

COST TRACKING INFORMATION/GUIDANCE 2009 H1N1 INFLUENZA OUTBREAK

INTRODUCTION

It is important to track activities and expenses associated with actions necessary to respond to and recover from an unexpected event. Therefore state agency/departments should document those actions and expenses for reporting and possible reimbursement purposes. If documented extraordinary expenses meet published thresholds federal disaster assistance may become available. Such assistance would become available should the Governor request an Emergency Declaration from the President.

FEDERAL DISASTER ASSISTANCE

The Public Assistance Program, a (75% fed share) cost-shared federal disaster assistance grant under the Robert T. Stafford Act and administered by FEMA, is the reimbursement program that would be available if the above discussed declaration process were to be implemented. The Disaster Recovery Branch (DRB) of Ohio EMA is the party responsible for the state aspects of grant administration. *For technical assistance on the H1N1 outbreak please call Greg Keller, State Public Assistance Officer, at (614) 799-3669.*

PUBLIC ASSISTANCE PROGRAM (PA) INFORMATION

An overview of the PA Program is available on the Ohio EMA website. The PA page includes: PA Overview, two versions of the (State) PA Handbook, Cost Tracking Forms, and a link to FEMA's PA Page. The Cost Tracking Forms (Labor, Fringe Benefits, Equipment, Materials, Rented Equipment, and Contract) should be used immediately to accurately track event related expense.

The DRB PA webpage is accessible at (control click):
www.ema.ohio.gov/Recovery_PAGrantProgram.aspx

Additional Reference Material

Following is related reference information:

- Human Influenza Pandemic Fact Sheet
- FEMA PA Policies; Emergency Assistance for Human Influenza Pandemic (DAP 9523.17) and Medical Care and Evacuations (DAP 9525.4)

HUMAN INFLUENZA PANDEMIC

Fact Sheet

FEMA Public Assistance Program

This Fact Sheet provides an overview of the FEMA Public Assistance Program Policy (DAP 9523.17) that addresses, Emergency Assistance for Human Influenza Pandemic.

Background

The Public Assistance Program is a cost-shared (75% federal share) grant that reimburses applicants (state and local governments and certain private-non-profits) for expenses associated with a particular event. In the case of a human influenza pandemic the Policy details eligible and ineligible activities conducted by those eligible applicants.

Overview

The Policy provides for limited reimbursement of expenses incurred while performing certain emergency protective measures during an outbreak of human influenza pandemic. Reimbursement would take place under a Federal Disaster and Relief Act (Stafford Act) Declaration (Emergency or Major Disaster). The federal declaration would be predicated on a positive Presidential response to a Governor's written declaration request.

Eligible Costs

The eligible activities listed in the Policy include:

- Activation of any State Agency/Local Emergency Operations Center
- Purchase and distribution of consumable supplies (food, ice, water, medicine, etc)
- Management, control and reduction of public health and safety threats
- Movement of supplies and persons
- Security forces, barricades and fencing, and warning devices
- Emergency medical care to disaster victims at a Temporary Medical Facility or Shelter
- Temporary medical facility and/or congregate shelter
- Communicating health and safety information to the public
- Technical assistance on disaster management and control to State/local governments
- Location and recovery of individuals requiring assistance (Search and rescue)
- Locating, recovering, storing, interring of human remains
- Mass Mortuary Services
- Unless funded by another federal authority; Recovery/disposal of animal carcasses

Ineligible Costs

- Definitive medical care (Beyond emergency medical care, post-admission hospital care)
- Costs associated with loss of revenue
- Increased administrative/operational costs to hospitals due to increased patient load
- Rest time for medical staff
- Insured damages/costs: Applicants should not seek reimbursement of costs underwritten by; private insurance, Medicaid/Medicare, pre-existing private payment agreement

Emergency Assistance for Human Influenza Pandemic

Disaster Assistance Policy 9523.17

- I. **TITLE:** Emergency Assistance for Human Influenza Pandemic
- II. **DATE:** March 31, 2007
- III. **PURPOSE:** Establish the types of emergency protective measures that are eligible under the Public Assistance Program during a Federal response to an outbreak of human influenza pandemic in the U.S. and its territories.
- IV. **SCOPE AND AUDIENCE:** The policy is applicable to all major disasters and emergencies declared on or after the date of publication of this policy. It is intended for personnel involved in the administration of the Public Assistance Program.
- V. **AUTHORITY:** Sections 403 (42 U.S.C. 5121-5206) and 502 (42 U.S.C. 5192) respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), and 44 Code of Federal Regulations (CFR) §206.225(a)(3)(i).
- VI. **BACKGROUND:**
 - A. The severity of the next human influenza pandemic cannot be predicted, but modeling studies suggest that the impact of a pandemic on the United States could be substantial. In the absence of any control measures (vaccination or drugs), it has been estimated that in the United States a "medium-level" pandemic could cause 89,000 to 207,000 deaths, 314,000 to 734,000 hospitalizations, 18 to 42 million outpatient visits, and another 20 to 47 million people being sick. Over an expected period of two years, between 15% and 35% of the U.S. population could be affected by an influenza pandemic, and the economic impact could range between \$71.3 and \$166.5 billion. This effect does not include members of the general population that may have to miss work to care for ill family members, potentially raising the population affected by an influenza pandemic to 55% during the peak weeks of community outbreak (Department of Health and Human Services, Centers for Disease Control and Prevention, Pandemic Flu: Key Facts, January 17, 2006).
 - B. An influenza pandemic differs from other public health threats, in that:
 - A pandemic will last much longer than most public health emergencies, and may include "waves" of influenza activity separated by months (in 20th century pandemics, a second wave of influenza activity occurred 3 to 12 months after the first wave).
 - The numbers of health-care workers and first responders available to work is expected to be reduced. This population will be at high

risk of illness through exposure in the community and in health-care settings.

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

C. Assumptions:

1. Three conditions must be met for a pandemic to begin:
 - a. A new influenza virus subtype must emerge, for which there is little or no human immunity. (For example, the H5N1 virus (bird flu) is a new virus for humans. It has never circulated widely among people, infecting more than 200 humans, but killing over half of them.)
 - b. It must infect humans and cause illness; and:
 - c. It must spread easily and sustainably (continue without interruption) among humans.
2. There will be large surges in the number of people requiring or seeking medical or hospital treatment, which could overwhelm health services.
3. High rates of worker absenteeism will interrupt other essential services, such as emergency response, communications, fire and law enforcement, and transportation, even with Continuity of Operations Plans in place.
4. Rates of illness are expected to peak fairly rapidly within a given community, because all populations will be fully susceptible to an H5N1-like virus.
5. Local social and economic disruptions may be temporary, yet have amplified effects due to today's closely interrelated and interdependent systems of trade and commerce.
6. A second wave of global spread should be anticipated within a year, based on past experience.
7. All countries are likely to experience emergency conditions during a pandemic, leaving few opportunities for international assistance, as seen during natural disasters or localized disease outbreaks. Once international spread has begun, governments will likely focus on protecting domestic populations.

VII. **POLICY:**

- A. The following Emergency Protective Measures (Category B) may be eligible for reimbursement to State and local governments and certain private non-profit organizations:
 0. Activation of State or local emergency operations center to coordinate and direct the response to the event.

1. Purchase and distribution of food, water, ice, medicine, and other consumable supplies.
 2. Management, control, and reduction of immediate threats to public health and safety.
 3. Movement of supplies and persons.
 4. Security forces, barricades and fencing, and warning devices.
 5. Emergency medical care (non-deferrable medical treatment of disaster victims in a shelter or temporary medical facility and related medical facility services and supplies, including emergency medical transport, X-rays, laboratory and pathology services, and machine diagnostic tests for a period determined by the Federal Coordinating Officer).
 6. Temporary medical facilities (for treatment of disaster victims when existing facilities are overloaded and cannot accommodate the patient load).
 7. Congregate sheltering (for disaster victims when existing facilities are overloaded and cannot accommodate the patient load).
 8. Communicating health and safety information to the public.
 9. Technical assistance to State and local governments on disaster management and control.
 10. Search and rescue to locate and recover members of the population requiring assistance and to locate and recover human remains.
 11. Storage and internment of unidentified human remains.
 12. Mass mortuary services.
 13. Recovery and disposal of animal carcasses (except if another federal authority funds the activity - e.g., U.S. Department of Agriculture, Animal, Plant and Health Inspection Service provides for removal and disposal of livestock).
- B. **Eligible Costs.** Overtime pay for an applicant's regular employees may be eligible for reimbursement. The straight-time salaries of an applicant's regular employees who perform eligible work are not eligible for reimbursement. Regular and overtime pay for extra-hires may be eligible for reimbursement. Eligible work accomplished through contracts, including mutual aid agreements, may be eligible for reimbursement. Equipment, materials, and supplies made use of in the accomplishment of emergency protective measures may be eligible.
- C. **Ineligible Costs.** Ineligible costs include the following:
0. Definitive care (defined as medical treatment or services beyond emergency medical care, initiated upon inpatient admissions to a hospital).
 1. Cost of follow-on treatment of disaster victims is not eligible, in accordance with FEMA Recovery Policy 9525.4 - Medical Care and Evacuation.
 2. Costs associated with loss of revenue.
 3. Increased administrative and operational costs to the hospital due to increased patient load.

4. Rest time for medical staff. Rest time includes the time a staff member is unavailable to provide assistance with emergency medical care.
5. Because the law does not allow disaster assistance to duplicate insurance benefits, disaster assistance will not be provided for damages covered by insurance. The PA applicant should not seek reimbursement for these costs if underwritten by private insurance, Medicare, Medicaid or a pre-existing private payment agreement.

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

- D. Coordination with Emergency Support Function (ESF). Coordination among ESFs 3, 5, 6, 8, 9, 11, and 14 will be required.

- VIII. **ORIGINATING OFFICE:** Recovery Division (Public Assistance Branch).
- IX. **SUPERSESSSION:** This policy supersedes all previous guidance on this subject.
- X. **REVIEW DATE:** Three years from date of publication.

//signed//
David Garratt
Acting Assistant Administrator
Disaster Assistance Directorate

Disaster Assistance Policy 9523.17 - Emergency Assistance for Human Influenza Pandemic ([PDF](#) 470KB)

Emergency Medical Care and Medical Evacuations

Disaster Assistance Policy 9525.4

- I. **TITLE: Emergency Medical Care and Medical Evacuations**
- II. **DATE:** July 16, 2008
- III. **PURPOSE:**

This policy identifies the extraordinary emergency medical care and medical evacuation expenses that are eligible for reimbursement under the *Category B, Emergency Protective Measures* provision of the Federal Emergency Management Agency's (FEMA) Public Assistance Program following an emergency or major disaster declaration.
- IV. **SCOPE AND AUDIENCE:**

The policy is applicable to all emergencies and major disasters declared on or after the date of publication of this policy. It is intended for FEMA and State personnel involved in the administration of the Public Assistance Program.
- V. **AUTHORITY:**

Sections 403 and 502 of the [Robert T. Stafford Disaster Relief and Emergency Assistance Act \(Stafford Act\)](#), [42 U.S.C. §§ 5170b and 5192](#), respectively, and [Title 44 of the Code of Federal Regulations \(CFR\)§ 206.225](#).
- VI. **BACKGROUND:**
 - A. Sections 403 and 502 of the Stafford Act authorize Federal agencies to provide assistance, including emergency medical care, essential to meeting immediate threats to life and property resulting from a major disaster or emergency, respectively. When the emergency medical delivery system within the designated disaster area is destroyed or severely compromised by a disaster event, assistance for emergency medical care and medical evacuations of disaster victims from eligible public and private nonprofit hospitals and custodial care facilities is available to eligible Public Assistance applicants through Public Assistance grants, Direct Federal Assistance (DFA), or a combination of both.
 - B. When the State and local governments lack the capability to perform or contract for eligible emergency medical care or medical evacuation work, they may request Direct Federal Assistance from FEMA. Usually, FEMA will task the appropriate Federal agencies via mission assignments to perform the requested emergency work. FEMA may task the Department of Health and Human Services to provide emergency medical assistance when requested by the State.

VII. **POLICY:**

A. **Definitions**

1. **Cost-to-charge ratio:** A ratio established by Medicare to estimate a medical service provider's actual costs in relation to its charges.
2. **Durable medical equipment:** Equipment prescribed by a physician that is medically necessary for the treatment of an illness or injury, or to prevent a patient's further deterioration. This equipment is designed for repeated use and includes items such as oxygen equipment, wheelchairs, walkers, hospital beds, crutches, and other medical equipment.
3. **Emergency Management Assistance Compact:** A mutual aid agreement and partnership between states in which disaster-impacted states can request and receive reimbursable assistance from other member states.
4. **Emergency medical care:** Medical treatment or services provided for injuries, illnesses and conditions caused as a direct result of the emergency or declared disaster, and which require immediate medical treatment or services to evaluate and stabilize an emergency medical condition. Emergency medical care may include care provided during transport under a medical evacuation and stabilization of persons injured during evacuation.
5. **Operating costs:** Costs of personnel, equipment, and supplies required to operate a facility, and costs of the facility itself.

B. **Eligible Applicants.** Eligible applicants may include State and local governments and private nonprofit organizations or institutions which own or operate a medical or custodial care facility, such as a publicly-owned or private nonprofit hospital or nursing home (44 CFR 206.221, and 206.222). Private for-profit medical service providers are not eligible applicants for Public Assistance. However, some costs associated with for-profit providers may be eligible for Public Assistance when contracted for by an eligible applicant.

C. **Eligible Emergency Medical Care Costs.** Eligible applicants may be eligible to receive Public Assistance funding for the extraordinary costs associated with providing temporary facilities for emergency medical care of disaster victims when existing facilities are overwhelmed. Costs associated with emergency medical care should be reasonable and customary for the emergency medical services provided. Where applicable, FEMA may rely on Medicare's cost-to-charge ratio to determine the reasonableness of costs. Eligible costs will be limited to a

period of up to 30 days from the date of the emergency or disaster declaration, or as determined by the Federal Coordinating Officer.

1. Eligible costs include, but are not limited to, the following:
 - a. Overtime for regular full-time employees performing eligible work.
 - b. Regular time and overtime for extra hires specifically hired to provide additional support as a result of the emergency or declared disaster (*See FEMA Recovery Policy [RP9525.7](#), Labor Costs – Emergency Work*, for information related to eligible labor costs while performing emergency work).
 - c. Transport of disaster victims requiring emergency medical care to medical facilities, including EMS and ambulance services.
 - d. Treatment and monitoring of disaster victims requiring emergency medical care, including costs for:
 - i. Triage, medically necessary testing, and diagnosis.
 - ii. First aid assessment and provision of first aid, including materials (bandages, etc.).
 - iii. Prescription assistance limited up to a one-time 30-day supply for acute conditions and to replace maintenance prescriptions.
 - iv. Durable medical equipment.
 - e. Vaccinations for disaster victims and emergency workers, including medical staff.
 - f. Provision of health information.
 - g. Temporary tents or portable buildings for treatment of disaster victims.
 - h. Leased or purchased equipment for use in temporary facilities. (*See FEMA Recovery Policy [RP9523.3](#), Provision of Temporary Relocation Facilities*, for information related to the eligibility of costs associated with leasing and purchasing temporary facilities).
 - i. Security for temporary facilities.

2. Ineligible costs include the following:
 - a. Medical care costs incurred once a disaster victim is admitted to a medical care facility on an inpatient basis.
 - b. Costs associated with follow-on treatment of disaster victims beyond 30 days of the emergency or disaster declaration.
 - c. Increased administrative and operating costs to the hospital due to increased or anticipated increased patient load.
 - d. Loss of revenue.
3. Ineligible costs remain ineligible even if incurred under mutual aid or other assistance agreements.
4. Eligible costs of emergency medical care provided in congregate or transitional shelters are addressed in FEMA Disaster Assistance Policy [DAP9523.15](#), *Eligible Costs Related to Evacuations and Sheltering*.

D. Eligible Medical Evacuation Costs. Disasters can so seriously threaten or cause such severe damage to eligible medical and custodial facilities that patients have to be evacuated and transported to either a temporary facility or an existing facility that has spare capacity. When an evacuation is required, there may be eligible costs incurred by an eligible applicant in the evacuation and transportation of patients, such as the use of emergency medical service personnel or ambulance services.

1. Eligible costs include, but are not limited to, the following:
 - a. Overtime for regular full-time employees to evacuate and assist in the transport of patients from the original facility.
 - b. Regular time and overtime of extra hires employed to evacuate and assist in the transport of patients from the original facility (*See FEMA Recovery Policy [RP9525.7](#), Labor Costs – Emergency Work*, for information related to eligible labor costs while performing emergency work).
 - c. Equipment costs incurred in the transport of patients from the original facility.

- d. Labor and equipment costs incurred during transport while returning the patient to the original medical or custodial care facility.
 - e. The costs of treatment of patients requiring emergency medical care, including costs for medically necessary tests, medication, and durable medical equipment required to stabilize patients for transportation.
 - f. Costs incurred from the activation of contracts, mutual aid agreements, or force account resources in advance of an emergency or disaster event necessary to prepare for medical evacuations in threatened areas. Eligible equipment costs include mobilization of ambulances and other transport equipment; eligible force account labor costs are limited to overtime for regular full-time employees and regular time and overtime of extra hires.
 - 2. Ineligible costs include equipment and labor costs incurred during standby times.
- E. **Duplication of Benefits.** FEMA is prohibited by Section 312 of the Stafford Act from approving funds for reimbursement that are covered by any other source of funding. Therefore, eligible applicants must take reasonable steps to prevent such an occurrence, and provide documentation on a patient-by-patient basis verifying that insurance coverage or any other source of 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.
- F. **Preparation Costs.** Costs incurred in preparation for an increased patient load from an emergency or disaster, including costs of personnel, emergency medical equipment, and standby for ambulance services and emergency medical service personnel are not eligible for Public Assistance grant funding.
- G. **Mutual Aid.** The Emergency Management Assistance Compact (EMAC) between states and other individual mutual aid agreements can be used to provide emergency medical care in an emergency or major disaster. Costs incurred through these mutual aid agreements may be eligible for Public Assistance grant funding. Reimbursement claims made by mutual aid providers must comply with the requirements of FEMA Disaster

Assistance Policy [DAP9523.6](#), *Mutual Aid Agreements for Public Assistance and Fire Management Assistance*. Public or private nonprofit medical service providers working within their jurisdiction do not qualify as mutual aid providers under DAP9523.6.

- VIII. **RESPONSIBLE OFFICE:** Disaster Assistance Directorate (Public Assistance Division).
- IX. **SUPERSESSSION:** This policy supersedes Recovery Policy [RP9525.4](#), dated August 17, 1999, and all previous guidance on this subject.
- X. **REVIEW DATE:** This policy does not automatically expire, but will be reviewed 3 years from the date of publication.

//signed//
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Disaster Assistance Policy 9525.4 - Emergency Medical Care and Medical Evacuations ([PDF](#) 1.53 MB)

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