

Illinois Emergency Management Agency

DR-4489 COVID-19

Question & Answer Session FEMA Answered Q&A

1. Data shows number of ventilators deployed on each day to each hospital location that were in 24/7 use, yet does not specify the patient or the “operator” – will that be enough to support forced account utilization PW?

This will be insufficient information to validate force account equipment costs. FEMA will need to validate that the ventilators or equipment were related to treatment of COVID19 patients (or used in temporary medical facilities/expanded facilities set up due to COVID19), so there should be either a tracking of which patients the ventilators were used and for how long. In addition, if the hospital would normally bill the equipment use to private insurance or Medicare/Medicaid, then they should follow the normal billing practices for COVID19 care as well. Any deductions for insurance/Medicare/Medicaid coverage should be made. *See FEMA Policy FP 104-010-04 Coronavirus (COVID19) Pandemic: Medical Care Costs Eligible for Public Assistance.*

2. If IT capability is required to operate equipment for an eligible activity are these costs eligible? E.g., expanded connectivity to remote nursing stations for vents and other emergency lifesaving medical equipment.

More information would be needed here on what additional charges were incurred for IT due to the equipment use, or whether this would be considered an increased operating expense. The charges need to be adequately tracked shown to be directly related to an eligible emergency measure due to COVID19, then FEMA could review fully for eligibility.

3. If HR policy allows approval of non-budgeted/off-cycle pay adjustments but is not specific hazard/disaster policy, can this be used to prove up labor expenses?

A special pay adjustment for employees enacted after the declared disaster would likely not be eligible under PA unless the personnel policy in place at the start of the disaster allowed for hazard pay or premium pay specifically for emergency/disaster-related work. The general allowance for the possibility of off-cycle pay adjustments would likely not be specific enough. In addition, more information would be needed to provide a full answer, including the specific provisions of the personnel policy, the applicable employees' status, and the work being performed.

4. How should medical care applicants decrement health insurance reimbursements from otherwise eligible expenses? E.g., will comparison to historical expense baselines to demonstrate incremental cost overruns be sufficient? Is there another recommendation?

FEMA is not able to provide guidance on specific cost tracking mechanisms because it would depend on the particular accounting systems and billing practices/methods. The applicant should be following its normal billing practices though. Therefore, if the applicant would normally bill private insurance/Medicare/Medicaid for labor, equipment, medicine or supplies, then they should continue to do so for COVID19 treatment and then report those deductions on the project application.

5. For medical equipment utilized in reimbursed medical care (e.g., ventilator used for BCBS inpatient), may applicants submit for the purchase/rental price to obtain the equipment?

The applicant will need to validate or explain the reasonableness of whatever equipment rate being claimed on its project application. We have also pushed this question to FEMA HQ to determine if there is any schedule or list of medical equipment rates that can be used by applicants for force account equipment (that was neither purchased nor leased). If the Applicant purchased the equipment, then the applicant should list the purchase price and follow the disposition requirements for purchased equipment. If the applicant rented the equipment, then the rental price should be used.

6. For medical materials/supplies, existing hospital data generally does not capture the "date used" but rather the date the item is pulled from inventory. Will this suffice for this field on the PW?

Yes, the date the materials/supplies were pulled from the inventory should be sufficient information to use instead of "date used" for the supplies. Again, the applicant would just need to track the materials/supplies to show that they were used for COVID19 treatment or for use in temporary medical facility or expanded facility in response to COVID19. See *FEMA Policy FP 104-010-04 Coronavirus (COVID19) Pandemic: Medical Care Costs Eligible for Public Assistance*.

7. Our municipality added protective guards at each public counter. Would those expenses be eligible?

These types of building modifications and long-term safety measures are currently not eligible for PA, but still under consideration by FEMA Leadership for potential eligibility. FEMA will be issuing additional eligibility guidance on these types of measures in the future and will disseminate to the public.

8. Does the transport of COVID patient cost include the paramedic pay?

If the paramedic is working a regular budgeted shift, then it is not eligible. If the paramedic was working in overtime in response to COVID, and performing emergency measures and in conformance with payroll policies in place at the time of incident, declaration (March 26, 2020) then the paramedic pay may be eligible.

9. I am confused. It sounds like if an employee was already budgeted any expenses incurred by them is unallowable even though they are unable to work on their original projects and are now 100% working on contract tracing?

For budgeted employees, only OT labor would be eligible, even if that employee has been reassigned to perform emergency work instead of its normal duties. Also, contact tracing is not currently eligible under Cat B, PA funding. The Centers for Disease Control/HHS may have funding for this activity

10. We had an Alternative Housing site set up in our municipality for COVID patients. The state could not find a contract ambulance company to cover the site and asked the municipality to run the calls. Would paramedic pay be covered? It was a state run site.

More information would be needed to provide an answer regarding the set up and operation of the site, the agreement with the municipality for ambulance service, the services provided, etc. If this was a State-run site, then the State, not the municipality, would be the legally responsible applicant to claim all costs related to the site.

11. Disposable exhalation valves previously were cleaned and reused and now these are disposed. Would the additional valves that are purchased due to the pandemic be reimbursable for a hospital?

This question was answered via 6/4/20 email:

Are these referring to disposable exhalation valves used in face masks/PPE, or are this referring to a piece of medical equipment needed to treat COVID patients? I believe in either case, they could potentially be eligible, but more information on this would be needed to be included in the project application to make a determination, *for example*:

- Why were they purchased/how were these used in relation to COVID19?
- Are these for patients or medical workers?
- If relating to PPE, what does CDC guidance say on PPE use, re-use or disinfection of PPE?
- Applicant mentioned that they were previously cleaned and reused, why couldn't they be cleaned and reused again?
- Is this a piece of medical equipment that would typically be billed to or covered under private insurance/Medicaid/Medicare?
- Is this a material or measure recommended by CDC or public health guidance?

FEMA are certainly not medical experts, so we will just need further explanation here. But, as I mentioned, the applicant should include these in the project application with the added detail for FEMA to review.

12. I represent a PNP that provides residential care to people with disabilities. We had to modify some of our facilities to accommodate isolation and quarantine of infected individuals. To what extent are the costs of those modifications reimbursable? We also incurred costs for overtime for staff who isolated with infected individuals and OT and hotel costs for the staff person to self-quarantine after the infected individual recovered. Are these costs reimbursable?

With respect to the building modifications, these types of building modifications and permanent measures are currently not eligible for PA, but still under consideration by FEMA Leadership for potential eligibility. FEMA will be issuing additional eligibility guidance on these types of measures in the future and will disseminate to the public.

With respect to the sheltering costs of staff and residents, more information is needed to provide a full answer. However, PNPs are not eligible for sheltering or non-congregate sheltering costs/activities. Only State, local, tribal or territorial government applicants are eligible for this activity.

13. Is the cost of COVID19 testing for residents and staff in a long term care facility an eligible expense? Is hazard pay an eligible expense?

More information would be required here to provide a full answer. However, COVID19 testing at a long-term care facility may be an eligible expense. See FEMA *COVID-19 Emergency Protective Measures Fact Sheet*.