Resident enrolled in Medicaid/Medicare

Managed Care Organization (MCO)

PA-DHS – OLTL Appendix K

Emergency Preparedness and Response Appendix K
b. “Residential Habilitation (unlicensed), Life Sharing and Supported Living: …
2. Shift nursing may be provided as a discrete service during the provision of residential habilitation, life sharing and supported living services to ensure participant health and safety needs can be met.
3. Supplemental Habilitation can be provided, Supplemental habilitation may be used to supplement staffing in the residential home itself or support a participant while the participant stays in the home of friends or family. Respite 1. Respite limits may be extended beyond 30 days annually without requesting a variance in order to meet the immediate health and safety needs of participants. Community Participant Support, Companion and In-Home and Community Support.

j. Temporarily expand settings where services may be provided (e.g. hotels, shelters, schools, churches”

EXPEDITED ENROLLMENT TEAM

Initial Emergency Response Team
Center of Independent Living (CIL)/Nursing Home Transition (NHT) Provider

NON-CONGREGATE CARE SERVICE PROVISION

Transport to/from Non-Congregate Setting (NCS)
Room and Board at NCS e.g. hotel/home, meals, etc.
Medical Equipment/Attendant Services

EXPEDITED ENROLLMENT TEAM

- Facility social worker
- AAA representative
- Maximus enroller
- MCO service coordinators (for LTC and community based services)
- Attendant care/LPN agency
- NHT Coordinator
- Liaison to vital statistics (to assist with replacement photo ID/Birth certs)
- DHS rep
- Other members as appropriate

HEALTH CARE COALITION

- Regional public health and emergency management agencies.
- Has process/structure for submitting requests to State/PEMA/FEMA

PA-DOH PHA approval

PEMA Process request

FEMA – FEMA Category B

PA-DHS – OLTL 1135 Waiver

FEMA Cat. B. “FEMA approves non-congregate sheltering for…
3. Persons needing social distancing as a precautionary measure, as determined by public health officials, particularly for high-risk groups such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease).” April 3, 2020 FEMA Approval Letter: FEMA-3441-EM-PA””

Section 1135 Waiver Flexibility for Coronavirus
“Temporarily suspend Medicaid fee-for-service prior authorization requirements. Section 1135(b)(1)(C) allows for a waiver or modification of pre-approval requirements, including prior authorization processes required under the State Plan for particular benefits.”
State Plan can fund attendant care and NCS health services as match for FEMA housing funds
ADDENDUM: SUPPORTING DOCUMENTS

- APPENDIX K
- SECTION 1135 WAIVER FLEXIBILITIES
- FEMA CAT B NON CONGREGATE SETTING APPROVAL LETTER ORIGINAL – APRIL 3 2020
- FEMA EMERGENCY NON CONGREGATE SHELTERING DURING THE CORONAVIRUS PUBLIC HEALTH EMERGENCY (INTERIM)
- FEMA PUBLIC ASSISTANCE PROGRAM AND POLICY GUIDE – ONLY SECTION O (CATEGORY B) – PARTS M,N,O
- WHAT IS A HEALTH CARE COALITION
  https://www.health.pa.gov/topics/prep/Pages/HCC.aspx
June 16, 2020

Sally Kozak, Deputy Secretary
Office of Medical Assistance Programs
625 Forester Street, Health and Welfare Building
Harrisburg, PA 17120

Dear Ms. Kozak,

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Pennsylvania’s request to amend the following 1915(c) Home and Community-Based Services (HCBS) waivers with the Emergency Preparedness and Response Appendix K in order to respond to the COVID-19 pandemic:

<table>
<thead>
<tr>
<th>WAIVER TITLE</th>
<th>CMS AMENDMENT CONTROL NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBRA Waiver</td>
<td>PA.0235.R05.12</td>
</tr>
<tr>
<td>Community Health Choices Waiver</td>
<td>PA.0386.R04.03</td>
</tr>
</tbody>
</table>

The amendments that the state has requested in the Appendix K are additive to Appendix K approved March 18, 2020 and are effective for the waivers from March 6, 2020 through December 31, 2020 and apply in all locations served by the individual waivers for anyone impacted by COVID-19.

We have included the approved Appendix K pages with this correspondence. Please utilize the waiver management system for HCBS waivers for any further amendments to these waiver programs other than Appendix K.

If you need assistance, feel free to contact Daphne Hicks of my staff at 214-767-6471 or by e-mail at daphne.hicks@cms.hhs.gov or Mary Marchioni at 303-844-7094 or by e-mail at mary.marchioni@cms.hhs.gov.

Sincerely,

Melissa L. Harris
Deputy Director
Enclosure
APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities. This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:
A. State: Pennsylvania
B. Waiver Title: Community Living Waiver
C. Control Number: PA.1486.R00.04
D. Type of Emergency (The state may check more than one box):

<table>
<thead>
<tr>
<th>X</th>
<th>Pandemic or Epidemic</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>Natural Disaster</td>
</tr>
<tr>
<td>○</td>
<td>National Security Emergency</td>
</tr>
<tr>
<td>○</td>
<td>Environmental</td>
</tr>
<tr>
<td>○</td>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

As of March 12, 2020, Pennsylvania has 20 presumptive cases and 2 confirmed cases of COVID19 and anticipates this number to increase. The population served through Pennsylvania’s Office of Developmental Programs (ODP) may be particularly vulnerable to infection and resulting illness due to: (1) underlying health conditions such as higher levels of diabetes and cardiovascular disease than the general public; (2) reliance on support from others
for activities of daily living; (3) deficits in adaptive functioning that inhibit ability to follow
infection control procedures; and (4) receipt of care in congregate facility-based settings. ODP
currently has approximately 56,000 individuals enrolled for services with approximately 36,000
of those individuals receiving services through one of ODP’s approved 1915(c) waivers. The
waiting lists for the Consolidated, Community Living and Person/Family Directed Support
waivers include roughly 2,400 individuals who live with family and whose primary caregivers
are over age 60. Family caregivers falling ill with COVID19 may also result in an increased
need for emergency services. Pennsylvania seeks temporary changes to the Community Living
waiver to accommodate potential issues with staffing shortages and need for service provision
outside of approved service descriptions to ensure participant health and safety needs can be
accommodated during the emergency.

F. Proposed Effective Date: Start Date: __3/11/2020___Anticipated End Date:
_3/10/2021_________

G. Description of Transition Plan.

H. Geographic Areas Affected:

| On March 6, 2020 Pennsylvania’s Governor declared a statewide emergency pursuant to the |
| provisions of Subsection 7301(c) of the Emergency Management Services Code, 35 Pa. C.S. § 7101, |
| et seq. |

I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:
The Commonwealth’s Emergency Operations Plan can be found here:
https://www.pema.pa.gov/Preparedness/Planning/Documents/Commonwealth-Emergency-

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state’s response to an emergency situation,
require amendment to the approved waiver document. These changes are time limited and tied
specifically to individuals impacted by the emergency. Permanent or long-ranging changes will
need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

   i. ___ Temporarily increase the cost limits for entry into the waiver.
      [Provide explanation of changes and specify the temporary cost limit.]

   ii. ___ Temporarily modify additional targeting criteria.
      [Explanation of changes]

b. X___ Services

   i. ___ Temporarily modify service scope or coverage.
      [Complete Section A- Services to be Added/Modified During an Emergency.]

   ii. ___ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.
      [Explanation of changes]
Appendix C-4:
The fiscal year limits enumerated in Appendix C-4 of the Community Living waiver may be temporarily exceeded to provide needed services for emergency care provision. When the emergency is declared to end, utilization of services for individuals must return to the frequency and duration as authorized in individual plans prior to the emergency.

Service Limits in Appendix C-1/C-3
Residential Habilitation (unlicensed), Life Sharing and Supported Living

1. Service definition limitations on the number of people served in each licensed or unlicensed home may be exceeded.
2. Shift nursing may be provided as a discrete service during the provision of residential habilitation, life sharing and supported living services to ensure participant health and safety needs can be met.
3. Supplemental Habilitation can be provided, without requesting a variance, during the provision of licensed residential habilitation, licensed life sharing and supported living services to address the increased needs of individuals affected by the epidemic/pandemic or increased number of individuals served in a service location. Supplemental habilitation may be used to supplement staffing in the residential home itself or support a participant while the participant stays in the home of friends or family.

Respite
1. Respite limits may be extended beyond 30 days annually without requesting a variance in order to meet the immediate health and safety needs of participants.

Community Participant Support, Companion and In-Home and Community Support
1. Any one of these services or a combination of these services may be provided in excess of 14 hours per day without requesting a variance in order to meet the needs of participants.

iii. ___Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).
   [Complete Section A-Services to be Added/Modified During an Emergency]

iv. _X_ Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:
   [Explanation of modification, and advisement if room and board is included in the respite rate]
Service Locations in Appendix C-1/C-3

Respite
1. Respite services may be provided in any setting necessary to ensure the health and safety of participants.
2. Room and board is included in the fee schedule rate for Respite in a licensed Residential Habilitation setting.
3. Room and board would be included in the fee schedule rate for settings used in response to the emergency.

Community Participation Support
1. Community Participation Support may be provided in private homes.

In-Home and Community Support, Companion and Behavioral Support
1. Direct In-Home and Community Support, Companion and Behavioral Support services may be provided using remote/tele support when this type of support meets the health and safety needs of the participant.

v. ___ Temporarily provide services in out of state settings (if not already permitted in the state’s approved waiver). [Explanation of changes]

c. ___X__ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

Residential Habilitation (unlicensed), Supported Living, or Supplemental Habilitation services may be rendered by relatives or legally responsible individuals when they have been hired by the provider agency authorized on the ISP. Relatives and legally responsible individuals must receive training on the participant’s ISP for whom they are rendering these services. Training on the ISP must consist of basic health and safety support needs for that participant including but not limited to the fatal four.

When one of these services is rendered by relatives or legally responsible individuals, the provider agency authorized to render the Residential Habilitation, Supported Living or Supplemental Habilitation service, is responsible for ensuring that services are provided as authorized in the ISP and that billing occurs in accordance with ODP requirements.

Supplemental Habilitation may provided by relatives or legally responsible individuals in the Residential Habilitation home or the private home of the relative or legally responsible individual.

d. ___X__ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).
i. _X_ Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

**Provider Qualifications in Appendix C-1/C-3**

To allow redeployment of direct support and clinical staff to needed service settings during the emergency, staff qualified under any service definition in the Community Living waiver may be used for provision of any non-professional service under another service definition in C-1/C-3. Professional services exempt from this include; Supports Coordination, Therapy Services, Behavioral Support, Consultative Nutritional Services, Music Therapy, Art Therapy and Equine Assisted Therapy and Shift Nursing.

All staff must receive training on any individuals’ ISPs for whom they are providing support. Training on the ISP must consist of basic health and safety support needs for that individual including but not limited to the fatal four.

ii._ _ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii._X_ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

<table>
<thead>
<tr>
<th>Residential Habilitation (unlicensed), Life Sharing and Supported Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodate use of other sites as quarantine sites.</td>
</tr>
<tr>
<td>2. Minimum staffing ratios as required by licensure, service definition and individual plan may be exceeded due to staffing shortages.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Participation Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Minimum staffing ratios as required by licensure, service definition, and individual plan may be exceeded due to staffing shortages.</td>
</tr>
<tr>
<td>2. The requirement to provide services in community locations a minimum of 25% of participant time in service is suspended.</td>
</tr>
<tr>
<td>3. The requirement that no more than 3 people can be supported at a time in a community location is suspended.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Allow all components of Education Support to be provided in accordance with any changes the university/college makes for distance/web learning.</td>
</tr>
</tbody>
</table>
e. Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

When ICF/ID or ICF/ORC level of care is evaluated, it is not required that a physician recommend, certify, or verify that the individual should receive the level of care furnished through the waiver. Initial level of care evaluations will consist of: 1) confirmation of intellectual disability, autism or developmental disability diagnosis; 2) QDDP certification of impairments in adaptive functioning; and 3) Documentation substantiating that the individual has had these conditions of intellectual disability or autism and adaptive functioning deficits which manifested during the developmental period which is from birth up to the individual’s 22nd birthday.

Level of care recertification can be extended from 365 days of the initial evaluations and subsequent anniversary dates to 18 months from initial evaluations.

f. Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

The following rates may be increased to account for excess overtime of direct support professionals to cover staffing needs and to account for additional infection control supplies and service costs: Residential Habilitation, Life Sharing, Supported Employment, In-Home and Community Support, Companion, Community Participation Support, Respite, and Shift Nursing.

The rate setting methodology is the same. Upward adjustments are made to the supply costs (additional supplies for infection control) and overtime for direct support staff. Resulting temporary rate increases are not expected to exceed 40%.

g. Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]
Modifications to Supports Coordination

1. Allow remote/telephone individual monitoring by Supports Coordinators where there are currently face-to-face requirements.
2. Individual plan team meetings and plan development may be conducted entirely using telecommunications.

Participant Rights
- Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the individual plan.
- Suspend requirements for right to choose who to share a bedroom with. The modification of this right is not required to be justified in the individual plan.

h._X_ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

Incident Management Changes
- The requirement to conduct an investigation of any incident of deviation in staffing as outlined in an individual plan may be suspended.
- The requirement to submit an incident report for any deviation in staffing as outlined in an individual plan may be suspended. If this requirement is suspended, providers must report any incidents in which staffing shortages result in a failure to provide care.

i._X_ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.
[Specify the services.]
Participants that require hospitalization due to a diagnosis of COVID19 may receive the following services in a hospital setting when the participant requires these services for communication, behavioral stabilization and/or intensive personal care needs:

- Residential Habilitation (unlicensed)
- Life Sharing
- Supported Living
- Supplemental Habilitation
- In Home and Community Support
- Companion

These services cannot be provided in a hospital for more than 30 consecutive days except in situations where it is medically necessary for the participant to be hospitalized for more than 30 consecutive days due to a diagnosis COVID19.

j. Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Retainer payments may be provided for Community Participation Support

- Retainer payments may be provided in circumstances in which facility closures are necessary due to COVID19 containment efforts.
- Retainer payments may be provided in circumstances in which attendance and utilization for the service location drop to below 75% of annual monthly average 7/1/19 to 2/28/2020.
- Retainer payments will not exceed 75% of monthly average of total billing under the 1915(c) waivers.

Through billing procedures, ODP will ensure that there will be no duplicative payments. Community Participation Support services rendered in private homes or other community settings to ensure participant health and safety will be deducted from any calculations for retainer payments.

k. Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

l. Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]
Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Given the rapid response that will be necessary to ensure participant health and welfare and to avoid delays while waiting for approval and authorization of individual plan changes in HCSIS, documentation of verbal approval or email approval of changes and additions to individual plans will suffice as authorization. Upon validation that a verbal or email approval was provided for requested changes, AEs may backdate authorizations in HCSIS for waiver services provided during the period of time specified in Appendix K.

---

**Contact Person(s)**

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Sally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Kozak</td>
</tr>
<tr>
<td>Title:</td>
<td>Deputy Secretary, Office of Medical Assistance Program</td>
</tr>
<tr>
<td>Agency:</td>
<td>Department of Human Services</td>
</tr>
<tr>
<td>Address 1:</td>
<td>625 Forster Street, Health and Welfare Building</td>
</tr>
<tr>
<td>Address 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Harrisburg</td>
</tr>
<tr>
<td>State:</td>
<td>PA</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>17120</td>
</tr>
<tr>
<td>Telephone:</td>
<td>717-705-5007</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:sako@pa.gov">sako@pa.gov</a></td>
</tr>
<tr>
<td>Fax Number:</td>
<td>(717) 787-6583</td>
</tr>
</tbody>
</table>

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:
8. Authorizing Signature

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date: March 13, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Julie Mochon</strong></td>
<td></td>
</tr>
<tr>
<td>State Medicaid Director or Designee</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Julie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Mochon</td>
</tr>
<tr>
<td>Title:</td>
<td>Director, Division of Policy</td>
</tr>
<tr>
<td>Agency:</td>
<td>Department of Human Services, Office of Developmental Programs</td>
</tr>
<tr>
<td>Address 1:</td>
<td>625 Forster Street, Health and Welfare Building</td>
</tr>
<tr>
<td>Address 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Harrisburg</td>
</tr>
<tr>
<td>State:</td>
<td>PA</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>17120</td>
</tr>
<tr>
<td>Telephone:</td>
<td>717-783-5771</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:jmochon@pa.gov">jmochon@pa.gov</a></td>
</tr>
<tr>
<td>Fax Number</td>
<td>(717) 787-6583</td>
</tr>
</tbody>
</table>
## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

<table>
<thead>
<tr>
<th>Service Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Title:</strong></td>
</tr>
<tr>
<td><strong>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</strong></td>
</tr>
<tr>
<td><strong>Service Definition (Scope):</strong></td>
</tr>
</tbody>
</table>

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

<table>
<thead>
<tr>
<th>Provider Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Category(s) (check one or both):</strong></td>
</tr>
<tr>
<td>□ Individual. List types:</td>
</tr>
<tr>
<td>□ Agency. List the types of agencies:</td>
</tr>
</tbody>
</table>

Specify whether the service may be provided by (check each that applies):

| □ Legally Responsible Person |
| □ Relative/Legal Guardian |

**Provider Qualifications** (provide the following information for each type of provider):

<table>
<thead>
<tr>
<th>Provider Type:</th>
<th>License (specify)</th>
<th>Certificate (specify)</th>
<th>Other Standard (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Verification of Provider Qualifications**

<table>
<thead>
<tr>
<th>Provider Type:</th>
<th>Entity Responsible for Verification:</th>
<th>Frequency of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Service Delivery Method**

<table>
<thead>
<tr>
<th>Service Delivery Method (check each that applies):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Participant-directed as specified in Appendix E</td>
</tr>
<tr>
<td>□ Provider managed</td>
</tr>
</tbody>
</table>
Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.
Section 1135 Waiver Flexibilities - Pennsylvania Coronavirus Disease 2019

Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

March 27, 2020

Ms. Sally Kozak
State Medicaid Director
Pennsylvania Department of Human Services
P.O. Box 2675
Harrisburg, Pennsylvania 17105

Re: Section 1135 Flexibilities Requested in March 24, 2020 Communication

Dear Ms. Kozak:

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1,
2020. The emergency period will terminate, and section 1135 waivers will no
longer be available, upon termination of the public health emergency, including
any extensions.

Your communication to CMS on March 24, 2020, detailed a number of federal
Medicaid, the Children’s Health Insurance Program (CHIP), and Medicare, if
applicable requirements that pose issues or challenges for the health care
delivery system in all counties in Pennsylvania and requested a waiver or
modification of those requirements. Attached, please find a response to your
requests for waivers or modifications, pursuant to section 1135 of the Social
Security Act, to address the challenges posed by COVID-19. This approval
addresses those requests related to Medicaid, CHIP, and Medicare.

To streamline the section 1135 waiver request and approval process, CMS has
issued a number of blanket waivers for many Medicare provisions, which
primarily affect requirements for individual facilities, such as hospitals, long term
care facilities, home health agencies, and so on. Waiver or modification of these
provisions does not require individualized approval, and, therefore, these
authorities are not addressed in this letter. Please refer to the current blanket
waiver issued by CMS.

CMS continues to work on the additional waiver or modification requests that are
not currently reflected in the attached approval. For those waiver or modification
requests that require approval under authority other than section 1135, such as
under applicable regulations, through an amendment to the state plan, or through
a section 1115 demonstration, my staff will continue to work with your team to
review and make determinations regarding approval as quickly as possible.

Please contact Jackie Glaze, Acting Director, Medicaid and CHIP Operations
Group, at (404) 387-0121 or by email at Jackie.Glaze@cms.hhs.gov if you have
any questions or need additional information. We appreciate the efforts of you
and your staff in responding to the needs of the residents of the State of
Pennsylvania and the health care community.

Sincerely,

Calder Lynch
Deputy Administrator and Director
STATE OF PENNSYLVANIA
APPROVAL OF FEDERAL SECTION 1135 WAIVER REQUESTS

CMS Response: March 27, 2020

Temporarily suspend Medicaid fee-for-service prior authorization requirements. Section 1135(b)(1)(C) allows for a waiver or modification of pre-approval requirements, including prior authorization processes required under the State Plan for particular benefits.

Prior authorization and medical necessity processes in fee-for-service delivery systems are established, defined and administered at state/territory discretion and may vary depending on the benefit. See 42 C.F.R. §440.230(d). The State of Pennsylvania may have indicated in its approved state plan specific requirements about prior authorization processes for benefits administered through the fee-for-service delivery system. We interpret prior authorization requirements to be a type of pre-approval requirement for which waiver and modification authority under section 1135(b)(1)(C) of the Act is available.

Extend pre-existing authorizations for which a beneficiary has previously received prior authorization through the end of the public health emergency.

If prior authorization processes are outlined in Pennsylvania’s state plan for particular benefits, CMS is using the flexibilities afforded under section 1135(b)(1)(C) of the Act that allow for waiver or modification of pre-approval requirements to permit services approved to be provided on or after March 1, 2020, to continue to be provided without a requirement for a new or renewed prior authorization, through the termination of the public health emergency, including any extensions (up to the last day of the emergency period under section 1135(e) of the Act), for beneficiaries with a permanent residence in the geographic area of the public health emergency declared by the Secretary.

Suspend Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments for 30 days.

Section 1919(e)(7) of the Act allows Level I and Level II assessments to be waived for 30 days. All new admissions can be treated like exempted hospital discharges. After 30 days, new admissions with mental illness (MI) or intellectual disability (ID) should receive a Resident Review as soon as resources become available.

Additionally, please note that per 42 C.F.R. §483.106(b)(4), new preadmission Level I and Level II screens are not required for residents who are being
transferred between nursing facilities (NF). If the NF is not certain whether a Level I had been conducted at the resident's evacuating facility, a Level I can be conducted by the admitting facility during the first few days of admission as part of intake and transfers with positive Level I screens would require a Resident Review.

The 7-9-day timeframe for Level II completion is an annual average for all preadmission screens, not individual assessments, and only applies to the preadmission screens (42 C.F.R. §483.112(c)). There is not a set timeframe for when a Resident Review must be completed, but it should be conducted as resources become available.

**State Fair Hearing Requests and Appeal Timelines**

Pennsylvania requested flexibility to temporarily delay scheduling of Medicaid fair hearings and issuing fair hearings decisions during the emergency period. CMS approves a waiver under section 1135 that allows enrollees to have more than 90 days, up to an additional 120 days for an eligibility or fee for service appeal to request a fair hearing. The timeframes in 42 C.F.R. §431.221(d) provides that states can choose a reasonable timeframe for individuals to request a fair hearing not to exceed 90 days for eligibility or fee-for-service issues.

CMS cannot waive parts of the Medicaid managed care regulations at 42 C.F.R. Part 438, Subpart F related to appeals of adverse benefit determinations which occur before Fair Hearings for managed care enrollees or parts of 42 C.F.R. Part 431, Subpart E. However, CMS is able to modify the federal timeframes associated with appeals and fair hearings. Therefore, CMS approves the following through the end of the public health emergency:

- **Modification of the timeframe for managed care entities to resolve appeals under 42 C.F.R. §438.408(f)(1)** before an enrollee may request a State fair hearing to no less than one day in accordance with the requirements specified below; this allows managed care enrollees to proceed almost immediately to a state fair hearing without having a managed care plan resolve the appeal first by permitting the state to modify the timeline for managed care plans to resolve appeals to one day so the impacted appeals satisfy the exhaustion requirements.

The requirements of 42 C.F.R. §438.408(f)(1) establish that an enrollee may request a State fair hearing only after receiving a notice that the Managed Care Organization (MCO), Prepaid Inpatient Health Plan (PIHP) or Prepaid Ambulatory Health Plan (PAHP) is upholding the adverse benefit determination but also permits, at 42 C.F.R. §438.408(c)(3) and (f)(l)(i) that an enrollee's appeal may be deemed denied and the appeal process of the managed care plan exhausted (such that the State fair hearing may be requested) if the managed
care plan fails to meet the timing and notice requirements of 42 C.F.R. §438.408.
Section 1135 of the Act allows CMS to authorize a modification to the timeframes
for required activities under section 1135(b)(5) of the Act. CMS authorizes the
state to modify the time line for managed care plans to resolve appeals to no less
than one day. If the state uses this authority, it would mean that all appeals filed
between March 1, 2020 and the end of the public health emergency are deemed
to satisfy the exhaustion requirement in 42 C.F.R. §438.408(f)(1) after one day
(or more if that is the timeline elected by the state) and allow enrollees to file an
appeal to the state fair hearing level.

- Modification of the timeframe under 42 C.F.R. §438.408(f)(2) for enrollees to
  exercise their appeal rights to allow an additional 120 days to request a fair
  hearing when the initial 120th day deadline for an enrollee occurred during the
  period of this section 1135 waiver.

In addition, CMS approves a modification of the timeframe, under 42 C.F.R.
§438.408(f)(2), for managed care enrollees to exercise their appeal
rights. Specifically, any managed care enrollees for whom the 120-day deadline
described in 42 C.F.R. §438.408(f)(2) would have occurred between March 1,
2020 through the end of the public health emergency, are allowed up to an
additional 120 days to request a State Fair Hearing.

Provider Enrollment

Pennsylvania currently has the authority to rely upon provider screening that is
performed by other State Medicaid Agencies (SMAs) and/or Medicare. As a
result, Pennsylvania is authorized to provisionally, temporarily enroll providers
who are enrolled with another SMA or Medicare for the duration of the public
health emergency.

Under current CMS policy, as explained in the Medicaid Provider Enrollment
Compendium (PDF, 586.81 KB) (7/24/18), at pg. 42, Pennsylvania may
reimburse otherwise payable claims from out-of-state providers not enrolled in
Pennsylvania Medicaid program if the following criteria are met:

1. The item or service is furnished by an institutional provider, individual
   practitioner, or pharmacy at an out-of-state/territory practice location— i.e.,
   located outside the geographical boundaries of the reimbursing state/territory’s
   Medicaid plan,

2. The National Provider Identifier (NPI) of the furnishing provider is represented on
   the claim,

3. The furnishing provider is enrolled and in an “approved” status in Medicare or in
   another state/territory’s Medicaid plan,
4. The claim represents services furnished, and;
5. The claim represents either:
a. A single instance of care furnished over a 180-day period, or
b. Multiple instances of care furnished to a single participant, over a 180-day period

For claims for services provided to Medicaid participants enrolled with Pennsylvania Medicaid program, CMS will waive the fifth criterion listed above under section 1135(b)(1) of the Act. Therefore, for the duration of the public health emergency, Pennsylvania may reimburse out-of-state providers for multiple instances of care to multiple participants, so long as the other criteria listed above are met.

If a certified provider is enrolled in Medicare or with a state Medicaid program other than Pennsylvania, Pennsylvania may provisionally, temporarily enroll the out-of-state provider for the duration of the public health emergency in order to accommodate participants who were displaced by the emergency.

With respect to providers not already enrolled with another SMA or Medicare, CMS will waive the following screening requirements under 1135(b)(1) and (b)(2) of the Act, so the state may provisionally, temporarily enroll the providers for the duration of the public health emergency:

1. Payment of the application fee - 42 C.F.R. §455.460
2. Criminal background checks associated with Fingerprint-based Criminal Background Checks - 42 C.F.R. §455.434
3. Site visits - 42 C.F.R. §455.432
4. In-state/territory licensure requirements - 42 C.F.R. §455.412

CMS is granting this waiver authority to allow Pennsylvania to enroll providers who are not currently enrolled with another SMA or Medicare so long as the state meets the following minimum requirements:

1. Must collect minimum data requirements in order to file and process claims, including, but not limited to NPI.
2. Must collect Social Security Number, Employer Identification Number, and Taxpayer Identification Number (SSN/EIN/TIN), as applicable, in order to perform the following screening requirements:
   a. OIG exclusion list
   b. State licensure – provider must be licensed, and legally authorized to practice or deliver the services for which they file claims, in at least one state/territory
3. Pennsylvania must also:
a. Issue no new temporary provisional enrollments after the date that the emergency designation is lifted,

b. Cease payment to providers who are temporarily enrolled within six months from the termination of the public health emergency, including any extensions, unless a provider has submitted an application that meets all requirements for Medicaid participation and that application was subsequently reviewed and approved by Pennsylvania before the end of the six month period after the termination of the public health emergency, including any extensions, and

c. Allow a retroactive effective date for provisional temporary enrollments that is no earlier than March 1, 2020.

Under section 1135(b)(1)(B), CMS is also approving Pennsylvania’s request to temporarily cease revalidation of providers who are located in Pennsylvania or are otherwise directly impacted by the emergency.

These provider enrollment emergency relief efforts also apply to the Children’s Health Insurance Program (CHIP) to the extent applicable.

**Provision of Services in Alternative Settings**

CMS approves a waiver under section 1135(b)(1) of the Act to allow facilities, including NFs, intermediate care facilities for individuals with intellectual and developmental disabilities (ICF/IDDs), psychiatric residential treatment facilities (PRTFs), and hospital NFs, to be fully reimbursed for services rendered to an unlicensed facility (during an emergency evacuation or due to other need to relocate residents where the placing facility continues to render services) provided that the State makes a reasonable assessment that the facility meets minimum standards, consistent with reasonable expectations in the context of the current public health emergency, to ensure the health, safety and comfort of beneficiaries and staff. The placing facility would be responsible for determining how to reimburse the unlicensed facility. This arrangement would only be effective for the duration of the section 1135 waiver.

**Duration of Approved Waivers**

Unless otherwise specified above, the section 1135 waivers described herein are effective March 1, 2020 and will terminate upon termination of the public health emergency, including any extensions. In no case will any of these waivers extend past the last day of the public health emergency (or any extension thereof).
April 3, 2020

David R. Padfield  
Director, Pennsylvania Emergency Management Agency  
1310 Elmerton Avenue  
Harrisburg, PA 17110

RE: FEMA-3441-EM-PA – Request for Approval for Non-Congregate Sheltering for Quarantine and Isolation of Certain Individuals in the Commonwealth of Pennsylvania

Dear Mr. Padfield:

This is in response to your letter dated March 30, 2020, requesting that FEMA approve Public Assistance (PA) funding for costs for the Commonwealth of Pennsylvania to use suitable college, university, hotel and motel facilities to expand non-congregate sheltering capacity for individuals during the COVID-19 response. Specifically, you are seeking to secure space for the limited purpose of addressing the needs of health care workers or first responders that require quarantine, community members who are homeless, members of residential treatment programs, or otherwise currently working in, exposed to or living in congregate settings, except for incarcerated individuals (collectively referred to as "unsheltered residents").

In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, eligible emergency protective measures taken to respond to the referenced Coronavirus Disease 2019 (COVID-19) emergency, at the direction or guidance of state, local, tribal, and territorial public health officials, may be reimbursed under Category B of FEMA's PA program if necessary to save lives, protect improved property, or public health and safety, and/or lessen or avert the threat of catastrophes.

The Pennsylvania Secretary of Health issued an order stating that “to protect the public from the spread of Coronavirus (COVID-19), it is necessary that non-congregate sheltering be implemented for healthcare workers or first responders who require quarantine, as well as community members who are experiencing homelessness, residents of residential treatment centers, or other individuals currently working in, exposed to or living in congregate settings who require quarantine, … except for incarcerated individuals (collectively "unsheltered residents").”

Based on my review of your request and information provided, I am partially approving your request for the use of emergency, non-congregate sheltering based on the current spread rates

---

1 See Order of the Secretary of the Pennsylvania Department of Health for Non-Congregate Shelters (April 2, 2020).
being published by the Centers for Disease Control and in alignment with best practices to contain the spread of the disease. Among other things, the CDC guidance instructs "local partners to plan for where individuals and families with suspected or confirmed COVID-19 experiencing unsheltered homelessness can safely stay." "These should include places where people who are confirmed to be positive and those awaiting test results can be isolated."

Your request for non-congregate sheltering of “community members who are homeless, members of residential treatment programs, or otherwise currently working in, exposed to or living in congregate settings” is limited to the criteria outlined below.

My approval of your request is subject to and conditioned by the following:

• Specific to homeless populations, FEMA approves non-congregate sheltering for individuals that meet one or more of the following criteria:
  • Test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals).
  • Have been exposed to COVID-19 who do not require hospitalization but whom warrant quarantine.
  • Persons needing social distancing as a precautionary measure, as determined by public health officials, particularly for high-risk groups such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease).

• For first responders and health care workers, FEMA approves non-congregate sheltering for individuals who are at reasonable risk, as determined by public health officials, of exposure to COVID-19 and cannot return to their usual residence due to risk of infecting other household members.

• FEMA will not reimburse for the sheltering of asymptomatic individuals that are not among the foregoing categories but whose living situation makes them unable to adhere to social distancing guidance.

• My approval includes the reimbursement of costs incurred for wrap-around services directly necessary for the safe and secure operation of non-congregate sheltering facilities. However, costs associated with the provision of support services such as case management, mental health counseling, and similar services are not eligible for reimbursement under the PA program.²

• My approval is limited to emergency, non-congregate sheltering costs that are reasonable and necessary to address the public health needs resulting from FEMA-3441-EM-PA and 4506-DR-PA.³

• My approval is limited to costs associated with sheltering individuals through May 3, 2020, unless the public health needs should sooner terminate. The Commonwealth must obtain FEMA’s approval for any time extensions, which should include a detailed justification for the continuing need for emergency non-congregate sheltering.⁴

Additionally,

• The Commonwealth must follow FEMA’s Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance and include a termination for convenience clause in its contracts for sheltering and related services, such as food, security services, and care for those with disabilities or access and functional needs.⁵

• FEMA will not approve PA funding that duplicates funding by another federal agency, including the U.S. Department of Health and Human Services or Centers for Disease Control and Prevention.

• The Commonwealth must comply with, and enable FEMA to comply with, applicable environmental and historic preservation laws, regulations, and executive orders or funding may be jeopardized.⁶

The Commonwealth will need to maintain tracking mechanisms to provide sufficient data and documentation to establish the eligibility of costs for which it is requesting PA funding (including the need for non-congregate sheltering of each individual, length of stay, and costs). The Commonwealth should track populations of homeless, health care workers and first responders separately as future appropriations may duplicate funding by another federal agency. As with any activity, lack of sufficient supporting documentation may result in FEMA determining that some or all of the costs are ineligible.

If you have any questions regarding this approval, please contact me or call Michael Senycz, Recovery Division Director, at (215) 931-5632.

Sincerely,

MARYANN E TIERNEY  
MaryAnn Tierney  
Regional Administrator

⁴ PAPPG, at 68.
⁵ Id., at 68-69
⁶ Id., at 43-44.
FEMA Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency (Interim)

FEMA Policy 104-009-18

BACKGROUND

FEMA provides Public Assistance (PA) funding to state, local, tribal, and territorial (SLTT) governments for costs related to emergency sheltering for disaster survivors. Typically, sheltering occurs in facilities with large open spaces, such as schools, churches, community centers, or other similar facilities rather than in non-congregate environments, which are locations where each individual or household has living space that offers some level of privacy such as hotels, motels, or dormitories. FEMA recognizes sheltering operations during the COVID-19 Public Health Emergency may require SLTTs to consider additional strategies to ensure that survivors are sheltered in a manner that does not increase the risk of exposure to or further transmission of COVID-19.

PURPOSE

This policy defines the framework, policy details, and requirements for determining eligible work and costs for non-congregate sheltering in response to a Presidentially declared emergency or major disaster, or Fire Management Assistance Grant (FMAG) declaration, hereafter “Stafford Act declarations.” Except where specifically stated otherwise, assistance is subject to PA Program requirements as defined in Version 4 of the Public Assistance Program and Policy Guide (PAPPG) and the Fire Management Assistance Grant Program Guide.

PRINCIPLES

A. FEMA will provide flexibility to applicants to take measures to safely conduct non-congregate sheltering activities through December 31, 2020 in the event of a Stafford Act declaration.

1 The current version of the Public Assistance Program and Policy Guide (PAPPG), Version 4, is available on the FEMA website at www.fema.gov/media-library/assets/documents/111781.
2 The current version of the Fire Management Assistance Grant Program FEMA P-954, is available online at https://www.fema.gov/media-library-data/1581017232216-74156de976d581852e91b9826c2968c2/FMAG_Guide_Feb_2014_508.pdf.
B. FEMA does not intend for PA- or FMAG-funded non-congregate sheltering to be the single solution for sheltering, but rather one of many forms of non-congregate sheltering assistance.

C. SLTTs should work with FEMA and other non-governmental partners to determine how non-congregate sheltering options may be incorporated into overall sheltering plans.

D. FEMA will responsibly implement this policy and any assistance provided in a consistent manner through informed decision-making and accountable documentation.

E. FEMA expects SLTTs will work with survivors to identify available assistance options for continued sheltering or housing needs that extend beyond the period of assistance identified in this policy.

REQUIREMENTS

A. APPLICABILITY

Outcome: To establish the parameters of this policy and ensure implementation in a manner consistent with program authorities and the needs of non-congregate sheltering operations in a COVID-19 environment.

1. This policy applies to all Stafford Act declarations, declared between June 1, 2020 and December 31, 2020.

B. GENERAL ELIGIBILITY CONSIDERATIONS

Outcome: To define the eligibility framework for non-congregate sheltering in Stafford Act declared events between June 1 and December 31, 2020.

1. Legal Responsibility.
   a. To be eligible for PA funding, an item of work must be the legal responsibility of an eligible applicant.\(^3\) Measures to protect life, public health, and safety are generally the responsibility of SLTT governments.
   b. Legally responsible SLTT governments may enter into formal agreements or contracts with private entities, including private nonprofit organizations to conduct sheltering activities when necessary as an emergency protective measure in response to a declared incident. In these cases, PA funding is provided to the legally responsible government entity, which would then reimburse the private organization for the cost of providing those services under the agreement or contract.

2. General Considerations.
a. In some circumstances, such as when congregate shelters are not available, sufficient, or could present a threat to public health and safety, FEMA may reimburse costs related to emergency sheltering in non-congregate environments.

b. Pre-approval of non-congregate sheltering is not required for the Stafford Act declarations to which this policy applies. The FEMA Regional Administrators, or their designee, may therefore approve work and costs as outlined in Sections B.3 and B.4 of this policy.

c. If not otherwise stated in this policy, all other relevant policies and programmatic considerations are required in accordance with the PAPPG and FMAG Guide.

d. The Recipient must provide sufficient data and documentation to establish eligibility of the non-congregate sheltering activities, including the need for non-congregate sheltering resulting from the declared event, reasonableness, and costs. For a list of documentation requirements, refer to the PAPPG, Version 4.4

e. To allow for a smooth transition of assistance from PA- or FMAG-funded non-congregate sheltering to other forms of FEMA assistance, Applicants are encouraged to collect data on the sheltered population. Examples of suggested data collection can be found in Appendix A, Data and Information Management, of this policy. This data is not intended to be collected by PA staff nor is it necessary to determine eligibility or to process the PA grant.

f. In the event a declaration authorizing Individual Assistance (IA) programs under Section 408 of the Stafford Act is approved, Applicants should encourage survivors in PA- or FMAG-funded non-congregate sheltering to register with FEMA if they have a continuing need for federal assistance. FEMA will then determine whether the survivors are eligible for additional assistance.

g. It is the responsibility of the Applicant to transition survivors out of PA- or FMAG-funded non-congregate sheltering to other forms of assistance, if the survivor still requires such assistance beyond the timeframes described in Section B.6.a of this policy. Additional assistance may be provided through other FEMA or federal programs, or through state, local, or voluntary agency resources.

3. Work Eligibility.

a. Eligible work related to non-congregate sheltering includes, but is not limited to, the items enumerated in the Chapter 7.II.O(2) of the PAPPG, Version 4. Work must be necessary based on the type of shelter and the specific needs of the survivors.

---

4 See pages 123 and 124 of the PAPPG for data and documentation requirements for non-congregate sheltering.
b. In recognition of the unique circumstances posed by COVID-19, additional work items may be eligible, such as:
   i. Cleaning and disinfection of non-congregate shelter facilities to avoid the spread of COVID-19, including necessary disinfection supplies and equipment.
   ii. Face coverings, as recommended by the Centers for Disease Control and Prevention, to help slow the spread of COVID-19.
   iii. Other items necessary to protect public health and safety during the COVID-19 pandemic. Refer to applicable public health authorities and/or FEMA guidance specific to the COVID-19 pandemic for guidance on what items may be necessary and appropriate.

   a. FEMA determines eligible costs based on applicable statutes, regulation, and policy and its review of the contractual agreement between an SLTT and private entities.  
   b. All claimed costs must be necessary and reasonable in order to respond to the declared event and are subject to program eligibility and other Federal requirements, including the applicable cost-share for the respective Stafford Act declaration.
   c. Applicants must follow applicable cost principles and procurement requirements.
      i. Applicants must follow FEMA’s Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance and include a termination for convenience clause in their contracts, including contracts for wrap-around services.
      ii. Costs claimed by SLTT governments must be reasonable pursuant to Federal regulations and Federal cost principles. A cost is considered reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
      iii. State and territorial governments are required to follow their own procurement procedures, comply with 2 CFR §200.322, and include any clauses required by 2 CFR §200.326 and Appendix II to 2 C.F.R. Part 200.
      iv. Tribal and local governments must follow their own procedures and comply with 2 C.F.R. §§200.318-200.326.

5. Duplication of Benefits.

---

5 Chapter 7.II.O(2)(e) PAPPG.
6 In certain circumstances, the Regional Administrator may require the submission of an internal control plan, pursuant to 2 CFR §200.303.
8 2 CFR §200.404; OMB Circular 87.
a. Pursuant to Section 312 of the Stafford Act, FEMA is prohibited from providing financial assistance where such assistance would duplicate funding available from another program, insurance, or any other source for the same costs.9

b. Funding for non-congregate sheltering cannot be duplicated by a non-federal agency, another federal agency or other FEMA program and/or grant. This includes Transitional Sheltering Assistance (TSA) and Lodging Expense Reimbursement.

6. Time Limitations.

a. FEMA will fund costs associated with necessary non-congregate sheltering activities which were incurred up to six days before the incident period begins and for up to 30 days after the incident period ends.

b. For costs incurred outside this timeframe, the Applicant must request a time extension and receive approval from the appropriate Regional Administrator. The time extension request should be submitted seven days in advance of the need and include a detailed justification for the continued need of non-congregate sheltering and a revised analysis of shelter options, including the costs for each option in accordance with Chapter 7.II.O(2)(e) of the PAPPG, Version 4.

c. Work authorized under this policy is eligible until December 31, 2020. All time extensions for non-congregate sheltering activities after December 31, 2020 must be approved by the FEMA Assistant Administrator for Recovery.

7. Other Considerations.

a. Activities must comply with all applicable federal, state and local laws, regulations, and executive orders. FEMA will conduct an Environmental and Historic Preservation (EHP) review in coordination with other federal and/or state agencies as appropriate before funding is obligated to ensure that work is in compliance with these laws, regulations and executive orders.

b. Under Section 308 of the Stafford Act, 42 U.S.C. § 5151, and other federal civil rights laws, recipients of FEMA financial assistance must ensure relief and assistance activities be accomplished in an equitable and impartial manner, without discrimination on the grounds of race, color, religion, national origin, sex, age, disability, English proficiency, or economic status.
   i. Shelters must ensure that people with disabilities have equal access to its services, programs, which may include taking appropriate steps to ensure effective communication and complying with applicable physical accessibility

---

requirements, such as those identified under the Americans with Disabilities Act and Architectural Barriers Act.

ii. Shelters must provide meaningful communication and program access to individuals with limited English proficiency.

Keith Turi
Assistant Administrator, Recovery Directorate

June 17, 2020

Date
ADDITIONAL INFORMATION

REVIEW CYCLE
FEMA Policy #104-009-18, FEMA Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency (Interim), will be reviewed, reissued, revised, and/or rescinded by December 31, 2020. The Assistant Administrator of Recovery is responsible for authorizing any changes or updates.

AUTHORITIES and REFERENCES
Policies do not have the force and effect of law, except as authorized by law or as incorporated into a contract.

Authorities
- Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121, et seq., as amended
- Title 44 of the Code of Federal Regulations, Part 206, Subparts G and H
- Title 2 of the Code of Federal Regulations, Part 200
- Title 44 of the Code of Federal Regulations, Part 204

References
- FEMA Fire Management Assistance Grant Program Guide, P-954, February 2014

MONITORING AND EVALUATION
FEMA will closely monitor the implementation of this policy through close coordination with regional and field staff, as appropriate, as well as interagency partners and SLTT stakeholders.

QUESTIONS
Applicants should direct questions to their respective FEMA regional office.
Appendix A: Suggested Information Collection

A. FEMA strongly encourages Applicants to include a data management component that supports the capture of the following data elements regarding individuals/households when conducting non-congregate sheltering operations.

1. Head of Household: First Name
2. Head of Household: Last Name
3. Head of Household: SSN last four (4) digits
4. Head of Household: Mobile or other phone number
5. Number of individuals in the Household
6. Pre-Disaster Residence Address: Street Number and Name
7. Pre-Disaster Residence Address: City
8. Pre-Disaster Residence Address: State
9. Pre-Disaster Residence Address: Zip Code

B. In the event the State, Tribal, or Territorial government requests and FEMA activates TSA, the Recipient will be expected to encourage the Applicant to collect and report the above identified data elements to FEMA for every individual/household to which non-congregate sheltering is provided. This data will support data matching and accountability if TSA is activated, and to ensure the transition from PA- or FMAG-funded non-congregate sheltering to TSA is accomplished within established timeframes.

C. The preferred reporting frequency is weekly beginning at the end of the first week of the Applicant’s commencement of non-congregate sheltering operations.

D. Individuals should be made aware that information collected by the Applicant will be shared with FEMA.
include, but are not limited to, safety equipment, personal protective equipment, radios, power tools, sand, and tarps.

Purchasing and packaging life-saving and life-sustaining commodities and providing them to the impacted community are eligible. Examples of such commodities include, but are not limited to, food, water, ice, personal hygiene items, cots, blankets, tarps, plastic sheeting for roof damage, and generators, as well as food and water for household pets and service animals. The cost of delivering these same commodities to unsheltered residents in communities where conditions constitute a level of severity such that these items are not easily accessible for purchase is also eligible. This includes food and water for household pets whose owners are in shelters.

The cost of leasing distribution and storage space for the commodities is also eligible.

M. Meals

Applicants often provide meals for emergency workers. Provision of meals, including beverages and meal supplies, for employees and volunteers engaged in eligible Emergency Work, including those at EOCs, is eligible provided the individuals are not receiving per diem and one of the following circumstances apply:

- Meals are required based on a labor policy or written agreement that meets the requirements of Chapter 6, Cost Eligibility;
- Conditions constitute a level of severity that requires employees to work abnormal, extended work hours without a reasonable amount of time to provide for their own meals; or
- Food or water is not reasonably available for employees to purchase.

FEMA only reimburses the cost of meals that are brought to the work location and purchased in a cost-effective and reasonable manner, such as bulk meals. FEMA does not reimburse costs related to group outings at restaurants or individual meals.233

N. Medical Care

When the emergency medical delivery system within a declared area is destroyed, severely compromised or overwhelmed, FEMA may fund extraordinary costs associated with operating emergency rooms and with providing temporary facilities for emergency medical care of survivors. Costs associated with emergency medical care should be customary for the emergency medical services provided. Costs are eligible for up to 30 days from the declaration date unless extended by FEMA.

233 FEMA reimburses meal costs as part of a contract in accordance with the contract terms provided it meets the requirements in Chapter 4:VIII, Procurement and Contracting Requirements.
Eligible medical care includes, but is not limited to:

- Triage and medically necessary tests and diagnosis;
- Treatment, stabilization, and monitoring;
- First-aid assessment and provision of first aid;
- A one-time 30-day supply of prescriptions for acute conditions or to replace maintenance prescriptions;
- Vaccinations for survivors and emergency workers to prevent outbreaks of infectious and communicable diseases;
- Durable medical equipment;
- Consumable medical supplies;
- Temporary facilities, such as tents or portable buildings for treatment of survivors;
- Leased or purchased equipment for use in temporary medical care facilities;
- Security for temporary medical care facilities; and
- Use of ambulances for distributing immunizations and setting up mobile medical units.

Long-term medical treatment is ineligible. FEMA determines the reasonableness of these costs based on Medicare’s cost-to-charge ratio (a ratio established by Medicare to estimate a medical service provider’s actual costs in relation to its charges).

FEMA does not provide PA funding for these costs if underwritten by private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. The Applicant must take reasonable steps to provide documentation on a patient-by-patient basis verifying that insurance coverage or any other source funding including private insurance, Medicaid, or Medicare, has been pursued and does not exist for the costs associated with emergency medical care and emergency medical evacuations.

Ineligible costs include:

- Medical care costs incurred once a survivor is admitted to a medical facility on an inpatient basis;
- Costs associated with follow-on treatment of survivors beyond 30 days of the declaration; and
- Administrative costs associated with the treatment of survivors.

---

O. Evacuation and Sheltering

Evacuation and sheltering of survivors are eligible activities. This includes household pets and service and assistance animals, but not exhibition or livestock animals.

1. Evacuation

Transportation to evacuate (and subsequently return) survivors, household pets, service animals, assistance animals, luggage, and durable medical equipment is eligible. This includes emergency medical transportation. The mode of transportation should be customary and appropriate for the work required.

Eligible activities include, but are not limited to:

- Transferring patients from inoperable, compromised, or overwhelmed eligible medical or custodial care facilities to another medical facility or to a shelter;
- Transferring patients back to original medical or custodial care facility, when appropriate;
- Transporting survivors, including shelterees, who require emergency medical care to and from the nearest existing or temporary medical care facility equipped to adequately treat the medical emergency. Transport may include emergency air, sea, or ground ambulance services if necessary;
- Use of equipment such as buses, trucks, or other vehicles (including accessible vehicles) to provide one-time transportation to evacuate survivors and their household pets and service and assistance animals to emergency shelters from pre-established pick-up locations. This includes standby time for drivers and contracted equipment while waiting to transport survivors;
- Paratransit transportation services, such as vans, minibuses, and buses, (including accessible vehicles) to transport senior citizens, individuals with disabilities (including mobility disabilities) or access and functional needs, individuals in nursing homes and assisted-living facilities, and homebound individuals impacted by the incident;
- Tracking of evacuees, household pets, service animals, luggage, and durable medical equipment. This includes the use of animal microchips for the purpose of tracking evacuated animals;
- Food and water provided during transport;
- Emergency medical care provided during transport, including emergency medical personnel and supply costs;
- Stabilization of individuals injured during evacuation; and

Terminology

**Household pets** are domesticated animals that:
- Are traditionally kept in the home for pleasure rather than for commercial purposes
- Can travel in commercial carriers
- Can be housed in temporary facilities

Examples are dogs, cats, birds, rabbits, rodents, and turtles.

Household pets do not include reptiles (except turtles), amphibians, fish, insects, arachnids, farm animals (including horses), or animals kept for racing purposes.

**Service animals** are dogs that are individually trained to do work or perform tasks for people with disabilities or access and functional needs.

**Assistance animals** are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or provide emotional support that alleviates identified symptoms or effects of a person’s disability.

Although dogs are the most common type of assistance animal, other animals can also be assistance animals.
• Costs incurred in advance of an incident necessary to prepare for evacuations in threatened areas. Costs may include mobilization of ambulances and other transport equipment. Contracts for staging ambulance services must be part of the State, Territorial, Tribal, or regional evacuation plan. Costs of staging ambulances are eligible even if the incident does not impact the area normally served by those ambulances. PA funding for activating, staging, and using ambulance services ends when any of the following occurs:
  o FEMA, and the State, Territorial, or Tribal government, determines that the incident did not impact the area where it staged ambulances;
  o Evacuation and return of medical patients and individuals with disabilities or access and functional needs is complete; or
  o The immediate threat caused by the incident has been eliminated and the demand for services has returned to normal operation levels.

FEMA does not provide PA funding for ambulance services that are covered by private insurance, Medicare, Medicaid, or a pre-existing private payment agreement.235

2. Sheltering

FEMA provides PA funding to SLTT government Applicants for costs related to emergency sheltering for survivors. Typically, such sheltering occurs in facilities with large open spaces, such as schools, churches, community centers, armories, or other similar facilities. FEMA refers to these shelters as congregate shelters.

Eligible costs related to sheltering include, but are not limited to, the items listed below, as necessary based on the type of shelter and the specific needs of the shelterees. If any of the items listed are donated, including labor, the Applicant may offset the non-Federal share of its eligible Emergency Work Projects in accordance with Chapter 6:XIV, Donated Resources. Sheltering and caring for household pets is only eligible while the pet owner is in an emergency shelter.

(a) Shelter Facility Costs

Eligible shelter facility costs include, but are not limited to:

• Facility lease or rent, including space for food preparation;
• Utilities such as power, water, and telephone;
• Minor facility modifications if necessary to make the facility habitable, compliant with the Americans with Disabilities Act (ADA), functional as a childcare facility, or functional as an animal shelter;
• Restoration to return the facility to its condition prior to use;
• Generator costs; and
• Secure storage space for medical supplies.

If an eligible SLTT government Applicant owns or leases the shelter facility, and a volunteer agency operates the shelter, the facility costs described above are eligible. However, the labor

---

235 Ibid.
costs for the volunteer agency’s workers are ineligible (except as a donated resource in accordance with the criteria in Chapter 6:XIV. Donated Resources).

(b) Shelter Staff Costs
Eligible shelter staff costs include, but are not limited to:

- Medical staff;
- Personal assistance service staff;
- Veterinary and animal care staff;
- Public Information Officer;
- Social workers;
- Food service workers;
- Custodial and facilities staff; and
- National Guard personnel (See Chapter 6:XI. National Guard).

(c) Shelter Supplies and Commodities
Eligible shelter supplies and commodities include, but are not limited to:

- Hot and cold meals, snacks, beverages, and related supplies for survivors;
- Cooking and serving supplies;
- Food, water, and bowls for household pets and service and assistance animals;
- Durable medical equipment;
- Consumable medical supplies;
- Medication for animal decontamination and parasite control;
- Infant formula, baby food, and diapers;
- Refrigerators, microwaves, and crock pots;
- Cots, cribs, linens, blankets, pillows, tables, and chairs;
- Crates, cages, leashes, and animal transport carriers;
- Personal hygiene kits with items such as shampoo, soap, toothpaste, a toothbrush, towels, and washcloths;
- Animal cleaning tables and supplies;
- Televisions or radios – one per 50 shelterees;
- Basic cable service;
- Computers – one per 25 shelterees;
- Internet service, including Wi-Fi;
- Washers and dryers – one of each per 50 shelterees; and
- Toys and books.

(d) Shelter Services
Shelter services are only eligible for the time the facility is actively used to shelter survivors. Eligible shelter services include, but are not limited to:

- Shelter management;
- Supervision of paid and volunteer staff;
- Cleaning the shelter, linens, and animal crates;
- Shelter safety and security;
• Use of equipment, such as ambulances, buses, trucks, or other vehicles, to provide sheltering support;
• Phone banks for survivors;
• Care for survivors with disabilities or access and functional needs, including the provision of the following personal assistance services:
  o Grooming, eating, walking, bathing, toileting, dressing, and undressing;
  o Transferring (e.g., movement between a cot and wheelchair or wheelchair to restroom facilities);
  o Maintaining health and safety;
  o Assistance with self-administering medications; and
  o Communicating or accessing programs and services;
• Emergency medical and veterinary services for sheltered survivors, household pets, and service and assistance animals, including:
  o Emergency and immediate life stabilizing care, including necessary prescriptions (not to exceed 30-day supply);
  o Triage, medically necessary tests, diagnosis, treatment, stabilization, and monitoring;
  o First-aid assessment;
  o Provision of first aid and health information;
  o Care for evacuees with chronic conditions;
  o Administering vaccinations to shelterees and workers for transmissible or contagious diseases, including, but not limited to, tetanus and hepatitis;
  o Administering vaccinations to household pets, and service and assistance animals, for transmissible or contagious diseases, including, but not limited to, Bordetella (kennel cough). The vaccinations need to be effective while the animal is in the shelter;
  o Medical waste disposal;
  o Mental-health care;
  o Outpatient costs for sheltered survivors requiring emergency life-sustaining treatment not available at the shelter for the period of time that a survivor is housed in the shelter. Eligible outpatient services are limited to:
    • Physician services in a hospital outpatient department, urgent care center, or physician’s office;
    • Related outpatient hospital services and supplies, including X-rays, laboratory and pathology services, and machine diagnostic tests; and
    • Local professional transport services to and from the nearest hospital equipped to adequately treat the emergency.
• Sheltering self-evacuees (self-evacuee transportation costs are ineligible); and
• Costs paid to the American Red Cross (ARC) or other Non-governmental Organizations (NGO) to operate shelters under a written agreement (costs that ARC or other NGOs incur under their own organizational mission – i.e., independent of any Federal or SLTT request – are ineligible for reimbursement).
(e) Non-congregate Sheltering

Generally, FEMA does not provide PA funding for emergency sheltering in non-congregate environments, which are locations where each individual or household has living space that offers some level of privacy (e.g., hotels, motels, casinos, dormitories, retreat camps, etc.). In limited circumstances, such as when congregate shelters are not available or sufficient, FEMA may reimburse costs related to emergency sheltering provided in non-congregate environments. FEMA’s Assistant Administrator for Recovery has the authority to approve this policy exception. The Applicant must submit a request for PA funding for costs related to emergency, non-congregate sheltering and obtain FEMA approval prior to sheltering survivors in non-congregate facilities. At a minimum, the Applicant should include the following information in its request:

- Justification for the necessity of non-congregate sheltering;
- Whether the State, Territorial, or Tribal government has requested Transitional Sheltering Assistance;
- The type of non-congregate sheltering available and which type the Applicant intends to utilize;
- An analysis of the available options with the associated costs of each option; and
- The timeframe requested (i.e., date of activation and length of time).\(^{236}\)

FEMA limits any approval to that which is reasonable and necessary to address the needs of the incident (usually no more than 30 days). FEMA determines the eligible costs based on the contractual agreement, including reimbursement for repairing damage if it is the Applicant’s legal responsibility based on the agreement. The Applicant must obtain FEMA approval for any time extensions, which should include a detailed justification for the continued need and a revised analysis of options, including the costs for each option.

If FEMA approves the request, the Recipient must provide sufficient data and documentation to establish eligibility (including the need for non-congregate sheltering resulting from the disaster, reasonableness, and costs). Sufficient documentation includes:

- The number of non-congregate shelterees:
  - By age groups 0-2, 3-6, 7-12, 13-17, 18-21, 22-65, and 66+;
  - With disabilities or access and functional needs;
  - Registered for assistance from FEMA’s IA Programs; and
  - Referred to State, Territorial, Tribal, or non-governmental organization programs for assistance;
- Number of household pets, and assistance and service animals sheltered, and the type of shelter provided (e.g., stand alone, co-located, or co-habitational;
- Length of stay per “household unit”; and

\(^{236}\) 44 C.F.R. §§ 206.225(a)(2) and 206.202(c) and (d).
• Number of meals and other services provided.

As with any activity, lack of full documentation may result in FEMA determining that some or all of the costs are ineligible.

3. Childcare Services

FEMA reimburses SLTT governments for the cost of providing licensed childcare services to support sheltered populations. This includes the cost of the labor, facility, supplies, and commodities. Additionally, FEMA may provide PA funding for the cost of childcare services that the eligible Applicant provides to other survivors, and beyond the period of emergency sheltering, with certification that temporary childcare is necessary to meet immediate threats to life, public health and safety, or property.

Childcare includes services such as:

• Day care for children; and
• Before- and after-school care.

The Applicant may provide these services within a shelter facility or in a separate facility, as appropriate. FEMA PA and IA staff coordinate to ensure no duplication with IHP assistance.

4. Host-State or Host-Tribe Evacuation and Sheltering

If the impacted State or Tribe (Impact-State or Impact-Tribe)\(^{237}\) has evacuation and sheltering needs beyond its ability to address within its jurisdictional area, it may request assistance either from another State or Tribal government (Host-State or Host-Tribe)\(^{238}\) through mutual aid agreements such as EMAC, or from FEMA.

If the Impact-State/Tribe requests assistance directly from another State or Tribal government, FEMA reimburses costs based on the mutual aid agreement as described in Chapter 6: IX, Mutual Aid. FEMA may also provide PA funding to the Host-State/Tribe directly, even if the Impact-State/Tribe already requested assistance directly from that Host-State/Tribe, provided that:

• The Impact-State/Tribe requested the assistance;
• The Host-State/Tribe agrees to accept evacuees based on need—without restriction;
• An authorized official from the Host-State/Tribe transmits a written agreement to FEMA; and

\(^{237}\) Impact-State or Impact-Tribe means the State or Tribal Government for which the President declared an Emergency or Major Disaster and requested FEMA assistance because of a need to evacuate and/or shelter affected individuals outside the State.

\(^{238}\) Host-State or Host-Tribe means a State or Tribal Government that by agreement with FEMA provides sheltering or evacuation support to evacuees from an Impact-State or Impact-Tribe.
**What is a Health Care Coalition (HCC)?**

The Healthcare Preparedness Program of the Assistant Secretary for Preparedness and Response defines HCCs as:

- "A formal collaboration among healthcare organizations and public and private partners that is organized to prepare for, respond to, and recover from an emergency, mass casualty or catastrophic event."

**Key Components**

- Comprehensive healthcare membership with four core entities
- Regional presence developed within states/territories to cover larger geographic areas
- Preparedness capability operationalization through plans, exercises, trainings, response and after-action reports.

**Planning vs. Response**

- HCCs are primarily viewed as planning organizations, with a limited role in incident response. Major responsibilities include:
  - Regional Emergency Plan Development;
  - Regional Budget Development and Sustainment;
  - Membership Sustainment and Growth;
  - Incident Response Coordination at the Regional Level (Communications and Mutual Aid Process Facilitation);
  - Coordinating and Facilitating HCC Meetings and Records; and
  - Regional Training and Exercising Facilitation.

**Resources**

- [Hospital Preparedness Program (HPP)](https://hospitalpreparednessprogram.hhs.gov) Opens In A New Window
- [ASPR Technical Resources, Assistance Center, and Info Exchange](https://www.aspr.rockefeller.edu) Opens In A New Window
- [PADOH Bureau of Public Health Preparedness](https://www.floridahealth.gov/PublicHealth/Preparedness/CentersForMedicareAndMedicaidServices.html) Opens In A New Window

**Centers for Medicare and Medicaid Services Funded Facilities Preparedness Rule**

- Joining your regional Health Care Coalition is a GOOD IDEA!
Preparedness Resources for Emergency Operations plan development; training and exercise planning/facilitation; and guidance for the effective handling of special care populations during a disaster.

How Pennsylvania Does It

- HCC Leadership comes from many corners of the preparedness spectrum.
- Hospital Association of Pennsylvania Partnership
  - Incident Response and Liaison Team
  - Financial Planning Team
- Cooperation from our PHEP partners in the Bureau of Emergency Preparedness and Response
  - Field Team of Public Health Preparedness Coordinators
- Close collaboration with EMA Task Forces and EMS Regional Councils
- Engaged Pennsylvania Department of Health, Bureau of Emergency Preparedness and Response
- Strong ties to local resources, fire departments, law enforcement and county public health

Where Do You Fit In?

Each of Pennsylvania's nine HCCs set their own criteria for membership, but in general, if you are a part of the medical care delivery system, and are concerned about or have a role to play in emergency preparedness, you'll be welcome in the HCC system.

Section 5.1.3 of the Public Health Emergency site ([https://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter5/Pages/developing.aspx](https://www.phe.gov/Preparedness/planning/mscc/healthcarecoalition/chapter5/Pages/developing.aspx) opens in a new window) supported by the Assistant Secretary for Preparedness and Response outlines the professional entities that should comprise every HCC, to include:

- Hospitals
- EMS (including inter-facility and other non-EMS patient transport systems)
- Emergency management organizations
- Public health agencies
  - Behavioral health services and organizations
  - Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
  - Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks
  - Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
  - Home health agencies (including home and community-based services)
  - Infrastructure companies (e.g., utility and communication companies)
  - Jurisdictional partners, including cities, counties, and tribes
• Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
• Local public safety agencies (e.g., law enforcement and fire services)
• Medical and device manufacturers and distributors
• Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
• Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
• Primary care providers, including pediatric and women’s health care providers
• Schools and universities, including academic medical centers
• Skilled nursing, nursing, and long-term care facilities
• Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
• Other (e.g., child care services, dental clinics, social work services, faith-based organizations)
• Specialty patient referral centers

If you’re willing to supply or be a resource in larger public health emergencies, and in return, receive guidance, training, exercise and meeting participation opportunities and direct materials to ensure that you and your facility are in compliance with federal regulations, contact your regional coalition today about membership.

Health Care Coalition Regional Manager Transition Updates

During this transitional time, the Bureau of Emergency Preparedness & Response (BEPR) is working with PHMC to provide critical support to our coalition members and Emergency Support Function 8 (ESF8) partners. The Bureau would ask HCC members to keep the following in mind and follow the below processes:

• HCC members are encouraged to contact their County Emergency Management Agency as the first line of support for emergencies or events impacting operations. View the list of county coordinators.
• HCC members are also encouraged to follow existing HCC plans and procedures to leverage coalition-level support systems that may be in place.
• Facilities with questions or concerns that are not of an emergent/life safety nature can email the combined BEPR/PHMC team at ra-dhHCC-ops@pa.gov. Provide a description of the concern and contact information, and someone from our BEPR/PHMC team will follow up. For questions related to COVID-19, please use the following resource accounts as appropriate:
  • For inquiries regarding testing strategies in Long Term Care Facilities, please use ra-dhCOVIDtesting@pa.gov.
  • For inquiries regarding required Skilled Nursing Facility reporting requirements and systems, please use ra-dhSNFquestion@pa.gov.
• For all questions regarding current COVID-19 guidance and general COVID-19 inquiries, please use ra-dhCOVIDquestions@pa.gov.
• Facilities with an emergent, life safety need that requires support from the ESF8 community should call the BEPR 24/7 on-call number at 717-214-1906. The Bureau will coordinate with PHMC, ESF8 partners, and the emergency management community to ensure that emergent needs are addressed promptly and safely.

Get Involved Today!

Send a short e-mail message to the region in which your operating county is located. You will receive a response within 48 hours. For facility incidents or coalition member business, call the HCC number shown below.

EAST CENTRAL (Berks, Columbia, Luzerne, Montour, Northumberland, Schuylkill, Wyoming Counties)
717-561-5250

• EMS COORD - Chris Confalone – chrisc@easternemscouncil.org
• PUBLIC HEALTH PREPAREDNESS COORD – Tom McGroarty tmcgroarty@pa.gov

NORTH CENTRAL (Bradford, Clinton, Lycoming, Potter, Sullivan, Tioga, Union Counties)
717-561-5250

• EMS COORD - Chris Confalone – chrisc@easternemscouncil.org
• PUBLIC HEALTH PREPAREDNESS COORD - Catherine Polachek cpolachek@pa.gov

NORTHEAST (Carbon, Lackawanna, Lehigh, Monroe, Northampton, Pike, Susquehanna, Wayne Counties)
717-561-5257

• EMS COORD - Chris Confalone – chrisc@easternemscouncil.org
• PUBLIC HEALTH PREPAREDNESS COORD – Tom McGroarty tmcgroarty@pa.gov

NORTHERN TIER (Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Venango, Warren Counties)
717-561-5254

• EMS COORD - Curtis Valdiserri - cvaldiserri@emsi.org
• PUBLIC HEALTH PREPAREDNESS COORD – Gary Knox gknox@pa.gov
KEYSTONE (Adams, Bedford, Blair, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, Snyder, York Counties)
717-561-5255

- EMS COORD - Les Hawthorne - lhawthorne@ehsf.org
- PUBLIC HEALTH PREPAREDNESS COORD – Dennis Smith dennsmith@pa.gov

SOUTHEAST (Bucks, Chester, Delaware, Montgomery, Philadelphia Counties)
717-561-5251

- EMS COORD - Chris Confalone – chrisc@easternemscouncil.org
- PUBLIC HEALTH PREPAREDNESS COORD – Bob Pisch rpisch@pa.gov

SOUTHWEST (Allegheny, Armstrong, Beaver, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Mercer, Somerset, Washington, Westmoreland Counties)
717-561-5252

- EMS COORD - Curtis Valdiserri - cvaldiserri@emsi.org
- PUBLIC HEALTH PREPAREDNESS COORD – Perry Fox pfox@pa.gov