

CAPH COVID-19 Federal Financial Recovery FAQs

General

When the Federal emergency is determined to be “over” (Presidential action) at what point do the costs become ineligible for claiming? For example, if on July 1st the emergency order is lifted, yet PHS members are still doing Contact Tracing related to the Emergency, will the cost incurred after July 1st be reimbursable?

Historically, the period of performance for Category B Emergency Protective Measures is 6 months after the declaration date. All work completed during that time must tie back to the incident period. Time extensions can be submitted to allow for additional time outside of the 6 months.

According to Cal OES, FEMA has a 60-day timeline to identify and report damage for COVID-19 Streamlined Public Applications. The timeframe for reporting damage/activities for COVID-19 Streamlined Public Applications is either within 60 days of the declared end of the Public Health Emergency or 60 days from the approval of the applicant's Public Assistance, **whichever is later**. These Streamlined Project Applications can contain estimates, so all the work does not have to necessarily be done within 60 days of the end of the emergency. It is important to note that we do not know when the emergency will end and start this 60-day clock.

Ultimately, given the nature of the event and uncertainty surrounding the emergency timeline, it is still to be determined how submission timelines and periods of performance will be affected.

Since other funding must be used first before FEMA reimburses costs - and some of this funding (Medicare cost reports) will take 2-3 years before they are closed, will FEMA still be available?

For insurance and patient payments, it will take considerable amount of time to receive payments. However, FEMA will look at actual OR anticipated insurance when reviewing your claim. At close out, the anticipated insurance estimates will be updated with actual insurance numbers and reconciled for the final project claim. This could result in an obligation of additional funds or a de-obligation in adjusting for final insurance funds.

Can the county public hospital submit an RPA independently from the county or should there be just one submission from the county on behalf of the county hospital and other operating units?

This can vary from county to county and will be based on the structure of the hospital within the County. Some of the considerations would be if the Hospital has a separate governing body (i.e. board), a separate taxing entity, or the governing body is the Board of Supervisors. If the Board of supervisors is the governing body, then one RPA would be submitted, which would include the county and the public hospital. (Note: Eligibility is the same regardless if the public hospital is under the County or a separate entity)

PHS members have had internal discussions about signatures on documents - especially the ICS 213RR and 214. As many people are working off site (home) is electronic signatures allowed?

Yes, electronic signatures are allowed.

Does FEMA cover the cost of HR6201 the Emergency Paid Sick Leave Act?

Private employers are entitled to refundable tax credits related to the Emergency Paid Sick Leave and Emergency Paid Family and Medical Leave. To date, public employers are not eligible for the credit; however, there are lobbying efforts for further legislation that may change this. In addition, legislation is in the works for emergency funds for public entities to apply for reimbursement of COVID-19 spending, such as through FEMA or other state or federal programs.

Do you have any guidance on how to interpret the "last payor" language for FEMA, relative to other payors? Do we need to bill Medicaid / Medicare, etc. first, then bill the rest to FEMA? FEMA guidance isn't particularly clear in this area.

Yes, you must file with your insurance carrier first, including Medicare and Medicaid. FEMA is a provider of last resort and cannot duplicate benefits. PHS members must seek reimbursement from insurance first, or else FEMA will disallow these funds.

Given that some individuals' testing/treatment will be covered by their health insurance, we are seeking additional clarity about FEMA's status as a payer of last resort. What verification and/or documentation will FEMA be seeking to ensure compliance?

FEMA cannot provide PA funding for clinical care costs funded by another source, including private insurance, Medicare, Medicaid/CHIP, other public insurance, a preexisting private payment agreement, or the COVID-19 Uninsured Program for uninsured patients. The Applicant will need to certify that it has not received and does not anticipate receiving assistance from these sources or any other source for the same work or costs. FEMA will de-obligate any PA funding that has been provided if another source provides funds to the Applicant for the same clinical care costs.

All sub applications are subject to review at close out in addition to being audited through the Office of Inspector General.

At what point will the FEMA disaster relief fund need to be replenished by Congress? Has Congress ever failed to replenish?

The CARES act re-appropriated 45 billion for the disaster relief fund. The balance of the disaster relief fund is closely tracked, and potential future appropriations coordinated with the Federal government.

Community-Based Testing Sites

With respect to community-based testing sites - is there any obligation to attempt to bring these operations within the scope of traditional health reimbursement? How do you demonstrate that the testing site is appropriately reimbursable under FEMA?

It is dependent on the specific situation. Several key questions are: How were you asked to become a community-based testing site? Who is funding the CBTS? Entities should track all labor, regular time and overtime, materials, mobilization and demobilization costs.

As a follow-up to the earlier question about testing sites, are PHS members required to attempt to bill insurance prior to FEMA claiming? One concern performing coverage screening at testing sites.

Follow your normal policy on community-based testing and check the MOU about how you are handling insurance.

Under circumstances surrounding community-based testing sites, would materials suitable for reimbursement include free tests that you're giving to the public and collecting on-site?

Yes, track all these costs. Costs related to testing are included as an eligible activity for COVID-19.

Labor

If permanent budgeted employees are doing functions outside of normal work activities, can PHS members claim those?

Only overtime is eligible.

If budgeted employees are moved to an emergency operations center, are both regular time and overtime pay FEMA reimbursable?

If the employee is a budgeted employee, then just the overtime is eligible.

Is FEMA reimbursement for emergency activities based on whether staff are activated by the agency's emergency operations center?

Eligibility is tied to treatment of COVID-19, staff do not need to be activated specifically by the EOC to treat COVID 19 patients.

Is there any precedent or possibility of FEMA reimbursing for Regular Salaries, considering the nature and severity of the COVID emergency?

Exempt employees' salaries are covered under normal operations and they do not receive overtime pay. As a result, their costs would not be covered.

In general, if we execute a new Nurse Registry contract for COVID-related work, we can include 100% of the expense in B1. But if we use an Existing Nurse Registry contract, is this also claimable under B1, or will FEMA consider this to be "Budgeted Salaries" and not allow us to include Regular Salaries as a B1 expense?

If the nurses are budgeted, then it is most likely only the overtime that is reimbursable.

Contracts and Procurement

If PHS members buy \$50M in PPE and have \$10M leftover after the Emergency Declaration ends, how difficult is it to pledge to use this PPE on other Federally funded programs so that PHS members don't have to repay some portion of the \$10m in unused PPE?

In FEMA policy there is a mechanism for medical providers to support these costs. Keep track of how and why you purchased PPE. There will then be a process to submit this justification to FEMA in order to potentially keep this funding.

Do PHS members need a procurement justification for every Vendor we use, or is it specific to the type of material we are purchasing?

Each procurement needs a procurement memo. For example, if you have 5 purchases from a single vendor. You would need to document that 5 times. The justification memo will look similar for all five.

Are existing contracts that have been repurposed for COVID19 claimable? Would we need to establish new contracts with exiting contractors explicitly for COVID19? i.e. Repurposing a behavioral health contract to provide services at a shelter in place hotel.

If you had existing contracts prior to January 20. Unless the procurement of services/materials is done using Federal procurement standards, a justification memo would have to justify the procurement process given the exigent and emergency circumstances.

Is the Detailed Cost / Price Analysis required for individual procurements that are less than \$250k, but that, in the aggregate, are over \$250k?

Yes, if you are aggregating multiple purchases then you should do a detailed cost / price analysis.