

Welcome to the Vaccination Briefing for DR-4522 – the major disaster declaration issued for the State of Maine in response to COVID-19. For those of you that don't know me, my name is Naomi Petley the Public Assistance Officer with Maine Emergency Management Agency. Many of you may be familiar with the program, but for those of you that have less familiarity - Maine's Public Assistance team helps facilitate eligible applicants through the Federal Declaration Process under the Federal Emergency Management Agency's Public Assistance Program.

Public Assistance, or PA, is a reimbursement program that provides financial assistance to eligible applicants for some costs incurred for response and recovery activities as a result of a declared emergency or disaster.

The PA program divides work into two broad categories, Emergency Work which are Categories A & B and Permanent Work which are Categories C through G. Due to the nature of this public health emergency DR-4522 is limited to Category B Emergency Protective Measures.

This is the first time that Emergency Protective Measures have been eligible for reimbursement through the FEMA Public Assistance Program for a major disaster

declaration based on a medical/pandemic event. Due to the unusual circumstances of this disaster, FEMA has been developing and updating guidance as the disaster progresses. That's brings us to the purpose of today's presentation which is to bring you up-to-date regarding FEMA's application of the PA program to vaccine management, distribution and administration.



Before we get into vaccine specifics, I just wanted to share where we stand in the disaster. Currently we have 311 applicants registered in Grants Portal. As far as individual projects there are almost 250 signed and pending projects for a total dollar amount of nearly 38 million dollars. To date, Maine's PA team has processed payments for projects of nearly 31 million dollars.

As mentioned before, particularly with the new administration, the PA team has seen significant shifts in policy. One very recent change includes the revision of the federal cost share. Typical funding for the program provides up to 90% funding with up to 75% being provided by FEMA and 15% being provided by the State. The remaining 10% is the responsibility of the Applicant. FEMA's cost share was recently revised to 100%, not only for newly obligated projects, but it will also be applied retroactively to the beginning of the disaster which was January 20, 2020.

Therefore, if an applicant had applicable expenses prior to March 1 that were subject to the 15% State and 10% Applicant cost share, the applicant should expect to be reimbursed in full for those expenses.



The topic that we would really like to dive into today surrounds vaccine management, distribution, and administration. It wouldn't be FEMA without the development of a new initialism – in this instance it's C-V-C or Community Vaccination Center. With every new initialism comes a new definition - - CVCs are sites designed for high volume or prioritized populations where individuals are being vaccinated and are not in a patient admitted setting.

Examples of where CVCs could be established include 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.



The work that is eligible for vaccination management, distribution and administration is fairly comprehensive as FEMA has committed to supporting this important effort. A more thorough list of eligible work is included in a FEMA-provided FAQ available on our website as well as included in the presenter notes that will be provided to you at the conclusion of this presentation. We see many familiar items such as PPE as being eligible not only for vaccine administration, but also for handling dry ice for storage and transportation needs. Equipment including coolers, freezers and monitoring devices are eligible, but please beware of disposition requirements that may apply at the end of the disaster. While the PA team has seen it be an issue with other projects, FEMA is supporting IT systems and support for vaccine distribution and administration. From what we have seen so far and probably most importantly, FEMA will support facility costs including leases, utilities, disinfection, and security. While the eligible costs may seem extensive, policies from the Public Assistance Program and Policy Guide version 3.1 still apply.

Examples of eligible work and costs under FEMA PA include, but are not limited to:

• Personal protective equipment (PPE), other equipment, and supplies required for storing, handling, distributing/transporting, and administering COVID-19 vaccines.

- PPE includes items necessary for proper handling and administration of vaccines as well as handling dry ice for storage and transportation needs.
- Equipment includes, coolers, freezers, temperature monitoring devices, and portable vaccine storage units for transportation.
- Supplies include emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), sharps containers (for medical waste), and supplies necessary for proper storage like cannisters of liquid nitrogen or dry ice.
- Transportation support includes refrigerated trucks and transport security when reasonable and necessary.
- Facility support costs, including leasing space for storage and/or administration of vaccines, utilities, maintenance, and security.
- Additional staff if necessary, including medical and support staff not paid for by another funding source, consistent with FEMA PA labor policies (see Chapter 2:V.A. Applicant (Force Account) Labor of the PAPPG (V3.1)).
- Onsite infection control measures including PPE for staff as well as cloth face coverings for patients, temperature scanners, physical barriers (e.g., plexiglass dividers), and disinfection of the facility in accordance with CDC guidance.
- Emergency medical care associated with vaccine administration (e.g., to address allergic reactions to the vaccine or other emergency medical needs that arise in the administration of the vaccine).
- Medical waste disposal.
- Communications to disseminate public information regarding vaccinations.



One primary point of eligibility that has been brought up in several instances from food distribution to community based testing and now CVCs is the subject of legal responsibility. To be eligible, work must be the legal responsibility of the Applicant requesting assistance. To determine legal responsibility for Emergency Work, FEMA evaluates whether the Applicant requesting the assistance either had jurisdiction over the area or the legal authority to conduct the work related to the request at the time of the incident.

So, what does that mean? In order to submit expenses an applicant has to demonstrate that the work was their legal responsibility to conduct. Where this has gotten particularly tricky is with eligible private nonprofit organizations, which many of our health care systems are in Maine. FEMA has assured us that a private nonprofit that owns and operates a medical facility (such as a hospital), would be considered as legally responsible for carrying out the emergency protective measure of COVID-19 response and vaccines – so they can submit their own costs. Typically, State, Local, Tribal, and Territorial governments are also legally responsible for this activity, but as the Maine Center for Disease Control and Prevention is spearheading the initiative, there are some potential pitfalls that we'll discuss in the next slide that can be avoided.

Common Pitfalls to Avoid

- Do you have the correct documentation in place in order to submit costs?
- Public Assistance policies still apply when determining eligible expenses
- Have you considered implications associated with billing for services?



When is comes to legal responsibility, if you're in doubt consider putting a Memorandum of Understating or contract in place with an organization you know does have the legal responsibility. For example, a county can have an MOU with Maine CDC or an eligible heath care organization in order to confer the legal responsibility. Easy, right? Then there is no guessing.

As mentioned previously, public assistance policies still apply in this disaster even though vaccination is a priority for FEMA to support. A few to pay attention to include that costs must be:

- Reasonable and necessary to do eligible work
- Compliant with federal, state, and local laws
- Reduced by any applicable credits such as insurance payouts and purchase discounts; and
- Comply with all procurement policies

One significant issue that we have been seeing is surrounding labor. For permanent employees, <u>only their overtime</u> used for vaccination activities is eligible – their regular time is not eligible. For temporary employees hired to work on vaccination activities, both regular and overtime costs are eligible. OK, so your organization is doing good work protecting the

citizens of Maine by staffing a CVC. The best way to ensure reimbursement of costs, potentially including straight time, would be to enter into a Memorandum of Understanding, Mutual Aid Agreement, or contract with organizations providing staffing support. You can enter into these agreements with other governmental agencies or private nonprofits whomever might be in charge of certain aspects of a CVC. I should point out at this point that multiple organizations can submit project costs for the same CVC, but you must determine who is responsible for what aspects of the CVC so that there is no duplication of costs in projects.

Maine's PA team is still determining certain issues surrounding the billing process. At this time, 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, Medicaid, or similar sources. CVCs are designed to maximize throughput and safely administer as many vaccinations as possible given available resources – so the Maine PA team has asked if collection of insurance information can be discontinued after is has been in place if it significantly decreases vaccine administration throughput. We are still waiting for FEMA's response at this time.



Thank you for your attention during this presentation. The PA process can be confusing no matter the disaster, but even more so with the nuances associated with this public health disaster. Please refer to the two web addresses on this slide for more information – the second hyperlink listed is specific to vaccination.

The one point that Maine's PA team hopes you take away from this presentation is....if in doubt, please reach out. If you have specific questions or require additional immediate assistance please email Maine.Recovery@maine.gov and someone from the PA team will assist you. At this time we will take questions.