



Public Assistance: COVID-19

Category B – Emergency Protective Measures Questions & Answers

Background

An eligible private nonprofit (“**PNP**”) entity that owns or operates a hospital or outpatient facility or a state, local, or tribal (“**SLT**”) government (collectively, “**applicants**”) may establish and operate a community vaccination center (“**CVC**”) to administer the COVID-19 vaccine. CVCs, which may include mass vaccination sites, are typically sites designed for high volume or prioritized population groups where individuals being vaccinated are not in a patient admitted setting. Examples include sites established in sports stadiums, parking lots, parking garages, large buildings, and convention center style complexes. CVCs can also be established at an applicant’s existing facility—for example, a local government that operates a hospital may establish a CVC in one of its hospital wings or its parking lot. These sites, unlike a primary care medical setting, are focused not on treating individual health needs, but rather protecting the public health by vaccinating many individuals in order to create herd immunity from COVID-19.

- **A state, local, or tribal government or eligible private nonprofit medical facility (“PNP”) (collectively, “applicant”) establishes a Type 2 community vaccination center (“CVC”) based on the projected availability of the COVID-19 vaccine and the population to be served by the CVC. A Type 2 facility, as detailed in the FEMA CVC Playbook, has an approximate capacity of 3,000 doses per day, a minimum of 7,500 SF, and adequate parking for at least 600 vehicles. The costs incurred by the applicant included the rental of a facility with the necessary space, force account labor and contract services for clinical and non-clinical staff, and various supplies such as masks, face shields, syringes, needles, and alcohol. After being placed in operation, the CVC was not fully utilized at the established capacity of 3,000 doses per day but rather closer to 1,000 doses per day, which is the number of doses typically administered by a smaller Type 3 CVC. Would the applicant still be eligible for financial assistance under Public Assistance Category B to establish and operate the CVC even though it was ultimately not used to its full capacity?**

Generally, yes. FEMA expects an applicant, when deciding on a CVC solution, to assess the needed overall capacity of the CVC through predictive modeling or other supporting information and in accordance with public health guidance. The applicant, if it secures the CVC consistent with that projected availability to the COVID-19 vaccine, may later discover that it does not use the full capacity of the CVC. Using the example above, a local government may forecast with predictive modeling that needed a Type 2 CVC with the capacity to vaccinate up to 3,000 individuals per day for the next month and leases a facility a minimum of 7,500 SF and parking for at least 600 vehicles. After establishing the CVC, the CVC ultimately only vaccinates an average of 1,000 individuals per day over the month. In this circumstance, FEMA could potentially provide financial assistance for the month of lease costs even though the CVC never operated at full capacity.

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Although it is possible that FEMA may provide financial assistance for a CVC solution that later turns to have exceeded the needed capacity, FEMA will review the applicant's actions to partially or fully terminate contracts and stop incurring costs for excess capacity once it identifies that the additional capacity is no longer needed. An applicant, to make sure that it can take such actions, should have termination clauses in their contracts and take actions to reduce excess capacity once it is identified that it is not needed. In addition, for any supplies that were purchased with Public Assistance funding and later not used, the local government applicant would need to follow the disposition requirements set forth at 2 C.F.R. § 200.314.

- **A state, local, or tribal government or eligible private nonprofit medical facility (“PNP”) (collectively, “applicant”) establishes a Type 4 community vaccination center (“CVC”) based on the projected availability of the COVID-19 vaccine and the population to be served by the CVC. A Type 4 facility, as detailed in the FEMA CVC Playbook, has an approximate capacity of 250 doses per day, a minimum of 2,500 SF, and adequate parking for at least 130 vehicles. The costs incurred by the applicant included the rental of a facility with the necessary space and parking, force account labor and contract services for clinical and non-clinical staff, and various supplies such as masks, face shields, syringes, needles, and alcohol. After being placed in operation and administering vaccines for a period of time, the applicant later temporarily closes the CVC because of a shortage of vaccines. Would the applicant be eligible for financial assistance to keep the CVC minimally operational in the case of additional vaccines becoming available for administration.**

Yes. FEMA Policy No. 104-009-2, *Public Assistance Program and Policy Guide*, v. 3.1 (“PAPPG”) provides that the cost of pre-positioning resources specifically for a declared major disaster are eligible if the resources are used in the performance of eligible work. The only exception is for pre-positioning resources for evacuating or providing emergency medical care during evacuations, which can be eligible if those resources are not ultimately used. Notwithstanding the content in the *PAPPG*, FEMA took a slightly modified policy position concerning Alternate Care Site (“ACS”) warm sites in FEMA Fact Sheet, *Coronavirus (COVID-19) Pandemic: Alternate Care Site Warm Sites* (May 12, 2020). In that Fact Sheet, FEMA took the position that it would provide financial assistance under Public Assistance Category B in order for an applicant to keep temporary and expanded medical facilities minimally operational when COVID-19 cases diminish and the facilities are no longer in use. The Fact Sheet goes on to provide various factors that FEMA will analyze in determining the eligibility of such warm sites.

The same approach would be warranted in an applicant keeping a CVC minimally operational when not in use because of vaccine shortages so that the applicant could quickly re-open the CVC when vaccine becomes available. Costs that may be necessary to maintain the minimum operational level of a CVC warm site may include, but are not limited to, the following:

- Renting/leasing the space for the CVC and/or the necessary equipment to operate the facility in the event of reopening to administer vaccines;
- Other facility costs such as utilities, maintenance, and security;
- Keeping the necessary supplies in stock; and
- Minimum level of staffing

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- **Does FEMA require an applicant that does not have an established billing practice for community vaccination center (“CVC”) to create a billing process and then pursue reimbursement for administering vaccinations from private insurance, Medicare, Medicaid, or similar source?**

No, FEMA does not require an applicant that does not have an established billing process for a CVC to create a billing process and then pursue reimbursement for administering vaccinations from private insurance, Medicare, Medicaid, or similar source. If, however, an applicant has created a CVC billing process for the vaccinations administered to individuals, then the applicant must follow that process and seek reimbursement from private insurance, Medicare, Medicaid, or similar sources. This is because, in the case where the billing practice has been established, the payments from these other sources are available to the applicant and comprise a duplication of benefits.

- **If an applicant establishes a billing practice at a CVC and collects private insurance, Medicare, Medicaid, or similar information from individuals that it vaccinates and then elects not to seek reimbursement from those sources for the vaccination costs, would FEMA make any reductions for duplication of benefits even though the applicant has not actually received any reimbursements from those other sources?**

Yes. Once the applicant has collected the private insurance, Medicare, Medicaid, or similar information from individuals that it vaccinates, then the applicant has benefits available from those other sources for the vaccination costs. The Stafford Act requires FEMA to make a reduction in assistance for those available benefits irrespective of whether the applicant ever pursues them.

- **An applicant establishes a billing practice at a CVC and, after implementing it for a period of time, determines that the billing practice has proven burdensome, slowed down the throughput of the CVC, and compromised the public health by reducing the number of individuals vaccinated per day. It may also discover that, if its practice involves the collection of billing information virtually as part of the reservation process, that this has led to inequitable distribution of COVID-19 vaccine appointments due to certain populations not able to access the reservation system, not able to enter the information successfully even if they can access the system, or reluctance of certain populations in making reservations because of the need to enter that information. In these circumstances, could the applicant, even though it had created a billing practice for the CVC, discontinue that billing practice?**

Yes. An applicant is not required to continue a newly established billing practice at a CVC if doing so would negatively impact the ability of the applicant to maximize vaccination capacity and resulted in the aforementioned scenarios mentioned.

- **An applicant establishes a billing practice at a CVC and later pursues reimbursement from the cognizant state agency administering the state’s Medicaid program for the vaccine administered to a Medicaid beneficiary. The state agency makes payment to the applicant for the vaccine costs in accordance with the approved Medicaid rate, with the payment comprised of both federal and state funding. Is the state agency eligible to receive financial assistance under Public Assistance Category B for the state share of the Medicaid payment?**

No. An applicant cannot apply Public Assistance funding towards the non-Federal share of other federal assistance in the absence of specific statutory authority. In this case, there is no such statutory authority.

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- **If an applicant normally administers vaccinations (such as the flu shot) as part of its services, must the Applicant import those normal billing practices for vaccinations when establishing and operating a CVC?**
No. CVCs are fundamentally different from normal clinical settings where the focus is on providing individualized patient care. CVCs are designed to maximize throughput and safely administer as many vaccinations as possible given available resources. The purpose is not the clinical care of the individual and CVCs focus on the public health benefit of broadly controlling the spread of COVID-19. As such, an applicant is not required to import its normal billing practices to a CVC if doing so would negatively impact the ability of the applicant to maximize vaccination capacity, even if the applicant would normally bill for administering a vaccine from its non-CVC setting. In a non-CVC setting, on the other hand, the applicant should continue to utilize its normal billing practices and bill for COVID-19 vaccine administration.
- **A local government contracts with a private for-profit medical organization to establish and operate a CVC in the community and that CVC does not have an established billing practice. Under the contract (which was procured in compliance with 2 C.F.R. pt. 200), the parties agree to unit pricing of \$3 per person vaccinated and the for-profit medical organization administers vaccine to 1,000 people in a month. For illustrative purposes, let’s assume the Medicare rate for administering a COVID-19 vaccine is \$1 and, multiplying the total vaccinated by the Medicare rate, would equal \$1,000. Does this mean that FEMA will provide financial assistance for only \$1,000 and not the full contract cost of \$3,000?**
No. FEMA will provide financial assistance for the actual, reasonable costs for a local government to establish and operate a CVC. In this case, rather than using force account equipment, labor, and supplies to effectuate the work under the Public Assistance project, the local government has instead procured the necessary services to establish and operate the CVC. FEMA will pay for the actual, reasonable costs for a contract procured in compliance with 2 C.F.R. pt. 200.
- **Would a state, local or tribal government be eligible for financial assistance under the Public Assistance grant for costs incurred for communicating health and safety measures and warnings of risks and hazards in targeted areas by canvassing and contacting individuals who are at risk, vulnerable populations, or individuals who reside in communities with a high Social Vulnerability Index (“SVI”)?**
Yes. FEMA Policy No. 104-009-19, Coronavirus (COVID-19) Pandemic: Work Eligible for Public Assistance (Interim) (Sep. 1, 2020) states that FEMA—for work performed after September 15, 2020—will provide financial assistance under Public Assistance Category B for “communications to disseminate public information regarding health and safety measures and provide warnings about risks and hazards” to the public. See also Stafford Act, § 403(a)(F) and (G); FEMA Policy No. 104-009-2, Public Assistance and Program Policy Guide, v 3.1, at 58 (Apr. 2018). As measures to protect life, public health, and safety are generally the responsibility of state, local, and tribal (“SLT”) governments, only SLT governments would be the eligible applicants for work to perform such communications and warnings. FEMA Policy No. 104-009-19, ¶ B.1.a; 44 C.F.R. § 206.223. Eligible work for such activities would include, among other things, the purchase and display of signs and flyers to disseminate those communications and warnings to the public about COVID-19 vaccine.

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- **Would a state, local, or tribal government be eligible to receive financial assistance under Public Assistance Category B for a COVID-19 major disaster declaration to transport individuals to and from a community vaccination center (“CVC”) because those individuals are unable to transport themselves to the CVC?**

Yes. The work and associated costs to support the storage, distribution, and administration of COVID-19 vaccines may be eligible for financial assistance under Public Assistance Category B (Emergency Protective Measures) in accordance with the eligibility requirements set forth in FEMA Policy No. 104-009-2, *Public Assistance Program and Policy Guidance*, v. 3.1 (Apr. 2018) (PAPPG) and COVID-19 specific guidance. The FEMA Frequently Asked Questions, *COVID-19 Pandemic Vaccination Planning* (Nov. 19, 2020) sets forth examples of such eligible work and associated costs, although none specifically reference the transportation of individuals to vaccination sites. Notwithstanding, emergency medical transportation of disaster survivors that require medical care to the nearest medical care facility equipped to treat the medical care is a type of eligible emergency protective measure as detailed in the PAPPG.

In this case, the state has identified that there may be individuals that are unable to transport themselves to a CVC to receive the COVID-19 vaccine, such as individuals with disabilities and/or access or functional needs, individuals with serious medical conditions, and other individuals that are physically unable to transport themselves to the CVC site. The state, local, or tribal government, in turn, may directly provide transportation for these individuals through force account employees, force account vehicles, force account employees and leased vehicles, or through contract services, which would generally be eligible for financial assistance as emergency protective measures under Public Assistance Category B. On the other hand, the state, local, or tribal government would not be eligible for financial assistance under Public Assistance Category B for payments it makes to an individual for his/her own cost of transportation to a CVC (such as paying for an individual’s cost to take a taxi to the CVC).

- **Is a state, local, or tribal (“SLT”) government eligible for financial assistance under Public Assistance Category B to distribute and administer the COVID-19 vaccine to individuals at their residences where the individuals have disabilities and/or access or functional needs, have a serious medical condition, or are physically unable to transport themselves to a community vaccination center (“CVC”)?**

Yes. FEMA Frequently Asked Questions, *COVID-19 Pandemic Vaccination Planning* (Nov. 19, 2020) provides that the work to support the storage, distribution, and administration of COVID-19 vaccines may be eligible for Public Assistance Category B, which includes the establishment and operation of a Community Vaccination Center (“CVC”). As detailed in the FEMA *Community Vaccination Centers Playbook* (Feb. 4, 2021), a CVC may be a fixed facility, drive-through facility, or a mobile vaccination clinic.

If SLT government identifies that there may be individuals that are unable to transport themselves to a CVC to receive the COVID-19 vaccine, such as individuals with disabilities and/or access or functional needs, individuals with serious medical conditions, and other individuals that are physically unable to transport themselves to the CVC site, the SLT government may directly distribute and administer the COVID-19 vaccine for these individuals at their residences. A SLT government may incur various costs to distribute and administer the vaccine to these individuals at their residence, such as labor, equipment, supplies, and contract costs. The eligibility of such costs would be governed by applicable law, regulation, and FEMA

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policies, such as FEMA Policy No. 104-009-2, *Public Assistance Program and Policy Guide*, v. 3.1 (Apr. 2018) (“PAPPG”). The following provides some very brief details concerning some of the eligibility requirements:

*Force Account Labor. FEMA may provide financial assistance for the force account labor costs to carry out eligible work and the criteria for reimbursing labor costs depends on the type of employee. Only overtime is eligible for budgeted employees and both overtime and straight-time are eligible for unbudgeted employees. See *PAPPG*, pp. 22-26.

Force Account, Purchased, and Leased Equipment. FEMA provides Public Assistance funding for the use of applicant-owned equipment to carry out eligible work based FEMA, state, tribal, or local equipment hourly rates in accordance with criteria detailed in the *PAPPG*. For vehicles, FEMA may provide Public Assistance funding based on mileage if the mileage is documented and is less costly than hourly rates. FEMA may provide financial assistance for purchased equipment that an applicant justifiably needs to respond effectively to the incident and may also provide financial assistance for leased equipment as detailed in the *PAPPG*. See *PAPPG*, pp. 26-28.

Supplies. FEMA may provide financial assistance for the cost of supplies if purchased and justifiably needed to effectively respond to and/or recover from the incident or taken from the applicant’s stock and used for the incident. See *PAPPG*, pp. 28-29.

Contract Services. FEMA may provide financial assistance for contract costs to carry out eligible work based on the terms of the contract if the applicant has met federal procurement and contracting requirements. See *PAPPG*, pp. 30-33.

- **Is an eligible applicant eligible for financial assistance under Public Assistance Category B to operate a mobile vaccination clinic?**

Yes. FEMA Frequently Asked Questions, *COVID-19 Pandemic Vaccination Planning* (Nov. 19, 2020) provides that the work to support the storage, distribution, and administration of COVID-19 vaccines may be eligible for Public Assistance Category B, which includes the establishment and operation of a Community Vaccination Center (“CVC”). As detailed in the FEMA *Community Vaccination Centers Playbook* (Feb. 4, 2021), a CVC may be a fixed facility, drive-through facility, or a mobile vaccination clinic.

An eligible applicant may incur various costs to establish and operate a mobile CVC, such as labor, equipment, supplies, and contract costs. The eligibility of such costs would be governed by applicable law, regulation, and FEMA policies, such as FEMA Policy No. 104-009-2, *Public Assistance Program and Policy Guide*, v. 3.1 (Apr. 2018) (“PAPPG”). (*See ref in Q1 for guidance on labor, equipment, supplies and contract costs.)

- **Could an eligible private non-profit (“PNP”) organization that owns or operates a medical facility be eligible to receive financial assistance for the management and distribution of COVID-19 vaccines under Public Assistance Category B?**

Yes. Work and associated costs to support the distribution and administration of COVID-19 vaccines may be eligible for financial assistance under Public Assistance Category B. The cost of the vaccine itself will be covered by the federal government and Operation Warp Speed is providing vaccination kits with supplies to

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support the administration of the vaccine. The vaccine will be made available through established healthcare delivery and reimbursement systems and the U.S. Department of Health and Human Services (“HHS”) has established mechanisms and program funding to support the COVID-19 vaccination effort. There may, however, be additional costs incurred by a private nonprofit medical facility to support the distribution and administration of the vaccine and such costs may be eligible for financial assistance under Public Assistance Category B when necessary to effectively distribute and administer COVID-19 vaccines consistent with Centers for Disease Control and Prevention and Public Assistance Program requirements.

- **It was stated on an Operation Warp Speed call a few weeks ago that gloves were not required to administer the COVID-19 vaccine as determined by the Occupational Safety and Health Administration. Would a Public Assistance applicant be eligible for financial assistance under Public Assistance Category B for the purchase of gloves for force account employees to manage and administer the COVID-19 vaccine?**
Yes. Work and associated costs to support the distribution and administration of COVID-19 vaccines may be eligible for financial assistance under Public Assistance Category B. Examples of eligible work and costs include the purchase of PPE required for storing, handling, distributing/transporting, and administering COVID-19 vaccines such as N95s and other filtering respirators, surgical masks, gloves, protective eyewear, face shields, and protective clothing (e.g., gowns). For example, a state or local government would be eligible for the purchase of gloves necessary to not only administer the vaccine, but also handle the dry ice that is included in the shipping containers for the vaccine.
- **Would a Public Assistance applicant be eligible for financial assistance under Public Assistance Category B to purchase items such as coolers, freezers, and portable vaccine storage units for the transportation of COVID-19 vaccines?**
Work and associated costs to support the distribution and administration of COVID-19 vaccines may be eligible for financial assistance under Public Assistance Category B. Examples of eligible work and costs include the purchase of equipment and supplies required for storing, handling, distributing/transporting, and administering COVID-19 vaccines is eligible such as coolers, freezers, temperature monitoring devices, and portable vaccine storage units for transportation. For non-state entities obtaining equipment, the procurement standard at 2 C.F.R. § 200.318(d) requires an analysis of lease vs. purchase alternatives and any other appropriate analysis to determine the most economical approach.
- **Could a Public Assistance be eligible for financial assistance under Public Assistance Category B for the costs of training its force account employees to work with super cold storage of COVID-19 vaccines necessary? These employees will be performing the administration and distribution of COVID-19 vaccines for their respective jurisdictions and, since the COVID-19 vaccines will be shipped and stored in cold storage, the employees need to be trained to safely handle the cold storage containers and materials.**
Yes. The work and associated costs to support the distribution and administration of COVID-19 vaccines may be eligible for Public Assistance Category B. As detailed in FEMA Policy No. 104-009-19, FEMA may provide assistance under Public Assistance Category B for a COVID-19 declaration for the “training...specific to the declared event” when “necessary to perform otherwise eligible work...” Here, the Public Assistance applicant would be training force account employees to safely handle cold storage containers and materials necessary to the distribution and administration of COVID-19 vaccines, such that this work would generally

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be eligible. FEMA would evaluate any associated costs for training according to established eligibility criteria (such as overtime only (not straight-time) for budgeted employees).

- **A Public Assistance applicant establishes a temporary site to administer the COVID-19 vaccine. Would the applicant be eligible under Public Assistance Category B to purchase N-95 respirators for all individuals entering the site to receive the vaccination?**

No. FEMA Policy No. 104-009-19, Coronavirus (COVID-19) Pandemic: Work Eligible for Public Assistance (Interim) (Sep. 1, 2020) states that FEMA will provide financial assistance under Public Assistance Category B for the purchase and distribution of Personal Protective Equipment (“PPE”) that is directly related to the performance of otherwise eligible emergency protective measures or is provided to healthcare workers, patients with confirmed or suspected COVID-19 infection, and first responders. As it relates to PPE for vaccinations, FEMA Frequently Asked Questions, COVID-19 Pandemic Vaccination Planning (Nov. 19, 2020) states that PPE, other equipment, and supplies required for storing, handing, distributing/transporting, and administering COVID-19 vaccines can be eligible for financial assistance. A N95 respirator is a type of PPE and, in applying this guidance, could only be given to those individuals entering the facility that are confirmed or suspected of COVID-19 infection.

It is important to recognize that face masks (such as cloth face coverings) are not considered PPE and the purchase and distribution of face masks provided to persons in facilities where eligible emergency protective measures are performed (such as a temporary site to administer COVID-19 vaccines) is eligible for financial assistance. Therefore, an applicant would be eligible to purchase and distribute face masks to individuals entering the temporary site to receive COVID-19 vaccinations.

- **Can you please explain the eligibility criteria under Public Assistance Category B for the purchase and stockpiling of personal protective equipment (“PPE”) under a COVID-19 declaration?**

FEMA Policy No. 104-009-19, Coronavirus (COVID-19) Pandemic: Work Eligible for Public Assistance (Interim) (Sep. 1, 2020) states that FEMA will provide financial assistance under Public Assistance Category B for the purchase and distribution of PPE that is directly related to the performance of otherwise eligible emergency protective measures or is provided to healthcare workers, patients with confirmed or suspected COVID-19 infection, and first responders. Funding for stockpiling a supply of eligible PPE is limited to a supply that is projected for use for up to 60 days. In addition, applicants can obtain and store an additional 60-day supply of PPE to have available in case demand increases. An applicant should place PPE for the 60 days of current PPE needs and 60 days for stored PPE based on estimated burn rates and for reasonable timeframes to ensure availability of PPE. The following is a burn rate calculator from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>.

- **Could a local government be eligible to receive financial assistance under Public Assistance Category B for emergency medical technician (“EMT”) force account employees administering COVID-19 vaccines at a local government’s vaccine distribution point?**

Yes. The work to support the distribution and administration of COVID-19 vaccines may be eligible for financial assistance under Public Assistance Category B. This would include, among other things, the work performed by a local government’s EMT force account employees to administer the COVID-19 vaccine.

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FEMA provides financial assistance for the salaries and benefits of force account employees performing eligible emergency protective measures as detailed in Chapter 2:V of FEMA Policy No. 104-009-2, *Public Assistance Program and Policy Guide*, v. 3.1 (Apr. 2018). In addition, in order to be eligible for financial assistance, the force account labor costs could not be paid for by another funding source. FEMA Frequently Asked Questions, *COVID-19 Pandemic: Vaccination Planning* (Nov. 19, 2020).

- **Would a local government be eligible to receive financial assistance under Public Assistance Category B for emergency management technician (“EMT”) employees to physically deploy to a local government’s COVID-19 vaccine distribution point and provide emergency medical care? If no medical emergencies occur during vaccine distribution, would this make the force account labor costs of the EMT employees ineligible?**

The answer to the first question is yes and the answer to the second question is no.

The work to support the distribution and administration of COVID-19 vaccines may be eligible for financial assistance under Public Assistance Category B. This would include, among other things, the emergency medical care associated with COVID-19 vaccine administration performed by a local government’s EMT employees at the local government’s COVID-19 vaccine distribution point, such as addressing allergic reactions to the vaccine or other emergency medical needs that arise in the administration of the vaccine. FEMA provides financial assistance for the salaries and benefits of force account employees performing eligible work as detailed in Chapter 2:V of FEMA Policy No. 104-009-2, *Public Assistance Program and Policy Guide*, v. 3.1 (Apr. 2018). The number of hours and individuals would need to be reasonable and necessary. In addition, in order to be eligible for financial assistance, the force account labor costs could not be paid for by another funding source. The EMT employees physically working at the vaccine distribution point may not be required to ultimately perform emergency medical care on an individual because no person ultimately has an allergic reaction or other medical emergency during the vaccine administration process. This would not, however, affect the otherwise eligible force account labor costs of the EMTs actively working as medical support staff at the vaccine distribution point.

- **Would an eligible private non-profit (“PNP”) organization that owns or operates an eligible medical facility be eligible to receive financial assistance under Public Assistance Category B to conduct COVID-19 testing members of the community from a temporary or expanded medical facility?**

Yes. FEMA Policy No. 104-009-19, *Coronavirus (COVID-19) Pandemic: Work Eligible for Public Assistance (Interim)* (Sep. 1, 2020) sets forth the seven activities in ¶ C.4 for which FEMA will provide financial assistance under Public Assistance Category B for COVID-19 declarations. One of these types of activities is “medical care” in accordance with COVID-19 specific policy or subsequent updates. The applicable COVID-19 policy for medical care is FEMA Policy No. 104-010-04, *Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance* (May 9, 2020).

FEMA Policy No. 104-009-19 states that measures to protect life, public health, and safety are generally the legal responsibility of state, local, and tribal governments. However, FEMA Fact Sheet, *Coronavirus (COVID-19) Pandemic: Private Nonprofit Organizations* (Apr. 1, 2020) states that—in limited circumstances—essential components of a facility are urgently needed to save lives or protect health and safety. PNPs, in

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these cases, that own or operate an eligible facility and perform eligible work, such as providing emergency medical care services for which they are legally responsible in response to the COVID-19 incident, may be eligible for financial assistance for those costs.

As detailed in FEMA Policy No. 104-010-04, a PNP that owns or operates a medical facility is eligible to receive financial assistance for work and costs associated with temporary medical facilities or expanded medical facilities when necessary to respond to the COVID-19 Public Health Emergency. It goes on to state that “medical care activities and associated costs related to treating both COVID-19 and non-COVID-19 patients in a temporary or expanded medical facility may be eligible.” Eligible “medical care” refers both to assistance provided to support the provision of medical care and assistance for “clinical care.” **Clinical care**, in turn, refers to medical treatment of individual patients including **testing** and other costs associated with individual patient treatment typically billed to individual patients, their insurance carriers, Medicare, Medicaid, or other pre-existing payment agreements.

FEMA Policy No. 104-010-04 states that one type of temporary medical facility is a “Community Based Testing Site” if eligible work and costs related to such a facility is incurred by an eligible Public Assistance applicant. In the definitions section, the policy states that “Community Based Testing Sites” are “Strategically located sites within a community **operated by a SLTT government** for the purpose of providing COVID-19 testing to members of the community.” Although the definition specifically refers to “SLTT governments,” this was not intended to be preclusive of an eligible PNP applicant operating a community-based testing site as a temporary or expanded medical facility to also be eligible for financial assistance. This is because the COVID-19 testing of an individual from a temporary or expanded medical facility such as a community-based testing site operated by a PNP is “clinical care” and the PNP medical organization is legally responsible to conduct this testing because, once the individual checks into the temporary or expanded community-based testing site facility for testing, then the individual becomes a patient of that facility, albeit only to obtain a COVID-19 test.

All other costs must also comply with FEMA policies.

Reminder on Insurance: As an important reminder, in accordance with [FEMA Policy 104-010-04, Coronavirus \(COVID-19\) Pandemic: Medical Care Costs Eligible for Public Assistance](#) (May 9, 2020) and FEMA [Frequently Asked Question, COVID-19 Pandemic: Vaccination Planning](#), costs for which Public Assistance applicants have received or will receive payments from other sources, private insurance, TRICARE, Medicare, Medicaid, CHIP, or other programs are not eligible under Public Assistance Category B. FEMA will reconcile final funding based on any funding provided by another agency or covered by insurance or any other source for the same purpose and de-obligate any Public Assistance funding that has been provided. Applicants should follow their normal billing practices and must certify that they have not received and do not anticipate receiving assistance from these sources or any other source for the same work or costs.

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References:

44 C.F.R. § 206.225

2 C.F.R. pt. 200

FEMA Policy No. 104-009-2, *Public Assistance Program and Policy Guide*, v. 3.1 (Apr. 2018)

FEMA Policy No. 104-009-19, *Coronavirus (COVID-19) Pandemic: Work Eligible for Public Assistance (Interim)* (Sep. 1, 2020)

FEMA Fact Sheet, *COVID-19 Pandemic Private Nonprofit Organizations* (Apr. 1, 2020)

FEMA Policy No. 104-010-04, *Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance* (May 9, 2020)

FEMA Frequently Asked Questions, *COVID-19 Pandemic Vaccination Planning* (Nov. 19, 2020)