FEMA FREQUENTLY ASKED QUESTIONS

Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering

Subsequent to President Trump's March 13, 2020, Nationwide Emergency Declaration for Coronavirus 2019 (COVID-19), the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA) recognizes that non-congregate sheltering may be necessary in this Public Health Emergency to protect public health and save lives.

This document provides answers to frequently asked questions about non-congregate sheltering during the Secretary of Health and Human Services' (HHS') declaration of a Public Health Emergency for COVID-19.

1. What is the difference between medical sheltering, quarantine facilities, and non-congregate sheltering? Do alternative medical care facilities count as non-congregate shelters?

The term "medical sheltering" is meant to address the specific needs directly resulting from this Public Health Emergency. For purposes of eligibility under the COVID-19 declarations, FEMA will consider non-congregate sheltering for health and medical-related needs, such as isolation and quarantine resulting from the public health emergency. Alternate care sites and temporary hospitals are not considered non-congregate sheltering and such requests should be routed through the proper channels. Please refer to the Emergency Medical Care for COVID-19 Fact Sheet.

2. Who is the target population for non-congregate sheltering?

Examples of target populations include those who test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals); those who have been exposed to COVID-19 who do not require hospitalization; and asymptomatic high-risk individuals needing social distancing as a precautionary measure, such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease). Sheltering specific populations in non-congregate shelters should be determined by a public health official's direction or in accordance with the direction or guidance of health officials by the appropriate state or local entities. The request should specify the populations to be sheltered. Non-congregate sheltering of healthcare workers and first responders who require isolation may be eligible when determined necessary by the appropriate state, local, tribal, or territorial public health officials and

when assistance is not duplicated by another federal agency.

3. What forms of non-congregate sheltering will FEMA support?

Sheltering solutions should be determined by the Applicant requesting assistance, such as hotels, motels, dormitories, or other forms of non-congregate sheltering. The solutions should meet the criteria of non-congregate sheltering for the COVID-19 emergency, including what is necessary to protect public health and safety, be in accordance with guidance provided by appropriate health officials, and be reasonable and necessary to address the threat to public health and safety.

4. Must the Centers for Disease Control and Prevention (CDC) or state/local public health officials direct the use of non-congregate sheltering? Is it okay if another state/local official (e.g., emergency management office) directs the use?

The non-congregate sheltering must be at the direction of and documented through an official order signed by a state, local, tribal, or territorial public health official or be done in accordance with the direction or guidance of health officials by the appropriate state or local entities, in accordance with applicable state and local laws.

5. Does the non-congregate sheltering delegation apply to both emergency and major disaster declarations?

Yes, the delegation applies to all incidents declared as a result of COVID-19.

6. Can you provide a template for non-congregate sheltering requests?

Yes, there is a template request letter that the Applicant can use. In addition, Template Project Worksheets are currently being developed. Please contact your Regional point of contact for additional information concerning the template.

7. Can approval be state-wide? Could a FEMA Regional Administrator approve a state-wide strategy rather than individual requests?

Requests should be submitted based on the state and/or local public health orders, along with relevant public health guidance that recommends sheltering be conducted in the manner that is being requested for reimbursement and must meet the criteria of the guidance issued by FEMA for COVID-19. In instances where the state is issuing the public health order along with relevant public health guidance for non-congregate sheltering for the state, it is possible for FEMA to approve a state-wide request.

A state-wide non-congregate sheltering request should outline the state's non-congregate sheltering plan with options that will be utilized in the state by local governments. Upon pre-approval of non-congregate sheltering, the state can be the sub-recipient, or a county/local government can be a sub-recipient.

Tracking mechanisms must be in place to provide data and documentation to establish the eligibility of costs for which the Applicant is requesting Public Assistance funding (including the need for non-congregate

sheltering of each individual, length of stay, and costs). As with any activity, lack of support documentation may result in FEMA determining that some or all of the costs are ineligible.

8. Can a FEMA Regional Administrator approve non-congregate sheltering after it has already begun?

In limited circumstances where the nature of the emergency did not make a request feasible prior to beginning non-congregate sheltering, the Regional Administrator may approve non-congregate sheltering after it has already commenced.

9. Can a FEMA Regional Administrator allowed to delegate approval of non-congregate sheltering?

No, this delegation may not be re-delegated. The Regional Administrator should approve, partially approve, or deny the request in writing. This documentation should be uploaded to the project in FEMA Grants Manager.

10. What wrap-around services are eligible? For example, are food or mental health counseling eligible?

Eligible costs related to sheltering should be necessary based on the type of shelter, the specific needs of those sheltered, and determined necessary to protect public health and safety and in accordance with guidance provided by appropriate health officials. However, support services such as case management, mental health counseling, and others are not eligible.

11. How long can an individual to stay in non-congregate sheltering? How long can a non-congregate sheltering mission last?

The length of non-congregate sheltering depends on the needs in each area and will be in accordance with the guidance and direction from appropriate health officials. Sheltering eligibility for sheltering activities may not extend beyond the state or local public health order or the HHS Public Health Emergency for COVID-19. Length of sheltering for individuals is based on health guidance and be limited to what is needed to address the immediate threat to public health and safety. The mission will depend on the level of community transmission in each area. Areas with high rates of community transmission, hospital admissions, and fatalities may need up to eight weeks. Reassessment at periodic intervals is necessary.

Regional Administrators should approve non-congregate sheltering in 30-day increments, or less if a re-assessment determines there is no longer a public health need, but not to exceed the duration of the order of the state or local public health officer. The state or local will need to provide a re-assessment of the continuing need for emergency non-congregate sheltering from a state public health official, as well as a detailed justification for the continuing need for emergency non-congregate sheltering. The non-congregate sheltering for an individual should be in accordance with the guidance and direction from appropriate health officials.

12. How will we handle congregate and non-congregate sheltering missions

for future disasters in areas impact by COVID-19?

Sheltering in future events will need to conform to current guidelines in place, including considerations for shelter operations in a pandemic environment. If there are additional costs incurred for such shelter operations, FEMA may reimburse those costs as eligible under the subsequent declaration requiring the shelter operations.

13. Can you provide additional clarity on avoiding duplication of benefits between FEMA and HHS?

FEMA cannot duplicate assistance provided by another Federal agency. In this case, HHS is providing funding for certain costs in response to the COVID-19 pandemic. Each Applicant will need to agree to the stipulation in the grant conditions of all FEMA awards that funding is not also being received from another funding source. FEMA is coordinating with HHS to share information about funding from each Agency to assist in the prevention of duplication of benefits.

References

For more information, visit the following websites:

1. Public Assistance Program and Policy Guide
2. U.S. Department of Health and Human Services

   Centers for Disease Control and Prevention

   Coronavirus (COVID-19) (CDC)

   Centers for Medicare & Medicaid Services