents incident period and description of declared event ▪ Discusses funding options, record keeping and documentation requirements, and special considerations* issues ▪ Submits to FEMA form (FF) 424 at briefing meeting ▪ Collect potential subgrantees' FF 90-49 Request for PA to forward to regional FEMA Office 	<ul style="list-style-type: none"> <input type="checkbox"/> Conducts briefing <input type="checkbox"/> State Liaison meets with subgrantee <input type="checkbox"/> Completes and submits FF 424
(4) Submission of Request for Public Assistance by Applicant	<ul style="list-style-type: none"> ▪ If not done during briefing, State submits to FEMA FF 424 via fax, mail, or delivery within 30 days of the date of designation of any area. ▪ Continue to collect potential subgrantees' FF 90-49 Request for PA to forward to regional FEMA Office 	<ul style="list-style-type: none"> <input type="checkbox"/> Completes and submits FF 424 <input type="checkbox"/> PAC contacts subgrantee within 1 week of the Request for PA receipt
(5) Kick-off Meeting with Public Assistance Coordinator (PAC)	<ul style="list-style-type: none"> ▪ State/Applicant Liaison and subgrantees meets with FEMA PAC, designated FEMA PO, and subgrantees 	<ul style="list-style-type: none"> <input type="checkbox"/> State Liaison in conjunction with FEMA PAC conducts kick-off meeting with FEMA PO and subgrantees
(6) Project Formulation and Cost Estimating	<ul style="list-style-type: none"> ▪ Formulates a team effort with FEMA and local representatives to target large projects 	
(7) Project Review and Validation	<p><i>Not Applicable</i></p>	
(8) Obligation of Federal Funds and Disbursement to Subgrantees	<ul style="list-style-type: none"> ▪ Notifies FEMA that state is ready to award grants to the appropriate subgrantees. ▪ Makes federal and state cost share funds available to subgrantees of small projects ▪ Makes federal and state cost share progress funds available to subgrantees of large projects as actual costs are documented ▪ Minimizes the time between the transfer of funds and disbarment by the State in accordance with Federal cash management requirements ▪ Forwards subgrantee's incurred costs documentation of large projects to FEMA 	<ul style="list-style-type: none"> <input type="checkbox"/> Notifies subgrantee of fund availability <input type="checkbox"/> Disperses State/Indian Tribe and Federal cost share of funds to subgrantees <input type="checkbox"/> Forwards large project grantee's actual incurred costs documentation to FEMA
(9) Appeals and Closeout	<ul style="list-style-type: none"> ▪ Certifies all recovery work has been completed ▪ Resolves all appeals ▪ Reimburses all eligible costs 	<ul style="list-style-type: none"> <input type="checkbox"/> Returns unused Federal aid funds

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Stakeholder: Local Sub applicant(s) or Subgrantee(s)

Public Assistance Steps	Stakeholder: Local Sub applicant(s) or Subgrantee(s)	Checklist
(1) Preliminary Damage Assessment (PDA)	<ul style="list-style-type: none"> ▪ Visited by Regional FEMA/State team to view damage, assess scope of damage, and estimate repair costs 	<ul style="list-style-type: none"> <input type="checkbox"/> Provides personnel to work with FEMA and the State on the damage assessment and project application process <input type="checkbox"/> Tours of all damages <input type="checkbox"/> Provides documentation, environmental or historic issues, and insurance coverage information <input type="checkbox"/> Identifies and explains immediate expenditures for emergency work and decides whether or not to apply for Immediate Needs Funding (INF) <input type="checkbox"/> Reads Public Assistance Policy Digest - FEMA Report 321
(2) Presidential Disaster Declaration	<ul style="list-style-type: none"> ▪ Pays attention to FEMA eligible costs and coverage aid types (Individual Assistance and/or Public Assistance) for eligible regions 	<ul style="list-style-type: none"> <input type="checkbox"/> Read Applicant Handbook - FEMA Report 323
(3) Applicants' Briefing by Grantee	<ul style="list-style-type: none"> ▪ Attends briefing to gather available assistance and eligibility requirements ▪ Prepare and submit Requests for PA no later than 30 days of the date designation of any area. 	<ul style="list-style-type: none"> <input type="checkbox"/> Subgrantee's management representative attends Briefing <input type="checkbox"/> Meets with State Liaison <input type="checkbox"/> Mentions any Immediate Needs Funds (INF) requests <input type="checkbox"/> Completes and submits FEMA form (FF) 90-49 Request for PA
(4) Submission of Request for Public Assistance by Applicant	<ul style="list-style-type: none"> ▪ If not done during briefing, submits to State/applicant Request for Public Assistance 90-49 FEMA form via fax, mail, or delivery within 30 days of the date of designation of any area. 	<ul style="list-style-type: none"> <input type="checkbox"/> If not submitted at briefing then submit FF 90-49 Request for PA <input type="checkbox"/> Second chance to apply for INF
(5) Kick-off Meeting with Public Assistance Coordinator (PAC)	<ul style="list-style-type: none"> ▪ Individual meeting with FEMA PAC for which contact is made 1 week from the submittal of the request for PA ▪ State liaison provides State specific details on documentation and reporting requirements ▪ Identify special considerations that require special review, such as insurance coverage, environmental resource issues, and historic preservation ▪ Request any clarification 	<ul style="list-style-type: none"> <input type="checkbox"/> Sends appropriate management including risk manager to Kick-Off <input type="checkbox"/> Identify management that will fully manage all repair projects including small projects <input type="checkbox"/> Contacts State Liaison if have not heard from PAC 2 weeks of request for PA submission <input type="checkbox"/> Regularly meets with PAC <input type="checkbox"/> Compiles list of all damages <input type="checkbox"/> Reviews with State liaison specific details on documentation and reporting requirements <input type="checkbox"/> Identify with PAC and state Liaison circumstances that require special review

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Stakeholder: Local Sub applicant(s) or Subgrantee(s) (continued)

Public Assistance Steps	Stakeholder: Local Applicant(s) or Subgrantee(s)	Checklist
<p>(6) Project Formulation and Cost Estimating</p>	<ul style="list-style-type: none"> ▪ Complete Project Worksheets ▪ Document extent of facility damage, identify eligible scope of work estimate costs associated with scope of work for each project, plan repair work ▪ Administratively consolidate multiple work items into single projects to expedite approval and funding and project management ▪ Divide work projects into small (up to \$59,700 for FFY2007) and large projects⁹⁵ ▪ Identify and provide basic description of project and broad cost estimate ▪ Maintain records of completed work and work to be completed ▪ If necessary, specialist reviews with subgrantee Special Considerations Questionnaire 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Project Worksheets: <input type="checkbox"/> Project Worksheet (PW) FF90-91 <input type="checkbox"/> PW FF90-91A Damage Description and Scope of Work Continuation Sheet <input type="checkbox"/> PW FF90-91B Cost Estimate Continuation <input type="checkbox"/> PW FF90-91C Maps and Sketches Sheet <input type="checkbox"/> PW FF90-91D Photo Sheet <input type="checkbox"/> If necessary complete FEMA Special Considerations Questions FF90-120 <input type="checkbox"/> Organize records by the following suggested summary forms: <input type="checkbox"/> Force Account Labor Summary FF 90-123 <input type="checkbox"/> Force Account Equipment Summary FF 90-127 <input type="checkbox"/> Materials Summary Record Summary FF 90-124 <input type="checkbox"/> Rented Equipment Summary Record FF 90-125 <input type="checkbox"/> Contract Work Summary Record FF 90-126 <input type="checkbox"/> Applicant's Benefits Calculation Worksheet FF 90-128 <input type="checkbox"/> Establish file for each project and record specific costs and scope of work by site <input type="checkbox"/> Retain all documentation up to 3 years from the date the State closes subgrantee grant <input type="checkbox"/> Escort PO and State representative on a site visit and collaboratively develop a complete scope of work and accurate large project cost estimate
<p>(7) Project Review and Validation</p>	<ul style="list-style-type: none"> ▪ PAC schedules review with subgrantee for preparation of records for review ▪ 20% or 2 small projects is the minimum level of review for projects submitted within 30 days after the Kickoff meeting ▪ 100% validation for projects submitted after 30 days ▪ Validation can normally be completed within 15 days of submission of all Project Worksheets to the PAC ▪ If total variances on the first sample projects do not exceed 20% of the cost of the sampled projects, the results of validation are satisfactory. 	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare records subject to validation

⁹⁵ Federal Register. October 10, 2006 (Volume 71, Number 195) pp. 59513-59514.
http://www.fema.gov/txt/government/grant/pa/frn_small_proj.txt Accessed 14 May 2007.

1225 Stakeholder: Local Sub applicant(s) or Subgrantee(s) (*continued*)
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Public Assistance Steps	Stakeholder: Local Applicant(s) or Subgrantee(s)	Checklist
(8) Obligation of Federal Funds and Disbursement to Subgrantees	<ul style="list-style-type: none"> ▪ Notified of availability of Federal FEMA funds and State cost share funds ▪ Submit documentation of actual incurred costs associated with approved scope of work for subgrantees with large projects ▪ Certify large project work has been completed in accordance with FEMA standards and policies 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of incurred costs for large projects
(9) Appeals and Closeout	<ul style="list-style-type: none"> ▪ File appeal with supporting documents to the State 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete debris cleaning within 6 months, emergency work within 6 months, and permanent within 18 months of the date of declaration of the area. Debris and emergency work can be extended up to an additional 6 months, and permanent restoration work may be extended an additional 30 months. <input type="checkbox"/> File appeal with State within 60 days of receipt of a notice of any action that is being appealed <input type="checkbox"/> Provide documentation explaining why the original determination is wrong or overrun costs and the amount of adjustment being requested <input type="checkbox"/> Closeout large projects as each project is completed, and reconcile estimated and actual costs when large projects are complete <input type="checkbox"/> Close small projects when all small projects have been funded and completed <input type="checkbox"/> Notify State when projects are complete <input type="checkbox"/> Return any unused money to State <input type="checkbox"/> Certify to the State that all funds were suspended and all the work described in the project scope of work is complete <input type="checkbox"/> Retain documentation for up to 3 years subject to audit

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 1228 * Special Considerations is a term used by FEMA to refer to matters that require specialized attention.
 1229 These include insurance, historic, environmental, and hazard mitigation issues. FEMA and the State
 1230 are required to ensure that all funding actions are in compliance with current State and Federal laws,
 1231 regulations, and agency policy. You can assist FEMA and the State in resolving Special
 1232 Considerations issues in order to expedite disaster recovery funding⁹⁶.
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⁹⁶ United State Department of Homeland Security Federal Emergency Management Authority Public Assistance Special Considerations. <http://www.fema.gov/government/grant/pa/considerations.shtm>. Accessed 11 May 2007.

1235 Human Influenza Pandemic Flu Emergency Management 97

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1237 Recognizing that a Pandemic Flu scenario may require a different kind of local, State and Federal
1238 response, the Department of Homeland Security recently outlined a policy document on FEMA's
1239 Emergency Assistance for Human Influenza Pandemic. Given the rapidly infectious and deadly
1240 nature of human influenza flu, Federal resource response for an outbreak is different from other
1241 disaster relief undertakings, and as such, a separate policy was developed to address this
1242 potential situation. One of the differences between a pandemic and most other emergencies is
1243 that a pandemic may last much longer than most public emergencies, and may include "waves" of
1244 influenza activity separated by months, affecting the ability of interstate mutual aid to respond and
1245 reducing the numbers of health care workers and first responders available to work. Additionally,
1246 resources in many locations could be limited, depending on the severity and spread of an
1247 influenza pandemic.

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1249 The FEMA policy document lists a series of Emergency Protective Measures that may be eligible
1250 for reimbursement to State and local governments and certain private non-profit organizations.

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These measures are

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- 1253 1 Activation of State or local emergency operations center to coordinate and direct the
1254 response to the event.
- 1255 2 Purchase and distribution of food, water, ice, medicine, and other consumable supplies.
- 1256 3 Management, control, and reduction of immediate threats to public health and safety.
- 1257 4 Movement of supplies and persons.
- 1258 5 Security forces, barricades and fencing, and warning devices.
- 1259 6 Emergency medical care (non-deferrable medical treatment of disaster victims in a
1260 shelter or temporary medical facility and related medical facility services and supplies,
1261 including emergency medical transport, X-rays, laboratory and pathology services, and
1262 machine diagnostics tests for a period determined by the Federal FEMA Coordinating
1263 Officers).
- 1264 7 Temporary medical facilities (for treatment of disaster victims when existing facilities are
1265 overloaded and cannot accommodate the patient load).
- 1266 8 Congregate sheltering (for disaster victims when existing facilities are overloaded and
1267 cannot accommodate the patient load).
- 1268 9 Communicating health and safety information to the public.
- 1269 10 Technical assistance to State and local governments on disaster management and
1270 control
- 1271 11 Search and rescue to locate and recover members of the population requiring assistance
1272 and to locate and recover human remains.
- 1273 12 Storage and internment of unidentified human remains.
- 1274 13 Mass mortuary services.
- 1275 14 Recovery and disposal of animal carcasses (except if another Federal authority funds
1276 the activity -- e.g., U.S. Department of Agricultural, Animal, Plant and Health Inspection
1277 Services provides for removal and disposal of livestock).
- 1278 15 Coordination with Emergency Support Function (ESF), Coordination among ESFs 3, 5,
1279 6, 8, 9, 11, and 14 will be required.

1280

1281 Due to limited number of NDMA personnel aid, FEMA has identified eligible costs for regular
1282 personnel not usually available through public assistance programs such as overtime pay for an
1283 applicant's regular employees. However, the straight-time salaries of an applicant's regular
1284 employees who perform eligible work are not eligible for reimbursement. Regular and overtime
1285 pay for extra-hires may be eligible for reimbursement and eligible work accomplished through
1286 contracts, including mutual aid agreements, may be eligible for reimbursement. Equipment,
1287 materials, and supplies made use of in the accomplishment of emergency protective measures
1288 may also be eligible.

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1290 However many ineligible costs identified in other public assistance programs remain.

⁹⁷ United States Department of Homeland Security Federal Emergency Management Authority
Disaster Assistance Policy DAP9523.17. Emergency Assistance for Human Influenza Pandemic.
2007 Mar 31.

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Note: Ineligible costs remain ineligible even if covered under contract, mutual aid, or other assistance agreements.

California State Coordinated FEMA Resources Contact Information

Governor's Office of Emergency Services
Departments: Office of the Director & Chief Deputy Director, Law Enforcement & Victim Services
Division, Response & Recovery Division, Preparedness & Training Division, and Administration
Division
3650 Schriever Avenue
Mather, CA 95655
(916) 845-8510 (main)
(916) 845-8506 (executive office)
(916) 845-8511 (fax)
<http://www.oes.ca.gov>

3.3 Alternate Care Sites Funding Sources

During medical surges that overwhelm capacity at licensed hospitals and clinics, alternate care sites (ACS) may be used to stabilize and treat patient injuries due to the disaster, set up temporary shelters, and station staff. Massive capacity facilities such as sports arenas and domes, schools, churches, airports, recreation centers, motels, and other venues that remain structurally safe with adequate ventilation, food and supply storage, and kitchen facilities may be designated as ACS(s). Funding exists to help with ACS operations during disaster relief as well as restoring affected facilities to normal business operations post-disaster relief. For detailed program information please see the Appendix B.

- FEMA HHS National Disaster Medical Services
 NDMS has the ability to set up alternate care sites (ACS) which are funded with Direct Federal Assistance. When the State deploys its own mobile field hospitals that serve as ACS, HHS may augment the existing staff. The State is then responsible for patient tracking and insurance at the mobile field hospitals. No Federal funds may reimburse private ACS expenses.
- FEMA Public Assistance Alternate Care Sites (ACS)
 Similar to the disbursement of FEMA Public Assistance funds and deployment of federal personnel, FEMA may set up ACS(s). FEMA selects ACS(s) that are government-owned facilities such as ballparks and schools. Upon decommission, FEMA intends to restore the facility to its original use and will reimburse the state to pay for restoration and repair of the facility to return the property and facility back to its original use. The state is responsible for hiring the contractors and is expected to be due diligent in immediately making prudent repairs and restorations. FEMA will not pay for preventable repair due to negligence over time, and action must be taken in a timely manner to avoid further deterioration and degradation due to time elapsing. These Federal funds are also subject to a baseline 75% Federal and 25% State cost share.
- FEMA Emergency Assistance for Human Influenza Pandemic
 As part of a new policy outlining the "types of emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic," FEMA has indicated that "temporary medical facilities" and "emergency medical care...in a shelter of temporary medical facility...may be eligible for reimbursement to State and local governments and certain non-profit organizations."⁹⁸
- FEMA Metropolitan Medical Response System (MMRS) Program
 This grant strengthens medical surge capabilities at alternate care sites, mobile medical facilities, and mass care sites (shelter and food). Funding has been set aside for specific jurisdictions, namely the cities of Los Angeles, San Francisco, San Diego, San Jose, Long Beach, Oakland, Sacramento, Fresno, Santa Ana, Anaheim, Riverside, Glendale, Huntington Beach, Stockton, Bakersfield, Fremont, Modesto, and San Bernardino.

3.4 Funding Sources for Personnel During A Disaster

During a disaster or pandemic, although social and job responsibilities require personnel to work through disaster-relief medical surges, many organizations may have high personnel absenteeism rates and may be strained for personnel resources. They may recruit additional providers and staff to accommodate the medical surge. Organizations may consider the resources of these available programs that compensate for additional personnel salaries and overtime. For detailed program information please see the Funding Sources Matrix.

⁹⁸ United States Department of Homeland Security Federal Emergency Management Authority Disaster Assistance Policy DAP9523.17. Emergency Assistance for Human Influenza Pandemic. 2007 Mar 31.

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- FEMA Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President
- FEMA Emergency Assistance for Human Influenza Pandemic
- VHA Disaster Relief Program

3.5 Funding Sources Matrix

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The Funding Sources Matrix that begins on the next page is designed to be a quick reference guide for the healthcare community to identify sources of funding that may be used to meet the financial needs of planning and responding to a surge. It is included as a tool to highlight available funds and their prescribed uses. This matrix outlines a summary of key grants and funding opportunities with the relative funding amount matched to the relative effort of the application. This tool can help the State, local health departments and health care providers better identify the grants and funding sources that will most meet their needs before and during a surge.

This list of funding sources provides available grants that facilities or individuals may apply for to plan and prepare for a disaster, to cope with a disaster, or to deal with the disaster of an aftermath. The majority of these funds are Federal government appropriations enabled by specific Congressional legislation. This matrix includes specific rules and guidelines on how agencies or individuals may qualify, apply, and receive funds to cover defined benefits. These programs and grants are not a form of temporary or permanent source of health care coverage. Most funds cover eligible services such as property casualty and some cover medical services that is outside the direct provision of care. The amount and existence of funds is subject to Federal fiscal year budget appropriation.

For the majority of the public funds, private for profit organization are ineligible. However, these stakeholders may understand the type of funds and its intentions and may seek to influence Congress to also streamline assistance during a catastrophic disaster.

The following key was used to identify relative funding impact and application effort:

Relative Funding Impact

\$ - \$\$\$\$

The funding impact indicator is based on the amount of total funding available and its relevance to funding medical services and associated costs. The indicator ranges from limited funding source and scope with eligibility restrictions to a major funding source for a wide array of medical services during a surge.

Application Effort

Low - Application requires easily accessible and existing documentation or application process is handled by the program sponsor

Medium - Application requires coordination with other stakeholders such as the State and/or program sponsor

High - Application requires coordination with other stakeholders such as the State and/or program sponsor and additional rigorous documentation

The matrix is supplemented by detailed information about these funds and grants including more detailed eligibility criteria, benefits and application procedures in Appendix B. This information is current as of April 2007.

Application Owner	Grant Program / Sponsor	Application / Funding Timing	Relative Funding Impact	Application Effort	Funding For					
					Facility	Medical Svc	Planning	Staffing	Training Supplies & Equip	
Healthcare Provider Organizations & Businesses	Bioterrorism Training and Curriculum Development Program (BTCDP) / HRSA	Pre-Disaster	\$\$\$	High					✓	
Healthcare Provider Organizations & Businesses	Economic Injury Disaster Loans for Small Businesses / SBA	Post-Disaster	\$\$	Low	✓					
Healthcare Provider Organizations & Businesses	Competitive Training Grant Program (CTGP) / FEMA	Pre-Disaster	\$\$	Medium					✓	
Healthcare Provider Organizations & Businesses	Pre-Disaster Mitigation Loan Program / SBA	Pre-Disaster	\$\$	Medium	✓					
State, Tribes, Local Governments & Not-for-Profits	Metropolitan Medical Response System (MMRS) Program / FEMA	Pre-Disaster	\$\$\$\$	Medium	✓	✓	✓			✓
State, Tribes, Local Governments & Not-for-Profits	National Bioterrorism Hospital Preparedness Program (NBHPP) 2006 / HRSA	Pre-Disaster	\$\$\$	Medium			✓	✓	✓	✓
State, Tribes, Local Governments & Not-for-Profits	Pre-Disaster Mitigation (PDM) Program / FEMA	Pre-Disaster	\$\$\$	High	✓		✓			
State, Tribes, Local Governments & Not-for-Profits	State Homeland Security Program (SHSP) / FEMA	Pre-Disaster	\$\$\$	Medium			✓		✓	✓
State, Tribes, Local Governments & Not-for-Profits	Emergency Management Performance Grants (EMPG) / Office of Grants and Training	Pre-Disaster	\$\$\$	High				✓	✓	✓
State, Tribes, Local Governments & Not-for-Profits	Superfund Amendments and Reauthorization Act (SARA), Title III / FEMA	Pre-Disaster	\$\$	Low					✓	
State, Tribes, Local Governments & Not-for-Profits	Commercial Equipment Direct Assistance Program (CEDAP) / FEMA	Pre-Disaster	\$	Medium						✓
State, Tribes, Local Governments & Not-for-Profits	Flood Mitigation Assistance (FMA) program / FEMA	Pre-Disaster	\$	Medium	✓					
State, Tribes, Local Governments & Not-for-Profits	Urban Areas Security Initiative (UASI) Program / FEMA	Pre- and Post-Disaster	\$\$\$	Medium			✓		✓	✓
State, Tribes, Local Governments & Not-for-Profits	National Disaster Medical System (NDMS) Uncompensated Care Pool/Reimbursement / FEMA, HHS	Post-Disaster	\$\$\$\$	Low		✓				
State, Tribes, Local Governments & Not-for-Profits	Emergency Assistance for Human Influenza Pandemic / FEMA	Post-Disaster	\$\$\$\$	Medium	✓	✓		✓		✓
State, Tribes, Local Governments & Not-for-Profits	Public Assistance Grant Program / FEMA	Post-Disaster	\$\$\$\$	High		✓				✓
State, Tribes, Local Governments & Not-for-Profits	Hazard Mitigation Grant Program (HMGP) / FEMA	Post-Disaster	\$\$	High	✓					
State, Tribes, Local Governments & Not-for-Profits	Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President / HHS, AoA	Post-Disaster	\$	Medium		✓		✓		✓
VHA Hospital	VHA Innovations in Hospital Emergency Preparedness / VHA Foundation	Pre-Disaster	\$	Medium			✓			
VHA Hospitals	VHA Disaster Relief Program / VHA Foundation	Post-Disaster	\$	Low				✓		

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4 Conclusions

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Healthcare funding and reimbursement is a complicated matter that is made all the more complicated by a surge event. This document set out to outline the ways in which the healthcare community can preserve its financial stability and viability in the face of a catastrophic surge. In doing this some of the financial barriers that may arise during a surge were presented with key activities and planning tools that healthcare entities can adopt now to address. Recognizing that it is most important for healthcare organizations to maintain liquidity, considerable attention was given to this topic. Additional funding relief options were also laid out to assist healthcare communities in planning and applying for additional monies to meet their financial needs before and during a surge.

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It is unclear what flexibility or funding responses will be available during a surge event in California. However, the guidance in this document can serve to prepare healthcare providers, community members and planners by raising the awareness of current reimbursement mechanisms, identifying processes to facilitate reimbursement and funding during a surge, and highlighting opportunities to address the financial barriers that a surge may present. Becoming familiar with the funding environment and financial opportunities enables California's healthcare community to respond in the most appropriate manner. The end goal of this material is to enable the healthcare system to continue functioning to the best of its ability, allowing for financial liquidity as reasonably as possible. By providing this information it is hoped that potential concerns about reimbursement in the emergency care equation for Californians will be lessened, thereby preserving the guiding principle of serving the greatest good for the greatest number.

5 Appendices

5. 1 Appendix A: Federal Emergency Management Authority and National Disaster Medical System

California has a well-defined process to escalate local emergencies to State first and subsequently Federal attention. When disaster relief costs and response requirements are expected to deplete local government resources, the local government may declare a local disaster within 10 days of the event. Following the declaration, local government works with the Director of the California Office of Emergency Services to achieve concurrence on the declaration. If the local community is devastated by a natural disaster, then the State may aid the locality under the California Natural Disaster Assistance Act (NDAA).

If additional help is needed, the Governor may direct execution of the State's emergency plan, use State Police or the National Guard, or commit other State resources as the situation demands. In order to do so, the California Governor proclaims a state of emergency after one of the following criteria is met:

- The disaster mitigation is beyond the control of the services, personnel, equipment, and facilities of any single county, city, or city and county, and emergency conditions require the combined forces of a mutual aid region or regions to combat,
- Local Emergency Declaration requests for state level emergency declaration, or
- The governor assesses that the local authority has inadequate resources to cope with the emergency, as concurred with the California Office of Emergency Services.

If the State expects to appeal for federal aid, then the Governor must comply with statutory requirements of declaring a state of emergency within 30 days to appeal for major disaster assistance or within a time frame of 5 days to garner emergency assistance. In order to elevate State disasters to Federal attention, the State Governor must submit:

- Local Emergency Declaration
- State of Emergency Proclamation
- Certification of implementation of the State Emergency Plan
- Description of how the disaster caused needs beyond State/local capabilities
- A description of State/local resources already committed
- Preliminary estimates of supplementary Federal assistance needed
- Certification of compliance with cost-sharing requirements of the Stafford Act

The State Governor works carefully with FEMA/OES Joint Preliminary Damage Assessment (PDA) to

- Verify the extent of private and public damage,
- Estimate the types and extent of Federal disaster assistance required,
- Consult with FEMA Regional Director on eligibility for Federal disaster assistance, and
- Advise the FEMA Regional Director if the Governor requests or intends to request a declaration by the President.

When damages due to the disaster exceed per capita threshold updated every federal fiscal year (FFY) (\$1.22 per capita for FFY2007), the President may declare a state of emergency on the federal level¹. Similarly, a "country wide" indicator of a higher per capita threshold (\$3.05 per capita for FFY2007) is used to determine which local jurisdictions are included in the major disaster declaration². For the purposes of a Presidential Declaration of a Major Disaster or Emergency, the following definitions apply:

¹ Federal Register: October 10, 2006. Vol 71, No. 195. p. 59514.
<http://www.fema.gov/help/lib1006.shtm>. Accessed 10 May 2007.

² Federal Register: October 10, 2006. Vol 71, No. 195. p. 59513.
<http://www.fema.gov/help/lib1006.shtm>. Accessed 10 May 2007.

- A major disaster is defined as any natural catastrophe (including any hurricane, tornado, storm, high water, wind driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or, regardless of cause, any fire, flood, or explosion, in any part of the U.S. which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance under this Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.
- An emergency is defined as any occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the U.S.

"The Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act) authorizes the President to issue major disaster declarations that directly order any Federal agency, with or without reimbursement, to use the authorities and resources in support of State and local assistance efforts³. The President may delegate certain agencies such as the Federal Emergency Management Agency (FEMA), within the Department of Homeland Security (DHS), responsibility for administering the major provisions of the Stafford Act. Congress appropriates funds to the Disaster Relief Fund (DRF) for these dire situations, with over \$10 billion in DRF appropriation in FY2005⁴. Unspent funds may carry over to subsequent fiscal years, and Congress may legislate for supplemental fund appropriation as needed. In the midst of a disaster, it is not necessary for Congress to enact new legislation to provide funds as the Stafford Act "provides the President with permanent authority to direct federal aid to stricken states."⁵

FEMA may exercise its power to deploy resources that "reduce the loss of life and property and protect the Nation from all hazards, including natural disasters, acts of terrorism, and other man-made disasters."⁶ FEMA will "lead and support the Nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation."⁷ In addition to personnel, FEMA may distribute funds from Direct Federal Assistance, individual and household assistance, public assistance, and hazard assistance programs. The latter three programs have clearly defined eligible entities and services, while the President may flex the eligibility scope for Direct Federal Assistance.

Under the National Response Plan, the National Disaster Medical System (NDMS) may deploy personnel to provide medical care "under any conditions at a disaster site, in transit from the impacted area, and into participating definitive care facilities."⁸ At the State's invitation, existing human resources may be augmented by the NDMS Disaster Medical Assistance Team (DMAT), Disaster Mortuary Operational Response Teams (DMORT), Veterinary Medical Assistance Teams (DVAT), National Nurse Response Team (NNRT), National Pharmacy Response Teams (NPRTs), and Disaster Portable Morgue Units (DPMU) team. While servicing mass casualties, these activated Federal employees' existing licensure and certification are recognized by all States with protection from the Federal Tort Claims Act.⁹

The amount of FEMA funds and number of NDMS personnel deployed is variable and contingent on the scope of mitigation effort to comply with the above mission statement. FEMA broadly lists eligible persons and groups, services, and costs. Since each grantee is assessed separately, it is crucial for eligible grantees to cooperate with the FEMA project officers throughout the application process in

³ United States Department of Homeland Security Federal Emergency Management Authority Financial Management Support Annex. <http://www.au.af.mil/au/awc/awcgate/frp/frpfm.htm>. Accessed 7 May 2007.

⁴ Ibid.

⁵ Bea, K. "Federal Stafford Act Disaster Assistance: Presidential Declarations, Eligible Activities, and Funding." *CRS Report for Congress*. 2005 Aug 26

⁶ United States Department of Homeland Security Federal Emergency Management Authority Mission Statement. <http://www.fema.gov/about/index.shtm>. Accessed 4 May 2007.

⁷ Ibid.

⁸ United States Department of Health and Human Services National Disaster Medicaid Systems. <http://www.oep-ndms.dhhs.gov/about/index.html>. Accessed 4 May 2007.

⁹ United States Department of Homeland Security Federal Emergency Management Authority DMAT. <http://www.oep-ndms.dhhs.gov/teams/dmat.html>. Accessed 4 May 2007.

99 order to maximize and expedite assistance. The proceeding FEMA eligibility, types of aid and
100 coverage, and cost share are general knowledge bestowed upon potential applicants to help gain
101 access for Federal aid.

102 **Eligibility**

103 Overall eligibility requires the individual applicant to:

- 104 • Apply funds towards eligible disaster services,
- 105 • Reside within a designated disaster area, and
- 106 • Be legally responsible for the eligible applicant.

107

108 **Individuals and Households** ^{10, 11}

109 Individuals and household disaster victims may directly apply for FEMA funds to pay for eligible
 110 expenditures. Victims must reside in a county covered by a federal disaster declaration, and
 111 individual's existing insurance coverage must be the primary payer before seeking FEMA funds.

112

113 General eligible services include disaster-related medical and dental costs and funeral and burial
 114 costs. Other non health related eligible services include housing such as temporary housing rent for
 115 residential displacement due to the disaster, repair from housing damaged by a disaster that is not
 116 covered by insurance, replacement of homes destroyed by a disaster that is not covered by
 117 insurance, and permanent housing construction. Depending on the situation, FEMA may fund
 118 necessary expenses or serious needs.

119

120 **State, Tribal, and Local Governments and Certain Private Nonprofit**
 121 **Organizations** ¹²

- 122 • State government agencies
- 123 • Federally recognized Indian Tribes, Alaskan Tribal Governments, Alaskan Native village
 124 organization, and authorized tribal organizations within the areas declared a federal disaster
 125 area. This does not include the Alaska Native Corporations, which are owned by private
 126 individuals.
- 127 • Any local governments with special districts such as county, city, village, town, district, or
 128 other political subdivision government of any State and includes any rural community,
 129 unincorporated town or village, or other public entity for which an application for assistance is
 130 made by a State or political subdivision thereof.
- 131 • Other State and local political subdivisions may be eligible if they are formed in accordance
 132 with State law as a separate entity and have taxing authority. These include, but are not
 133 limited to, school districts, irrigation districts, fire districts, and utility districts.
- 134 • Eligible private non-profit organizations that own or operate facilities that provide essential
 135 services and are open to the general public. Examples include:
- 136 • Hospitals, outpatient facilities, rehabilitation facilities, or facilities for long-term care, mental
 137 illness, physical injury, or disease
- 138 • Colleges, universities, parochial, and other private school
- 139 • Systems of energy, communication, water supply, sewage collection and treatment, or other
 140 similar public facilities
- 141 • Homes for the elderly and similar facilities that provide institutional care for persons who
 142 require close supervision but do not require day-to-day medical care
- 143 • Community centers
- 144 • Fire protection, ambulance, rescue, and similar emergency services
- 145 • Libraries
- 146 • Homeless shelters or other shelters that provider health and safety services of a
 147 governmental nature such as low-income housing, alcohol and drug rehabilitation programs,
 148 battered spouses program, transportation to medical facilities, and food programs

¹⁰ United States Department of Homeland Security Federal Emergency Management Authority Individual Disaster Assistance. <http://www.fema.gov/assistance/process/assistance.shtm>. Accessed 8 May 2007.

¹¹ Bea, K. "Federal Stafford Act Disaster Assistance: Presidential Declarations, Eligible Activities, and Funding." *CRS Report for Congress*. 2005 Aug 26.

¹² United States Department of Homeland Security Federal Emergency Management Authority Public Assistance Eligible Applicants. http://www.fema.gov/government/grant/pa/re_applicants.shtm Accessed 8 May 2007.

- 149 • Museums that offer cultural programs
- 150 • Senior citizen centers
- 151 • Zoos
- 152
- 153

154 Types of Aid and Coverage

155

156 Individual Assistance (IA)

157 Individual and household disaster victims may apply directly for FEMA funds up to \$25,000, adjusted
158 for inflation to cover disaster related medical expenses, unemployment, food supplies, legal aid, and
159 counseling. FEMA has an online portal for victims to submit applications for approval of eligible
160 services.
161

162 Public Assistance (PA) Eligible Services

163 The public assistance funds may be formally packaged as a grant program and Disaster Relief Fund
164 (DRF). During a disaster, DRF is the main source of public assistance for state, tribal, local
165 governments, certain private nonprofit organizations that provide assistance to States, local
166 governments, and certain non-profit organizations to alleviate suffering and hardship resulting from
167 major disasters or emergencies declared by the President.
168

169 Through the PA Program, FEMA provides supplemental Federal disaster grant assistance for various
170 medical surge services. During mass evacuation, FEMA and NDMS have a process beginning from
171 patient evacuation transport to treatment at a Federal public designated patient site. The medical
172 personnel stabilizes injuries resulting from the disaster, treats pre-existing conditions exacerbated by
173 the disaster and illnesses arising during the emergency period, and provides on-going care
174 interrupted by the disaster. This process is separate from the existing private medical provider system
175 and the aforementioned funding mechanism. FEMA may reimburse eligible public and non-profit
176 health facilities on site or at an emergency location (e.g. shelter) for direct costs associated with
177 stabilization care for the provision of emergency or austere care when patients are not billed for
178 services. These eligible costs may include some personnel costs, equipment, supplies, and utilities.
179 FEMA and NDMS may provide its staff to augment existing public providers to render medical
180 stabilization. Separate medical records are kept. The hospital itself does not bill for stabilizing services
181 or for immunizations because the federal and state cost sharing funds pay the providers for these
182 direct costs or expenses for qualifying hospitals and providers as long as services have clear
183 documentation.
184

185 FEMA and NDMS do not provide ongoing definitive or fee-for-service care such as follow-up care or
186 long term care. In limited situations, NDMS has provided for definitive care in a Veterans Affairs
187 system or Department of Defense federal facility. For ongoing needs, the patient's primary insurance
188 coverage is considered in addition to possible patient out-of-pocket cost share.
189

190 FEMA and NDMS also do not compensate for disaster-related stabilization and care administered in a
191 private, for-profit health care setting. Limited funding is available to not-for-profit agencies without
192 government function.
193

194 Public Assistance Ineligible Services

195 Hospitals are expected to have capacity and reserves for surges in demand for medical services.
196 Staffing, equipment, and supply costs are not compensated by FEMA. FEMA compensates medical
197 costs only when a disaster victim has made a point-of-service contact with the provider for
198 stabilization of injuries as a direct result of the disaster or an illness that presents in a designated
199 disaster area during the declared emergency time period. When billing mechanisms are in place and
200 utilized, providers are held accountable to secure reimbursement for care from the primary and any
201 subsequent insurance provider before defaulting to FEMA as the payer of last resort. Primary
202 insurance coverage includes but is not limited to private employer insurance, Medicare, and Medicaid.
203 Otherwise FEMA may compensate only for the actual cost of care and providers of service must
204 provide documentation.
205

206 Hazard Mitigation Assistance¹³

¹³ United States Department of Homeland Security Federal Emergency Management Authority
Hazard Mitigation program FAQ.

207 States are given FEMA funds to mitigate hazards that will reduce future disaster losses. Projects must
 208 provide a long-term solution to a problem. An example of a hazard mitigation project is the elevation
 209 of a home to reduce the risk of flood damages as opposed to buying sandbags and pumps to fight the
 210 flood. In addition, a project's potential savings must be more than the cost of implementing the project.
 211 Funds may be used to protect either public or private property or to purchase property that has been
 212 subjected to, or is in danger of, repetitive damage. Examples of projects include, but are not limited to:

- 213
- 214 • Acquisition of real property for willing sellers and demolition or relocation of buildings to convert
- 215 the property to open space use
- 216 • Retrofitting structures and facilities to minimize damages from high winds, earthquake, flood,
- 217 wildfire, or other natural hazards
- 218 • Elevation of flood prone structures
- 219 • Development and initial implementation of vegetative management programs
- 220 • Minor flood control projects that do not duplicate the flood prevention activities of other Federal
- 221 agencies
- 222 • Localized flood control projects, such as certain ring levees and floodwall systems, that are
- 223 designed specifically to protect critical facilities
- 224 • Post-disaster building code related activities that support building code officials during the
- 225 reconstruction process
- 226

227 There are no relevant examples of Hazard Mitigation Assistance funding being utilized for healthcare
 228 services or healthcare surge needs.

229

230 In the event of a medical surge due to a federally declared disaster, health care providers will find
 231 public assistance funds as the most applicable resource to reimburse medical surge expenses.

232

233 **Table 1. Type of Aid, eligible entities, and example of eligible services.**

Eligible Entity v. Aid for Eligible Services	Individual Assistance	Public Assistance	Hazard Mitigation Assistance
Individuals and Households	Medical & dental; funeral & burial; temporary housing; housing repair/replacement, clothing; household items; job tools; educational materials; fuel; clean-up; vehicle; moving & storage	Not available.	Not available.
State, tribal, and local governments, and certain private nonprofit organizations	Not applicable.	Medical stabilization and pre-existing illnesses exacerbated by the event; disaster-damaged, publicly owned facilities and certain private nonprofit facilities repair, replacement, or restoration; debris removal	Home elevation to prevent flood water invasion; facility retrofitting; vegetative and mud-slide erosion prevention
Private, for profit organizations (ineligible)	Not available.	Not available.	Not available.

<http://www.fema.gov/government/grant/hmcp/FAQWhattypesofprojects.shtm> Accessed 8 May 2007.

235

236 **Federal and State/Local Cost Sharing**

237 When Local and State agencies' resources are strained, they can apply to FEMA for Direct Federal
 238 Assistance. Depending on the situation, FEMA has specific protocols to deploy staff and funding
 239 resources in order to stabilize the population and mitigate the disaster effects. The stream of
 240 resources flows from FEMA to the State, and the State Office of Emergency Services then distributes
 241 the funds to regional eligible entities or individuals.

242

243 The costs associated with eligible emergency and permanent work is reimbursed with 75% Federal
 244 funds and 25% State/local funds.¹⁴ During catastrophic disasters, the Governor may submit an
 245 increase Federal cost share request to the President. FEMA evaluates whether federal obligations
 246 under the Stafford Act, excluding FEMA administrative costs, meet or exceed a qualifying a State's
 247 per capita threshold set on a calendar year basis (CY) (\$117 per capita for CY 2007)¹⁵. In excess,
 248 FEMA may increase the Federal cost share portion as in the events below.

249

250

251

Table 2. Historical Federal and State Cost Share Distribution.

Cost Share Federal / State	Historical Frequency	Examples
75% / 25%	Status Quo	<ul style="list-style-type: none"> ▪ Florida's Hurricane Andrew for the first \$10 per capita (1992)
90% / 10%	29 times since 1998 for Permanent Work	<ul style="list-style-type: none"> ▪ Louisiana's Hurricane Katrina (2005) ▪ All 45 States sheltering evacuees from Hurricanes Katrina and Rita (2005)
100% / 0%	35 times since 1998 for Emergency Work 2 times since 1998 for Permanent Work	<ul style="list-style-type: none"> ▪ Florida's Hurricane Andrew in excess of \$10 per capita (1992) ▪ Cerro Grande Wildfire (2000) ▪ September 11 terrorist attacks (2001) ▪ Louisiana's Hurricane Katrina followed by Texas's Hurricane Rita (2005)

252

253

254 **Public Assistance (PA) Program Application and Fund Allocation**

255 The State OES, in conjunction with FEMA Region IX representatives, may conduct a preliminary
 256 damage assessment (PDA) across all eligible entities and report actual and estimated total costs to
 257 FEMA. These representatives interview local government representatives and potential fund
 258 applicants, accept documentation of eligible services rendered, evaluate level of severity, and
 259 estimate need.

260

261 FEMA assigns a Public Assistance Coordinator (PAC) to each applicant. The PAC acts as a liaison
 262 for the applicant on all eligible funding requests both for emergency and permanent work
 263 reimbursement. The state also assigns a companion State liaison to advocate for the applicant and to
 264 collaborate with FEMA. FEMA PAC assigns project file officers to interview prospective aid applicants,
 265 evaluate provided services, map timeline of events and services, and collect documentation on
 266 eligible costs and services rendered and restoration or repair of the facility, such as an alternative
 267 care facility, to its normal business function. Any fee schedules for care, lost business revenues due
 268 to interruption of normal day-to-day business, or staff time-off is not considered an actual cost. Public
 269 agencies are encouraged to cooperate with FEMA agents to elicit a transparent process and clear
 270 evidence of services in order to qualify. Prudent repairs and restoration of facilities must be

¹⁴ United States Department of Homeland Security Federal Emergency Management Authority Cost Share Adjustment History. http://www.fema.gov/media/fact_sheets/cost-share.shtm. Accessed 4 May 2007.

¹⁵ Federal Register. February 6, 2007 Vol 72. No. 24. p. 5454. <http://www.fema.gov/help/lib1006.shtm>. Accessed 10 May 2007.

271 immediately committed and completed to avoid preventable repair costs. All applicants must be
272 eligible agencies that provide eligible services with adequate documentation of how funds are spent.

273
274 Based on collected information and extensive cooperation, FEMA agents write a grant application on
275 behalf of all applicants or sub-grantees. Project worksheets are presented to each applicant for a
276 signature for data collection information verification. Signatures are usually from a designated leader,
277 typically the chief operations officer. Project worksheet may be submitted to FEMA PA without
278 signature.

279 After a series of regulatory and quality assurance reviews, FEMA obligates funds for each eligible
280 project worksheet. These funds are first disbursed to the State as the official FEMA public assistance
281 grantee, and the State releases funds to the sub-grantee or applicant. Federal funding to a State is
282 authorized under the FEMA-State Agreement and is passed to the State by electronic funds transfer
283 through the Payments Management System (PMS) operated by the Department of Health and Human
284 Services (HHS)¹⁶. Finally the State is responsible for the expenditures, and the State must return any
285 unspent or ineligible funds as well as refunds to FEMA.

286

287 Recommendations to Facilitate Payment

288 For all recipients, auditable documentation is required for FEMA reimbursement. Basic information
289 may include the patient's name, permanent and temporary displacement address, telephone number,
290 disaster-related medical conditions or pre-existing condition flare up, specific services rendered,
291 cause of the injury or illness, date, time, and location of treatment, provider, provider license and
292 Medicaid/Medicare ID number, and provider's signature. In addition, documentation of care should
293 also include the stage of care whether it is a moment of care or stabilization. For each administration
294 of care, the provider must indicate if treatment is for medical stabilization or regular medical care.

295

296 Since most FEMA medical care funding is restricted to stabilization, the State may provide definitions
297 of the level of care to properly attain FEMA funding and it is recommended that the State define or
298 establish criteria for stabilization. Ambiguous documentation may lead to a delay in reimbursement
299 without interest payment or no reimbursement ultimately for care rendered. Please see Administrative
300 Guidelines on Minimum Data Sets - Registration, Charge Capture, and Billing as a foundation to
301 collaborate with private and government payers on generating a sole documentation source of
302 acceptable data elements for reimbursement.

303

304 Mutual aid agreements (MAA) can increase the likelihood that FEMA funds will flow from one eligible
305 entity to another. The State and FEMA application agents can better identify eligible sub-grantees
306 through MAA networks rather than stand alone sub-grantees.

307

308 MAAs are agreements in place between counties to send first responders fleets such as firemen and
309 police when neighboring counties request assistance. Reasonable mobilization costs and food and
310 shelter costs are often articulated in the MAA. In Federally declared disaster area, the first 8 hours of
311 MAA first responders is considered volunteer and is not reimbursable by FEMA as stipulated in the
312 FEMA-State agreement. FEMA supports overtime costs for active first responders in counties where
313 disasters are declared, and the reimbursement for mutual aid responder time is based on reasonable
314 personnel rates paid by the responding county. FEMA does not reimburse any personnel expenses
315 for sleep, meal, rest, or standby time, even when such standby time is required by the State or local
316 government.

317

318 One recommendation for the State is to evaluate, enforce, and manage the MAA. MAA can also be in
319 place between governments and private, non-profit and public hospitals and providers. Private for-
320 profit hospitals and other healthcare facilities are not eligible to be reimbursed through FEMA's Public
321 Assistance because they do not meet the eligible applicant criteria.

322

323 State or local government may explore public-private partnerships and contracts with for-profit
324 entities. These service agreements evoked during a disaster with the nearest sizeable hospitals and
325 clinics can strengthen the existing fragile emergency resources for rural or isolated providers. These
326 agreements designate the public entity as the cognizant agency with the for-profit provider assuming
327 the contractor role. Through the Public Assistance program, FEMA will consider reimbursing direct

¹⁶ Federal Emergency Management Authority - State Agreement.
<http://www.au.af.mil/au/awc/awcgate/frp/frpfm.htm> Accessed 2007 May 7.

328 costs to the public entity for services provided by the contractor(s) if services are not offered on a fee
 329 basis to the patient receiving stabilization care. Reimbursable costs must be reasonable and
 330 represent only the direct costs of providing care that result from the disaster and do not include costs
 331 of business interruption/lost revenue.

332
 333 It is strongly recommended that healthcare facilities, providers, communities, and stakeholders
 334 annually review FEMA funding policies and procedures and that they take accountability to educate
 335 their organizations on the available resources and mechanisms that can be deployed for healthcare
 336 surge pre-planning, preparation and response. Organizations can infuse existing training curriculum
 337 and required annual training with these concepts and program elements.

338 **FEMA Public Assistance Process and Checklist**

339 The State/applicant and the potential subgrantees for FEMA Public Assistance are strongly
 340 recommended to review the Public Assistance Policy Digest - FEMA Report 321 and Applicant
 341 Handbook - FEMA Report 323. Both handbooks available online provides a comprehensive review of
 342 the applicant's role and responsibility for Public Assistance funding.^{17,18} With the familiarity of these
 343 two handbooks, stakeholders will have a context for the handbook excerpts and checklist below. This
 344 process flow and checklist serves as a brief reference during a disaster.

345
 346 Each parallel process and checklist is broken down by the three main participatory stakeholders:
 347 FEMA, California Governor's Office of Emergency Services, and the eligible entity requesting for
 348 FEMA Public Assistance. Ineligible entities include private and for profit organizations and
 349 businesses. For a complete list of eligible entities and costs, please review the Federal Emergency
 350 Management Authority and National Disaster Medical System Eligibility and Types of Aid and
 351 Coverage sections.

352 **Stakeholder: FEMA**
 353

Public Assistance Steps	Stakeholder: FEMA	Checklist
(1) Preliminary Damage Assessment (PDA)	<ul style="list-style-type: none"> ▪ In conjunction with State OES, FEMA Regional IX representatives visit local potential subgrantees to view damage, assesses scope of damage, estimates repair costs, and identifies unmet needs that requires immediate attention ▪ Uses result of PDA to determine if situation is beyond combined capabilities of State and local resources and verifies the need of supplemental Federal assistance 	<ul style="list-style-type: none"> <input type="checkbox"/> Interviews potential subgrantees <input type="checkbox"/> Decides whether or not to request for Federal aid based on PDA
(2) Presidential Disaster Declaration	<ul style="list-style-type: none"> ▪ Receives Governor's letter of request. If President declares a major disaster or emergency then FEMA designates are eligible for assistance, announces types of assistance available, and provides supplemental assistance for State and local government recovery expenses 	<ul style="list-style-type: none"> <input type="checkbox"/> Reviews PDA and other forms in order to advise President on whether or not to declare disaster on the federal level
(3) Applicants' Briefing by Grantee	<ul style="list-style-type: none"> ▪ Receives aggregated potential subgrantees' FF 90-49 Request for PA from State 	<ul style="list-style-type: none"> <input type="checkbox"/> Reviews FF 90-49, completed and submitted by State <input type="checkbox"/> Reviews aggregated subgrantees' FF90-49
(4) Submission of Request for Public Assistance by Applicant	<ul style="list-style-type: none"> ▪ Identify potential subgrantees from completed Request for Public Assistance FEMA forms (FF) 90-49 ▪ Continue to receive aggregated potential subgrantees' FF 90-49 Request for PA from State ▪ Begin grant process by opening Case Management File, which contains general claim information as well as records of meetings, conversations, phone messages and any special issues or concerns that may affect funding. 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to review FF 90-49, completed and submitted by State <input type="checkbox"/> Continue to review aggregated subgrantees' FF90-49

¹⁷ FEMA Public Assistance Policy Digest.
<http://www.fema.gov/pdf/government/grant/pa/321print.pdf>. Accessed 14 May 2007.
¹⁸ FEMA Public Assistance Applicant Handbook.
<http://www.fema.gov/pdf/government/grant/pa/apphndbk.pdf> Accessed 14 May 2007.

354
355

Stakeholder: FEMA (continued)

Public Assistance Steps	Stakeholder: FEMA	Checklist
(5) Kick-off Meeting with Public Assistance Coordinator (PAC)	<ul style="list-style-type: none"> ▪ PAC meets with each individual State/Applicant Liaison and subgrantees ▪ PAC assesses subgrantee's needs, discusses disaster-related damage, determines eligible repair work, estimates costs, develops work projects, and identifies issues such as insurance coverage, environmental resources, and historic buildings ▪ PAC presents to the subgrantee the level of detail for descriptions and summaries of repair projects in the Project Worksheets ▪ PAC Identifies special considerations for special review such as insurance coverage, environmental resources, and historic preservation ▪ PAC presents detailed list of required records and suggests organization 	<ul style="list-style-type: none"> <input type="checkbox"/> PAC contacts subgrantee within 1 week after completed FF90-49 submission <input type="checkbox"/> PAC in conjunction with State/Applicant Liaison conducts kick-off meeting <input type="checkbox"/> PACs assigns Projects Officers (PO) to the field <input type="checkbox"/> PAC or PO assesses subgrantees <input type="checkbox"/> PAC or PO records all meetings and conversations, tracks project progress and issues, documents subgrantee concerns that affect funding
(6) Project Formulation and Cost Estimating	<ul style="list-style-type: none"> ▪ PO formulates a team effort with State Liaison and local representatives to target large projects ▪ PO identifies and provides basic description of large project and broad cost estimate ▪ If necessary, PO reviews Special Considerations Questionnaire with subgrantee 	<ul style="list-style-type: none"> <input type="checkbox"/> PO works with State Liaison, local representative, and subgrantee on large projects to prepare and evaluate all work activities and thoroughly documents them on Project Worksheets <input type="checkbox"/> PO uses Cost Estimating Format (CEF) to estimate the cost of large permanent work projects
(7) Project Review and Validation	<ul style="list-style-type: none"> ▪ FEMA Specialist schedules review with subgrantee ▪ FEMA Specialist reviews 20% sampling of small projects, including emergency work, permanent work, and small projects with Special Considerations ▪ Approve small projects up to \$59,700 in funding ▪ Forward and notifies State/applicant approved small projects up to \$59,700 threshold ▪ PO normally completes validation within 15 days of submission of all Project Worksheets to the PAC ▪ PO visits sites to confirm that all aspects of the project description are accurate and complete and that all Special Considerations are identified ▪ PO confirms the damage description, scope of work, cost estimate, and actual costs are complete, accurate, and eligible ▪ PO records and corrects any eligibility and cost variance from actual ▪ If total variances on the first sample projects do not exceed 20% of the cost of the sampled projects, then results of validation are satisfactory 	<ul style="list-style-type: none"> <input type="checkbox"/> FEMA Specialist validates eligibility, compliance, accuracy, and reasonableness of small projects formulated by applicant <input type="checkbox"/> FEMA Specialist reviews sites, estimating methods, documentation <input type="checkbox"/> FEMA Specialist reviews completeness of application <input type="checkbox"/> FEMA Specialist ensures applicant receives maximum amount of assistance available under the law <input type="checkbox"/> FEMA Specialist completes Validation Worksheet FF90-118 and Project Validation FF90-119
(8) Obligation of Federal Funds and Disbursement to Subgrantees	<ul style="list-style-type: none"> ▪ Notify the State/applicant of fund availability in Federal account ▪ Obligate large project funds on an estimated costs ▪ Review subgrantee's incurred costs documentation of large project(s) ▪ May conduct final inspection of large project review and determine whether funds should be deobligated or obligated 	
(9) Appeals and Closeout		

356
357

Stakeholder: State Governor Office of Emergency Services

Public Assistance Steps	Stakeholder: State Governor Office of Emergency Representing the State or Indian Tribe Grantee	Checklist
(1) Preliminary Damage Assessment (PDA)	<ul style="list-style-type: none"> ▪ Visits local potential subgrantees to view damage, assesses scope of damage, estimates repair costs, and identifies unmet needs that requires immediate attention ▪ Uses result of PDA to determine if situation is beyond combined capabilities of State and local resources and verifies the need of supplemental Federal assistance ▪ Identifies Applicant Liaison from State's customer service representative for providing potential subgrantees with specific information on State regulations, documentation, reporting requirements, and technical assistance 	<ul style="list-style-type: none"> <input type="checkbox"/> Interviews potential subgrantees <input type="checkbox"/> Decides whether or not to request for Federal aid based on PDA <input type="checkbox"/> Identifies Applicant Liaison from State's customer service representative
(2) Presidential Disaster Declaration	<ul style="list-style-type: none"> ▪ If the Governor has already declared state of emergency, then the State sends Governor's request letter to the President, directed through the Regional Director of FEMA Region IX 	<ul style="list-style-type: none"> <input type="checkbox"/> Submits request letter to President for disaster declaration on federal level
(3) Applicants' Briefing by Grantee	<ul style="list-style-type: none"> ▪ Conducts prospective subgrantee briefing to reveal available technical advice and assistance and eligibility requirements for Federal assistance ▪ Presents incident period and description of declared event ▪ Discusses funding options, record keeping and documentation requirements, and special considerations* issues ▪ Submits to FEMA form (FF) 424 at briefing meeting ▪ Collect potential subgrantees' FF 90-49 Request for PA to forward to regional FEMA Office 	<ul style="list-style-type: none"> <input type="checkbox"/> Conducts briefing <input type="checkbox"/> State Liaison meets with subgrantee <input type="checkbox"/> Completes and submits FF 424
(4) Submission of Request for Public Assistance by Applicant	<ul style="list-style-type: none"> ▪ If not done during briefing, State submits to FEMA FF 424 via fax, mail, or delivery within 30 days of the date of designation of any area. ▪ Continue to collect potential subgrantees' FF 90-49 Request for PA to forward to regional FEMA Office 	<ul style="list-style-type: none"> <input type="checkbox"/> Completes and submits FF 424 <input type="checkbox"/> PAC contacts subgrantee within 1 week of the Request for PA receipt
(5) Kick-off Meeting with Public Assistance Coordinator (PAC)	<ul style="list-style-type: none"> ▪ State/Applicant Liaison and subgrantees meets with FEMA PAC, designated FEMA PO, and subgrantees 	<ul style="list-style-type: none"> <input type="checkbox"/> State Liaison in conjunction with FEMA PAC conducts kick-off meeting with FEMA PO and subgrantees
(6) Project Formulation and Cost Estimating	<ul style="list-style-type: none"> ▪ Formulates a team effort with FEMA and local representatives to target large projects 	
(7) Project Review and Validation	<p><i>Not Applicable</i></p>	
(8) Obligation of Federal Funds and Disbursement to Subgrantees	<ul style="list-style-type: none"> ▪ Notifies FEMA that state is ready to award grants to the appropriate subgrantees. ▪ Makes federal and state cost share funds available to subgrantees of small projects ▪ Makes federal and state cost share progress funds available to subgrantees of large projects as actual costs are documented ▪ Minimizes the time between the transfer of funds and disbarment by the State in accordance with Federal cash management requirements ▪ Forwards subgrantee's incurred costs documentation of large projects to FEMA 	<ul style="list-style-type: none"> <input type="checkbox"/> Notifies subgrantee of fund availability <input type="checkbox"/> Disperses State/Indian Tribe and Federal cost share of funds to subgrantees <input type="checkbox"/> Forwards large project grantee's actual incurred costs documentation to FEMA
(9) Appeals and Closeout	<ul style="list-style-type: none"> ▪ Certifies all recovery work has been completed ▪ Resolves all appeals ▪ Reimburses all eligible costs 	<ul style="list-style-type: none"> <input type="checkbox"/> Returns unused Federal aid funds

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Stakeholder: Local Sub applicant(s) or Subgrantee(s)

Public Assistance Steps	Stakeholder: Local Sub applicant(s) or Subgrantee(s)	Checklist
(1) Preliminary Damage Assessment (PDA)	<ul style="list-style-type: none"> Visited by Regional FEMA/State team to view damage, assess scope of damage, and estimate repair costs 	<ul style="list-style-type: none"> Provides personnel to work with FEMA and the State on the damage assessment and project application process Tours of all damages Provides documentation, environmental or historic issues, and insurance coverage information Identifies and explains immediate expenditures for emergency work and decides whether or not to apply for Immediate Needs Funding (INF) Reads Public Assistance Policy Digest - FEMA Report 321
(2) Presidential Disaster Declaration	<ul style="list-style-type: none"> Pays attention to FEMA eligible costs and coverage aid types (Individual Assistance and/or Public Assistance) for eligible regions 	<ul style="list-style-type: none"> Read Applicant Handbook - FEMA Report 323
(3) Applicants' Briefing by Grantee	<ul style="list-style-type: none"> Attends briefing to gather available assistance and eligibility requirements Prepare and submit Requests for PA no later than 30 days of the date designation of any area. 	<ul style="list-style-type: none"> Subgrantee's management representative attends Briefing Meets with State Liaison Mentions any Immediate Needs Funds (INF) requests Completes and submits FEMA form (FF) 90-49 Request for PA
(4) Submission of Request for Public Assistance by Applicant	<ul style="list-style-type: none"> If not done during briefing, submits to State/applicant Request for Public Assistance 90-49 FEMA form via fax, mail, or delivery within 30 days of the date of designation of any area. 	<ul style="list-style-type: none"> If not submitted at briefing then submit FF 90-49 Request for PA Second chance to apply for INF
(5) Kick-off Meeting with Public Assistance Coordinator (PAC)	<ul style="list-style-type: none"> Individual meeting with FEMA PAC for which contact is made 1 week from the submittal of the request for PA State liaison provides State specific details on documentation and reporting requirements Identify special considerations that require special review, such as insurance coverage, environmental resource issues, and historic preservation Request any clarification 	<ul style="list-style-type: none"> Sends appropriate management including risk manager to Kick-Off Identify management that will fully manage all repair projects including small projects Contacts State Liaison if have not heard from PAC 2 weeks of request for PA submission Regularly meets with PAC Compiles list of all damages Reviews with State liaison specific details on documentation and reporting requirements Identify with PAC and state Liaison circumstances that require special review

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Stakeholder: Local Sub applicant(s) or Subgrantee(s) (continued)

Public Assistance Steps	Stakeholder: Local Applicant(s) or Subgrantee(s)	Checklist
<p>(6) Project Formulation and Cost Estimating</p>	<ul style="list-style-type: none"> ▪ Complete Project Worksheets ▪ Document extent of facility damage, identify eligible scope of work estimate costs associated with scope of work for each project, plan repair work ▪ Administratively consolidate multiple work items into single projects to expedite approval and funding and project management ▪ Divide work projects into small (up to \$59,700 for FFY2007) and large projects¹⁹ ▪ Identify and provide basic description of project and broad cost estimate ▪ Maintain records of completed work and work to be completed ▪ If necessary, specialist reviews with subgrantee Special Considerations Questionnaire 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Project Worksheets: <input type="checkbox"/> Project Worksheet (PW) FF90-91 <input type="checkbox"/> PW FF90-91A Damage Description and Scope of Work Continuation Sheet <input type="checkbox"/> PW FF90-91B Cost Estimate Continuation <input type="checkbox"/> PW FF90-91C Maps and Sketches Sheet <input type="checkbox"/> PW FF90-91D Photo Sheet <input type="checkbox"/> If necessary complete FEMA Special Considerations Questions FF90-120 <input type="checkbox"/> Organize records by the following suggested summary forms: <input type="checkbox"/> Force Account Labor Summary FF 90-123 <input type="checkbox"/> Force Account Equipment Summary FF 90-127 <input type="checkbox"/> Materials Summary Record Summary FF 90-124 <input type="checkbox"/> Rented Equipment Summary Record FF 90-125 <input type="checkbox"/> Contract Work Summary Record FF 90-126 <input type="checkbox"/> Applicant's Benefits Calculation Worksheet FF 90-128 <input type="checkbox"/> Establish file for each project and record specific costs and scope of work by site <input type="checkbox"/> Retain all documentation up to 3 years from the date the State closes subgrantee grant <input type="checkbox"/> Escort PO and State representative on a site visit and collaboratively develop a complete scope of work and accurate large project cost estimate
<p>(7) Project Review and Validation</p>	<ul style="list-style-type: none"> ▪ PAC schedules review with subgrantee for preparation of records for review ▪ 20% or 2 small projects is the minimum level of review for projects submitted within 30 days after the Kickoff meeting ▪ 100% validation for projects submitted after 30 days ▪ Validation can normally be completed within 15 days of submission of all Project Worksheets to the PAC ▪ If total variances on the first sample projects do not exceed 20% of the cost of the sampled projects, the results of validation are satisfactory. 	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare records subject to validation

¹⁹ Federal Register. October 10, 2006 (Volume 71, Number 195) pp. 59513-59514.
http://www.fema.gov/txt/government/grant/pa/fm_small_proj.txt Accessed 14 May 2007.

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Stakeholder: Local Sub applicant(s) or Subgrantee(s) (continued)

Public Assistance Steps	Stakeholder: Local Applicant(s) or Subgrantee(s)	Checklist
<p>(8) Obligation of Federal Funds and Disbursement to Subgrantees</p>	<ul style="list-style-type: none"> ▪ Notified of availability of Federal FEMA funds and State cost share funds ▪ Submit documentation of actual incurred costs associated with approved scope of work for subgrantees with large projects ▪ Certify large project work has been completed in accordance with FEMA standards and policies 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of incurred costs for large projects
<p>(9) Appeals and Closeout</p>	<ul style="list-style-type: none"> ▪ File appeal with supporting documents to the State 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete debris cleaning within 6 months, emergency work within 6 months, and permanent within 18 months of the date of declaration of the area. Debris and emergency work can be extended up to an additional 6 months, and permanent restoration work may be extended an additional 30 months. <input type="checkbox"/> File appeal with State within 60 days of receipt of a notice of any action that is being appealed <input type="checkbox"/> Provide documentation explaining why the original determination is wrong or overrun costs and the amount of adjustment being requested <input type="checkbox"/> Closeout large projects as each project is completed, and reconcile estimated and actual costs when large projects are complete <input type="checkbox"/> Close small projects when all small projects have been funded and completed <input type="checkbox"/> Notify State when projects are complete <input type="checkbox"/> Return any unused money to State <input type="checkbox"/> Certify to the State that all funds were suspended and all the work described in the project scope of work is complete <input type="checkbox"/> Retain documentation for up to 3 years subject to audit

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* Special Considerations is a term used by FEMA to refer to matters that require specialized attention. These include insurance, historic, environmental, and hazard mitigation issues. FEMA and the State are required to ensure that all funding actions are in compliance with current State and Federal laws, regulations, and agency policy. You can assist FEMA and the State in resolving Special Considerations issues in order to expedite disaster recovery funding²⁰.

²⁰ United State Department of Homeland Security Federal Emergency Management Authority Public Assistance Special Considerations. <http://www.fema.gov/government/grant/pa/considerations.shtm>. Accessed 11 May 2007.

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FEMA Public Assistance Forms

Document Number	Form Name
FF 90-49	Request for Public Assistance
Critical 1 page application for eligible entities to self-identify potential PA subgrantees and initiate a request for PA. Application is expected to take less than 10 minutes to complete. Forms are collected by the State either during the applicant briefing or mailed, faxed, or delivered to the Governor's Office of Emergency Services, the official PA grantee on behalf of all subgrantees.	
FF 90-91	Project Worksheet
Document extent of damage to facility due to disaster, identify eligible scope of work estimate costs associated with scope of work for each project, and plan repair work.	
FF 90-91A	PW-Damage Description and Scope of Work Continuation Sheet
Elaborate on project description by describing the extent of damage to the facility, the amount of repair or restoration completed, the exact location, detailed qualitative and quantitative damage description in terms of function of facility and its features or specific items requiring repair, and the scope of work.	
FF 90-91B	PW-Cost Estimate Continuation sheet
Continue line-item list of actual or estimated project cost from FF90-91.	
FF 90-91C	PW-Maps and Sketches Sheet
Provide map to locate the project and sketches to identify projects.	
FF 90-91D	PW-Photo Sheet
Provide photo evidence of damages and (during, and after) repair.	
FF 90-118	Validation Worksheet
Evaluation of a sample of small projects by FEMA specialists to validate that subgrantee correctly fills out FEMA forms for Public Assistance and subgrantee's actual and estimated costs of repair are not significantly different.	
FF 90-119	Project Validation Form
Detail evaluation of a sample of small projects on the reported estimated costs and actual costs. FEMA specialists calculate variance in costs and benchmark the validation of costs against a 20% allowable variance.	
FF 90-120	Special Considerations Questionnaire
FEMA project officer asks subgrantee questions to captures special consideration such as insurable work and/or is affected by environmental (NEPA) or historic concern.	
FF 90-121	PNP Facility Questionnaire
FEMA project officer asks subgrantee questions to determine if private, non-profit (PNP) organizations are eligible for FEMA PA.	
FF 90-122	Historic Review For Determination of Adverse Effect
FEMA project officer assess work on landmarks and location protected under the National Historic Preservation Act which have repairs to be done in accordance to historic preservation standards.	
FF 90-123	Force Account Labor Summary Record
Record and summarize eligible personnel costs. Optional as long as there is an equivalent or better record.	

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Document Number	Form Name
FF 90-124	Materials Summary Record
Record and summarize eligible supplies and materials that are taken out of stock or additional purchases. Optional as long as there is an equivalent or better record.	
FF 90-125	Rented Equipment Summary Record
Record and summarize eligible equipment that rented. Optional as long as there is an equivalent or better record.	
FF 90-126	Contract Work Summary Record
Record and summarize costs or work completed through eligible contract(s). Optional as long as there is an equivalent or better record.	
FF 90-127	Force Account Equipment Summary Record
Record and summarize eligible equipment costs. Optional as long as there is an equivalent or better record.	
FF90-128	Applicant's Benefit Calculation
Record and summarize eligible employees' fringe benefits. Optional as long as there is an equivalent or better record.	
FF 90-135	Preliminary Damage Assessment - Potential Subgrantee
Record and summarize estimates for disaster-related repair costs from during the PDA. PDA costs are calculated on a per capita basis of the affected areas and measured against FFY per capita benchmarks and severity for the President to decide whether or not to declare a disaster on the Federal level.	

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FF 90-49 Request for Public Assistance (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY REQUEST FOR PUBLIC ASSISTANCE		O.M.B. No. 3067-0151 Expires April 30, 2001	
PAPERWORK BURDEN DISCLOSURE NOTICE Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). NOTE: Do not send your completed form to this address.			
APPLICANT (Political subdivision or eligible applicant.)		DATE SUBMITTED	
COUNTY (Location of Damages. If located in multiple counties, please indicate.)			
APPLICANT PHYSICAL LOCATION			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (If different from Physical Location)			
STREET ADDRESS			
POST OFFICE BOX	CITY	STATE	ZIP CODE
Primary Contact/Applicant's Authorized Agent		Alternate Contact	
NAME		NAME	
TITLE		TITLE	
BUSINESS PHONE		BUSINESS PHONE	
FAX NUMBER		FAX NUMBER	
HOME PHONE (Optional)		HOME PHONE (Optional)	
CELL PHONE		CELL PHONE	
E-MAIL ADDRESS		E-MAIL ADDRESS	
PAGER & PIN NUMBER		PAGER & PIN NUMBER	
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Private Non-Profit Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which of the facilities below best describe your organization? _____			
<p style="font-size: small;">Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.</p> <p style="font-size: small;">Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.</p>			
Official Use Only: FEMA- _____ -DR- _____ - _____ FIPS # _____ Date Received: _____			

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REPLACES ALL PREVIOUS EDITIONS.

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378 FF90-91 Project Worksheet (PW) (Page 1 of 2) (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY PROJECT WORKSHEET				O.M.B. No. 3067-0151 Expires April 30, 2001	
PAPERWORK BURDEN DISCLOSURE NOTICE					
Public reporting burden for this form is estimated to average 30 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). NOTE: Do not send your completed form to this address.					
DECLARATION NO. FEMA- _____ -DR- _____	PROJECT NO.	FIPS NO.	DATE	CATEGORY	
DAMAGED FACILITY			WORK COMPLETE AS OF: _____ : _____ %		
APPLICANT		COUNTY			
LOCATION			LATITUDE	LONGITUDE	
DAMAGE DESCRIPTION AND DIMENSIONS					
SCOPE OF WORK					
Does the Scope of Work change the pre-disaster conditions at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Special Considerations issues included? <input type="checkbox"/> Yes <input type="checkbox"/> No Hazard Mitigation proposal included? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is there insurance coverage on this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No					
PROJECT COST					
ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
				TOTAL COST	\$0.00
PREPARED BY:			TITLE:		

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**FEDERAL EMERGENCY MANAGEMENT AGENCY
PROJECT WORKSHEET
INSTRUCTIONS**

The Project Worksheet must be completed for each identified damaged project.

Projects with estimated or actual cost of damage greater than \$47,800 (FY 99) are large projects.
Projects with estimated or actual cost of damage less than \$47,800 (FY 99) are small projects.

After completing Project Worksheets, submit the worksheets to your Public Assistance Coordinator.

Identifying Information

Declaration No: Indicate the disaster declaration number as established by FEMA (i.e. "FEMA 1136-DR-TN", etc.).
Project No: Indicate the project designation number you established to track the project in your system (i.e. 1, 2, 3, etc.).
FIPS No: Indicate your FIPS number within this space. This is optional.
Date: Indicate the date the worksheet was prepared in MM/DD/YY format.
Category: Indicate the category of the project according to FEMA specified work categories. This is optional.
Applicant: Name of the governmental or other legal entity to which the funds will be awarded.
County: Name of the county where the damage is located. If located in multiple counties, indicate "Multi-County."
Damage facility: Identify the facility and describe its basic function.
Work Complete as of: Indicate the date that the work was examined in the format of MM/DD/YY and the percentage of work completed to that date.
Location: This item can range anywhere from an "address," "intersection of..." "1 mile south of ...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.
Damage Description and Dimensions: Describe the disaster-related damage to the facility, including the cause of the damage and the area or components affected.
Scope of Work: List work that has been completed, and work to be completed, which, is necessary to repair disaster-related damage. Include items recorded on the preliminary damage assessment.
Does the Scope of Work change the pre-disaster conditions of the site: If the work described under the Scope of Work changes the facilities conditions (i.e. increases / decreases the size or function of the facility or does not replace damaged components in kind with like materials), check (✓) yes. If the Scope of Work returns the site to its pre-disaster configuration, capacity and dimensions check (✓) no.
Special Considerations: If the project includes insurable work, and/or is affected by environmental (NEPA) or historic concerns, check (✓) either the Yes or No box so that appropriate action can be initiated to avoid delays in funding. Refer to *Applicant Guidelines* for further information.
Hazard Mitigation: If the pre-disaster conditions at the site can be changed to prevent the disaster-related damage, check (✓) Yes. If no opportunities for hazard mitigation exist check (✓) no. Appropriate action will be initiated and avoid delays in funding. Refer to *Applicant Handbook* for further information.
Is there insurance coverage on this facility: Federal law requires that FEMA be notified of any entitlement for proceeds to repair disaster-related damages, from insurance or any other source. Check (✓) yes if any funding or proceeds can be received for the work within the Scope of Work from any source besides FEMA.

Project Cost

Item: Indicate the item number on the column (i.e. 1, 2, 3, etc.). Use additional forms as necessary to include all items.
Code: If using the FEMA cost codes, place the appropriate number here.
Narrative: Indicate the work, material or service that best describes the work (i.e. "force account labor overtime", "42 in. Dia. RCP", "sheet rock replacement", etc.).
Quantity/Unit: List the amount of units and the unit of measure ("48/cy", "32/lf", "6/ea", etc.).
Unit Price: Indicate the price per unit.
Cost: This item can be developed from cost to date, contracts, bids, applicant's experience in that particular repair work, books which lend themselves to work estimates, such as RS Means, or by using cost codes supplied by FEMA.
Total Cost: Record total cost of the project.

Prepared By: Record the name and title of the person completing the Project Worksheet.

Record Requirements

Please review the *Applicant Handbook* for detailed instructions and examples.
 For all completed work, the applicant must keep the following records:

- Force account labor documentation sheets identifying the employee, hours worked, date and location;
- Force account equipment documentation sheets identifying specific equipment, operator, usage by hour/mile and cost used;
- Material documentation sheets identifying the type of material, quantity used and cost;
- Copies of all contracts for work and any lease/rental equipment costs.

For all estimated work, keep calculations, quantity estimates, pricing information, etc. as part of the records to document the "cost/estimate" for which funding is being requested.

382 FF90-91A PW-Damage Description and Scope of Work Continuation Sheet (Sample)

FEDERAL EMERGENCY MANAGEMENT AGENCY PROJECT WORKSHEET – Damage Description and Scope of Work Continuation Sheet				O.M.B. No. 3067-0151 Expires April 30, 2001
DECLARATION NO. FEMA- ____-DR- ____	PROJECT NO.	FIPS NO.	DATE	CATEGORY
APPLICANT		COUNTY		
PREPARED BY:				

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Example of Completed Project Description as Part of the Project Worksheet

Project Description	Examples
Damaged Facility	Township Road 415 is an 18-foot wide gravel road with a uniform surface course consisting of 2 inches of crushed limestone aggregate.
Work Complete as of (INSERT DATE)	10%
<p>Location</p> <p><i>Specific identification for easily location for a site visit</i></p>	<p>The road was damaged at the crossing of Mill Creek approximately 2.5 miles south of the intersection of Township Road 415 and State Route 5 in Jones Township, Wayne County.</p> <p>Other examples Exact Address: 12345 ABC Road, City, State Zip Street/Road/Bridge: Main Street between Mission and Howard or Upper Deck of the Bay Bridge between Toll Plaza and Treasure Island Rural road identified by township, range, section, and road number: T7S, R14W, Sec. 28, TR 108 Water or sewer line aligned to closest street address along with proximity of the line to that location: Sewer - 201 North Street, on West side of street at alley</p>
Latitude	26° 75.21
Longitude	95° 20.09
<p>Damage Description & Dimensions</p> <p><i>Describe damage in terms of function of facility and its features, or items requiring repair. Specificity such as quantitative terms and physical dimensions required.</i></p>	<p>Floodwaters from Mill Creek destroyed a 24' section of 48" CMP culvert and rock slope protection around both ends of the culvert. Floodwaters also washed out the road around the culvert for a distance of 20 LF across the entire width of the road for a width of 20 LF. These damages include the 8-foot high road embankment, 6-inches of aggregate base course, and 2 inches of limestone aggregate surface course. Site stabilization, clean up, and closure of the road work activities have been completed at this site.</p>
Scope of Work	<p>Restore washout site by placing 24' of 48" CMP culvert, 197 tons of compacted unclassified fill, 12 tons of aggregate base course and 4 tons of crushed limestone aggregate surface course. Place 7 tons of rock slope protection around the culvert at the upstream and downstream road embankment, for a total of 14 tons.</p> <p>Proposed hazard mitigation: Replace the destroyed 48" CMP culvert with a 60" CMP culvert to increase the capacity of the culvert</p> <p>Other example High winds toppled and destroyed six 40'H power poles and one (12 KVa) transformer of a residential power distribution subsystem. Connecting wires were also knocked down along this 0.25-mile stretch of River Road, but were not broken. Remove and dispose destroyed power poles and transformer. Replace six 40'H power poles and one (12 KVa) transformer. Restrung all connecting wires. "</p> <p>Work Completed: Remove and dispose destroyed 6 power poles and 1 transformer, and .25 miles of 12KVA connecting wire. "</p> <p>Work to be completed: Replace power poles and one 12 KVa transformer. Restrung .25 miles of 12 KVa connecting wire.</p>

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388 FF90-91C PW-Maps and Sketches Sheet (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY PROJECT WORKSHEET – Maps and Sketches Sheet				O.M.B. No. 3067-0151 Expires April 30, 2001
DECLARATION NO. FEMA- ____-DR- ____	PROJECT NO.	FIPS NO.	DATE	CATEGORY
APPLICANT		COUNTY		

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390 FF90-91D PW-Photo Sheet (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY PROJECT WORKSHEET – Photo Sheet				O.M.B. No. 3067-0151 Expires April 30, 2001	
DECLARATION NO. FEMA- ____-DR- ____	PROJECT NO.	FIPS NO.	DATE	CATEGORY	
APPLICANT		COUNTY			
PHOTO			PHOTO		

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392 FF90-118 Validation Worksheet (Page 1 of 2) (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY VALIDATION WORKSHEET		DISASTER: FEMA — _____ — DR — _____	
1. APPLICANT'S NAME		2. PA ID NUMBER	3. PROJECT NUMBER
4. VALIDATOR'S NAME		5. AGENCY	6. TELEPHONE NUMBER
I. GENERAL—ALL PROJECTS			
VALIDATION ITEM		REMARKS	
<input type="checkbox"/> Review projects <input type="checkbox"/> Visit site <input type="checkbox"/> Statement of work <input type="checkbox"/> Accurate <input type="checkbox"/> Complete <input type="checkbox"/> Eligible <input type="checkbox"/> Pictures <input type="checkbox"/> Sketches/drawings			
II. COMPLETED WORK			
<input type="checkbox"/> Force Account Labor <input type="checkbox"/> Eligible employee <input type="checkbox"/> Hours <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Fringe benefits <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Calculations			
III. FORCE ACCOUNT EQUIPMENT			
<input type="checkbox"/> Labor hours exceeds or match equipment hours <input type="checkbox"/> FEMA rates used <input type="checkbox"/> PAC approved rates used <input type="checkbox"/> Mileage used for automobiles, buses, pickups, and ambulances <input type="checkbox"/> Calculations			
IV. LEASED/RENTAL EQUIPMENT			
<input type="checkbox"/> Invoice <input type="checkbox"/> Price reasonable <input type="checkbox"/> Operation/labor cost <input type="checkbox"/> Gasoline/oil/lubricants <input type="checkbox"/> Eligible repairs/parts <input type="checkbox"/> Calculations			
V. MATERIALS			
<input type="checkbox"/> Purchase orders/invoices <input type="checkbox"/> Inventory records/stock tickets <input type="checkbox"/> Calculations			

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396 FF90-119 Project Validation Form (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY PROJECT VALIDATION FORM		DISASTER: FEMA — _____ — DR — _____		
1. APPLICANT'S NAME		2. DATE	3. FIPS NUMBER	
4. VALIDATOR'S NAME		5. AGENCY		
6. CONTACT PERSON		7. TELEPHONE NUMBER		
The projects listed below were validated from: <input type="checkbox"/> Sample 1 <input type="checkbox"/> Samples 1 and 2				
VALIDATION				
A Project #	B Applicant Estimate	C Eligibility Variance	D Cost Estimate Variance	E Comments
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
SUBTOTAL	B \$	C \$	D \$	PERCENT OF VARIANCE % <i>(F divided by B)</i>
TOTAL VARIANCE	(COL. C+ D) = F		F \$	
II. VALIDATION RESULTS				
<input type="checkbox"/> VARIANCE WITHIN 20% 1ST VALIDATION <input type="checkbox"/> VARIANCE WITHIN 20% 2ND VALIDATION <input type="checkbox"/> VARIANCE WITHIN 20% 1ST & 2ND VALIDATION				
III. RECOMMENDATION				
<input type="checkbox"/> Approve funding, variance within 20% <input type="checkbox"/> Provide technical assistance, variance exceeds 20%				

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398 FF90-120 Special Considerations Questionnaire (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY SPECIAL CONSIDERATIONS QUESTIONS		
1. APPLICANT'S NAME	2. FIPS NUMBER	3. DATE
4. PROJECT NAME	5. LOCATION	
Form must be filled out—for each project.		
1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, equipment, vehicles, etc.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ _____		
2. Is the damaged facility located within a floodplain or coastal high hazard area, or does it have an impact on a floodplain or wetland?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ _____		
3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ _____		
4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ _____		
5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ _____		
6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there more, similar buildings near the site?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ _____		
7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ _____		
8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ _____		
9. Are there any other environmentally or controversial issues associated with the damaged facility and/or item of work?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Comments _____ _____		

399 FEMA Form 90-120, NOV 98

400 FF90-121 PNP Facility Questionnaire (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY PNP FACILITY QUESTIONNAIRE	
<p>This questionnaire is to be used by FEMA and state personnel to help determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization. Obtain answers to the following questions for each PNP organization. If the organization has more than one facility that incurred damage, complete a separate sheet for each facility.</p>	
<p>Name of PNP Organization: _____</p>	
<p>Name of the damaged facility and location: _____ _____</p>	
<p>What is the primary purpose of the damaged facility? _____</p>	
<p>Who may use this facility? _____</p>	
<p>What fee, if any, is charged for the use of the facility? _____</p>	
<p>Was the facility in use at the time of the disaster?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Did the facility sustain damage as a direct result of the disaster?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What type of assistance is being requested? _____</p>	
<p>Does the PNP organization own the facility?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If "Yes," obtain proof of ownership; check here if attached. <input type="checkbox"/></p>	
<p>If "No," do they lease / rent the facility?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If "Yes," obtain a copy of the lease or rental agreement for the damaged facility; check here if attached. <input type="checkbox"/></p>	
<p>Are the repairs of this facility the legal responsibility of the organization?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is the facility insured?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If "Yes," obtain a copy of the insurance policy; check here if attached. <input type="checkbox"/></p>	
<p>Additional information or comments:</p>	
<p>Name of contact person</p>	<p>Phone number</p>

401 FEMA Form 90-121, NOV 98

402 FF90-122 Historic Review For Determination of Adverse Effect (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY HISTORIC REVIEW ASSESSMENT FOR DETERMINATION OF EFFECT		
FIPS Number	Project Number	LATITUDE/LONGITUDE /
Address/location of facility/site		Historic Name and ID #
Historic Status: <input type="checkbox"/> NHL <input type="checkbox"/> NR/NR eligible <input type="checkbox"/> State Register or other <input type="checkbox"/> Contributing to Historic District		
1. Describe disaster damage, particularly as it relates to character-defining features:		
2. The proposed scope of work will (check all that apply): <input type="checkbox"/> Repair or replace non character-defining features. <input type="checkbox"/> Repair and/or replace historic features/elements in-kind to return facility to pre-disaster condition. <input type="checkbox"/> Alter or remove historic features/elements. <input type="checkbox"/> Add non-historic features/elements to a historic facility, setting or landscape. <input type="checkbox"/> Disturb, destroy or make archeological resources inaccessible. <input type="checkbox"/> Include mitigation, an alternate project or an improved project. <input type="checkbox"/> Other (explain): _____		
3. Describe measures to prevent or minimize loss or impairment of character-defining features:		
4. Attachments: <input type="checkbox"/> Maps <input type="checkbox"/> Drawings <input type="checkbox"/> Specifications <input type="checkbox"/> Photographs <input type="checkbox"/> Project Worksheet <input type="checkbox"/> Scope of Work <input type="checkbox"/> Site Plan <input type="checkbox"/> National Register <input type="checkbox"/> List of Materials <input type="checkbox"/> Samples <input type="checkbox"/> Archeological Survey <input type="checkbox"/> Field Notes <input type="checkbox"/> Summary Views of Interested Parties <input type="checkbox"/> Nomination Form <input type="checkbox"/> Research Material <input type="checkbox"/> Other		
5. Conclusions: <input type="checkbox"/> 5a. No Character-defining features were affected. <input type="checkbox"/> 5b. The above action(s) meets the conditions for a Programmatic Exclusion # _____ of the Programmatic Agreement governing historic review. <input type="checkbox"/> 5c. The above action(s) substantially conforms with the applicable parts of the Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation. <input type="checkbox"/> 5d. Further consultation with the SHPO in accordance with the Programmatic Agreement is required. <input type="checkbox"/> 5e. Development of STMA or Memorandum of Agreement is required. <input type="checkbox"/> 5f. Recommendations for conditions or stipulations to ensure that the assessment of effect is consistent with 36 CFR Part 800 criteria of effect and substantially conforms to the Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation include:		
6. Assessment of Effect (check one): <input type="checkbox"/> No Effect <input type="checkbox"/> No Adverse Effect <input type="checkbox"/> Adverse Effect		
7. Specialist: Your signature shows that you have reviewed this form and related material for conformity with requirements in FEMA's Programmatic Agreement governing compliance with the National Historic Preservation Act; applicable parts of the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings 1992 (Standards); the Secretary of the Interior's Guidelines for Archeological Documentation (Guidelines), or any other applicable Secretary of the Interior's Standards, 44 CFR Part 206, and FEMA Management Policies, and have provided your best professional opinion.		
Comments:		
Name	Field of Expertise	Date
8. Action Taken and Date:		

403 FEMA Form 90-122, NOV 98

404
405

FF90-123 Force Account Labor Summary Record (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT EQUIPMENT SUMMARY RECORD						Page	of			
1. APPLICANT		2. PA ID	3. PW #		4. DISASTER NUMBER					
5. LOCATION/SITE			6. CATEGORY		7. PERIOD COVERING to					
8. DESCRIPTION OF WORK PERFORMED										
TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY					COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE					TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS						\$	\$
			HOURS						\$	\$
			HOURS						\$	\$
			HOURS						\$	\$
			HOURS						\$	\$
			HOURS						\$	\$
			HOURS						\$	\$
GRAND TOTALS										\$
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.										
CERTIFIED		TITLE				DATE				

406

FEMA Form 90-127, NOV 98

407 FF90-124 Materials Summary Record (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY MATERIALS SUMMARY RECORD						Page _____ of _____	
1. APPLICANT		2. PA ID		3. PW#		4. DISASTER NUMBER	
5. LOCATION/SITE				6. CATEGORY		7. PERIOD COVERING to	
8. DESCRIPTION OF WORK PERFORMED							
VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
			\$	\$			<input type="checkbox"/> INVOICE <input type="checkbox"/> STOCK
GRAND TOTAL				\$			
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.							
CERTIFIED				TITLE		DATE	

408 FEMA Form 90-124, NOV 98

409 FF90-125 Rented Equipment Summary Record (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY RENTED EQUIPMENT SUMMARY RECORD						Page _____ of _____		
1. APPLICANT		2. PA ID		3. PW#		4. DISASTER NUMBER		
5. LOCATION/SITE				6. CATEGORY		7. PERIOD COVERING to		
8. DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as appropriate</small>	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
				\$			\$	
GRAND TOTAL								
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED				TITLE		DATE		

410 FEMA Form 90-125, NOV 98

411 FF90-126 Contract Work Summary Record (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY CONTRACT WORK SUMMARY RECORD		PAGE ____ OF ____		O.M.B. No. 3067-0151 Expires October 31, 2008	
APPLICANT Example - Washington		PA ID NO.	PROJECT NO.	DISASTER	
LOCATION/SITE Example - 12 miles Northeast of Elma		CATEGORY H		PERIOD COVERING TO	
DESCRIPTION OF WORK PERFORMED					
DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS - SCOPE	
GRAND TOTAL			→	\$0.00	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.					
CERTIFIED		TITLE		DATE	

412
413

FEMA Form 90-126, OCT 02

414
415

FF90-127 Force Account Equipment Summary Record (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD										Page _____ of _____			
1. APPLICANT			2. PA ID			3. PW #			4. DISASTER NUMBER				
5. LOCATION/SITE						6. CATEGORY			7. PERIOD COVERING to				
8. DESCRIPTION OF WORK PERFORMED													
NAME	JOB TITLE	DATE	DATES AND HOURS WORKED EACH WEEK						COSTS				
									TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS
NAME	REG.								\$	/	\$	\$	
JOB TITLE	O.T.								\$	/	\$	\$	
NAME	REG.								\$	/	\$	\$	
JOB TITLE-	O.T.								\$	/	\$	\$	
NAME	REG.								\$	/	\$	\$	
JOB TITLE	O.T.								\$	/	\$	\$	
NAME	REG.								\$	/	\$	\$	
JOB TITLE	O.T.								\$	/	\$	\$	
NAME	REG.								\$	/	\$	\$	
JOB TITLE	O.T.								\$	/	\$	\$	
Total Cost for Force Account Labor Regular Time											➔	\$	
Total Cost for Force Account Labor Overtime											➔	\$	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.													
CERTIFIED						TITLE			DATE				

416

FEMA Form 90-123, NOV 98

417 FF90-128 Applicant's Benefit Calculation (Sample Only)

FEDERAL EMERGENCY MANAGEMENT AGENCY APPLICANT'S BENEFITS CALCULATION WORKSHEET		PAGE ____ OF ____	O.M.B. No. 3067-0151 Expires October 31, 2008
APPLICANT Example - Washington		PA ID NO.	
DISASTER		PROJECT NO.	
FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME	
HOLIDAYS			
VACATION LEAVE			
SICK LEAVE			
SOCIAL SECURITY			
MEDICARE			
UNEMPLOYMENT			
WORKER'S COMP.			
RETIREMENT			
HEALTH BENEFITS			
LIFE INS. BENEFITS			
OTHER			
TOTAL in % of annual salary			
COMMENTS			
I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE			
CERTIFIED BY	TITLE	DATE	

FEMA Form 90-128, OCT 02

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to 30 minutes per response. The burden includes the time for reviewing instruction, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). Submission of the form is required to obtain or retain benefits under the Public Assistance Program. Please do not send your completed form to the above address.

418

419
420

FF 90-135 Preliminary Damage Assessment - Potential Subgrantee (Page 1 of 2)
(Sample Only)

U.S. DEPARTMENT OF HOMELAND SECURITY EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE PRELIMINARY DAMAGE ASSESSMENT - POTENTIAL SUBGRANTEE				TEAM		Team Leader Initials/Date	
PUBLIC ENTITY/POTENTIAL SUBGRANTEE INFORMATION							
PUBLIC ENTITY/POTENTIAL SUBGRANTEE			CONTACT & TELEPHONE NO.			POPULATION	
COUNTY/PARISH			ADDITIONAL CONTACT(S) & TELEPHONE NO(S)				
SITE ESTIMATE SUMMARY							
CATEGORY	CRITICAL FACILITIES AND OTHER DAMAGES	INSPECTED		PROJECTED		TOTAL	
		# of Sites	Estimated Cost	# of Sites	Estimated Cost	# of Sites	Estimated Cost
EMERGENCY WORK							
A	Debris						
B	Emer. prot. meas.						
Emergency Work sub-total							
PERMANENT WORK							
C	Roads and bridges						
sub-total							
D	Water control facilities						
sub-total							
E	Buildings and equipment						
sub-total							
F	Utilities						
sub-total							
G	Rec./other						
Permanent work sub-total							
TOTAL							

421

422 FF 90-135 Preliminary Damage Assessment - Potential Subgrantee (Page 2 of 2)
423 (Sample Only)

DISASTER IMPACTS List detours/critical facilities damaged.
Describe any health and safety issues.
Did previous state or local hazard mitigation measures reduce otherwise eligible costs? <i>(If yes, please explain)</i>
Comments:

424

425 Immediate Needs Funding²¹

426 Immediate Needs Funds (INF) is money earmarked for the most urgent work in the initial aftermath of
 427 a disaster. The funds may be provided to any eligible applicant for eligible emergency work that must
 428 be performed immediately and paid for within the first 60 days following declaration. Eligible work
 429 typically includes debris removal, emergency protective measures, and removal of health and safety
 430 hazards. Immediate needs funds can be used for expenses resulting from this eligible work, such as
 431 temporary labor costs, overtime payroll, equipment, and material fees.

432
 433 Immediate needs are noted for each area surveyed. If a disaster is declared, and the State thinks
 434 damage costs warrant the need for immediate cash flow, the State may acquire INF on the sub-
 435 grantee's behalf. Up to 50% of the Federal share estimate of emergency monies will then be placed in
 436 the State's account. Because this money can be made available in advance of normal procedures
 437 once a disaster has been declared, paperwork and processing times are reduced and one can receive
 438 emergency funds sooner. INF will not be available unless the county/city has been included in the
 439 presidential declaration.
 440

441 Individual Assistance Programs

442 Funds for individual medical care are set up for a defined time period for reasonable and necessary
 443 expenses associated with the disaster. Disaster victims qualify under a series of requirements, one
 444 which is not an income or means-tested requirement. FEMA individual assistance funds are given
 445 directly to the eligible individual or household with a \$25,000 limit before inflation especially when
 446 property casualty is involved.

447
 448 These monies can be used for emergency personal needs of the uninsured, temporary housing
 449 assistance (rental and mortgage payments) generally up to 18 months, home repair grants,
 450 unemployment assistance due to the disaster, debris removal from private property when deemed in
 451 the public interest, emergency food supplies, legal aid for low-income individuals, and crisis
 452 counseling. These funds are to reimburse expenses beyond the scope of stabilization that is covered
 453 by the Public Assistance funds providers receive. The individual assistance is also intended for
 454 medical and dental expenses that directly result from injuries caused by the declared disaster. These
 455 funds are not intended for routine medical examinations and procedures for pre-existing illnesses that
 456 the victim would need to attend to absent the disaster event.

457
 458 FEMA directly disburses the funds to the individual or one designated individual for the entire
 459 household. This individual is accountable to use the cash to compensate the medical provider for
 460 services rendered. The individual or household must maintain proof of expenses and payment for up
 461 to three years. Health care expenditures may exceed FEMA funding for all personal covered
 462 expenses. Individuals will have to use his/her judgment and discretion in the subsidy of expenses.
 463

464 Human Influenza Pandemic Flu Emergency Management²²

465 Given the rapidly infectious and deadly nature of human influenza flu, Federal resource response for
 466 an outbreak is different from other disaster relief undertakings:

- 467 • A pandemic will last much longer than most public emergencies, and may include "waves" of
 468 influenza activity separated by months (in 20th century pandemics, a second wave pandemic
 469 influenza activity occurred 3 to 12 months after the first wave). It is expected that the numbers of
 470 health care workers and first responders available to work will be reduced. This population will be
 471 at high risk of illness through exposure in the community and in health-care settings. This
 472 response highlights limited work aid. Emergency Management Assistance Compact (EMAC), a
 473 congressionally ratified organization that provides form and structure to interstate mutual aid, may
 474 erode due to reliance of the affected State's first responders without additional interstate back up.

²¹ United States Department of Homeland Security Federal Emergency Management Authority
 Public Assistance FAQ. <http://www.fema.gov/government/grant/pa/faq.shtml> Accessed 8 May 2007.

²² United States Department of Homeland Security Federal Emergency Management Authority
 Disaster Assistance Policy DAP9523.17. Emergency Assistance for Human Influenza Pandemic.
 2007 Mar 31.

- 475 • Resources in many locations could be limited, depending on the severity and spread of an
476 influenza pandemic.

477 FEMA has listed series of Emergency Protective Measures that may be eligible for reimbursement to
478 State and local governments and certain private non-profit organizations:

- 480 1. Activation of State or local emergency operations center to coordinate and direct the response to
481 the event.
- 482 2. Purchase and distribution of food, water, ice, medicine, and other consumable supplies.
- 483 3. Management, control, and reduction of immediate threats to public health and safety.
- 484 4. Movement of supplies and persons.
- 485 5. Security forces, barricades and fencing, and warning devices.
- 486 6. Emergency medical care (non-deferrable medical treatment of disaster victims in a shelter or
487 temporary medical facility and related medical facility services and supplies, including emergency
488 medical transport, X-rays, laboratory and pathology services, and machine diagnostics tests for a
489 period determined by the Federal FEMA Coordinating Officers).
- 490 7. Temporary medical facilities (for treatment of disaster victims when existing facilities are
491 overloaded and cannot accommodate the patient load).
- 492 8. Congregate sheltering (for disaster victims when existing facilities are overloaded and cannot
493 accommodate the patient load).
- 494 9. Communicating health and safety information to the public.
- 495 10. Technical assistance to State and local governments on disaster management and control
- 496 11. Search and rescue to locate and recover members of the population requiring assistance and to
497 locate and recover human remains.
- 498 12. Storage and internment of unidentified human remains.
- 499 13. Mass mortuary services.
- 500 14. Recovery and disposal of animal carcasses (except if another Federal authority funds the activity
501 -- e.g., U.S. Department of Agricultural, Animal, Plant and Health Inspection Services provides for
502 removal and disposal of livestock).
- 503 15. Coordination with Emergency Support Function (ESF), Coordination among ESFs 3, 5, 6, 8, 9,
504 11, and 14 will be required.

505
506 Due to limited number of NDMA personnel aid, FEMA has identified eligible costs for regular
507 personnel not usually available through public assistance programs such as: overtime pay for an
508 applicant's regular employees may be eligible for reimbursement. The straight-time salaries of an
509 applicant's regular employees who perform eligible work are not eligible for reimbursement. Regular
510 and overtime pay for extra-hires may be eligible for reimbursement and eligible work accomplished
511 through contracts, including mutual aid agreements, may be eligible for reimbursement. Equipment,
512 materials, and supplies made use of in the accomplishment of emergency protective measures may
513 also be eligible.

514 However many ineligible costs identified in other public assistance programs remain:

- 516 • Definitive care (defined as medical treatment or services beyond emergency care, initiated upon
517 inpatient admissions to a hospital).
- 518 • Cost of follow-on treatment of disaster victims is not eligible, in accordance with FEMA's policy on
519 Medical Care and Evacuation (FEMA Recovery Policy 9525.4).
- 520 • Costs associated with loss of revenue.
- 521 • Increased administrative and operational costs to the hospital due to increased patient load.
- 522 • Rest time for the staff which may include the time a staff member is unavailable to provide
523 assistance with emergency medical care.
- 524 • Because the law does not allow disaster assistance to duplicate insurance benefits, disaster
525 assistance will not be provided for damages covered by insurance. The public assistance
526 applicant should not seek reimbursement for these costs if underwritten by private insurance,
527 Medicare, Medicaid, or a pre-existing private payment agreement.

528
529 *Note: Ineligible costs remain ineligible even if covered under contract, mutual aid, or other assistance*
530 *agreements.*

531
532
533
534

535 5. 2 Appendix B: Funding Sources Eligibility, Benefits and Application Procedures

536 Table 1: Funding Timeline and Distribution

Program	Sponsor	Funding Timeline			Funding For							Fund Distributed to			Application Resource Allocation	
		Pre-Disaster	Disaster	After-math	Facility/Property	Medical Service	Planning	Staffing	Training	Supply & Equipment	States / Tribes / Territories	Local Dept	Busi-nesses			
Bioterrorism Training and Curriculum Development Program (BTCDP)	Health Resource and Services Administration (HRSA)	X								X		X	X		Complex	Eligibility limited to previous fiscal year's awardees; long application
National Bioterrorism Hospital Preparedness Program (NBHPP)	Health Resource and Services Administration (HRSA)	X					X	X	X	X	X	X			Moderate	Requires project narrative
Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President	U.S. Department of Health and Human Services (HHS) Administration on Aging (AoA)		X			X		X		X	X	X			Moderate	Lengthy application, involvement with grant staff
Commercial Equipment Direct Assistance Program (CEDAP)	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)	X								X	X	X			Moderate	
Competitive Training Grant Program (CTGP)	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)	X							X		X	X			Moderate	
Emergency Assistance for Human Influenza Pandemic	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)		X		X, ACS	X		X		X		X	X		Moderate	Requires pandemic occurrence
Flood Mitigation Assistance (FMA) program	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)											X			Moderate	
Hazard Mitigation Grant Program (HMGP)	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)		X		X						X				Complex	Requires state to collect and prioritize applicant projects
Metropolitan Medical Response System (MMRS) Program	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)				X, ACS	X	X			X	X	X			Moderate	
National Disaster Medical System (NDMS) Uncompensated Care Pool/Reimbursement	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA) and U.S. Department of Health & Human Services		X			X									Simple	NDMS already has a reimbursement process in place
Pre-Disaster Mitigation (PDM) Program	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)	X			X		X				X	X			Complex	Requires benefit-cost analysis
Public Assistance Grant Program	Department of Homeland Security Federal Emergency Management Agency (FEMA)											X			Complex	Requires sub-applicants to apply under the State grantee

537

538

539

Program	Sponsor	Funding Timeline			Funding For							Fund Distributed to			Application Resource Allocation
		Pre-Disaster	Disaster	After-math	Facility/Property	Medical Service	Planning	Staffing	Training	Supply & Equipment	States / Tribes / Territories	Local Dept	Busi-nesses		
State Homeland Security Program (SHSP)	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)	X					X		X	X	X	X		Moderate	
Superfund Amendments and Reauthorization Act (SARA), Title III	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)	X							X			X		Simple	
Urban Areas Security Initiative (UASI) Program	U.S. Department of Homeland Security Federal Emergency Management Agency (FEMA)	X	X	X			X		X	X	X	X		Moderate	
Emergency Management Performance Grants (EMPG)	U.S. Department of Homeland Security Office of Grants & Training	X					X	X	X	X	X			Complex	Extensive follow-up and evaluation
Economic Injury Disaster Loans for Small Businesses	U.S. Small Business Association (SBA)		X		X							X	X	Simple	
Pre-Disaster Mitigation Loan Program	United States Small Business Association (SBA)	X			X							X	X	Moderate	Requires project narrative
VHA Disaster Relief Program	VHA Health Foundation		X				X					X	X	Simple	
VHA Innovations in Hospital Emergency Preparedness	VHA Health Foundation	X					X							Moderate	Need to submit letter of inquiry then be invited to apply

540

541 Table 2: Application Resource Allocation, Intent, Deadline / Contact, Funding Amount
 542

Program (Linked to List)	Application Resource Allocation	Intent	Deadline & Contact	Funding Amount
Bioterrorism Training and Curriculum Development Program (BTCDP)	Complex Eligibility limited to previous fiscal year's awardees; long application for; national training program	Improve the capability of the Nation's healthcare workforce to respond to bioterrorism and other public health emergencies. The goal of this program is the development of a healthcare workforce capable of demonstrating the ability to: (1) recognize indications of a terrorist event and other public health emergencies; (2) treat patients and communities in a safe and appropriate manner; (3) participate in a coordinated response and, (4) rapidly and effectively alert the public health system of such an event at the community, State, and national level.	Available 7/5/2006 Deadline 8/4/2006 Jamie King Division of Grants Management Operations Health Resources and Services Administration 5600 Fishers Lane, Room 11A-16 Rockville, MD 20857 (301) 443-6686 jking@hrsa.gov Terri Spear Branch Chief Emergency Training Branch Division of Healthcare Preparedness HRSA/Healthcare Systems Bureau 5600 Fishers Lane, Room 13-103 Rockville, MD 20857 (301) 443-4912 (301) 443-4922 tspear@hrsa.gov	\$12,396,000 (FY2007) \$20,790,000 (FY2006) \$27,520,000 (FY2005) \$27,706,000 (FY2004) \$27,818,000 (FY2003)
National Bioterrorism Hospital Preparedness Program (NBHPP)	Moderate Requires project narrative	Enhances the ability of hospitals and health care systems to prepare for and respond to bioterrorism and other public health emergencies. Program priority areas include improving bed and personnel surge capacity, decontamination capabilities, isolation capacity,	July 10, 2006 5PM for FY2006 Application Melissa Sanders, Branch Chief National Bioterrorism Hospital Preparedness Program Healthcare Systems Bureau, HRSA Parklawn Bldg, Room 13-103	FY2006 \$450,396,032 FY2005 \$491,410,000 (\$470,755,000 given in Cooperative Agreement funds) FY2004 \$514,944,000 (\$498,000,000 given in Cooperative Agreement funds) FY2003 \$514,633,000

Program (Linked to List)	Application Resource Allocation	Intent	Deadline & Contact	Funding Amount
		<p>pharmaceutical supplies, and supporting training, education, and drills and exercises.</p>	<p>5600 Fishers Lane Rockville, MD 20857 (301) 443-0924 (t) (301) 480-0334 (f) msanders@hrsa.gov</p> <p>Neal Meyerson, MPA HRSA Division of Grants Management Operations Parklawn Building, Room 11A-16 Rockville, MD 20857 (301) 443-5906 (t) (301) 443-6686 (f) nmeyerson@hrsa.gov</p> <p>HRSA Grants Application Center The Legin Group, Inc. 901 Russell Avenue, Suite 450 Gaithersburg, MD 20879 (877) 477-2123 HRSAGAC@hrsa.gov</p>	<p>(\$498,000,000 given in Cooperative Agreement funds) FY2002 \$135,000,000 (\$125,000,000 given in Cooperative Agreement funds)</p>
<p>Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President</p>	<p>Moderate Lengthy application, involvement with grant staff</p>	<p>To provide disaster relief and assistance funds to those State Units on Aging (SUAs) and tribal organizations who are currently receiving a grant under Title VI of the Older Americans Act, as amended. These funds only become available when the President declares a National Disaster and may only be used in those areas designated in the</p>	<p>September 1, 2007 Stephen L. Daniels, Grants Management Officer U.S. Department of Health and Human Services Administration on Aging Washington, DC 20201 (202) 357-3464 Stephen.Daniels@aoa.hhs.gov Irma Tetzloff, Project Officer U.S. Department of Health and Human Services Administration on Aging Washington, DC 20201 (202) 357-3525 Irma.Tetzloff@aoa.hhs.gov</p>	<p>• \$500,000 • AoA will fund no more than 75% of the project's total cost</p>

Program (Linked to List)	Application Resource Allocation	Intent	Deadline & Contact	Funding Amount
		Disaster Declaration issued by the President of the United States.		
Commercial Equipment Direct Assistance Program (CEDAP)		Equipment and training awards for first responders	<p>FY2007 Filing Period: April 25, 2007 through May 29, 2007 11:59 PM (EST)</p> <p>Preparedness Officer or the Centralized Scheduling and Information Desk (800) 368-6498 askcsid@dhs.gov 8:00 a.m. - 7:00 p.m. (EST), M-F</p> <p>If the CSID representative cannot answer a question, the call may be routed to a NPD technical agent for CEDAP located at Ft. Huachuca, Arizona (866) 659-9170</p>	\$33.7 million

Program (Linked to List)	Application Resource Allocation	Intent	Deadline & Contact	Funding Amount
Competitive Training Grant Program (CTGP)		Support innovative training initiatives that are national in scope and further the department's mission of preparing the nation to prevent, protect against, respond to, and recover from catastrophic events to meet the national homeland security training needs. The emphasis this fiscal year is on the development and delivery of courses in one of the following five focus areas: <ul style="list-style-type: none"> • Public communications • Executive leadership of homeland security programs • Intergovernmental coordination and planning • Managing homeland security risks • Legal issues in preparation, response, and recovery 	FY2007 Filing Period: April 17, 2007 through May 4, 2007 11:49PM (EST) Preparedness Officer or the Centralized Scheduling and Information Desk (800) 518-4726 askcsid@dhs.gov 8:00 a.m. - 7:00 p.m. (EST), M-FU.S. Department of Health and Human Services Office of Grants 200 Independence Avenue, S.W. HHH Building Washington, DC 20201	\$29.1 million
Emergency Assistance for Human Influenza Pandemic	Moderate Requires pandemic occurrence	Establish the types of emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.	James Walke Director, Public Assistance Division (202) 646-2751 James.Walke@dhs.gov	
Hazard Mitigation Grant Program (HMGP)	Complex Requires state to collect and prioritize applicant projects	The Hazard Mitigation Grant Program (HMGP) provides grants to States and local governments to implement long-term hazard mitigation measures after a major disaster declaration. The purpose of the HMGP is to reduce the loss	Deadline: As soon as possible after disaster occurs or set by the State Ms. Rebecca Wagoner Governor's Office of Emergency Services 3650 Shriever Avenue	<ul style="list-style-type: none"> • Not to exceed 7.5% of the total disaster grants awarded by FEMA • States that meet higher mitigation planning criteria may qualify for a higher percentage under the Disaster Mitigation Act of 2000. • Not to exceed 75% of the eligible

Program (Linked to List)	Application Resource Allocation	Intent	Deadline & Contact	Funding Amount
		<p>of life and property due to natural disasters and to enable mitigation measures to be implemented during the immediate recovery from a disaster. The HMGP is authorized under Section 404 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.</p>	<p>Mather, CA 95655 (916) 845-8151 (916) 845-8386 rebecca_wagoner@oes.ca.gov http://www.oes.ca.gov</p>	<p>costs of each project.</p> <ul style="list-style-type: none"> • At least 25% State match, which can be fashioned from a combination of cash and in-kind sources. Funding from other Federal sources cannot be used for the 25% share with one exception. Funding provided to States under the Community Development Block Grant program from the Department of Housing and Urban Development can be used to meet the non-federal share requirement.
<p>Metropolitan Medical Response System (MMRS) Program</p>		<p>MMRS funds support designated jurisdictions to further enhance and sustain a regionally integrated, systematic mass casualty incident preparedness program that enables a response during the first crucial hours of an incident. The program prepares jurisdictions for response to all-hazards mass casualty incidents, including CBRNE terrorism, epidemic disease outbreaks, natural disasters, and large-scale hazardous materials incidents.</p>	<p>Please see DHS HSGP</p>	<p>\$4,646,613</p>

Program (Linked to List)	Application Resource Allocation	Intent	Deadline & Contact	Funding Amount
National Disaster Medical System (NDMS) Uncompensated Care Pool/Reimbursement	Simple NDMS already has a reimbursement process in place	Reimburse National Disaster Medical System (NDMS) hospitals for definitive inpatient medical care provided to patients <ul style="list-style-type: none"> • For victims who do not have other coverage for medically-necessary services and supplies. • Uncompensated care pools address funding needs for those who are not Medicaid-eligible. • Uncompensated care pools also address funding needs for Medicaid eligibles who need services beyond those provided in the Host State's Medicaid plan 		<ul style="list-style-type: none"> • 100% Federally funded reimbursement program • 110% of the Medicare rate for care provided to NDMS patients • The uncompensated care pool is available for uncompensated costs incurred from a defined disaster time period.
Pre-Disaster Mitigation (PDM) Program	Complex Collect sub-applicants under a single applicant, requires benefit-cost analysis	The Pre-Disaster Mitigation (PDM) program provides funds to states, territories, Indian tribal governments, communities, and universities for hazard mitigation planning and the implementation of mitigation projects prior to a disaster event. Funding these plans and projects reduces overall risks to the population and structures, while also reducing reliance on funding from actual disaster declarations. PDM grants are to be awarded on a competitive basis and without reference to state allocations, quotas, or other formula-based allocation of funds.	FY2007 Deadline: February 5, 2007, 11:59:59 EST Ms. Rebecca Wagoner Governor's Office of Emergency Services 3650 Shriever Avenue Mather, CA 95655 (916) 845-8151 (916) 845-8386 rebecca_wagoner@oes.ca.gov http://www.oes.ca.gov eGrants Technical Assistance Mitigation eGrants Helpdesk Mon-Fri 9AM-5PM (EST) (866) 476-0544 mtegrants@fema.gov	\$100 million (FY2007) appropriated by Congress for all 50 U.S. States <ul style="list-style-type: none"> • At least \$0.5 million and no more than \$15 million awarded for any one state • \$1 million Federal cap for mitigation plans, not to exceed 3 years • \$3 million Federal cap for mitigation projects, not to exceed 3 years • \$15 million total State cap on Federal annual share • Not to exceed 10% of funds for information dissemination activities related to planning or sub-applicant project • Not to exceed 5% of funds for sub-applicant administrative expenses

Program (Linked to List)	Application Resource Allocation	Intent	Deadline & Contact	Funding Amount
				<ul style="list-style-type: none"> • Not to exceed 75% Federal cost share unless small and impoverished communities which are not to exceed 90% of Federal cost share
Public Assistance Grant Program		Provide assistance to States, local governments, and certain Non-Profit organizations to alleviate suffering and hardship resulting from major disasters or emergencies declared by the President		<ul style="list-style-type: none"> • Federal share of assistance is not less than 75% of the eligible cost for emergency measures and permanent restoration • Grantee (usually the State) determines how the non-Federal share (up to 25%) is split with the subgrantees (eligible applicants).
State Homeland Security Program (SHSP)		SHSP supports the implementation of State Homeland Security Strategies to address the identified planning, equipment, training, and exercise needs for acts of terrorism. In addition, SHSP supports the implementation of the National Preparedness Goal, the National Incident Management System (NIMS), and the National Response Plan (NRP).	Matt Bettenhausen - Director of Office of Homeland Security State Capitol, 1st Floor Sacramento, CA 95814 916-324-8908	
Superfund Amendments and Reauthorization Act (SARA), Title III	Simple	<ul style="list-style-type: none"> • Provides funding for training in emergency planning, preparedness, mitigation, response, and recovery capabilities 	Linda Straka (301) 447-1162 Linda.Straka@dhs.gov	<ul style="list-style-type: none"> • Requires 20% non-Federal cost share. This total may be provided as a cash match, a third party in-kind contribution, or any

Program (Linked to List)	Application Resource Allocation	Intent	Deadline & Contact	Funding Amount
<p>Economic Injury Disaster Loans for Small Businesses</p>	<p>Simple</p>	<p>simultaneously addressing issues of national concern as identified in the National Priorities and Target Capabilities List of the National Preparedness Goal</p> <p>If a small business has suffered substantial economic injury, regardless of physical damage, and is located in a declared disaster area, the business may be eligible for financial assistance from the U.S. Small Business Administration. Substantial economic injury is the inability of a business to meet its obligations as they mature and to pay its ordinary and necessary operating expenses.</p>	<p>(800)-368-6498 askcsid@dhs.gov 8:00 a.m. - 7:00 p.m. (EST), M-F</p> <p>U.S. Small Business Administration Field Operations Center - West Disaster Area 4 Office P.O. Box 419004 Sacramento, CA 95841-9004 (800) 488-5323</p>	<p>requirement</p> <p>Up to \$1.5 million based on business actual economic injury and financial needs</p>
<p>Pre-Disaster Mitigation Loan Program</p>	<p>Moderate Requires project narrative</p>	<p>Make low-interest; fixed-rate loans to eligible small businesses for the purpose of implementing mitigation measures to protect business property from damage that may be caused by future disaster</p>	<p>2003 Filing period: June 16, 2003 to July 16, 2003 Check Federal Register for future program filing periods</p> <p>U.S. Small Business Administration Field Operations Center - West Disaster Area 4 Office P. O. Box 419004 Sacramento, CA 95841-9004 (800) 488-5323</p>	<ul style="list-style-type: none"> • Up to \$50,000 per fiscal year ending September 30 • Any loans above \$50,000 requires SBA considerations

Program (Linked to List)	Application Resource Allocation	Intent	Deadline & Contact	Funding Amount
VHA Disaster Relief Program	Simple	<ul style="list-style-type: none"> • Distribute funds throughout the year to help VHA member organizations who have been affected by natural disasters. • Assist hospital employees to rebuild their homes and replace lost possessions. 	Vhahealthfoundation@vha.com Linda DeWolf, President of the VHA Health Foundation ldewolf@vha	Varies by situation
VHA Innovations in Hospital Emergency Preparedness	Moderate Need to submit letter of inquiry then be invited to apply	<ul style="list-style-type: none"> • Bring emergency preparedness innovations to life and, by maximizing our extensive local and national relationships, share these new programs and findings nationwide, thus improving our nation's overall readiness. • Become a national catalyst for change in the emergency preparedness arena and a springboard for improved health care outcomes. 	Accepts unsolicited grant inquires throughout the year	<ul style="list-style-type: none"> • Grants of \$100,000 to \$250,000 will be awarded throughout the year. • Grant period may extend for a period of up to 18 months. • Applicants are required to financially invest in the program with cash from any source and/or through in-kind contributions specific to the grant period. The minimum level of your investment is equal to one-half of the funding you request from the Foundation.

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Table 3: Application / Enrollment Guidelines, Eligibility

Program (Linked to List)	Application or Enrollment Guidelines	Eligibility
<p>Bioterrorism Training and Curriculum Development Program (BTCDP)</p>	<p><u>Submit application on http://www.grants.gov</u></p> <ul style="list-style-type: none"> • Standard Form (SF) - 424RR Cover Page • Pre-application, HHS 5161 Checklist • SF-424RR Senior/Key Person Profile • Senior Key Personnel Biographical Sketches, Current and Pending Support • Additional Senior/Key Person Profiles, Biographical Sketches, Current and Pending Support • SF-424RR Performance Site Locations • Project Summary/Abstract • Project Narrative • SF-424RR Budget Period • Other Attachments Form 	<p>Eligibility is limited to awardees currently receiving previous fiscal year's BTCDP Continuing Education (CE) funding</p>
<p>National Bioterrorism Hospital Preparedness Program (NBHPP)</p>	<p><u>Complete Application:</u></p> <ul style="list-style-type: none"> • Submit application on http://www.grants.gov • Application for Federal Assistance (SF-424) • Project Summary/Abstract • HHS Checklist Form PHS-5161 • Project Narrative Attachment Form • SF-424A Budget Information - Non-Construction Programs • SF-424B Assurances - Non Construction Programs • Disclosure of Lobbying Activities (SF-LLL) • Copy of NIMS Certification Letter sent to Department of Homeland Security • Statement of promoting and encouraging NIMS adoption by Specific Agencies • Position descriptions (that include the roles, responsibilities, and qualifications of proposed project staff) • Biographical Sketches (for any key employed personnel) 	<p>Health departments of all 50 States, the District of Columbia, the Nation's three largest municipalities (New York City, Los Angeles county and Chicago), the Commonwealths of Puerto Rico and the Northern Mariana Islands, the territories of American Samoa, Guam and the U.S. Virgin Islands, the Federated States of Micronesia, and the Republics of Palau and the Marshall Islands. The distribution of funds will be to the State or political subdivision of a State (cities and counties are considered political subdivisions of States). Hospitals of all kinds, outpatient facilities, health centers, rural health facilities, Tribes, EMS and poison control centers should work with the appropriate state health department to acquire funding through this program. These entities are vital partners in the development and sustainment of surge capacity and as such all states are encouraged to work with them and other appropriate partners, to the extent possible.</p>

Program (Linked to List)	Application or Enrollment Guidelines	Eligibility
	<ul style="list-style-type: none"> • Letter stating application was developed in coordination with the state hospital association or representative(s) of the healthcare community • Evidence of Non Profit status and invention related documents, if applicable. • Line Item Budget Narrative Justification • Other relevant documents, including dated letters of support/agreements. Include only letters of support which specifically indicate a commitment to the project/program 	
<p>Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President</p>	<p><u>Submit application and proposal online at http://www.grants.gov</u> Standard Form (SF) 424 – Application for Federal Assistance. • SF 424A – Budget Information. • Separate Budget Narrative/Justification • SF 424B – Assurances • Certification • Proof of non-profit status • Copy of the applicant's most recent indirect cost agreement, as necessary. • Project Narrative with Work Plan • Organizational Capability Statement and Vitae for Key Project Personnel. • “Survey on Ensuring Equal Opportunity for Applicants” Discuss all disaster applications with Regional staff before submitting a formal application Coordinate with the State Emergency Management Office in developing information for their application</p>	<ul style="list-style-type: none"> • State Units on Aging in states for which some or all of the state has been declared a federal disaster area by the President of the United States • Federally recognized tribal organizations within the areas declared a federal disaster area who are currently receiving a grant under Title VI of the Older Americans Act, as amended.

Program (Linked to List)	Application or Enrollment Guidelines	Eligibility
<p>Commercial Equipment Direct Assistance Program (CEDAP)</p>	<ul style="list-style-type: none"> • <u>Submit applications through the Responder Knowledge Base (RKB) website at http://www.rkb.mipt.org</u> • Respond to multiple choice eligibility questions that determines the size of the jurisdiction served by an agency or department and to characterize the level of support made available during the last 12 months • Respond to essay questions that explain in detail why they need the selected equipment and how it will be used. The essay response also addresses how the requested equipment will help applicants meet the National Preparedness Priorities and Target Capabilities related to the National Preparedness Goal • Attend required training • Comply with evaluation and administrative requirements • Submit only one application per year under CEDAP • Multiple applications from different divisions or units of the same agency or department will automatically disqualify the applicant from consideration for all CEDAP applications submitted 	<ul style="list-style-type: none"> • Law enforcement agencies, fire, and other emergency responder organizations with specific financial and capability needs • Awardees that have received grant assistance from FEMA under FEMA's Interoperable Communications Equipment (ICE) program are not eligible for interoperable communications equipment under CEDAP • Available to smaller communities, not currently eligible for funding through the DHS Urban Areas Security Initiative grant program: Any Emergency Medical Service (EMS) provider authorized by State law or by a unit of local government to provide medical services and operates as a branch of medicine that is performed in the field, pre-hospital (i.e., the streets, peoples' homes, etc.). Corporations will be required to verify that they are non-profit in order to qualify for CEDAP. • Equipment awards are integrated with state planning processes for regional response and asset distribution. Each state's administrative agency has the opportunity to review applications submitted by first responder organizations within their state to ensure that equipment requests are consistent with their state homeland security strategy
<p>Competitive Training Grant Program (CTGP)</p>	<p><u>Apply through the online Grants.gov system at http://www.grants.gov</u></p> <ul style="list-style-type: none"> • Standard Form (SF) 424 -- Application for Federal Assistance • SF 424B -- Assurances • SF LLL -- Disclosure of Lobbying Activities • SF 424A -- Budget Information • Certification Regarding Debarment, Suspension, and Other Responsibility Matters • Any additional required attachments (i.e. Concept Paper) • Title Page/Executive Summary (1 Page) • Training Program Narrative (1 Page) • Training Analysis, Design, and Development (2 Pages) • Training Implementation and Evaluation (2 Pages) • Applicant Expertise, Support, and Collaboration (1 Page) • Budget Summary (1 Page) 	<ul style="list-style-type: none"> • State, local, Tribal, and Territorial governments • National associations and organizations with a demonstrable stake in and/or expertise relevant to one of the focus areas • Higher education institutions with existing programs that address one of the focus areas • Nonprofits, including community and faith-based organizations with a demonstrable stake in and/or expertise relevant to one of the focus areas • Private sector corporations including owners and operators of critical infrastructure or other entities which can demonstrate a stake in and/or expertise relevant to one of the focus areas

Program (Linked to List)	Application or Enrollment Guidelines	Eligibility
<p>Emergency Assistance for Human Influenza Pandemic</p>		<ul style="list-style-type: none"> • Area affected by influenza pandemic • Defined pandemic <ul style="list-style-type: none"> (1) A new influenza virus subtype emerges, for which there is little or no human immunity (2) Influenza virus must infect humans and cause illness (3) Influenza virus must spread easily and sustainably (continue without interruption) among humans • Large surges in the number of people requiring or seeking medical or hospital treatment, which could overwhelm health services • High rates of worker absenteeism will interrupt other essential services, such as emergency response, communications, fire and law enforcement, and transportation, even with the Continuity of Operations Plans in place • Rates of illness are expected to peak fairly rapidly within a given community because all populations will be fully susceptible to an H5N1-like virus • Local social and economics disruptions may be temporary, yet have amplified effects due to today's closely interrelated and interdependent system of trade and commerce • A second wave of global spread should be anticipated within a year, based on past experience • All countries are likely to experience emergency conditions during a pandemic, leaving few opportunities for international assistance, as seen during natural disasters or localized disease outbreaks. Once international spread has begun, governments will likely focus on protecting domestic populations
<p>Flood Mitigation Assistance (FMA) program</p>	<p>Applicants and sub-applicants must submit FEMA grant applications through the Electronic Grants Management System (eGrants)</p>	
<p>Hazard Mitigation Grant Program (HMGP)</p>	<p>Upon emergency, contact State Hazard Mitigation Officer</p>	<ul style="list-style-type: none"> • State and local governments • Indian tribes or other tribal organizations • Certain non-profit organizations

Program (Linked to List)	Application or Enrollment Guidelines	Eligibility
		Individual homeowners and businesses may not apply directly to the program; however a community may apply on their behalf.
<p>Metropolitan Medical Response System (MMRS) Program</p> <p>National Disaster Medical System (NDMS) Uncompensated Care Pool/Reimbursement</p>	<p>Apply through DHS HSGP</p> <ul style="list-style-type: none"> • NDMS hospitals • NDMS patients (uninsured or Medicaid, with NDMS as primary) • Uninsured • Medicaid Ineligible or Medicaid eligible with services not covered by State's Medicaid plan 	<p>Los Angeles, San Francisco, San Diego, San Jose, Long Beach, Oakland, Sacramento, Fresno, Santa Ana, Anaheim, Riverside, Glendale, Huntington Beach, Stockton, Bakersfield, Fremont, Modesto, and San Bernardino</p>
<p>Pre-Disaster Mitigation (PDM) Program</p>	<p><u>Application</u></p> <ul style="list-style-type: none"> • Applicants and sub-applicants must submit FEMA grant applications through the Electronic Grants Management System (eGrants). Otherwise sub-applicants must submit the planning and sub-application to applicant for eGrants submission on sub-applicant's behalf. • If location is in a Special Flood Hazard Area (SFHA), State is within a Flood Hazard Boundary Map (FHBM), or State is issued a Flood Insurance Rate Map (FIRM) for their specific jurisdiction, then the State is mandated to participate in the National Flood Insurance Program <p>Good standing in NFIP, unless a Federally-recognized Indian tribal government</p> <p><u>Benefit-Cost Analysis</u></p> <ul style="list-style-type: none"> • Perform a BCA for each property, including repetitive flood loss properties and substantially damaged properties. 	<p><u>Applicant</u></p> <ul style="list-style-type: none"> • Only the State emergency management agencies or a similar office of the State from the 50 States and U.S. territories, as well as Federally-recognized Indian tribal governments • Each State, Territory, or tribal government shall designate one Agency to serve as the Applicant for this program. • Each Applicant may submit an unlimited amount of sub-applications for eligible planning/project activities that the Applicant has reviewed and approved in eGrants. • A separate management cost sub-application must be submitted for Applicant management costs. <p><u>Sub-Applicant</u></p> <ul style="list-style-type: none"> • State-level agencies including State institutions (e.g., State hospital or university); Federally-recognized Indian tribal governments; local governments, including State-recognized tribes, authorized tribal organizations, and Alaska Native villages; public colleges and universities;

Program (Linked to List)	Application or Enrollment Guidelines	Eligibility
	<p><u>Technical Assistance</u> FEMA may provide technical assistance to Applicants and Sub-applicants regarding</p> <ul style="list-style-type: none"> • the level of documentation and the types of information for adequate review of the feasibility and effectiveness of proposed mitigation projects; • the completeness and accuracy of project cost estimating for engineering costs 	<p>and tribal colleges and universities</p> <ul style="list-style-type: none"> • Private non-profit (PNP) organizations and private colleges and universities are not eligible Sub-applicants
<p>Public Assistance Grant Program</p>	<p><u>Submit application</u></p> <ul style="list-style-type: none"> • Preliminary Damage Assessment (PDA) • Presidential Disaster Declaration • Applicants' Briefing by Grantee • Submission of Request for Public Assistance by Applicant • Kick-off Meeting with Public Assistance Coordinator (PAC) • Project Formulation and Cost Estimating • Project Review and Validation • Obligation of Federal Funds and Disbursement to Subgrantees • Appeals and Closeout 	<p>-</p>
<p>Repetitive Flood Claims (RFC) program</p>	<p>Applicants and sub-applicants must submit FEMA grant applications through the Electronic Grants Management System (eGrants)</p>	
<p>Severe Repetitive Loss (SRL) program</p>	<p>Applicants and sub-applicants must submit FEMA grant applications through the Electronic Grants Management System (eGrants)</p>	
<p>Superfund Amendments and Reauthorization Act (SARA), Title III</p>	<p><u>Application forms</u></p> <ul style="list-style-type: none"> • Standard Form (SF) 424 -- Application for Federal Assistance • FEMA Form 20-20, Budget Information – Nonconstruction Programs and budget narrative identifying projected costs. 	<p>The State Emergency Response Commissions recognizes Federally recognized Tribal responsibility as equal to States in terms of the protections of lives and property from chemical hazards. In order to meet these responsibilities, some Tribal Nations have entered into agreements with States and work as part of the</p>

Program (Linked to List)	Application or Enrollment Guidelines	Eligibility
	<ul style="list-style-type: none"> • A copy of the indirect Cost Rate approval by the Tribal Nations' cognizant Federal agency. • A program narrative that includes an acceptable work plan • FEMA Form 20-16, Summary Sheet for Assurances and Certifications <p>Reporting Requirements</p> <ul style="list-style-type: none"> • Submit Performance Reports to FEMA Regional Assistance Officer that lists courses/training activities delivered (with course/activity hours) and total number of participants trained in each training activity. • Submit financial Reports including semi-annual and final financial report, FEMA Form 20-10, Financial Status Report, and PMS Report filed with HHS. 	<p>State system, either as a local emergency planning committee (LEPC) or as members of LEPC's. These Tribal Nations should continue to work with States to address their training needs under State programs.</p> <p>Tribal nations that chose to act independently are required by SARA to form a Tribal Emergency Response Commission (TERC) and designate and LEPC or LEPC's.</p> <p>Pursuant to Homeland Security Directive (HSPD)-5, as of FY05, receipt of federal preparedness funds is conditioned upon applicant's/grantee's adoption of the National Incident Management System (NIMS).</p> <p>Individuals who would be eligible for this training include public officials, fire and police personnel, medical personnel, first responders, and other tribal response and planning personnel.</p>
<p>Urban Areas Security Initiative (UASI) Program</p>		<p>CA area\ candidates: Anaheim/Santa Ana Area, Bay Area, Los Angeles/Long Beach, Sacramento Area, San Diego Area</p>
<p>Emergency Management Performance Grants (EMPG)</p>	<p>Apply through the online Grants.gov system at http://www.grants.gov</p> <ul style="list-style-type: none"> • Standard Form (SF) 424 -- Application for Federal Assistance • SF LLL --Disclosure of Lobbying Activities • SF-424B and SF-424D -- Assurances • Certifications Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirement • Any additional required attachments • SF 424A -- Budget Information • Single Point of Contact (SPOC) Review (if applicable) according to Executive Order 12372 • Work Plan (Program Narrative and Budget) 	<p>Governor of each State and territory has designated an State Administrative Agency (SAA) to apply for and administer DHS funds. Accordingly, the relevant SAA is the only agency eligible to apply for FY 2007 EMPG funds and is responsible for passing through those funds to the State EMA within prescribed timelines.</p>

Program (Linked to List)	Application or Enrollment Guidelines	Eligibility
Economic Injury Disaster Loans for Small Businesses	<ul style="list-style-type: none"> • Submit application • Submit personal financial statements for each partner, officer, director and stockholder with 20% or more ownership • SBA will review the availability of such assets to determine if part or all of business's economic injury might be remedied by using such assets. The business and its principal owners must use their own resources to overcome the economic injury to the greatest extent possible without causing undue hardship. • Private credit sources must be used as much as possible to overcome the economic injury. The SBA can provide EIDL assistance only to the extent the business (and its principals) cannot recover by using its own resources and normal lending channels. • Furnish balance sheets and operating statements for similar periods of time to compare business financial condition before and after disaster. 	<ul style="list-style-type: none"> • Small businesses that have suffered substantial economic injury • Small agricultural cooperatives that have suffered substantial economic injury resulting from a physical disaster or an agricultural production disaster designated by the Secretary of Agriculture • Only profit-oriented operating small businesses and small agricultural cooperatives may apply. • Neither lack of profit or loss of anticipated sales alone is sufficient to establish substantial economic injury. Substantial economic injury occurs only when business cannot meet current obligations because of the disaster. Indicators of economic injury might be a larger than normal volume of receivables, a lower sales volume, slow inventory turnover, and the development of delinquencies in trade payables, current accruals and debt payments. • If the business is in a special flood hazard area, it must have flood insurance before we can disburse a loan. If the business was legally required to maintain flood insurance but did not, a disaster loan will not be made.
Pre-Disaster Mitigation Loan Program	<p>Complete application forms:</p> <ul style="list-style-type: none"> • Pre-Disaster Mitigation Loan Program Application • SBA413 - Personal Financial Statement • IRS8821 - Tax Information Authorization • IRS8821 - Tax Information Instructions • SBA2202 - Schedule of Liabilities (Suggested Format) • Instructions for Schedule of Liabilities • PDMLP Certification Document • State Emergency Management Directory 	<ul style="list-style-type: none"> • Mitigation measure proposal must conform to the priorities and goals of the mitigation plan for the community, as defined by FEMA, in which the business is located. • If proposing a mitigation measure that protects against a flood hazard, the business must be located in a Special Flood Hazard Area (SFHA); • Submit a complete Pre-Disaster Mitigation Loan application to SBA; • Business, along with its affiliates, must be a small business concern as defined in the Code of Federal Regulations, Title 13, part 121 (13 CFR 121 • Must have operated in its present location for at least one year before submitting its application; • Business, with its affiliates and owners, must not have credit elsewhere, as defined on the first page of this Fact Sheet; • If business owns and leases out real property, then mitigation measures must be for the protection of a building leased primarily for commercial rather than residential purposes (SBA will determine this based on a comparative square footage).
VHA Disaster Relief Program	<p>N/A</p>	<p>Employees and clinicians of VHA hospitals</p>

Program (Linked to List)	Application or Enrollment Guidelines	Eligibility
<p>VHA Innovations in Hospital Emergency Preparedness</p>	<p><u>Submit letter of inquiry with the following info</u></p> <ul style="list-style-type: none"> • Organization’s U.S. Tax ID Number (EIN) • Program Name and Emergency Preparedness Solution <p>Category: The name or title of the project and where it is in the development phase, as well as the solution category(ies) it falls under.</p> <ul style="list-style-type: none"> • Purpose Statement / Innovation • Program Overview • Impact on Problem • National Replicability • Sustainability • Timeline • 18-month Budget Summary • Program Champion(s) <p><u>VHA Foundation invites applicant to apply online</u></p> <ul style="list-style-type: none"> • Cover letter signed by a senior leader of the applicant organization, endorsing the program and identifying the program champion • Executive summary of your program (1 page maximum) • Proposal narrative (3-5 pages) • Program work plan and implementation timeline (1 page) • Biosketch of the program champion(s) and other key individuals (1 page each) • Budget and budget justification 	<ul style="list-style-type: none"> • Non-profit health care providers with IRS tax-exempt 501(c)(3) status • U.S. hospitals, health care systems, clinics, and medical practices • Small or large, rural or metropolitan, health care providers • Health care provider must serve as fiduciary agent and play an integral role in the program. • An organization may submit multiple inquiries for consideration • Previously funded organizations may apply • Posses a 50% total match for your program • Diffuse program nationally

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Program (Linked to List)	Benefits	
Bioterrorism Training and Curriculum Development Program (BTCDP)	<ul style="list-style-type: none"> • Develop national bioterrorism training and curriculum development program to target all healthcare providers (consider the providers that are initially sought by the population at the onset of a public health emergency, particularly those considered to be vulnerable populations. Target trainee that are clinical community-based health care providers including, but not limited to those serving Community Health Centers, Migrant Health Centers, Federally Qualified Health Centers, National Health Service Corps Sites, and private and group practices.). • Training should be catered to the specific area of the country being targeted at a given time. • The methods may include face-to-face trainings, such as lectures, small group discussions, and simulations, or may include asynchronous trainings, such as web-based courses, CD-ROMS, and teleconferences. • Identify what is needed to comply with the Interim National Preparedness Goal in the context of the National Response Plan; • Incorporate the National Response Plan and the Interim National Preparedness Goal and associated measures into the training programs; 	<p><i>(cont'd)</i></p> <ul style="list-style-type: none"> • Document and demonstrate competencies needed to perform activities linked to the Target Capabilities List and, thus, accomplish tasks identified in the Universal Task List; • Use existing competencies on bioterrorism preparedness to establish learning objectives and evaluate trainees in meeting these competencies; • Test healthcare workforce competencies via the National Incident Management System (NIMS) compliant drills and exercises; • Annually, complete and submit to HRSA data tables and provide a list and brief description of all training courses, modules, CD ROMs, and other training products conducted by the program; • Attend two BTCDP meetings in Washington, DC, using staff travel funds itemized in the proposed budget for at least two key staff members; • Attend other federally-sponsored bioterrorism and public health preparedness meetings. The Program Director may use staff travel funds to attend such meetings; and • Provide a final report on the results of the pilot test, problems encountered, successes achieved, lessons learned, and recommendations for future actions.
National Bioterrorism Hospital Preparedness Program (NBHPP)	<ul style="list-style-type: none"> • Provide letter verifying the application was developed in coordination with the state hospital association or representative(s) of the healthcare community, and all planning will be conducted in a coordinated manner with the healthcare partners identified in application. • Budget for training and hiring a HRSA NBHP Coordinator • Report annual performance measures and data collection system activities on Hospital Available Beds for Emergencies 	<p><i>(cont'd)</i></p> <ul style="list-style-type: none"> sub-State regional and local level for electronic collection and storage of data with the condition that the system be capable of transmitting State level data to the HHS and HRSA • Attend required annual meetings • Attest self-certification of the adoption, implementation, and compliance with National Incident Management Systems (NIMS)sG)

Program (Linked to List)	Benefits	
<p>Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President</p>	<p>and Disasters (HAVBED) System, credentialed and privileged healthcare volunteers in Emergency System for the Advance Registration System of Volunteer Health Professionals (ESAR VHP), the ability of States and sub-awardees to meet the performance measures outlined in supplemental guidance, internet-based PHIN compliant software systems to build infrastructure at the State.</p> <p>Costs typically requested are for the following gap-filling services: outreach, information and assistance, counseling, case management, advocacy on behalf of older persons unable or reluctant to speak for themselves, and staff overtime. Funds may be used for additional food, supplies, extra home delivered meals, home clean up and safety, emergency medications, transportation, and other such immediate needs. These funds may be used for permissible expenses incurred which are not or can not be paid for through other disaster funding resources.</p>	<ul style="list-style-type: none"> • Target funds to urban areas and associated sub-state regions for seamless coordinated operations response from the major urban areas to the outlying areas in order to move patients, share equipment, supplies and professionals. A increase of 10% for surge capacity and capability building over the current funding will be spent in these associated areas.
<p>Commercial Equipment Direct Assistance Program (CEDAP)</p>	<p>Equipment and training awards are offered in five categories</p> <ol style="list-style-type: none"> 1. Personal Protective Equipment <ul style="list-style-type: none"> • CEDAP PPE Ensemble 2. Thermal Imaging, Night Vision, and Video Surveillance <ul style="list-style-type: none"> • Tacsight SE35 Thermal Imager. 	<p><i>(cont'd)</i></p> <ol style="list-style-type: none"> 4. Information Technology and Risk Management Tools <ul style="list-style-type: none"> • StarWitness Video Pro (investigative software) • MobileSynch Records Management Software (case management software) • Homeland Security Comprehensive Assessment Model (HLS-

Program (Linked to List)	Benefits	
	<ul style="list-style-type: none"> • AN/PVS-14 Night Vision Security Kit. • Gyro Stabilized Binoculars with Night Vision • Modular Portable Video System • Portable Video Surveillance System • Wolf Pack Remote Viewing System (CT/AT Kit) <p>3. Chemical and Biological Detection</p> <ul style="list-style-type: none"> • LCD-3 Lightweight Chemical Detector • CEDAP Chemical Detection Kit • RAMP System for Biodetection 	<p>CAM)</p> <ul style="list-style-type: none"> • CounterMeasures Risk Analysis Software • HazMaster G3 Decision Support System • PEAC-WMD Incident Command Kit • Tactical Lincoln System (Title III court-ordered electronic intercept software) <p>5. Interoperable Communications Equipment/Technology</p> <ul style="list-style-type: none"> • Incident Commanders' Radio Interface(ICRI)
<p>Competitive Training Grant Program (CTGP)</p>	<p>Development and delivery of courses in one of the following five focus areas:• Public communications• Executive leadership of homeland security programs• Intergovernmental coordination and planning• Managing homeland security risks• Legal issues in preparation, response, and recovery</p>	

Program (Linked to List)	Benefits	
<p>Emergency Assistance for Human Influenza Pandemic</p>	<ul style="list-style-type: none"> • Activation of State of local emergency operations center to coordinate and direct the response to the event • Purchase and distribution of food, water, ice, medicine, and other consumable supplies • Management, control, and reduction of immediate threats to public health and safety • Movement of supplies and persons • Security forces, barricades and fencing, and warning devices • Emergency medical care (non-deferrable medical treatment of disaster victims in a shelter or temporary medical facility and related medical facility services and supplies, including emergency medical transport, X-rays, laboratory and pathology services, and machine diagnostic tests for a period determined by the Federal Coordinating Officer) • Temporary medical facilities (for treatment of disaster victims when existing facilities are overloaded and cannot accommodate the patient load) • Congregate sheltering (for disaster victims when existing facilities are overloaded and cannot accommodate the patient load) • Communicating health and safety information to the public 	<ul style="list-style-type: none"> • Technical assistance to the State and local governments on disaster management and control • Search and internment of unidentified human remains • Mass mortuary services • Recovery and disposal of animal carcasses (except if another federal authority funds the activity - e.g. U.S. Department of Agriculture, Animal, Plant and Health Inspection Service provides for removal and disposal of livestock) • Over time pay for an applicant's regular employees may be eligible for reimbursement • Regular and overtime pay for extra-hires may be eligible for reimbursement. Eligible work accomplished through contracts, including mutual aid agreements, may be eligible for reimbursement. Equipment, materials, and supplies made use of in the accomplishment of emergency protective maybe eligible <u>Ineligible costs remain ineligible even if covered under contract, mutual aid, or other assistance agreements</u> • Straight-time salaries of an applicant's regular employees who perform eligible work are not eligible for reimbursement • Definitive inpatient care • Follow-on treatment of disaster victims • Costs associated with loss of revenue <ul style="list-style-type: none"> • Increased administrative and operational costs to the hospital due to increased patient load • Rest time for medical time • Damages covered by insurance
<p>Hazard Mitigation Grant Program (HMGP)</p>	<p>HMGP funds may be used to fund projects that will reduce or eliminate the losses from future disasters. Projects must provide a long-term solution to a problem, for example,</p>	<p><i>(cont'd)</i></p> <ul style="list-style-type: none"> • Retrofitting structures and facilities to minimize damages from high winds, earthquake, flood, wildfire, or other natural hazards•

Program (Linked to List)	Benefits	
	<p>elevation of a home to reduce the risk of flood damages as opposed to buying sandbags and pumps to fight the flood. In addition, a project's potential savings must be more than the cost of implementing the project. Funds may be used to protect either public or private property or to purchase property that has been subjected to, or is in danger of, repetitive damage. Examples of projects include, but are not limited to:</p> <ul style="list-style-type: none"> • Acquisition of real property for willing sellers and demolition or relocation of buildings to convert the property to open space use 	<p>Elevation of flood prone structures</p> <ul style="list-style-type: none"> • Development and initial implementation of vegetative management programs • Minor flood control projects that do not duplicate the flood prevention activities of other Federal agencies • Localized flood control projects, such as certain ring levees and floodwall systems, that are designed specifically to protect critical facilities • Post-disaster building code related activities that support building code officials during the reconstruction process
<p>Metropolitan Medical Response System (MMRS) Program</p>	<p><u>Target Capabilities/Capability Focus Areas</u></p> <ul style="list-style-type: none"> • Strengthen Medical Surge Capabilities - Alternate Care Sites (required of all awardees), Mobile Medical Facilities • Strengthen Mass Prophylaxis Capabilities • Strengthen WMD/Hazardous Materials Response and Decontamination Capabilities • Strengthen Interoperable Communications Capabilities • Strengthen Information Sharing and Collaboration Capabilities • Expand Regional Collaboration • Triage and Pre-Hospital Treatment • Medical Supplies Management and Distribution • Mass Care (Sheltering, Feeding, and Related Services) • Emergency Public Information and Warning • Fatality Management • NIMS Implementation 	

Program (Linked to List)	Benefits
<p>National Disaster Medical System (NDMS) Uncompensated Care Pool/Reimbursement</p>	<p>Examples of coverage that could be provided include</p> <ul style="list-style-type: none"> • Inpatient services • Prescription drugs • Mental health services • Established transportation program (the HHS Medical Travel Center) for victims with medical needs • Any other medically necessary services needed by victims (i.e. diabetics in need of insulin and neither insured nor covered by Medicaid could go to the pharmacy and the pharmacist would then bill the Host State's Medicaid program)
<p>Pre-Disaster Mitigation (PDM) Program</p>	<ul style="list-style-type: none"> • New plan development • Upgrades • Comprehensive review and update <p>Mitigation project activities; and,</p> <ul style="list-style-type: none"> • Voluntary acquisition of real property (i.e. structures and land, where necessary) for conversion to open space in perpetuity; • Relocation of public or private structures; • Elevation of existing public or private structures to avoid coastal or riverine flooding; • Structural retrofitting and non-structural retrofitting (e.g., storm shutters, hurricane clips, bracing systems) of existing public or private structures to meet or exceed applicable building codes relative to hazard mitigation; • Construction of safe rooms (e.g., tornado and severe wind shelters) for public and private structures that meet the FEMA construction criteria in FEMA 320 "Taking Shelter from the Storm" and FEMA 361 "Design and Construction Guidance for Community Shelters"; • Hydrologic and Hydraulic studies/analyses, engineering studies, and drainage studies for the purpose of project design and feasibility determination; • Vegetation management for natural dune restoration, wildfire or snow avalanche; <p><i>(cont'd)</i></p> <ul style="list-style-type: none"> • Protective measures for utilities (e.g., electric and gas); water and sanitary sewer systems and/or infrastructure (e.g., roads and bridges); • Storm water management projects (e.g., culverts, retention basins) to reduce or eliminate long-term risk from flood hazards; and • Localized flood control projects, such as certain ring levees, bank stabilization, and floodwall systems that are designed specifically to protect critical facilities (defined as Hazardous Materials Facilities, Emergency Operation Centers, Power Facilities, Water Facilities, Sewer and Wastewater Treatment Facilities, Communications Facilities, Emergency Medical Care Facilities, Fire Protection, and Emergency Facilities) and that do not constitute a section of a larger flood control system <p>Any of the mitigation projects for a critical facility, may include purchase of a generator or related equipment (e.g., generator hook-ups) as a functional portion to the larger eligible mitigation project sub-application, as long as the generator or related equipment purchase directly relates to the hazard(s) that threatens the critical facility.</p>

Program (Linked to List)	Benefits	
<p>Superfund Amendments and Reauthorization Act (SARA), Title III</p>	<p>This Program provides funding for education and training in emergency planning, preparedness, mitigation, response, and recovery capabilities associated with hazardous chemicals. Possible training sources for this program include federal training activities and conferences, State training programs, private sector training, university training centers, and other training sources. Funding may also be used to pay contractual services acquired for the specific purpose of training and educating the tribes. Training programs should include a number of subjects and a range of levels of complexity to meet the varying needs of as many Tribal governments as possible.</p>	<p><i>(cont'd)</i> Eligible Costs: Travel to courses, hosting courses (including classroom rentals, etc.), course materials, and instructor fees. FEMA Regional PTE Program Officers will assist the Grantees with identifying appropriate training activities.</p> <p>Ineligible Costs: The purchase of equipments, salaries, combining of Hazardous Materials Transportation Act funds with 305(a) funds, and attending Emergency Management Institute (EMI), or the National Fire Academy (NFA) courses (since separate funds are available for that training) are ineligible costs.</p>
<p>Urban Areas Security Initiative (UASI) Program</p>	<p><u>Develop and implement homeland security support programs and adopt DHS national initiatives</u></p> <ul style="list-style-type: none"> • Implement the Interim National Preparedness Goal and Guidance • Implement and adopt NIMS • Modify existing incident management and EOPs to ensure proper alignment with the NRP coordinating structures, processes, and protocols • Establish or enhance mutual aid agreements • Develop communications and interoperability protocols and solutions • Conduct local, regional, and Tribal program implementation meetings • Develop or update resource inventory assets in accordance to typed resource definitions issued by the NIMS Integration Center (NIC) • Design State and local geospatial data systems • Conduct public education and outreach campaigns, including promoting individual, family and business emergency 	<p><i>(cont'd)</i> <u>Develop or conduct assessments</u></p> <ul style="list-style-type: none"> • Conduct point vulnerability assessments at critical infrastructure sites/key assets and develop remediation/security plans • Conduct cyber risk and vulnerability assessments • Conduct assessments and exercising existing catastrophic incident response and recovery plans and capabilities to identify critical gaps that cannot be met by existing local and State resources • Conduct Bombing Prevention Capability Analysis • Activities that directly support the identification of specific catastrophic incident priority response and recovery projected needs across disciplines

Program (Linked to List)	Benefits
	<p>preparedness; alerts and warnings education; and evacuation plans as well as IED or bombing prevention awareness</p>
<p><i>(cont'd)</i> Urban Areas Security Initiative (UASI) Program</p>	<p><u>Develop related terrorism prevention activities</u></p> <ul style="list-style-type: none"> • Develop law enforcement prevention activities, to include establishing and/or enhancing a fusion center (see allowable LETPP planning costs) • Plan to enhance security during heightened alerts, terrorist incidents, and/or mitigation and recovery • Multi-discipline preparation across first responder community, including EMS for response to catastrophic events and acts of terrorism • Public information/education: printed and electronic materials, public service announcements, seminars/town hall meetings, web postings coordinated through local Citizen Corps Councils • Citizen Corps volunteer programs and other activities to strengthen citizen participation • Conduct public education campaigns, including promoting individual, family and business emergency preparedness; promoting the Ready campaign; and/or creating State, regional or local emergency preparedness efforts that build upon the Ready campaign • Evaluate CIP security equipment and/or personnel requirements to protect and secure sites <ul style="list-style-type: none"> • Develop and enhance plans and protocols • Develop or enhance EOPs and operating procedures • Develop terrorism prevention/deterrence plans • Develop plans, procedures, and requirements for the management of infrastructure and resources related to HSGP and implementation of State or Urban Area Homeland Security Strategies • Develop or enhance border security plans • Develop or enhance cyber security plans • Develop or enhance cyber risk mitigation plans • Develop or enhance agriculture/food security risk mitigation, response, and recovery plans

Program (Linked to List)	Benefits	
<p>(cont'd)</p> <p>Urban Areas Security Initiative (UASI) Program</p>	<ul style="list-style-type: none"> • CIP cost assessments, including resources (e.g., financial, personnel) required for security enhancements/deployments • Multi-Jurisdiction Bombing Prevention Plans(MJBPP) • Underwater Terrorist Protection Plans <p><u>Develop and enhance plans and protocols</u></p> <ul style="list-style-type: none"> • Develop or enhance EOPs and operating procedures • Develop terrorism prevention/deterrence plans • Develop plans, procedures, and requirements for the management of infrastructure and resources related to HSGP and implementation of State or Urban Area Homeland Security Strategies • Develop or enhance border security plans • Develop or enhance cyber security plans • Develop or enhance cyber risk mitigation plans • Develop or enhance agriculture/food security risk mitigation, response, and recovery plans • Develop public/private sector partnership emergency response, assessment, and resource sharing plans 	<ul style="list-style-type: none"> • Develop public/private sector partnership emergency response, assessment, and resource sharing plans • Develop or enhancing plans to engage and interface with, and to increase the capacity of, private sector/non-governmental entities working to meet the human service response and recovery needs of victims • Develop or updating local or regional communications plans • Develop plans to support and assist special needs jurisdictions, such as port authorities and rail and mass transit agencies • Develop or enhance continuity of operations and continuity of government plans • Develop or enhance existing catastrophic incident response and recovery plans to include and integrate Federal assets provided under the NRP • Develop or enhance evacuation plans • Develop or enhance citizen surge capacity • Develop or enhance plans for donations and volunteer management and the engagement/integration of private sector/non-governmental entities in preparedness, response, and recovery activities • Develop or enhance Bombing Prevention Plans

Program (Linked to List)	Benefits	
<p><i>(cont'd)</i> Urban Areas Security Initiative (UASI) Program</p>	<ul style="list-style-type: none"> • Develop or enhancing plans to engage and interface with, and to increase the capacity of, private sector/non-governmental entities working to meet the human service response and recovery needs of victims • Develop or updating local or regional communications plans • Develop plans to support and assist special needs jurisdictions, such as port authorities and rail and mass transit agencies • Develop or enhance continuity of operations and continuity of government plans • Develop or enhance existing catastrophic incident response and recovery plans to include and integrate Federal assets provided under the NRP • Develop or enhance evacuation plans • Develop or enhance citizen surge capacity • Develop or enhance plans for donations and volunteer management and the engagement/integration of private sector/non-governmental entities in preparedness, response, and recovery activities • Develop or enhance Bombing Prevention Plans 	<p><u>Develop or conduct assessments</u></p> <ul style="list-style-type: none"> • Conduct point vulnerability assessments at critical infrastructure sites/key assets and develop remediation/security plans • Conduct cyber risk and vulnerability assessments • Conduct assessments and exercising existing catastrophic incident response and recovery plans and capabilities to identify critical gaps that cannot be met by existing local and State resources • Conduct Bombing Prevention Capability Analysis • Activities that directly support the identification of specific catastrophic incident priority response and recovery projected needs across disciplines (e.g. law enforcement, fire, EMS, public health, behavioral health, public works, agriculture, information technology, and citizen preparedness) • Activities that directly support the identification of pre-designated temporary housing sites
<p>Emergency Management Performance Grants (EMPG)</p>	<p>DHS will work closely with State and local partners to ensure full coordination to provide Federal Preparedness Report with</p> <ul style="list-style-type: none"> • an assessment of State compliance with the national preparedness system, National Incident Management System (NIMS), the National Response Plan (NRP), and other related plans and strategies; • an assessment of current capability levels and a description of target capability levels; and, • an assessment of resource needs to meet the preparedness priorities, including an estimate of the amount of expenditures required to attain the preparedness priorities and the extent to 	<p><i>(cont'd)</i> The National Preparedness Goal identifies 6 elements of capability that support the building and sustaining of capabilities, which are consistent with NIMS. These newly outlined elements of capability track closely with the five allowable cost categories traditionally used in G&T grant programs (planning, organization, equipment, training, and exercises, oftentimes referred to collectively as POETE). In addition to these programmatic allowable costs, EMPG also allows for personnel costs, as well as management and administrative (M&A) costs.</p>

Program (Linked to List)	Benefits	
	<p>which the use of Federal assistance during the preceding fiscal year achieved the preparedness priorities by October 4, 2007, and annually thereafter.</p> <p>In addition, the DHS will develop with states and submit an annual Catastrophic Resource Report, which estimates the resources of DHS and other Federal agencies needed for and devoted specifically to developing the capabilities of Federal, State, local, and tribal governments necessary to respond to a catastrophic incident.</p>	<ul style="list-style-type: none"> • Evacuation Planning • Logistics and Resource Management • Continuity of Operations / Continuity of Government Planning • Recovery Planning • NIMS Compliance
<p>Economic Injury Disaster Loans for Small Businesses</p>	<ul style="list-style-type: none"> • The interest rate on EIDLs cannot exceed 4 percent per year. • The term of these loans cannot exceed 30 years. • The term will be determined by your ability to repay the loan. • The loan provides businesses with operating funds until the business recovers. To the extent the business could have made payments had the disaster not occurred, the business may use the loan to make payments on short-term notes, accounts payable and installment payments on long-term notes. • SBA requires the principals of the business to personally guarantee repayment of the loan and, in some instances, to secure the loan by pledging additional collateral. • May not use funds to pay cash dividends or bonuses, or for disbursements to owners, partners, officers or stockholders not directly related to the performance of services for the business. • May not refinance long-term debts or provide working capital that was needed by the business prior to the disaster. • Penalty for misusing disaster funds is immediate repayment of one-and-a-half times the original amount of the loan. 	

Program (Linked to List)	Benefits	
<p>Pre-Disaster Mitigation Loan Program</p>	<ul style="list-style-type: none"> • Credit to assure loans can and will be repaid. • Because Pre-Disaster Mitigation Loans are taxpayer-subsidized, applicants with the financial capacity to fund the project with their own resources are not eligible for Pre-Disaster Mitigation Loan assistance. • Loans of \$10,000 or less do not require collateral. Loans in excess of \$10,000 require a collateral pledge to the extent that it is available. Generally the collateral will consist of a first or second mortgage on the business property, although collateral may be required on other property, including property personally owned by the business' principals. SBA takes real estate as collateral where it is available. In addition, personal guaranties by the principals of the business are required. The SBA will not decline a loan for lack of collateral, but you must pledge available collateral. • To protect each borrower and SBA, SBA requires borrowers to obtain and maintain appropriate insurance. Borrowers of all secured loans (Pre-Disaster Mitigation Loans over \$10,000) must purchase and 	<p>(cont'd)</p> <p>maintain full hazard insurance for the life of the loan. Borrowers whose business property or collateral property is located in a SFHA must also purchase and maintain flood insurance for the full insurable value of the property for the life of the loan.</p> <ul style="list-style-type: none"> • The interest rate on a Pre-Disaster Mitigation Loan will be fixed at 4 percent per annum or less. The exact interest rate will be stated in the Federal Register notice announcing the filing period. • The law authorizes loan terms up to a maximum of 30 years. SBA determines the term of each loan in accordance with the borrower's ability to repay. Based on the financial circumstances of each borrower, SBA determines an appropriate installment payment amount, which in turn determines the actual term. • Relocation of your business if (1) Commercial real property (building) is located in a SFHA; and (2) business relocates outside the SFHA, but remains in the same community. • Mitigation measure must serve the purpose of protecting commercial real property (building), leasehold improvements or contents from damage that may be caused by future disasters.
<p>VHA Disaster Relief Program</p>	<p>Cash aid – an important asset in the aftermath of a major storm so individuals can obtain necessary food and supplies during those first rough days</p>	
<p>VHA Innovations in Hospital Emergency Preparedness</p>	<p>Experiment and create a learning environment for innovation in hospital emergency preparedness</p> <p><u>VHA grants requests for the following expenses if integral to the program:</u></p> <ul style="list-style-type: none"> • program evaluation • technology that supports the overall activities of the program • conferences and/or meetings 	

Program (Linked to List)	Benefits
	<ul style="list-style-type: none">• travel expenses• salary and benefits of key program staff <p><u>The VHA Health Foundation will not consider requests for:</u></p> <ul style="list-style-type: none">• seed money or planning grants• primary research and development of technology• construction or renovation• indirect costs or overhead• endowments• political activities or attempts to influence specific legislation• individual scholarships or tuition assistance

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Table 5: Evaluation Criteria

Program (Linked to List)	Evaluation Criteria	
<p>Bioterrorism Training and Curriculum Development Program (BTCDP)</p>	<p>Response (0-25 points) This includes the extent to which the proposed project responds to the "Purpose" in the program description including: a) Extent of outreach (to include the nation); b) Feasibility of the proposed training plan; c) Documentation and demonstration of competencies needed to perform activities linked to the Target Capabilities List; d) Specification of measurable outcome objectives that are attainable in the given time period; and e) The degree to which numbers and distribution of targeted trainees are sufficient given time and resource constraints.</p> <p>Evaluation (0-20 points) a) The method and measures used to monitor and evaluate the project results including the incorporation of NIMS compliant drills, exercises, or simulations. b) The extent to which evaluative measures are able to assess (1) if the program objectives have been met and (2) if they can be attributable to the project.</p>	<p>Impact (0-15 points) a) The extent and effectiveness of the proposed plans to contribute to the attainment of regional, statewide, and national preparedness capability for a healthcare response; b) The depth of training that will be provided at a national level; and c) The representation of types of health professionals being targeted.</p> <p>Resources/Capabilities (0-25points) a) The demonstrated capabilities of the applicant organization to fulfill the needs and requirements of the proposed project as indicated in the methodology section of this application; b) A summary of previous progress made with the FY 2005 BTCDP award; and c) Partnerships and linkages that already exist and those that will be created and used to accomplish the stated objectives.</p> <p>Uniqueness of Proposed Project (0-10 points) This includes the creativity, uniqueness, and quality of the approach proposed in the application.</p> <p>Supported Requested (0-5 points) This includes the reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.</p>

Program (Linked to List)	Evaluation Criteria	
<p>National Bioterrorism Hospital Preparedness Program (NBHPP)</p>	<p>Applications will be reviewed internally by primary and secondary reviewers using an objective scoring process. Independent review will not be necessary since these are formula grants.</p> <ul style="list-style-type: none"> • Need (10%) - The extent to which the application describes the problem and associated contributing factors to the problem. • Response (25%) - The extent to which the proposed project responds to the "Purpose" included in the program description. The clarity of the proposed goals and objectives and their relationship to the identified project. The extent to which the activities (scientific or other) described in the application are capable of addressing the problem and attaining the project objectives. • Evaluative Measures (25%) - The effectiveness of the methods proposed to monitor and evaluate the project results. Evaluative measures must be able to assess 1) to what extent the program objectives have been met and 2) to what extent these can be attributed to the project. 	<ul style="list-style-type: none"> • Impact (10%) - The extent and effectiveness of plans for dissemination of project results and/or the extent to which project results may be national in scope and/or degree to which the project activities are replicable, and/or the sustainability of the program beyond the Federal Funding. • Resources/Capabilities (20%) - The extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. • Support Requested (10%) - The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated results.
<p>Disaster Assistance for State Units on Aging (SUAs) and Tribal Organizations in National Disasters Declared by the President</p>	<ul style="list-style-type: none"> • Number of older persons affected • Amount and severity of need • Amount of disaster funds available as prescribed in the Older Americans Act 	
<p>Commercial Equipment Direct Assistance Program (CEDAP)</p>	<p>First, the eligibility and multiple choice sections are automatically scored. Second, subject matter experts in the law enforcement and emergency responder community review and score the essay section. High scoring responses will include details regarding how equipment will be used in daily operations and display a thorough understanding of the equipment</p>	

Program (Linked to List)	Evaluation Criteria	
	<p>requested. Successful applications fully describe agency planning and/or needs and capability assessments. In addition, successful applicants demonstrate a clear need for the specific equipment applied for and an ability to maintain it properly. Once all the applications are scored, they are ranked according to the score received and award selections are made based on an applicants' rank and the amount of funding available for equipment purchases.</p>	
<p>Competitive Training Grant Program (CTGP)</p>	<p>This year, five important focus areas have been identified for applicants to use in the development of their application and concept paper:• Public communications;• Executive leadership of homeland security programs;• Intergovernmental coordination and planning;• Managing homeland security risks; and• Legal issues in preparation, response, and recovery. Interested applicants will propose a national-scope training program for one of the focus areas and submit applications through the http://www.grants.gov website. Training should be designed for, and delivered to, appropriate State and local personnel with Homeland Security related responsibilities. The audience for training should be identified by applicants in their proposals. Awards will have a funding period not to exceed 36 months.</p>	<p><i>(cont'd)</i> Concept papers will be reviewed and evaluated for adherence to content and format requirements as established in the CTGP Program Guidance and Application Kit. Awardees will be determined following an independent subject matter expert evaluation and panel review of full proposals consisting of representatives from academia, industry, or federal government organizations, along with practitioners from Federal, State, and local criminal justice and public safety agencies.</p>
<p>Hazard Mitigation Grant Program (HMGP)</p>	<p>Proposed projects must meet certain minimum criteria. These criteria are designed to ensure that the most cost-effective and appropriate projects are selected for funding. Both the law and the regulations require that the projects are part of an overall mitigation strategy for the disaster area.</p> <p>The State prioritizes and selects project applications developed</p>	

Program (Linked to List)	Evaluation Criteria	
	and submitted by local jurisdictions. The State forwards applications consistent with State mitigation planning objectives to FEMA for eligibility review. Funding for this grant program is limited and States and local communities must make difficult decisions as to the most effective use of grant funds.	
Metropolitan Medical Response System (MMRS) Program	Please see DHS HSGP	
National Disaster Medical System (NDMS) Uncompensated Care Pool/Reimbursement	<p>Reimburse providers that incur otherwise uncompensated care costs for medically necessary services and supplies for victims who do not have other coverage for such services and supplies through insurance, or other relief options available including Title XIX and XXI. The uncompensated care pool may also be used to provide reimbursement for benefits not covered under Title XIX in the State. The uncompensated care pool excludes any supplemental payments and is without regard to the State's DSH allotment.</p> <ul style="list-style-type: none"> • NDMS hospital must bill the NDMS reimbursement program for primary payment with respect to uninsured NDMS evacuees as well as NDMS evacuees whose only coverage would otherwise be through Medicaid. • Money received from the UCC Pool would be acceptance of "payment in full." 	
Pre-Disaster Mitigation (PDM) Program	<p>National Review</p> <ul style="list-style-type: none"> • Priority given to the sub-application by the Applicant in their PDM grant application • Assessment of frequency and severity of hazards • Whether applicant has a FEMA approved Enhanced State/tribal hazard mitigation plan by the application deadline • Community mitigation factors such as Community Rating System class, Cooperating Technical Partner, participation as a 	<p><i>(cont'd)</i></p> <ul style="list-style-type: none"> • Thoroughness of SOW that demonstrates an understanding of the planning process and describes a methodology for completing the proposed mitigation plan • Project sub-application demonstrates that the proposed mitigation activity reduces the overall risks to the population and structures. • Durability of the financial and social benefits that will be

Program (Linked to List)	Evaluation Criteria	
	<p>Firewise Community, and adoption and enforcement of codes including the International Code Series and National Fire Protection Association 5000 Code, as measured by the Building Code Effectiveness Grading Schedule</p> <ul style="list-style-type: none"> • Percent of the population benefiting, which equals the number of individuals directly benefiting divided by the community population • Whether the project protects critical facilities • Status of the local Sub-applicant as a small and impoverished community <p><u>National Evaluation</u></p> <ul style="list-style-type: none"> • Strategy for and identification of appropriate and useful performance measures to assure the success of the proposed mitigation activity • Sufficient staff and resources for implementation of the proposed mitigation planning process or proposed mitigation project 	<p>achieved through the proposed mitigation project</p> <ul style="list-style-type: none"> • Leveraging of Federal/State/tribal/territorial/local/private partnerships to enhance the outcome of the proposed activity • Description of unique or innovative outreach activities appropriate to the planning process (e.g., press releases, success stories) that advance litigation and/or serve as a model for other communities • Protection of critical facilities Inclusion of outreach activities appropriate to the proposed mitigation project <p><u>National Technical Review</u></p> <p>FEMA will conduct the following technical reviews for the highest scoring project sub-applications representing no less than 150% of available funding:</p> <ul style="list-style-type: none"> • Benefit-Cost Analysis; • Engineering Feasibility
<p>Emergency Management Performance Grants (EMPG)</p>	<p>All jurisdictions must work with stakeholders across all levels of government, the private sector, and non-governmental organizations to develop or update emergency operations plans (EOP) ensuring that plans, procedures, and exercises address the four identified focus areas from the Review including: Evacuation Planning; Logistics and Resource Management; Continuity of Operations (COOP) / Continuity of Government (COG) Planning; and Recovery Planning.</p>	

Program (Linked to List)	Evaluation Criteria	
<p>Economic Injury Disaster Loans for Small Businesses</p>	<ul style="list-style-type: none"> • Total of your debt obligations; • Operating expenses that mature during the period affected by the disaster, plus the amount you need to maintain a reasonable working capital position during that period; • Expenses the business could have met and a working capital position you could have maintained had the disaster not occurred. <p>The amount of the business economic injury does not automatically represent the dollar amount of loan eligibility; the SBA will evaluate the information provided and determine the reasonableness of the loan request.</p> <p>Governor requests presidential Declaration of Disaster or SBA Declaration of Disaster.</p>	<p>SBA will make a physical disaster declaration when:</p> <ul style="list-style-type: none"> • At least 25 homes (primary residences) and/or businesses in a county have uninsured losses of 40% or more of their estimated fair replacement value (secondary homes, condominium units, cabins, camps, lake homes, etc., used for recreational purposes are not included in the count.), or • At least 3 businesses have uninsured loss of 40% or more of their estimated fair replacement value and, as a direct result of the damages, 25% of the work force in the community would be unemployed for at least 90 days. <p><u>SBA will make an economic injury disaster declaration when:</u></p> <ul style="list-style-type: none"> • A Governor certifies that at least 5 small businesses in a disaster area have suffered substantial economic injury as a result of the disaster and are in need of financial assistance not otherwise available on reasonable terms, or • The Secretary of Agriculture designates an area as an agricultural disaster area, or • The Secretary of Commerce makes a commercial fishery failure or fishery resource disaster under Section 308(b) of the Interjurisdictional Fisheries Act of 1986.

Program (Linked to List)	Evaluation Criteria	
<p>Pre-Disaster Mitigation Loan Program</p>	<p>SBA will date stamp each completed application. SBA will fund loan requests meeting the selection criteria on a first-come, first-served basis using this date stamp until it has allocated all program funds. Applications received on the same day will be ranked by a computer-based random selection system to determine their funding order. SBA will notify applicant in writing of its funding decision.</p> <p>If the loan request meets the selection criteria, but SBA is unable to fund it because all program funds have been allocated, the request will be given priority, based on the original filing date, once more program funds become available. However, if six months have passed since SBA reviewed the application, SBA may request updated or additional financial information.</p> <p>Governor requests presidential Declaration of Disaster or SBA Declaration of Disaster.</p>	<p>(cont'd)</p> <p><u>SBA will make a physical disaster declaration when:</u></p> <ul style="list-style-type: none"> • At least 25 homes (primary residences) and/or businesses in a county have uninsured losses of 40% or more of their estimated fair replacement value (secondary homes, condominium units, cabins, camps, lake homes, etc., used for recreational purposes are not included in the count.), or • At least 3 businesses have uninsured loss of 40% or more of their estimated fair replacement value and, as a direct result of the damages, 25% of the work force in the community would be unemployed for at least 90 days. <p><u>SBA will make an economic injury disaster declaration when:</u></p> <ul style="list-style-type: none"> • A Governor certifies that at least 5 small businesses in a disaster area have suffered substantial economic injury as a result of the disaster and are in need of financial assistance not otherwise available on reasonable terms, or • The Secretary of Agriculture designates an area as an agricultural disaster area, or • The Secretary of Commerce makes a commercial fishery failure or fishery resource disaster under Section 308(b) of the Interjurisdictional Fisheries Act of 1986.
<p>VHA Innovations in Hospital Emergency Preparedness</p>	<p>If your organization meets eligibility requirements and your request is an innovative approach that falls within the emergency preparedness funding priorities of the Foundation, you will be invited to submit a full proposal for funding consideration. Proposals will not be accepted unless invited. Full proposals meeting the guidelines and focus of the Foundation will be reviewed by a Grants Panel, with recommendations submitted to the Board of Directors for</p>	<p><u>Innovation</u></p> <ul style="list-style-type: none"> • Is the program new to the health field and/or health care industry? • Will the program result in a significantly better approach to solving a problem or need related to hospitals emergency preparedness? • Is the innovation transformational and/or disruptive in nature?

Program (Linked to List)	Evaluation Criteria
	<p>consideration. The Foundation Board meets at least quarterly during the year. Typically, the review process takes three to four months from submission of a full proposal to notification.</p> <p><u>Impact</u></p> <ul style="list-style-type: none"> • Does your program demonstrate relevancy and measurable outcomes to the organization and/or community? • Does your program address hospital emergency preparedness in a significant manner? <p><u>Replicability</u></p> <ul style="list-style-type: none"> • Does your program have broad appeal and the potential to be taken to scale/replicated by other health care providers across the country? • What are your early thoughts regarding national diffusion? • Will knowledge gained from the program be diffused and/or communicated across your organization? <p><u>Sustainability</u></p> <ul style="list-style-type: none"> • Does your program incorporate strategies for operational integration within your organization and/or community? • Can you produce tangible results at the end of the grant period?

554 5. 3 Appendix C: Funding Deployed and Waiver Examples from 555 Katrina

556

557 Examples of Funding Available During Katrina

558 More than \$2.8 Billion was made available by the Department of Health and Human Services for
559 Katrina - related health care needs. This included:

- 560 ○ \$2 Billion in federal payments from the Deficit Reduction Act to eligible States for healthcare
561 assistance
- 562 ○ \$70 million from a FEMA Interagency Agreement funding NDMS treatment and
563 Uncompensated Care Pools
- 564 ○ \$550 million in supplemental funds from a Social Services Block Grant to aid in relief efforts
- 565 ○ \$90 million from a "Head Start hurricane-related Head Start appropriation" to be used for
566 replacing and repairing damaged or destroyed facilities and serving evacuee children
- 567 ○ \$104 million from emergency Temporary Assistance for Needy Families (TANF) to hurricane
568 damaged states and to provide "short-term, non-recurrent cash benefits for families traveled
569 to another State."²³

570

571 Hurricane Katrina's severity and the response required by FEMA and NDMS was a learning
572 experience for all levels of government. As a result, non-obligatory funds were made available
573 through negotiation for the first time. This section highlights what funds were made available.
574 However, a significant amount of obligatory and non-obligatory funds were promised to Louisiana, and
575 the State has only received and disbursed a portion of that total at the time of this writing. The low rate
576 of payments made is due to insufficient or lack of documentation for eligible reimbursable services.
577 For any future disaster, there is no obligation or guarantee that these funds would be made available
578 for the same or similar purpose.

579

580 Congress's hindsight and lessons learned from Katrina may contribute to changes in FEMA's policies
581 and approach in providing medical aid and funding. Changes in policy may reveal different funding
582 outcomes for future disasters that require a surge in the demand for medical services. Likewise,
583 although certain FEMA funds were included for Louisiana's recovery, they are not guaranteed for any
584 event that might present in California. Experiences from Katrina should not preclude California from
585 considering other sources of medical aid and funding.

586

587

588 Uncompensated Care Fund

589 An Uncompensated Care Pool was developed by CMS to provide States with a mechanism to
590 reimburse providers that incurred costs that were not otherwise compensated. Eligible costs were
591 incurred for providing medically necessary services and supplies for Katrina evacuees.²⁴
592 Beyond the basic disaster relief assistance legislated by the Robert T. Stafford Disaster Relief and
593 Emergency Assistance Act, FEMA entered a non-obligatory agreement with the Louisiana State
594 government to fund a \$70 million interagency uncompensated care pool. Funds were disbursed to the
595 State Center of Medicaid and Medicare programs contingent upon the expansion of Medicaid
596 eligibility through the 1115 waiver. Eligibility for Medicaid and Medicare was relaxed through
597 increased income limits and self-attestation during a limited and temporary coverage period.
598 Certification for providers involved expedited certification as long as the provider could prove a valid
599 U.S. medical license in good standing. Funds covered medical care rendered by certified Medicaid
600 and Medicare physicians. For more information on the Uncompensated Care Pools during and
601 following Hurricane Katrina please see the section on Previously Issued Waivers / Declarations /
602 Emergency Rules, specifically the Section 1115 Demonstration Waiver.

²³ Norwalk, Leslie V. Testimony on Post Katrina Health Care: Continuing Concerns and Immediate Needs in the New Orleans Region, March 13, 2007

²⁴ HHS, "Summary of Federal Payments Available for Providing Health Care Services to Hurricane Evacuees and Rebuilding Health Care Infrastructure" January 25, 2006.
<http://www.hhs.gov/katrina/fedpayment.html>

603

604 Louisiana State Department of Corrections

605 Instead of assessing eligible costs at every corrections facility, the Department of Corrections health
606 care system agreed to accept a flat rate per inmate serviced for emergency care and stabilization.
607 This expedited FEMA funding to cover eligible services performed on inmates by utilizing existing
608 prison health care providers.

609

610 Lessons Learned From "Katrina Waivers"

611 The funding responses to Hurricane Katrina serve not only as an example for the ways in which a
612 similar response could be implemented in California, but also serve to highlight areas of potential
613 improvement. The Section 1115 Demonstration Waivers are one such an example that provide both
614 a precedent for providing resources to those in need and illustrations for improving the process in the
615 future. These waivers are but one way that these issues can be resolved during a surge, but they
616 provide an important springboard from which to begin thinking about the ways in which California
617 would like to respond to a similar event. The following section illustrates some of these lessons that
618 California could adopt as needed.

619

620 Summary of Previously Issued Waivers / Declarations / Emergency

621 Rules

622 Although each waiver and declaration is specific to a time and place and previous issuance cannot be
623 construed as a guarantee that the same waivers and declarations will be applied to a surge event in
624 California, understanding the historical practices can assist in planning efforts by serving as an
625 example for the types of actions that can be taken to respond to a catastrophic event. The following
626 section summarizes the waivers, declarations and emergency rules that have been used in previous
627 events, namely following Hurricane Katrina and the events of September 11, 2001 in New York. This
628 section also includes a more detailed overview of these waivers, declarations and emergency rules
629 and what specific administrative rule or requirement they addressed.

630

631 Section 1135 Waiver

632

633 In response to the devastation of Hurricane Katrina in and around the Gulf Coast in 2005, the
634 Secretary of Health and Human Services utilized the authority granted him under Section 1135(b) of
635 the Social Security Act (the Act) (42 U.S.C. 1320b-5) and waived the following regulations for
636 Medicare, Medicaid and SCHIP:

637 1. Certain conditions of participation, certification requirements, program participation or similar
638 requirements, or pre-approval requirements for individual health care providers or types of health care
639 providers, including as applicable, a hospital or other provider of services, a physician or other health
640 care practitioner or professional, a health care facility, or a supplier of health care items or services.

641 2. The requirement that physicians and other health care professionals hold licenses in the State in
642 which they provide services, if they have a license from another State (and are not affirmatively barred
643 from practice in that State or any State in the emergency area).

644 3. Limitations on payments under section 1851(i) of the Act to permit Medicare Advantage enrollees to
645 use out-of-network providers in an emergency situation.²⁵

646

647 These waivers and modifications became effective September 6, 2005, but had retroactive effect to
648 specific dates in Florida, Alabama, Louisiana, Mississippi, and Texas. The waivers and modifications
649 applied to the "geographic area covered by the President's declarations, pursuant to the Robert T.
650 Stafford Disaster Relief and Emergency Assistance Act, on August 24, 2005 of a major disaster in

²⁵ U.S. Department of Health and Human Services, Section 1135 Waiver, Hurricane Katrina, September 4, 2005

651 Florida, on August 29, 2005 of major disasters in Alabama, Louisiana, and Mississippi, and on
652 September 2, 2005 of an emergency in Texas, all due to Hurricane Katrina."²⁶

653

654 CMS released a press release on September 6, 2005 explaining the ways in which it had responded
655 to the needs of the healthcare system affected by Hurricane Katrina. In this press release, CMS
656 indicated that:

- 657 • "The normal burden of documentation will be waived and that the presumption of eligibility should
658 be made
- 659 • Health care providers that furnish medical services in good faith, but who cannot comply with
660 normal program requirements because of Hurricane Katrina, will be paid for services provided
661 and will be exempt from sanctions for noncompliance, unless it is discovered that fraud or abuse
662 occurred.
- 663 • Crisis services provided to Medicare and Medicaid patients who have been transferred to facilities
664 not certified to participate in the programs will be paid.
- 665 • Programs will reimburse facilities for providing dialysis to patients with kidney failure in alternative
666 settings.
- 667 • Medicare contractors may pay the costs of ambulance transfers of patients being evacuated from
668 one health care facility to another.
- 669 • Normal prior authorization and out-of-network requirements will also be waived for enrollees of
670 Medicare, Medicaid or SCHIP managed care plans.
- 671 • Normal licensing requirements for doctors, nurses and other health care professionals who cross
672 state lines to provide emergency care in stricken areas will be waived as long as the provider is
673 licensed in their home state.
- 674 • Certain HIPAA privacy requirements will be waived so that health care providers can talk to family
675 members about a patient's condition even if that patient is unable to grant that permission to the
676 provider.
- 677 • Hospitals and other facilities can be flexible in billing for beds that have been dedicated to other
678 uses, for example, if a psychiatric unit bed is used for an acute care patient admitted during the
679 crisis.
- 680 • Hospital emergency rooms will not be held liable under the Emergency Medical Treatment and
681 Labor Act (EMTALA) for transferring patients to other facilities for assessment, if the original
682 facility is in the area where a public health emergency has been declared."²⁷

683

684

685 Section 1115 Demonstration Waiver: Disaster Relief Medicaid

686

687 Hurricane Katrina

688 "As a result of the Hurricane, the President of the United States declared a State of Emergency in
689 Alabama, Louisiana, and Mississippi and the Secretary of the Department of Health and Human
690 Services (DHHS) declared a Public Health Emergency. Secretary Michael Leavitt granted waivers of
691 program requirements including waivers of title XIX and title XXI to the extent necessary to ensure
692 that sufficient health care items and services were available to meet the needs of individuals enrolled
693 in Medicaid and SCHIP. CMS developed an expedited 1115 waiver process which became known as
694 the 'Katrina Demonstrations.' Under these demonstrations, States were granted waivers of Federal
695 requirements to allow for flexibility, administrative efficiency, and additional coverage needed to
696 ensure that directly affected citizens received the health care services they required. Over the course
697 of several weeks, CMS approved 32 State demonstration programs, including 8 uncompensated care
698 pools. These pools were to be used to reimburse providers that incurred uncompensated costs for
699 medically necessary services and supplies for evacuees who did not have other coverage or relief
700 options. The pool could also be used to provide reimbursement for benefits not covered under titles
701 XIX and XXI in the State."

702

²⁶ U.S. Department of Health and Human Services, Section 1135 Waiver, Hurricane Katrina, September 4, 2005

²⁷ U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services, "CMS Actions To Help Beneficiaries, Providers In Katrina Stricken Areas", September 6, 2005, <http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1546>

703 The waiver was issued as a "section 1115 model waiver template to provide expedited health care
704 coverage to meet the needs of low-income beneficiaries who needed health care and eliminated
705 barriers in an effort to support evacuees (see Appendix B for the full text of this template) On average,
706 CMS approved demonstration requests within 38 days of application.

707
708 Through the demonstrations States in which Hurricane Katrina victims were residing (Host States)
709 provided temporary eligibility for 5 months of Medicaid or SCHIP coverage to evacuees who were
710 parents, pregnant women, children under age 19, individuals with disabilities, low-income Medicare
711 recipients, and low-income individuals in need of long-term care, up to specified income levels.
712 Evacuee status was established by self-attestation of displacement, income, and immigration status,
713 but evacuees were required to cooperate in demonstrating evacuee and eligibility status. Evacuees
714 eligible under a disability category were required to provide a physician's statement verifying disability.
715

716 Evacuees were eligible to register for Medicaid or SCHIP without many of the traditional
717 administrative requirements for verification and enrollment. CMS recognized that many of the
718 evacuees' income and resources had changed significantly because of Hurricane Katrina, and that
719 they did not have the usual documentation."²⁸ Evacuee eligibility was based on the home state
720 eligibility rules.

721

722 **Section 1115: Demonstration Waiver Funding**

723 "On February 8, 2006, the President signed the Deficit Reduction Act of 2005 (DRA) in which \$2
724 billion in Federal funds was appropriated for Hurricane Katrina relief efforts, including the Hurricane
725 Katrina demonstrations. Section 6201 provided authority for the provision of additional Federal
726 payments to States under hurricane-related multi-State section 1115 demonstration projects as
727 follows:

728

729 Section 6201(a)(1)(A) and (C). Provides funding for the non-Federal share of expenditures for health
730 care provided to affected individuals (those who reside in a major disaster area declared as a result of
731 Katrina and continue to reside in the same State) and evacuees (affected individuals who have been
732 displaced to another State) under approved multi-state section 1115 demonstration projects (includes
733 Medicaid, SCHIP, and premium assistance);

734

- 735 • Section 6201(a)(1)(B) and (D). Provides funding for the total expenditures for uncompensated
736 care pool costs for uninsured evacuees and uninsured affected individuals;
- 737 • Section 6201(a)(2). Provides funding for the reasonable administrative costs related to such
738 projects;
- 739 • Section 6201(a)(3). Provides funding for the non-Federal share of expenditures for medical care
740 provided to individuals under existing Medicaid and SCHIP State plans; and
- 741 • Section 6201(a)(4). Provides funding for other purposes, if approved by the Secretary, to restore
742 access to health care in impacted communities.

743

744 States were not required to meet budget neutrality tests under these demonstration programs, as
745 individuals participating in the waiver were presumed to be otherwise eligible for Medicaid in their
746 respective Home State and costs to the Federal Government would have otherwise been incurred or
747 allowable. Additionally, Host States had the option to waive cost sharing for evacuees. If cost sharing
748 was not waived, it had to be imposed consistent with title XIX and title XXI Federal Medicaid and
749 SCHIP requirements.

750

751 In addressing costs to States, CMS required that Host States submit the full cost of providing care to
752 evacuees, including the non-Federal (State) share, when submitting their estimated expenditures to
753 CMS as a component of their usual cost reporting for determining Federal payments. States were
754 required to submit claims directly to CMS rather than submitting claims to Home States, as would
755 occur under regular procedures for out-of-State evacuees.
756

²⁸ Centers for Medicare and Medicaid Services, Center for Medicaid and State Operations,
"Summary of State Reports for Medicaid and the State Children's Health Insurance Program
Hurricane Katrina Section 1115 Demonstrations," March 2007,
<http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/downloads/Hurricane%20Katrina%20Final%20Summary%20Report.pdf>

757 **Uncompensated Care Pool**

758 Uncompensated care pools were not offered as part of the model waiver template but were
759 considered on an individual State-by-State basis. CMS required that in order to receive approval for
760 the use of an uncompensated care pool a State had to have a high number of evacuees and had to
761 be co-located or closely located to one of the affected Home States.

762

763 Eight States were approved to utilize an uncompensated care pool: Alabama, Arkansas, Georgia,
764 Louisiana, Mississippi, South Carolina, Tennessee, and Texas. Uncompensated care pools were
765 approved to reimburse providers that incurred uncompensated care costs for medically necessary
766 services and supplies for evacuees who did not have other coverage for such services and supplies
767 through insurance, or other relief options available, including title XIX and title XXI, for a 5-month
768 period, effective August 24, 2005, through January 31, 2006. The pool could also be used to provide
769 reimbursement for benefits not covered under titles XIX and XXI in the State.

770

771 In submitting claims for reimbursement from the uncompensated care pool, providers were required to
772 attest:

773

o that evacuees had no other health care coverage on the date of service;

774

o the provider had received no reimbursement from any other source for the claim and/or
775 expected to receive no reimbursement from any other source;

776

o the recipient was a Katrina evacuee from one of the designated counties/parishes; and

777

o the services and/or supplies were medically necessary and within the scope of the Hurricane
778 Relief effort.

779

780 **Preventing Fraud and Abuse**

781 States were required to (1) verify circumstances of eligibility, (2) verify residency and citizenship of the
782 evacuees, and (3) prevent fraud and abuse. States reported that circumstances of eligibility were
783 verified to the greatest extent possible in order to prevent fraud and abuse. Compliance with these
784 terms and conditions of the waivers is subject to audit."²⁹

785

786 For the full text of the Section 1115 Demonstration Waiver Template, please see Appendix C. For the
787 full text of the summary of the Katrina Waivers, please see Appendix F.

788

789 **September 11, 2001**

790 "Following the September 11, 2001 terrorist attacks, New York requested and received approval for a
791 Section 1115 waiver known as "Disaster Relief Medicaid" (DRM). The DRM program allowed
792 Medicaid applicants who were residents of New York City to receive four months of coverage if they
793 met the eligibility requirements of the Medicaid or Family Health Plus (FHP) program, and
794 they applied for DRM between September 11, 2001, and January 31, 2002."³⁰

795

796 "DRM was a temporary program that used a vastly simplified, expedited application process. Higher
797 income eligibility guidelines and new immigrant eligibility rules were implemented as part of DRM,
798 making many more New Yorkers eligible for coverage. The income eligibility levels for DRM were
799 higher than under traditional Medicaid because the Family Health Plus (FHP) guidelines were used.
800 FHP is a Medicaid expansion for adults that was scheduled to be implemented in the fall of 2001, but
801 was delayed in New York City as a result of the World Trade Center disaster. Income eligibility levels
802 were increased from 87 percent of the federal poverty level (FPL) for parents and 50 percent for
803 single adults/childless couples to 133 percent and 100 percent, respectively. FHP also has no asset
804 test."³¹

805

²⁹ Centers for Medicare and Medicaid Services, Center for Medicaid and State Operations,
"Summary of State Reports for Medicaid and the State Children's Health Insurance Program
Hurricane Katrina Section 1115 Demonstrations," March 2007,
<http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/downloads/Hurricane%20Katrina%20Final%20Summary%20Report.pdf>

³⁰ Baumrucker, Evelyne, April Grady, Jean Hearne, Elicia Herz, Richard Rimkunas, Julie Stone,
and Karen Tritz. "Hurricane Katrina: Medicaid Issues", *CRS Report RL33083 for Congress*,
September 15, 2005

³¹ Kaiser Family Foundation, "New York's Disaster Relief Medicaid," August 2002.

<http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14137>

806 **Emergency Rules 15 and 17**

807 In response to Hurricane Katrina in Louisiana, the Governor of Louisiana declared a state of
 808 emergency which conferred emergency powers upon the Governor to deal with the disaster.³²
 809 Additionally, under the guidelines of R.S. 29:724, the governor was permitted to "suspend the
 810 provisions of any regulatory statute prescribing the procedures for conduct of state business, or the
 811 orders, rules, or regulations of any state agency, if strict compliance with the provisions of any statute,
 812 order, rule, regulation would in any way prevent, hinder, or delay necessary action in coping with the
 813 emergency."³³ With this authority, the Governor of Louisiana issued Executive Order KBB 2005 - 40
 814 granting a limited transfer of authority to the Commissioner of Insurance.³⁴

815 Under the authority of the Executive Order KBB 2005 - 40, the Commissioner of Insurance issued
 816 Emergency Rules 15 and 17, suspending certain statutes and regulations regarding health
 817 insurance.³⁵ These rules were extended through the aftermath of Hurricane Rita.

818 These Emergency Rules:

- 819 • Suspended certain statutes and regulations regarding health insurance in Louisiana.³⁶
- 820 • Applied to primary and limited secondary parishes in Louisiana affected by the hurricanes over
 821 specific time periods.^{36, 37}
- 822 • Applied only to products regulated by the Louisiana Department of Insurance.³⁶
- 823 • Waived all restrictions relative to out-of-network access.³⁶
- 824 • Suspended:
 - 825 ○ Medical Certifications
 - 826 ○ Referrals
 - 827 ○ Medical Necessity Reviews
 - 828 ○ Notification of Hospital Admissions
 - 829 ○ Right to Conduct Medical Necessity Reviews (for non-elective services)³⁸
- 830 • Stipulated that claims for an initial 30 day supply prescription medication could not be rejected
 831 or pended regardless of date of last refill.³⁶ **Error! Bookmark not defined.**
- 832 • Stipulated that:
 - 833 ○ Individual and group policies could not be cancelled or terminated during the State of
 834 Emergency even if premiums had not been received.
 - 835 ○ No renewals were allowed until January 1, 2006.³⁶
- 836 • Stipulated that when a claim is submitted but the premium has not been received:
 - 837 ○ The Insured was responsible for co-payments, deductibles and coinsurance
 - 838 ○ The Insurer paid 50% of either the contracted rate or the non-participating rate
 - 839 ○ The Provider accepted 50% as payment in full and could not bill the patient
 - 840 ○ If the entire premium was subsequently received, the claim was readjusted and paid
 841 according to the contract.³⁶

842 For the full text of these Emergency Rules, please see Appendices D and E.

³² State of Louisiana Executive Order No. KBB 2005 - 40, September 19, 2005

³³ State of Louisiana Executive Order No. KBB 2005 - 40, September 19, 2005

³⁴ State of Louisiana Executive Order No. KBB 2005 - 40, September 19, 2005

³⁵ Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

³⁶ Louisiana State Medical Society, "Louisiana Department of Insurance's Final Emergency Rules and Directives relative to Suspension of Certain Health Insurance Laws and Regulations Governing Louisiana Licensed Health Insurers Post Hurricane Katrina and Rita"

<http://www.lsms.org/Hurricanes/2005%20Emergency%20Rules%20%20Directives.pdf>

³⁷ Louisiana Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

³⁸ Title 37, Insurance, Part XI Chapter 27: Emergency Rule 15 and 17

843 Summary of Previously Issued Waivers and Declarations

Waiver / Declaration	Issued By Whom / When	Rules / Requirements Addressed
CMS: Medicare, Medicaid and SCHIP		
Waiver Under Section 1135 of the Social Security Act	Secretary of Health and Human Services, September 4, 2005 Following an emergency or disaster declared by the President under the National Emergencies Act or the Stafford Act, and a public health emergency declared by the Secretary of HHS. ³⁹	<ul style="list-style-type: none"> • Conditions of Participation • Pre-Approval Requirements • State Licensure Requirements • Out-of-Network Providers
Private Payers: Products Regulated by the Louisiana Department of Insurance		
Emergency Rules 15, 17, 19 and 20	Louisiana Commissioner of Insurance, September 20, 2005 Following the Governor's Declared State of Emergency and Executive Order granting a limited transfer of authority to the Commissioner.	<ul style="list-style-type: none"> • Medical Certifications • Referrals • Medical Necessity Reviews • Notification of Hospital Admissions • Right to Conduct Medical Necessity Reviews (for non-elective services) • Pharmaceutical Management • Claims Management • Co-payments, deductibles and coinsurance requirements • Non-payment of premiums and coverage continuity
Medicaid		
Disaster Relief Emergency Medicaid Waiver Section 1115 Model Waiver	Secretary of Health and Human Services, September 16, 2005 Following the President's declared State of Emergency in Alabama, Louisiana, and Mississippi and the Secretary of the Department of Health and Human Services (DHHS) declared Public Health Emergency. ⁴⁰	<ul style="list-style-type: none"> • Simplified Eligibility Chart • 5 Months Temporary Eligibility • Simplified Application and Self-Attestation • Uncompensated Care Pool⁴¹
Disaster Relief Emergency Medicaid Waiver Section 1115 Model Waiver	New York, September 2001 ⁴²	<ul style="list-style-type: none"> • Simplified, expedited patient enrollment • Expanded eligibility guidelines

³⁹ 42 U.S.C. § 1320b-5(g)(1).

⁴⁰ Centers for Medicare and Medicaid Services, Center for Medicaid and State Operations, "Summary of State Reports for Medicaid and the State Children's Health Insurance Program Hurricane Katrina Section 1115 Demonstrations," March 2007

⁴¹ Centers for Medicare and Medicaid Services, Medicaid Fact Sheet, "Disaster Relief Emergency Medicaid Waiver Program," <http://www.astho.org/pubs/MedicaidWaiverTemplateFactSheet.pdf>

⁴² Kaiser Family Foundation, "New York's Disaster Relief Medicaid," August 2002.

<http://www.kff.org/medicaid/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14137>

844 General Summary and Observations from Hurricane Katrina 845 Documentation

846 The CMS Center for Medicaid and State Operations developed a summary of the Hurricane Katrina
847 Section 1115 Demonstrations that includes lessons learned and observations that California can take
848 and apply.

849 These observations include the following (taken in large part directly from the CMS document) and
850 are listed here as a historical reference for policy makers and healthcare leaders in California. This
851 should not be interpreted as an exhaustive list or be allowed to limit thinking around available options:

- 852 ○ "The development of a national Medicaid Disaster Plan that can be implemented immediately
- 853 across multiple State programs. This was echoed by several other States" This plan should:
- 854 ○ "Clarify program eligibility, verification, benefit, and Federal reporting requirements as
- 855 early as possible;
- 856 ○ Establish a mechanism to coordinate information about Federal financial relief with
- 857 Congress and other Federal entities; and
- 858 ○ Consider a temporary period of eligibility of 6 months rather than 5." Some states
- 859 "indicated that the eligibility period for future demonstration programs for a natural
- 860 disaster should be longer than 6 months.
- 861 ○ "Federal requirements should reflect some sort of 'proportional response' that considers the
- 862 differential degree to which different States will be affected.
- 863 ○ Access to electronic medical, pharmacy, inpatient, laboratory and diagnostic would have been
- 864 invaluable during, before, and after Hurricane Katrina.
- 865 ○ Several States reported the need to change computer systems to track services provided to
- 866 Hurricane Katrina evacuees and reported the initial start-up phase was the most problematic and
- 867 provided the most impact on State programs.
- 868 ○ Virginia suggested greater availability of uncompensated care pool funds in recognition that many
- 869 disaster victims do not meet Medicaid and SCHIP eligibility requirements.
- 870 ○ Louisiana reported that the most helpful element of the Hurricane Katrina demonstrations was the
- 871 uncompensated care pool.
- 872 ○ Arizona's most significant impact involved the need to quickly develop an appropriate provider
- 873 network willing to provide immediate care to those evacuated to Arizona. Non-emergency
- 874 transportation and dental services were in high demand for this new population.
- 875 ○ Most States reported the need to involve other stakeholder groups in providing care and services
- 876 to the evacuees. Such groups were comprised of the provider community, county and city
- 877 governments, churches, non-profits, and private volunteers. Wisconsin indicated that it worked
- 878 directly with providers and provider associations to problem solve and remove unnecessary
- 879 barriers to the provision of health care services and benefits to evacuees. Wisconsin worked with
- 880 the American Red Cross, local health departments, the Wisconsin Department of Workforce
- 881 Development, the Pharmacy Society of Wisconsin, the Wisconsin Hospital Association, and Area
- 882 Agencies on Aging.
- 883 ○ CMS continues to work with States and providers to ensure that providers, including pharmacies,
- 884 are reimbursed for the services they provided to Katrina evacuees. CMS has dedicated high level
- 885 staff to work with the Department and the Federal Emergency Management Agency to develop
- 886 procedures to engage all local pharmacies in future emergency response."⁴³
- 887
- 888

⁴³ Centers for Medicare and Medicaid Services, Center for Medicaid and State Operations, "Summary of State Reports for Medicaid and the State Children's Health Insurance Program Hurricane Katrina Section 1115 Demonstrations," March 2007, <http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/downloads/Hurricane%20Katrina%20Final%20Summary%20Report.pdf>

889 Uncompensated Care Pool

890 An Uncompensated Care Pool was developed by CMS to provide States with a mechanism to
 891 reimburse providers that incurred costs that were not otherwise compensated. Eligible costs were
 892 incurred for providing medically necessary services and supplies for Katrina evacuees.⁴⁴
 893 Beyond the basic disaster relief assistance legislated by the Robert T. Stafford Disaster Relief and
 894 Emergency Assistance Act, FEMA entered a non-obligatory agreement with the Louisiana State
 895 government to fund a \$70 million interagency uncompensated care pool. Funds were disbursed to the
 896 State Center of Medicaid and Medicare programs contingent upon the expansion of Medicaid
 897 eligibility through the 1115 waiver. Eligibility for Medicaid and Medicare was relaxed through
 898 increased income limits and self-attestation during a limited and temporary coverage period.
 899 Certification for providers involved expedited certification as long as the provider could prove a valid
 900 U.S. medical license in good standing. Funds covered medical care rendered by certified Medicaid
 901 and Medicare physicians. For more information on the Uncompensated Care Pools during and
 902 following Hurricane Katrina please see the section on Previously Issued Waivers / Declarations /
 903 Emergency Rules, specifically the Section 1115 Demonstration Waiver.

904

905 "Uncompensated care pools were not offered as part of the model waiver template but were
 906 considered on an individual State-by-State basis. CMS required that in order to receive approval for
 907 the use of an uncompensated care pool a State had to have a high number of evacuees and had to
 908 be co-located or closely located to one of the affected Home States.

909

910 Eight States were approved to utilize an uncompensated care pool: Alabama, Arkansas, Georgia,
 911 Louisiana, Mississippi, South Carolina, Tennessee, and Texas. Uncompensated care pools were
 912 approved to reimburse providers that incurred uncompensated care costs for medically necessary
 913 services and supplies for evacuees who did not have other coverage for such services and supplies
 914 through insurance, or other relief options available, including title XIX and title XXI, for a 5-month
 915 period, effective August 24, 2005, through January 31, 2006. The pool could also be used to provide
 916 reimbursement for benefits not covered under titles XIX and XXI in the State.

917

918 In submitting claims for reimbursement from the uncompensated care pool, providers were required to
 919 attest:

920

- 921 ○ that evacuees had no other health care coverage on the date of service;
- 922 ○ the provider had received no reimbursement from any other source for the claim and/or
 923 expected to receive no reimbursement from any other source;
- 924 ○ the recipient was a Katrina evacuee from one of the designated counties/parishes; and
- 925 ○ the services and/or supplies were medically necessary and within the scope of the Hurricane
 926 Relief effort."⁴⁵

926

927 The Louisiana Medicaid department developed a separate system to manage the Uncompensated
 928 Care Pool as the eligible beneficiaries could not have Medicaid or any other type of insurance.
 929 Providers could submit invoices for the UCC either through the website, on paper or by DVD of CD.
 930 To facilitate use of the Uncompensated Care Pool, Louisiana Medicaid developed a user guide,
 931 details of which are included below.

932

⁴⁴ HHS, "Summary of Federal Payments Available for Providing Health Care Services to Hurricane Evacuees and Rebuilding Health Care Infrastructure" January 25, 2006.
<http://www.hhs.gov/katrina/fedpayment.html>

⁴⁵ CMS, Center for Medicaid and State Operations, "Summary of State Reports for Medicaid and the State Children's Health Insurance Program Hurricane Katrina Section 1115 Demonstrations," March 2007,
<http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/downloads/Hurricane%20Katrina%20Final%20Summary%20Report.pdf>