National Healthcare Preparedness Programs Teleconference Transcript
Healthcare System Recovery – Financial Sustainability After a Disaster

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2:00– 3:30 PM EDT

Operator: Good day, ladies and gentlemen. And welcome to the Healthcare Systems Recovery conference call and webcast. At this time, all participants are in a listen only mode.

Later, we will conduct a question and answer session. And instructions will follow at that time. If anyone should require assistance during the conference, please press star, then zero on your touch-tone telephone to reach an operator.

As a reminder this conference call is being recorded. I would now like to introduce your host for today's conference, Scott Dugas. Please go ahead.

Scott Dugas: Good afternoon. Thank you for joining the National Healthcare Preparedness Programs Healthcare Systems Recovery webinar and national call.

I want to thank you. And I want to thank the distinguished panel of interagency partners here.

We have a call scheduled today from 2 to 3:30 Eastern Time. This call again – it's on recovery with a focus on financial sustainability for hospitals.

We're going to quickly walk through the agenda. And then I'm going to turn the call over to Mr. Bill Mangieri. And then we're going to continue on with our speakers. And then we'll finish up with a question and answer period before we adjourn.

And again, I am Scott Dugas with the Hospital Preparedness Program. This program sits within ASPR's Office of Emergency Management under the division of National Healthcare Preparedness Programs. And again, the topic is recovery. And we think you're going to enjoy this presentation. And we've spent a lot of time putting together some great materials for you.

Mr. Bill Mangieri is going to walk through a little bit more about our recovery capability as defined in our national guidelines for our grant program on building

healthcare system preparedness through eight preparedness capabilities. He'll talk a little more about recovery and our functions and our goals within that capability.

Next, we'll hear from Esmeralda Pereira from our recovery division here in ASPR on some global work that they do. Then we have Alana – Miss Alana Chavez from the Small Business Administration to talk with us about loans among other key items.

And then we'll move on to Miss Shoshana Resnick from our partners at FEMA. She'll discuss some topics in the reimbursement lane and other lanes that have or – will surely be interesting.

And then we'll continue on with Mr. David Eddinger from the Center for – Centers for Medicare and Medicaid Services on waivers and other topics of interest. And then we'll close with Miss Natalie Grant from ASPR's recovery shop with some more granular discussion on the recovery coordination division's roles within recent events. And then we'll further on finish with questions and then adjourn.

So with that, let me turn the call over to Mr. Bill Mangieri, our project officer for Region 6 here in the Hospital Preparedness Program. And he's going to walk you through a little more granular items in the recovery lane as we – as we define them. Bill.

Bill Mangieri: Thank you very much, Scott. And welcome again, everybody. I'm going to be facilitating this call from our HPP Region 6 headquarters in Grand Prarie, Texas.

We can go to the next slide. Okay. If we're looking at healthcare – the slide – we're supposed to be looking at is healthcare system preparedness capabilities. It looks like I disconnected. It's Okay.

So the background on our – one of the background items in our program is our Healthcare Preparedness Capability National Guidance for Healthcare System Preparedness, which came out in January of 2012. And this guidance provides, you know, general guidance for healthcare systems, healthcare coalitions, healthcare organizations on their emergency preparedness efforts.

The content of this manual is intended to serve as a planning resource that state and local public health preparedness staff, their partners in healthcare systems and

healthcare coalitions, and healthcare organizations can use to assess and enhance their healthcare system preparedness.

Part of this manual is — we have eight core capabilities and Capability 2 is healthcare system recovery. And that involves the collaboration with emergency management and other partners like public health, the business community, education to develop efficient processes and advocate for the building of public health, medical, mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improve levels where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community.

So within the healthcare system recovery capability, we have two functions. And the function we're going to be working on today is Function 1. And Function 1 is to develop recovery processes for the healthcare system delivery – healthcare delivery system. And under Function 1, we have a definition here, identify healthcare organization recovery needs and develop priority recovery processes to support a return to normalcy of operations or a new standard of normalcy for the provision of healthcare delivery to the community.

Function 2 deals with the continuity of operations. And next year in FY 2015, we will have a future call focusing specifically on continuity of operations.

On slide five – slide four rather, when we're talking about Function 1, one of our planning elements is – that is contained within Function 1 gives us a recommendation to have processes in place to guide healthcare organizations for the completion of state and/or federal processes for reimbursement, reconstitution and resupply when requested.

Now, this does not imply a responsibility on behalf of the federal government for reimbursement or reconstitution or resupply. But rather we're looking for our awardees to create a process forward. And this is what this call is about today, to understand how – what that process is within the realm of the recovery process and financial sustainability as it relates to all healthcare organizations.

So I would like to introduce our next speaker, Miss Esmeralda Pereira. She is the ASPR recovery division director. And she's going to give us a little overview for ASPR division of recovery. Go ahead, Esmeralda.

Esmeralda Pereira: Thanks, Bill. And this is Esmeralda Pereira. I am the division director for ASPR's Division of Recovery.

Also Scott was describing where we sit within HHS. And my division is also part of the Office of Emergency Management here. On the – on the federal level, I'm also – I also serve as the national coordinator for the health and social services recovery support function under the National Disaster Recovery Framework.

This division was developed – was created three years ago in advance of the release of the National Disaster Recovery Framework. And our mission is to advance the nation's ability to recover from the health and social services impact of emergencies and disasters.

For folks that have been working in response for a long time, certainly, you understand the value and importance of pre-disaster planning. So one of the goals and efforts that we focus on is pre-disaster planning with our federal partners and also with state and local partners, tribal partners to some extent. But certainly, the biggest interface is with federal and state partners. We also, after a disaster, are the lead to coordinate federal efforts to support health and social service – health and social service-related federal efforts in support of communities recovering from disasters. On the national level, we also seek to improve and – evaluate and improve recovery and health and social services recovery as an area and have some efforts around that as well.

In 2009, for folks that have been tracking this and ASPR's efforts in national policy doctrine, the health and – the National Health Security Strategy was released, the first ever. And one of the eight strategic objectives looked at incorporating recovery into preparedness and response efforts.

I've also mentioned already the National Disaster Recovery Framework, which is released three years ago. And the mission of that – of our recovery support function under this framework is to assist locally led efforts in the restoration of public health,

healthcare and social service networks, to promote the resilience health and wellbeing of affected individuals and communities.

Within that recovery support function, we've identified nine core mission areas, which I've listed here. A couple of weeks ago, as a follow-on to the recovery framework, the Federal Interagency Operational Plan for recovery was released, which provides a –substantially more detail about how the federal government will operate in a post disaster environment around recovery and also provides more information about what we mean by these core mission areas.

With a lot of recovery programs that you're going to hear about later in this presentation such as FEMA Public Assistance and the Small Business Administration, there are particular programs and resources that are – that are focused on recovery and supporting disaster recovery. A lot of the federal interagency though doesn't have a specific program. So what it – what we end up looking at is sometimes a – how do existing programs and authorities apply in a post-disaster environment. How can we provide technical assistance at the federal level to address some of the needs in these nine core mission areas?

And for reference later, here are the links to both the recovery framework and the recovery Federal Interagency Operational Plan or FIOP. We've got a great panel today who are going to really talk about the – more specifics about their programs and how they apply to healthcare systems and entities. And so I'm going to go ahead and move over to – move forward to Alana Chavez. And, Bill, do you want to introduce her?

Bill Mangieri: Sure. Next up, we have Miss Alana Chavez from the Small Business Administration Disaster Assistance Program. And she's going to give us an overview of disaster program under her division. Go ahead, Alana.

Alana Chavez: Thank you, Bill. Again, my name is Alana Chavez. And I represent the Small Business Administration, that SBA. And it's good to really share information as to how SBA does assist on times of disasters in order to help persons, businesses in the community recover.

SBA, the Small Business Administration, has an office of disaster assistance. And that office is entrusted with the responsibility to help individuals to apply for disaster assistance.

And as you can see, in the slide right there with the blue jacket, that SBA does have an arm of assisting one when there is a declared disaster. The disasters of course are declared for a particular county. So one would want to check to make sure that their county is one of the ones that have been declared for disaster assistance.

Before there is a disaster, part of our job is to go out into the community, so have meetings with some of the stakeholders to encourage individuals and businesses to prepare in case there is a disaster. This will help ones recover a lot better if there has been insurance needs taken care of during the time before a disaster, if for example records were maintained in a retrievable location, if there have been some mitigation measures made in order to help one recover or not be damaged as much, if there is some kind of preventive or other plans that assisted out there so there, again, the recovery can be impeded that way – or won't be impeded that way.

Also a disaster kit is something that's very important that we encourage businesses, people at a hospital or even families to have some kind of a kit with some important information in it and some important items that would help with the recovery process.

In the event that there is a declared disaster, it is good to know that SBA is out there to assist again the homeowners, renters and businesses including private nonprofit organizations. And some of the healthcare facilities would fall under one of these categories.

Even if it's a homeowner, some of the staff as hospitals may and even the clients may have needs because they are a homeowner, a renter or a business owner themselves. So you can see a lot of persons in the community may be affected and then may need some assistance from SBA. So what we like to do is to get that information out as early as possible.

Our assistance is in the form of low rate loans, but they're long term so the payments are very, very reasonable. So SBA is out there encouraging people to apply for assistance if they may need it.

So to begin recovery, what we do encourage everyone to do is to call FEMA first. That's when there is a presidential declaration.

The reason why this is done is that FEMA takes the lead in presidential declarations and they may have information that might help a person to look at all of the needs that they may have.

A business owner for example may have some needs as a renter or needs as a homeowner. It may have another business. So again, by calling that number, a – even a nonprofit can get information that might be very helpful to the recovery.

This registration with FEMA, however, is very different from applying to SBA. In order to actually get consideration for SBA disaster assistance, one would have to complete the SBA disaster loan application and submit it to SBA to get their full consideration.

And it's good to know that, for SBA, survivors may apply before insurance is settled or before any proceeds are received. In the end, it would be for the uninsured loss, but however a lot of people may not know how much damage they may have beyond what their insurance company can pay. So rather than trying to figure it out, we encourage everyone to apply.

And if need be, SBA could possibly loan them the entire amount until their insurance company settles and then they can pay loan down. Or at least, they would have some idea as if they were qualified for SBA. So we do encourage everyone that has damages to apply to SBA.

Now, there are some declarations that are called agency declaration that FEMA's not involved in. And in those cases, individuals would apply directly to SBA without going through FEMA.

The SBA application can be received by calling our 800 number listed on the screen there. And then we would send it to you in the mail. Survivors may also apply online. And that's the link there so that they can apply online.

Or an application can be downloaded from our website, printed out and then mailed into SBA.

During times of declarations, there are several centers that might be out there. But they're temporary. There's a Business Recovery Center that might be there for – particularly for businesses, or Disaster Recovery Center where homeowners and businesses can attend. But those are two of our primary ones.

We also sometimes have a Disaster Loan Outreach Center whereby individuals can receive an application. They can get questions answered. They can bring maybe some paperwork back and get some assistance with that or even apply online in one of those centers.

The private – the private – the homeowners and renters don't have to worry about if they don't – if the – if they don't get qualified for the loan because in cases where they're not approved by SBA in presidential declarations, they are sent back to FEMA for possible additional grant consideration. So we do encourage the homeowners and renters, even if they think they cannot afford a loan, to go ahead and apply to SBA. If they don't qualify, we'll send them back to FEMA for additional grant consideration. And that's what's done in a presidential declaration.

In addition to some of the physical damages that businesses can receive help for, even big businesses can receive help for physical damages, but when it comes to economic injury, these are the entities, the smaller entities and even the private nonprofits of any size can receive working capital loans to help recovery as well.

And we noticed during that during Hurricane Sandy, we did have nursing homes and other facilities that applied for SBA assistance and they received funds for physical damage as well as the economic injury. And it's good to note that the private nonprofit organizations of any size could qualify for both the physical and for the economic injuries.

The private nonprofit organizations that really — in the declared counties that can't – are eligible to apply to SBA. And some of these are – examples are of – that are of noncritical nature could be organizations that might be like a food kitchen. It could be a shelter, a museum, a library, a community center, a school and some of the other types of entities that might qualify under the private non-profit (PNP) category to receive SBA assistance.

We do encourage everyone that might have some questions about – if they – if their PNP qualifies to either call SBA – sometimes, it may also call FEMA for – if they have questions in that regard and to find out if they – if they might qualify or not. So we do encourage everyone out there to come to some of these – some of these agencies and apply rather than assume that they do not qualify for the federal assistance.

And with SBA, often these low interest disaster loans, these private nonprofit organizations can receive help for the physical damage up to the loan limits.

If they are approved, they might even receive some assistance for mitigated measures. And so we do encourage everyone out there to apply to SBA before the deadline, as soon as possible before the deadline.

This is an idea of what some of the loan limits are. Particularly for the homeowners you see, that they might receive a loan up to $200,000. And this is to repair the home that they own.

The homeowners and renters can also receive $40,000 for their personal property including automobile. Sometimes, maybe, a lot of workers at a facility may only have damage to their car. They could apply to SBA to receive funds for that. So that's good to know.

When we get to some of the healthcare facilities that may fall into the category of the small business or PNP and the category that – in this category, they could borrow up to $2 million. And this could be very, very helpful.

We did see a lot of medical care facilities. We see large amounts during Hurricane Sandy again for physical and economic injury loans. And they were able to recover from that.

The interest rate on the – both for the home loans and for the renters as well as the homeowners, sometimes, it's less than four – it is always less than four percent. But sometimes, it could be very, very low like during the case of Hurricane Sandy was around 1.688 percent. So you can see how with an interest rate as low as that, a person can really have the opportunity to pay very small payments and recover from that measure.

The economic injury loans could be up to $2 million. Or the combination between the physical and economic could be up to $2 million. And again, that's for the private nonprofits as low as, at this time, 2.625 so that's very low as well.

Sometimes, some of the entities may fall into a category, we call Major Source of Employment and they can be waived – the interest – the limit can be waived in cases like that.

Okay. With the loan, because they are loans, sometimes collateral is required. An individual or a business, a private nonprofit might be able to make-do with some of the limits where they would not use collateral. And in those cases, collateral would not be used.

Say for example with economic injury and physical damage in a presidential declaration, if a person borrowed $25,000 or less. There would be no collateral. And in an agency declaration, $14,000 for physical damage or less, there would be no collateral. In certain cases, even for some of the private nonprofits, as mentioned under additional loan features, there might be some relocation necessary sometimes refinancing and as mentioned earlier mitigation loans that might take place as well.

In order to get the word out and get assistance as quickly as possible, SBA does use some of its resource partners to help businesses apply for disaster loan assistance. So in addition to some of the normal counseling and training that some of our resource partners do, they will also help the entities apply to SBA for disaster loan assistance. And that's our small business development centers, our women business centers as well as Service Corps of Retired Executives (SCORE). They also come in and help with the SBA application.

During the time of disaster, you can actually go to that location or call them. And you – normally, during disasters, that's not necessarily an appointment, but one could come to one of their locations. Their locations are listed at our website at www.sba.gov or you can call the SBA phone number and get a list or – of the address and phone number for some of our resource partners.

So one might wonder how does SBA determine if someone is eligible to get the SBA loan. We first look at eligibility to see if the person actually owns the property or

look at some of the financials to see what the repayment capabilities are. And then we also look at the credit to make sure that the credit is acceptable to SBA.

And so by doing this, we can determine if we – if the loan is to be offered to the applicant. And with the loan terms that could be up to 30 years to repayment, the repayment ability is really great. In the repayments—the payments are very small when it's up to 30 years. But we do encourage all of our listeners out there to consider SBA when there is a disaster and to see if some of the recovery funds that we offer can be used in the particular entity that you're associated with for recovery. And if not, the entities or – as well as the entity – entities, the clients as well as the staff can also receive assistance.

It's actually a very simple process. And, in summary, we can see that there's really just basically three steps to apply to SBA receiving funds. And the first is to get the application in. That's the number one thing, one would have to apply. Secondly, the property would have to be verified by one of our loan verifiers. And the application will be processed after that verification.

Then shortly after that, the – there would be loan documents that individuals or a business entity or private nonprofit would sign. And shortly after that, the funds can be disbursed.

So that's basically what SBA does during times of disaster. And we encourage everyone for more information to check the website out at www.sba.gov. They can call our customer service number listed there.

When there is a declaration, they can visit one of our temporary recovery centers, or even visit the resource partner network, which is there all the time.

Bill Mangieri: Okay. Thank you, Miss Chavez. That was an excellent presentation. And there's many people on this call that don't know that they could possibly be eligible for an SBA loan especially some of our smaller healthcare organization partners in nursing homes and long term care facilities. This program definitely applies to them.

Our next speaker, Miss Shoshana Resnick, is the executive communications officer for the Public Assistance division for FEMA in the recovery directorate. And she's

going to be speaking on some reimbursement issues within her program. Go ahead, Shoshana.

Shoshana Resnick: Good afternoon. As Bill just shared, my name is Shoshana Resnick. And I'm with the FEMA's Public Assistance Division here in Washington, D.C.

I was asked by Bill to speak to – on the call with the healthcare system recovery today about PA reimbursement. For the purpose of this call when I talk about Public Assistance, I'm going to refer to it as PA. So you know what that acronym is. Okay.

So our mission. Our mission in FEMA's Public Assistance Program is we provide supplemental financial assistance to state, local and private organizations and certain private nonprofit organizations. It's really very important to understand that FEMA's Public Assistance Grant Program is actually a reimbursement grant program. It's not a competitive. It's not a program where we just give you a dollar amount. It's reimbursement. And we're going to talk a little bit about that in a few slides.

The funding is cost shared at the federal government of no less than 75 percent depending on the type of disaster, the magnitude of severity. Sometimes, FEMA – the federal government will be 90 percent. So that's what we mean by that.

There's also other incentives in the PA Program where if you have a debris management plan, you can get a cost and share increase of even greater savings. So that 25 percent is very important for those of you unfamiliar with our program. That that cost share is picked up by the local government, the state, whoever that eligible applicant is. And we're going to talk about applicants here in a minute.

It's important also to understand within this program where we get our authority from. Like the other federation fees in the room, the Stafford Act is who actually underlies the document that authorizes our program.

You'll hear me refer to CFR a lot. That's the Code of Federal Regulations. And then one of things that we're going to be talking about that I know this group is interested in are some of our policies.

And our policies are written to apply to statutes and the regulations to specific situations. And I'm going to give you some examples of those here shortly.

So before we do that, what policies are relevant to this audience for the governmental and certain PNP healthcare sources? Before we actually speak to that, it's going to be important that we actually review with you whether or not you're even the right audience.

Right. Some of you I know are because you're – you're PNPs. But what does that really mean to us? And some of you are local governments or an actual government. So we're going to speak to that, but some of the policy that we're going to talk about and at this time, I'm going to share with you that in the room with me is Jose Rodriguez. Jose is the operations and planning section chief for the mass care branch in the Individual Assistance division at headquarters. And I also have Cindy Lewis who's part of our communications group as well in the PA division.

So we're not just communications. We actually are also field people. We actually go out in the field down range when there is a declaration, I've served on numerous and so has Cindy and as well as Jose, as the actual infrastructure branch director, , the PA group supervisor, the individuals that actually implement these policies. So we're going to kind of speak to you today.

So some of the policies that you're going to – that we have in here, in case we don't get to all of them today – I've tried to time my presentation– we're going to – I have in here provision of temporary relocation facilities like what if you have to move your emergency room for example, eligible costs related to evacuation and sheltering, plus state evacuation and sheltering reimbursement.

There is a clarification memo. There is a donated resources policy, emergency medical care and medical evacuation, labor costs for emergency work, direct

reimbursement for host-state evacuation and sheltering. And then there is a fact sheet on that, which is like 50 Q&As of the most common questions that are asked.

Eligible costs related to pet evacuation and sheltering – I put that in there anyways because you just never know – Public Assistance for ambulance services and also personal assistance services and shelter.

So those are some of the ones – and that's what we mean if you go back one slide – and it said policies are written to apply the statute regulation. That will help you to understand what our policies are. But first, it's important to know whether or not we even have a declaration and what that actually means.

So I want to start real quickly on this slide. If you're looking at it, if you look, I'm going to go through this whole snake. We call this a snake. We use this slide a lot.

I'm going to start the disaster event and I'm going to get to the subgrantee.

And we're going to talk about an applicant briefing and a submission of request. That's very, very key for this audience if you've never been a public assistance applicant before.

So here's the process. There is a disaster that something has happened somewhere.

We've got an ice storm. We have a tornado. We have a tsunami. Something has happened that triggers a local government to say, "Hey, we don't think that we have the resources to recover by ourselves. We need some financial assistance."

So they then ask the states to check it out and validate it. And then the state will ask FEMA. They will make a request to FEMA and ask for joint PDA. And that is Preliminary Damage Assessment.

So based on this joint PDA, what will happen is the governor will make a request. That request comes to FEMA headquarters. And I could say with all honesty and certainty that the actual declaration requests get actually sent to the White House. The president is the only person that can actually, and does, make a determination of whether or not there is going to be a presidential declaration.

And so what happens is if we get that declaration, then there is an applicant briefing. It's very important that we talk about the applicant briefing because we use this term interchangeably with all of you on the phone. And I'm going to guess that most of you on the phone are actually the very last box, the subgrantee.

Our applicant is actually the state. And I always say that we're the guest, FEMA. We're the guest of whatever state that had a disaster.

There, they are responsible for first holding an applicant briefing for potential applicants of FEMA that might be eligible for reimbursement under the PA Program. There is going to be a submission of request. And I'm going to show you what that form is and what that means. If I don't get anything else out of here, I'm hoping that I get that point across when we get to that form.

What happens after you submit your request – that's called an RPA, Request for Public Assistance. There is a kickoff meeting.

We have a kickoff meeting for all of our applicants, all of our subgrantees, where we sit down with you and we talk to you about exactly what is the PA Program and how can we help you to recover. And then we will assign somebody to actually work with you on formulating your project.

So if it's that you're going to have a temporary facility, if you're, you know – say that your actual hospital – one wing of it has actually been damaged and you have damage to it whether it's that the ceiling has been damaged and you want to replace it, somebody is going to work with you from FEMA and the state on formulating that project. It goes through a project review. There is a lot of other federal agencies then that are going to weigh in on it. So it's not just FEMA.

In the press a lot, you would think that it's just FEMA, "Oh, FEMA denied me the money." What happens is, and we're not going to point the blame on another federal agency. So what I just want to make sure that you understand is that sometimes it is another federal agency because we do have a lot of other federal laws that we are – we are required to make sure that our applicants adhere to.

So we now we have approval. Now, we've got approval for the project. And that's done at our level here when I, Cindy – myself, Jose, Cindy – when we go out, we get that through what we call our Review 2 process it's now gone through. Going to get this funding.

When it gets funded, and FEMA funds it, it goes to the grantee. Only the money can go to the states. So even if you're the hospital, or you're the child care service, we don't ever give you the money directly. So that's kind of a misnomer. I want to make sure that's clarified.

The state will then disburse it to you. You are the subgrantee. But we still call you our applicant because for all intents and purposes you are. But the way the Stafford Act is written, that money must go to the state because they're the ones who're ultimately then responsible with that cost share.

Each state is different on the cost share. And we're going to talk about that 25 percent. So the money goes the state who's responsible for that 25 percent ultimately if for some reason you do not come up with your part of it.

So this is really important as well. There's another piece of it.

The eligibility structure. There's four keys to it. And it really is that simple.

Four primary keys of our eligibility. We have to have an eligible applicant. If we don't have an eligible applicant, we don't need to worry about anything else.

Then you have to have an eligible facility. And I've already heard a lot of talk about it. I'm going to talk about it again because that eligible facility has to be in a declared county.

Then the work has to be eligible. Then the cost needs to be eligible. I'm not going to discuss all of that here because I could literally talk about the subject for four hours straight or longer.

So who's an eligible applicant? State government, tribal organizations – they must be federally recognized – county government, city government. There's other types of governments with – they're like a special district, for example, a school district then –

you know – there as well. But we just don't put each one, we just put the local government. And then there's certain private, nonprofit organizations.

I'm going to speak to this – several different times through this because I do believe that sometimes the PNPs might be the applicant that gets lost the most. And I shouldn't say they get lost. They don't know that there is opportunities out there for them for FEMA – to be a part of FEMA's Public Assistance Program.

So basically, on this slide, I just wanted to point out that the CFR for this one again – there – CFR is actually who determines who is a PNP. So FEMA's not – we don't make that – we make the determination based on documentation that you will submit to us. And we do it based on what is in the 44 CFR.

So here're some examples of some private nonprofits. An eligible PNP facility must be opened to the public – that is key – and perform essential services of a government nature. Eligible PNP facilities generally include the following: educational facilities, emergency facilities, utilities. You know that's really big out in the Midwest.

Those rural electric co-ops. So that's why utilities not – you know, not Progressive, not – the difference you need to think about is they're charging the tax payer service. Right.

So basically, that is public. And that's why they can be a – an applicant.

The museum, library, public shelter, essential health services, senior citizen centers – so we're not going to go into each one of these. Just to give you – I'm going to give you few examples over the next couple of slides.

So on this slide, what I wanted to share with you again is – you're going to see this over and over again – even a zoo is a PNP that we would actually – so I know it's not part of this group, but just to kind of share with you.

But there is a difference between essential service facility and also who is actually a critical one. And I made a nice little chart on the next slide.

But to go to long point is if you are a PNP and you have permanent work that you want to have done on your facility, you must first go to the SBA. And here's a little chart for you.

So I'll let you look at this on your own time. I'm not going to go through this because if you looked at my presentation, you'll see I have over 50 slides. In 20 minutes.

So – but this is a good slide to let you know critical service – or if you're a noncritical service, in permanent work or just emergency work, and I'm going to clarify those two different roles there in next slide or two, and then which one you need to go straight to FEMA and which one you go through SBA – it's pretty simple – and then how you get to the obligation. And that's us, FEMA.

Female: What about healthcare centers.

Shoshana Resnick: Yes. That's on there. Yes.

Female: Oh, boy.

Shoshana Resnick: Yes. So we'll talk about that maybe.

Here's one of the things that I hope everybody gets out of this are these next two slides because I put a lot into these two slides more than normal.

This is it. That's the Request for Public Assistance. It is one page and one page only. You just basically – we need to know the name of your organization. There's a box on there for you to check off to let us know that you are a PNP.

And that primarily, who signs the form on the left is usually like the mayor of the city for example and then, say, the public works directors who we're working with for the roads and bridges. And that's the primary PNP that's actually going to do the project formulation with us. That should be who the other person is.

So we could get with boards and officials if they want their name on there. But for us at FEMA, we need to know who's really going to be our main point contact. So you have two names on there.

It does not commit you to now you're going to be an applicant. But it's incredibly important that you fill this one pager sheet out when we do it.

When you do it – I put this in here, the second bullet. You don't actually want to document all your damages and costs when you submit this one page.

It's just because we're not going to talk about documentation in this particular presentation. So I wanted to make sure that I put a little note in there to myself to share with you that the first thing you should start doing is documenting damages and costs and pictures and descriptions and keep all those separate.

So when we – if we would go back to that little snake I showed you and we do that kickoff meeting, it's great to have all of it right there so that we have all that information we could start talking to you and working on basically project management for you at that time. Because that's when the state is going to assign a public crew leader and we are going to assign a public crew leader. That's what we call them. They're our packs. That's the equivalent to us of a customer service manager.

So you may have a project specialist and other people. But at that kickoff meeting, you'll have what we consider a customer service manager at those meetings. So I wanted to share that with you – make sure that you have that kind of – it's just one page. And I – I know you saw it here. But I'm going to go through it on this one here to talk about our timeline.

You have 30 days – that's it – from the date of the declaration in the particular county because sometimes counties get added on at different times. We can have a disaster declaration.

And maybe there were counties that later come in and they say, "Hey, we had a lot of damage too." But at the time of the declaration, there was not enough for their indicator to say that they had severe enough damage to be included at that time. So there is – there are opportunities. And it happens quite frequently that counties are added on.

So if someone in that county is added on into the declaration, they have 30 days to complete that RPA form. That is part of our regulations and authorities that we cannot change. And that is very rarely ever forgiven in the sense like you can't come to us 40, 50, 60 days later and say, "FEMA," because we're not allowed to.

So it's not like FEMA wouldn't accept it. It's part of the regulations. So that's why I wanted to make sure I spent some time on that RPA form. You can always decide later or not – whether or not you want to be an applicant.

So speaking of our deadlines. And here is the foray of what I want to talk about with the actual types of work is some special considerations you really need to think about when you're thinking about being an applicant for Public Assistance.

So part of these special considerations. One of the things you should know, besides our timeline, to think about here is when you see that grantee, remember that's the state.

So typically, completion within months for debris work and emergency work – that's what we call our category A and category B. And then permanent work is what FEMA calls categories C through G. And I'm going to share that with you here in a few slides.

So these – the typical timelines that you're supposed to – you're expected to complete the work so we can close out your project – we – depending on the type of project depends on how you get reimbursed as we go along. The grantee, which is the state – they're allowed to actually – because we realize if you have to go rebuild a facility, you may not get it done in 30 months.

But if the state can, if you are documenting that you are actually truly making progress, you know, maybe, you're – you've got an architect, an A and E design out. You're doing something. You're going through an environmental review. As long as there is actually documentation to show that you're doing something to rebuild, then we can actually extend deadlines– but once it gets passed where the grantee can't, only FEMA can. And FEMA will start taking a really close look at what you're doing or why your project has not progressed.

So I'm not going to speak a lot about insurance. Typically, we will have insurance specialists. I know when I go out, I make sure I have an insurance specialist for FEMA.

But you need to understand that we as well, not just SBA, FEMA as well is going to look at what kind of insurance do you have. It's very important because we – we're supplemental. Right.

So if you already have insurance, we're not going to be able to duplicate those benefits. So we will look at your anticipated. The actuals will come up at the end when we're closing it. And somebody will have gone through your entire policy. But we will be looking at that in advance to see what your anticipated proceeds are.

One thing to note about the insurance is that for example, if you have a building for a million dollars that your policy or whatever – it's like $200,000. And that's your deductible. If your damage is a million, then what FEMA will look at to reimburse for our consideration would be there is a difference between the deductible and then what the insurance does not cover.

So sometimes, it's a very lengthy process. And you need specialist to actually review those policies. I'm definitely not that person. That's why I always have somebody do that for me.

And I'm not going to get into this. But I wanted to bring this up about the PNP.

I mean we could have a whole separate series. I was already pitching it to Scott over here, that we could talk about PNPs a lot because actually their flood insurance requirements are even different than the regular flood insurance requirement though I'm not going to talk about that here.

But I did just want to mentioned that. And if you look at the footnotes of the presentation, I have those notes in there for you. So by all means, please read them.

One other thing on the actual – I'm running late – so one other thing on the actual insurance to note as well is if FEMA does award you money, and you have a permanent structure, you are required to get insurance if you don't have insurance. So then if that facility comes again, and here comes that hurricane, and now that

building gets damaged again, and you did not go out properly obtain insurance, you not only would not be able to be an applicant for FEMA to get reimbursed for the new damage, but you are subject to losing the funding that the federal government has already given you of basically, AKA the taxpayers have already provided.

So real quickly, donated resources. This is one at the actual policies at the end.

What I wanted to point out on this one basically – if you have a third party donated resource – when we talked about the cost share earlier, remember we talked about that 25 percent. So some states will pick up the whole 25 percent.

Some states will say you – well, you pick up 12.5 percent. The state will pay 12.5 percent – each state is actually different. So you have to know which state it is that applied.

But a lot of organizations have an opportunity to match that cost share by donated resources. So you just want to make sure that you properly document all that so that you could apply that towards your cost share. That – so I think to go back to what Esmeralda was saying, when you're thinking about your planning and your continuity, those are things you should really be thinking about is how you're going to get all your documentation in a row to start thinking about offsetting that cost share.

So here it is, the types of work, categories A and B, emergency work, categories C through G. This is very important to understand. And the reason I say this is important – one thing I did not share at the beginning because I was waiting for this slide, is that FEMA does more than just one type of declaration. Right.

So you just here presidential declaration. And you think FEMA's given a declaration.

We do – actually do declarations for just category A and B. And we do – we do – then we also have like major. So if you hear a major disaster declaration – a major disaster declaration either indicates individual assistance has been activated or it's Public Assistance. And it's all categories of work that FEMA's actually – that the president could turn on to help you be reimbursed.

There are instances where we know a hurricane is coming. We and – we know there's a known event happening. A lot of times, just an emergency declaration will be turned on.

That's what really helps with that host-state shelters and all that kind of good stuff and evacuations as – because they'll start turning on that emergency for category A and B. You know once that hurricane hits, your county may not be in that declaration for C through G. But you're still an eligible applicant for those reimbursements though for that emergency work and any of that temporary work that you did in sheltering. Okay. So that's why I wanted to make sure that we knew that we categorize our work and that we have two different types of declarations.

You can have an emergency or major. And a major either indicates Individual Assistance (IA) or indicate Public Assistance all categories.

And I know I'm past my time. So should I stop now? So ...

Sue Larkins: Do you want to – can you wrap up?

Shoshana Resnick: I will wrap up because – for Q&A – I will say for Q&A, what– I've asked Jose – and I can share that with you – I've asked Jose to be here with me today because a lot of stuff, actually Individual Assistance and Mass Care is the group that works really with the hospitals. Right. They work with the long (inaudible). We're the ones that – they'll come back to us and we'll with them on what is actually how do we reimburse you and how does that work because that's under our program.

Bill Mangieri: Well, thank you very much, Shoshana. That was an excellent presentation.

We're going to transition now to Mr. David Eddinger. He is the Technical Director, Hospital Survey and Certification for CMS at the Division of Acute Care Services. David, you have an open line.

David Eddinger: Hello, everybody. Glad to be here today. And hopefully, we'll provide you with some information you will find useful.

Now, in CMS, when we talk about disaster response, we're talking about it in many ways. You could have disasters might be manmade or natural, strike or – and CMS has a role to play in the recovery and the response through using 1135 waivers, which

I hope most of you have heard of before. And then of course, there is flexibilities with the Conditions of Participation that don't require 1135 waivers. Going to talk about that some today.

But I want to mention a lot of times in my slides, you'll see me have the word CoP. That means Conditions of Participation. But it would also apply to requirements for nursing facilities or conditions for coverage or certification for some of our suppliers.

We're also going to talk about a little bit about requirements that you already be prepared for disaster. I'm not going to talk much about QIO assistance. I just want to mention here that there is a CMS QualityNet website that addresses – I mean, sorry, the wrong one.

But on the QIO assistance, they act mainly as facilitators of communication. They are acting as a conduit to help you with getting your message to CMS or to the state agencies. But that is pretty much the extent of their roles.

And exceptions for reporting penalties – this is talking about the quality reports that hospitals and – have to put out periodically. And if you go to your CMS QualityNet website, recent regulations have provided for various types of disasters to extend out some of that reporting requirements. And it does not take an 1135 waiver various types of disasters. So I would suggest using the CMS quality website to deal with that.

Now, next slide. Now, CMS has developed a number of frequently asked questions to address the many issues providers and suppliers face when they're responding to a disaster. And the reason I'm saying disaster here is this is including some of the questions are about when you have an 1135 waiver.

Some of them are what are your flexibilities when you don't have? How do you request a waiver? Establishment of alternative care sites. EMTALA flexibility. We have FAQs for all kinds of things under this at – all kind of – anything we pay Medicare for, under is addressed in these FAQs.

So their link is here on this slide. I would suggest that you go to this. Now, understand when they – like establishment of alternative care sites, it will talk about it about for influenza/H1N1. But understand these flexibilities, these rules apply in all

situations, not just H1N1. There are some that are specific to flu or pandemic or EMTALA.

But again, the flexibilities are there for everyone as well as how to request waivers and what – how do you get paid and all those things are addressed in our FAQs. So I would suggest people become well acquainted with that website.

That link – single link takes you to about 10 different other links that gets you into more specific information you're interested in. Next slide.

Now, let's talk about 1135 waivers. When we talk about 1135 waivers, that is the name of this part of the Social Security Act where they're addressed. And why do we have such things?

Well, we want to ensure that there's sufficient healthcare services that are available during a disaster and after a disaster to then meet the needs of Medicare, Medicaid and CHIP beneficiaries. And we also want to make sure that our current healthcare providers that are doing the best they can during a disaster situation and doing things in good faith – they – that they get paid and not subjected to any sanctions or – for noncompliance or absent any fraud or abuse of course. So that is why we have 1135 waivers.

Next slide. Now, what does it – what does it require to get an 1135 waiver? There is a high threshold for that.

First of all, you have to have a presidential declaration under one of these acts, either the National Emergencies Act or the Stafford Act. And in addition to one of those presidential declarations, you have to have a declaration by the Secretary of Health and Human Services that there is a public health emergency under Section 319 of the Public Health Act.

Next slide. Now, what kind of scope – what do they cover? Well, 1135 authorizes the Secretary to waive or modify certain Medicare, Medicaid or CHIP rules in certain kinds of emergencies. What it comes down to is it has to be something related to health that's going to impact the health of a community or a widespread area.

So generally, payment rules are not applicable. We'd – we cannot waive those even under 1135 waiver. However, a 1135 waiver also additionally only applies to federal requirements. I want to emphasize this.

While we might be able to waive CMS rules, we don't have the authority to waive other federal agencies' nor do we have the authority to waive state licensure or other state requirements. That would be up to your state or to the other federal agency.

Next slide. Now, some examples of 1135 waiver authorities. Well, we have the ability to waive certain CoPs. Now, it's important – Conditions of Participation – it's important to understand that while we might waive certain specifics of the CoPs, we will never waive anything that would put patients, residents or clients in jeopardy or – in a threat to their health and safety.

So it is limited. We can grant them. But we will not grant them for things that put patients in danger.

We can waive licensure for practitioners. In other words, that you have to be licensed in a specific state such as when we've had a hurricane in Florida, we might say we have an 1135 waiver. Therefore, we're not going to apply that the doctor has to be licensed in the state of Florida. But it would still be up to the state of Florida to decide whether they're going to allow other practitioners from other states that have licenses in those states to come.

And they would determine under what circumstances. But the Medicare only could waive the federal part.

Under EMTALA, the Emergency Medical Treatment and Labor Act, we have very limited waiver authority. We can allow you to send people to other off-campus sites and not have to just restrict it for the campus where the emergency department is.

You can also transfer individuals with unstable – you might not have the ability to stabilize them like you would in a normal circumstance. So under EMTALA, when you're under a waiver, you have that ability to send them even though they're still unstable.

We also have the ability to deal with some of the Stark self-referral sanctions, Medicare Advantage out of network providers and some of the HIPA medical record requirements. Next slide please.

Now, what is the duration of an 1135 waiver? Typically, a waiver ends no later than the termination of the emergency period or for 60 day – days from the waiver date unless the Secretary extends it, okay, and up to the end of the emergency period, whichever comes first.

Now, EMTALA is very different. Under EMTALA, it's much shorter. It starts at 72 hours after the hospital has activated its emergency disaster plan.

And in case some of you don't know, the reason is specific to hospitals, is EMTALA only applies to hospitals and only applies to those hospitals and critical access hospitals that have emergency departments, so Medicare participating hospitals. It doesn't apply to VA or Army or Air Force hospitals, only Medicare hospitals with emergency departments.

So once they've activated their emergency disaster plan, they have 72 hours to get a waiver. Sometimes, we get blanket waivers. Sometimes we are specific to the hospital.

And of course, that is different if we have a declared pandemic infectious disease. And that goes on until the duration of the pandemic is called at the end. Next slide.

Now, the waiver review process – we have a waiver review process. And all of our – in CMS, the CMS Regional Office in Dallas coordinates and handles our response to disasters. However, each provider or supplier needs to deal with their local Regional Office and whatever headquarters, the nearest one that's responsible for their location.

And the process is that, first of all, you request a waiver within a defined emergency area. So there is a declared piece of geography that applies for the disaster. And then is there a need for the waiver? What is the expected duration of the need for the waiver to address the emergency? How long is it going to last?

And can the issues be resolved within our current regulations? In other words, are there flexibilities within the current regulations that make it not necessary to give a waiver.

And then will the regulatory relief requested, so a hospital, say, or nursing home requests a waiver, well, is it going to make a difference? If it doesn't, we're not going to give the waiver.

Should CMS consider individual or blanket waivers? So as I previously said if it's something really widespread in the disaster area that's going to affect all the providers of a certain type such as all hospitals or all nursing homes, we might do a blanket waiver. However, if it's really going to be provider-specific, then we'll go with individual waivers.

So we review all those things to decide what we're going to do for each institution or group of institutions. Next slide please.

Now, how do we put all this information? How do we find out what's needed? Who needs it? Where is it needed?

Well, we talk to a lot of people. We involve the facilities, the state emergency and licensure staff, such as the survey agencies in the various states and the local area emergency people in states, the HHS Regional Emergency Coordinators and the provider associations, such as the American Hospital Association.

And all these people are constantly filling us in on what's going on and what's needed. Next slide please.

Now, what do we expect from a provider or supplier once they get a waiver, well, we – or when they're in the process of requesting one. So during the request, we want them to provide us sufficient information to justify the actual need. And that needs to be well documented. And be prepared to answer some questions.

On the ones that are already waived, providers and suppliers will be required to keep careful records of the beneficiaries that they provide services to and in order to ensure

that proper payment is made. This is very critical because if you don't keep good records, it might cost you money that you deserve. So keep good records.

It might be paper records if your electronic health record system is down or something. But you need to figure out a way to keep good records.

Now, when do you return to normal operations? We expect providers and suppliers to resume compliance with all the normal rules and regulations as soon as they're able to do so and not to procrastinate but to actually get on with business and get through this recovery as soon as practical.

Next slide. Now, some examples of actual waivers that we have done.

Under EMTALA, a hospital might request to set up offsite alternative screening locations such as during the flu, H1N1, a couple years ago or a few years ago, people were wanting to screen potentially contagious people away from their EDs because they didn't want to infect the people in the EDs. So that can be done. And we gave waivers for that.

It's not uncommon that during a disaster where we have some facilities that have been wiped out maybe or are not able to handle all the load. And we have critical access hospitals in the community. We can waive the 25 bed limit that they have and allow them to keep more people in there and provide more care for more than 25 people. And they can also keep them for longer than 96 hours if we give such a waiver.

On the skilled nursing homes, you're supposed to get permission at a very strict approval process to increase the number of your certified beds in a nursing facility. We can make it a lot easier under 1135 waiver to increase those or just need good communications from the nursing home.

Next slide. Now, what are – I'm sorry for that. That's a typo there. That's supposed to be CoP, Conditions of Participation. It is not copy.

And it's one other slide like that also. So I won't speak to it again.

What are some of the CoP flexibilities when you do not have an 1135 waiver? What everybody I think understands is that a large number of the disasters that providers

and suppliers might undergo are never going to meet the threshold for an 1135 waiver.

You might have a tornado that comes through and very much damages or destroys a hospital or a nursing home. And local floods that are very local like that street flooded. And it happened to flood your hospital.

So there's many times you're going to need to know what the flexibilities are. Again, there's FAQs that go into detail for this. But some of the examples are, well hospitals even without this waiver can increase inpatient bed capacity. That's when their regular inpatient prospective payment system, acute care, whatever you want to call it, hospitals – they can increase their number of beds. They just need to let us know.

Increases above the certified beds, you just need to notify the CMS Regional Office. You don't have to have a survey. And no other CMS actions are required. We just need to have an email or something to tell us that you've increased the number of your beds so that we can keep it in our records.

You can add inpatient locations on any inpatient campus without notice to CMS. You could include some tents.

So let's – like for example, you've got some damage. You've had a tornado come through. And it's wiped out one of the wings of your hospital. And you decide that you're going to work with your state emergency preparedness people and you're going to establish mobile hospital units, either tents or some of those vans, to expand and add your inpatient capacity.

Well, you can do that on your campus. And there will be most likely survey requirements from your state agency to make sure that you set up everything safe and everything. But you do not have to have a waiver to do that.

Now, at offsite inpatient locations, you're going to need to file your 855A, which is an enrollment form, and as a change of information to add that, what's called a practice location. It does not have to be done immediately. But the sooner you do it, the better because what that does – it triggers the payment so as you can be paid accordingly for the care and services you provide at that site.

The CMS Regional Office will determine the level of survey activity at such locations based upon a lot of factors. But basically, they will decide whether a survey is required and if – as well as what level of survey activities. But again, I want to point out that most states will want to at least make sure that the physical site meets life safety code and is safe.

Now, if an IPPS excluded hospital like in an excluded unit like a rehab unit or a psych unit or an excluded hospital – when I say excluded, it means it isn't paid under IPPS, it's paid under a different mechanism such as a rehab hospital or a psychiatric hospital. They must notify the MAC and the CMS RO prior to adding beds to any of these units.

Additionally, what I don't have on the slide here is to remind you that you cannot use beds in excluded hospitals or beds in excluded units as flexible beds to place patients who are not eligible for care in those types of units. And then there's another one on CAH (critical access hospitals) I just want to point out since you – there is all this on this slide is talking about when you do not have an 1135 waiver.

A critical access hospital cannot increase its beds, either the 25 inpatient beds, the 10 rehab beds or the 10 psychiatric unit beds unless they have an 1135 waiver. Those are statutory limits on size.

So the hospital is responsible. While you don't have an 1135 waiver, while there are flexibilities, you are required to continue to be in compliance with all the conditions of participation for hospitals or the requirements for nursing homes or the conditions for certification or payment for some of the providers at all times even though you've got a disaster going on. But understand there is a range of being in compliance.

And so with that, next slide. Now, maintenance of inpatient services. I want to point this out for hospitals.

A hospital must continue to provide inpatient services in order to continue to meet the definition of a hospital in 1861(e). So if after a disaster you lose your ability to have inpatient services, you – most hospitals what they've done in these situations is they've – they have established alternative care sites that meet, that meet the requirements, they can be surveyed. Remember we have flexibilities on what is in compliance, but we will not allow unsafe situations. But in order to meet the

definition, a hospital may need to establish a new location so that they continue to provide inpatient services to their community.

Such disruptions and recovery actions should be discussed with your regional office and your state as soon as possible. We do terminate hospitals for cessation of business after disasters. But we do work with them a while and until such time as they have not met the requirements. Now, if you get such a thing happens to you, what that really means is that in order to participate in Medicare, once again, you're going to have to get everything built – get it together and be able to pass an initial survey as a hospital.

Now, outpatient services alone will not suffice to meet the definition of a hospital. You have to have inpatient services to meet the definition.

Next slide. Now, other flexibilities when you don't have to have 1135 waiver. You can increase outpatient capacity. You can add sites to the main campus without notice to CMS. That could include tents, a parked mobile unit. It could include, add new offsite practice locations. But then you just need to file an 855A as soon as possible.

Again, you don't have to give us prior notice although it's helpful if you do. But you should give prior notice to your state because your state may have additional requirements especially in areas such as establishment of an outpatient surgery or an off-campus emergency department.

It's very important again to communicate with CMS RO and the state and your MAC in these situations, to ensure that your payment flow is maintained. So when you don't – again, I want to emphasize, while you don't have an 1135 waiver, you do have flexibilities. But you must continue to be in compliance with the conditions of participation at all times.

Next slide. Now, some of the waivers that we do have – we do have Life Safety Code waivers are always permitted whether there is an 1135 waiver or not. But again, with the rules for waivers, they have to be granted by the CMS Regional Office. They cannot be granted by your accrediting organization (AO). Is – only the CMS Regional Office can grant waivers.

The state recommends them. And – or the AO recommends them. But Regional Office is the – or – is the entity that grants Life Safety Code waivers.

Now, to meet community needs, CMS make – may make extended Life Safety Code waivers available after an 1135 expires. So you might have an 1135 waiver. It does come to end. But maybe, you still have physical plant situations going on. And you might need an 1135 – or you may need a Life Safety Code waiver after that 1135 has expired.

In that case, you need to contact your state and Regional Office and work through the process. And so an example of that is extended operations of limited hospital services in those military-style, temporary facilities like I was talking about earlier.

In order to continue meeting the definition of a hospital and also to meet your inpatient – your community's inpatient needs, you've established these things. Well, some of these things don't really meet Life Safety Code in 100 percent. So they may need to have some waivers. And your state and Regional Office will work with you on those.

Next slide please. Now, when you don't have any waivers, what can you do for EMTALA? Well, after logging them in, you could redirect the individuals for medical screening exam to an alternate site on that campus – I want to emphasize that – not off the campus.

You log them in. And you redirect them such as you've got – you set up a tent or maybe some portable building such as you see with mobile homes or those portable offices or something like that. And you establish that out in a parking lot on your campus of your hospital. That is allowed, now, use of off-campus hospital sites for screening, but cannot send someone.

So what it is is you could establish an offsite alternative site for screening such as in flu. However, if people come to your main campus, you cannot send them over to another location off the campus or you will violate EMTALA.

So when you don't have a waiver, you can establish the site off campus but – and make education to the community asking them to go with that site if they need that type of screening such as flu. Next slide please.

Now, even without specific words, in our regulations, you have to understand to have a provider agreement with Medicare, you have to be in compliance with your Conditions of Participation, Conditions for Coverage, conditions for certification or requirements at all times whether or not you have a disaster unless you have a specific 1135 waiver or Life Safety Code waiver. So you have to be in compliance at all times. So therefore, hospitals are currently expected to anticipate their likely emergencies and plan how they will continue to care for their patients or, when needed, transfer those patients to other hospitals in a manner that complies with the hospital Conditions of Participation even during a disaster. And when I say hospitals, I'm including the other provider supplier types.

I think that's the last slide. Next slide.

Bill Mangieri: Yes, David. Thank you so much. That was an excellent presentation.

We're going to transition to Miss Natalie Grant now. She's going to close our presentation today.

She's the program analyst for the recovery coordination division here at ASPR. And she's going to speak on some of the field coordinator responsibilities in hurricane hit, Sandy response. Your line is open, Natalie.

Natalie Grant: Terrific. Thank you very much, Bill.

And in the interest of time, and getting to the many questions that I'm sure folks have, I'm going to whip through these slides really quickly. There are only two. So I just bear, your indulgence here for one minute. So principally, when we are activated for disaster circumstances, not every disaster emergency where myself or my colleagues will be deployed as field coordinators to work with our state departments of health and our colleagues at the state level to facilitate some of those long term recovery issues and needs that may arise.

But as you've noticed from the call today, there are a lot of federal partners, policies and programs that have applicability under various disaster circumstances and emergency situations. So our chief role is to really identify the problem set for federal partners to really work with our state colleagues and contextualize the disaster

circumstance so that our federal colleagues have an understanding of what it means for healthcare, what does disaster mean particularly for healthcare in your jurisdiction and what some of the potential engagements across the interagency could be.

Now, we have SBA here and FEMA here and CMS as part of HHS, but there are a whole host of other federal departments and agencies that may have programs that touch or otherwise impact your healthcare operations.

So we're really chiefly there to function as a consigliere, a consultant, someone who's looking at those downrange issues with our state colleagues. So it's really important that you remain in communication with your healthcare coalition, with your local emergency managers and then also with your state department of health and other regulatory entities at the state level so that we have a sense of what's happening at micro level and can then relay that to the macro.

So as we're identifying these issues, we similarly are trying to outline working with our partners, some of the federal support that can support these issue areas or identify gaps or real barriers or limitations. I say that because we have presented of suite of potential opportunities that all are predicated upon other things happening or particular circumstances presenting themselves.

These are not always going to be applicable under all circumstances at all points in time. We all recognize that. However, our role is to really understand what are the pertinent issues, what can be done about them and to be quite honest with you in saying these are real barriers. These are real statutory regulations. These are real regulatory limitations that cannot be overcome. So at least in that way, you can better plan and facilitate your recovery operation with a more efficient understanding of what is allowable and what is not allowable and how you have to maintain your contingency and planning moving forward.

So part of that is working at the regional level with some of our colleagues because some of our headquarters components have colleagues at the regional level, through which these programs are distributed or otherwise applied. They will be reaching back to their headquarters components for guidance and similarly staying in touch.

So there are many layers of government that will be working under these particular circumstances of a disaster to really understand what is the issue, how do we address

it, how do we work collectively to address it in the timeline that makes the most sense for local community recovery. Next slide please.

So the devil's in the details or details matter or whatever you want to say. But I just threw up here couple of funding support considerations that have presented themselves through Hurricane Sandy and other disaster response operations and recovery operations that we've had the opportunity to serve on.

So first thing, funding can present in a variety of channels, pathways, and mechanisms. So it could be an FOA, funding opportunity announcement, competitive grants, direct funding, could be based off of formula allocation. It's important that you have an understanding that it doesn't all come down at the same way or in the same timeline. So that's the next bullet there.

Federal agencies have different processes for how they disburse funds. And it may be predicated upon other acts of Congress. So being prepared for funding to either come really rapidly or to take a long time is something that should be built into your overall contingency planning.

Some of the funding may have correlations to other funding sources. I just have up there FEMA Public Assistance and HUD (Housing and Urban Development) community development block grants. And I didn't put the DR on those – backend of that.

But some of these programs may have relationships to each other. And others very much do not. So it is very much incumbent upon you, the – the recipient of the funding allocation to really know what each of those pieces can cover, what it cannot cover and what the reporting requirements attendant to them are.

As I mentioned before, in terms of the timing, some of them have aggressive timelines for deliverables. They could be 24 months. It could be shorter.

The deadlines are real. And I want to emphasize that.

Sometimes, there is flexibility given the catastrophic nature of certain disasters. But oftentimes, it is not. So it is entirely incumbent upon you to act very rapidly in pulling together your management team, your fiscal administration team to really

address these issues in the pre-disaster situation to know how you would engage with these different federal departments and agencies and how you would prioritize some of your funding considerations not only on the infrastructure side but also on the personnel and then on the financial reimbursement and sustainability as part of your business process.

Next bullet just – there may be some other federal constraints as mentioned before.

Shoshana had just lighting quick touched upon some of the flood insurance requirements and some of those other pieces. You really, really, really need to dig into that. And that's why she said that she had someone who works on that exclusively, understanding what the insurance, reinsurance, what some of those policies mean and look like.

If you have a blanket policy for your corporate entity, it's helpful to understand what those riders or what those attendant pieces are so that you can plan for your local administration of that. Or even having some consultation from your general counsel would be helpful towards that end.

So just a couple of key notes in that regard. Work very closely with your funding agency. You should be attached at the hip and really, really make sure that there is someone who is savvy who can engage in those conversations or at least have the reach back to the folks who do do this on a daily basis or at least have some understanding of where they should route the request.

Identify opportunities to match resource gaps. Now, also similarly important to recognize that these folks in the room now that just discussed some of their programs might not meet the entirety of your need following a disaster. And that is typical.

Very seldom does the federal government return entities to their whole constituency prior to the disaster. So it – as part of the conversations of – about the broader community recovery, it's really important that you, as an entity that buttresses the community, really engage in those conversations and relay to the emergency management what some of your challenges may be. And there may be some other opportunities from nongovernmental sources to match funds or sort of address additional gaps.

Reporting and accountability – document, document, document. Everyone here has said it – absolutely critically important. Make sure to ask questions about who pays first. Do I pay first? Do you pay first? Is it a reimbursement? What federal agency pays first if it's under that circumstance?

Make sure you're clear about how bundling expenses – I've heard people say this before. Just make sure you're cognizant of what that phrase may mean to the different funding sources so that you avoid those issues of duplication of benefit and such, the like.

Timeliness, documentation, attention to detail – all of those pieces are absolutely critically important and really can dictate whether or not you succeed or fail. The last thing that I want to say – and there is not a slide here for this. You pre-disaster conditions matter.

As a business, how you were functioning before the disaster will have an impact on how you function post-disaster. So understanding what your business process looks like in this altered environment, in this new climate will help inform how you engage with some of these entities and how you plan for the future as an entity, as a healthcare service provider.

So all of these different pieces go to help supporting your restoration, but the ultimate success of your entity moving forward is really, really foundational in a business process.

So we recognize that you're providers. But we also are acutely aware that you are businesses first and foremost.

And the very last thing I will say, or actually a couple of things. Definitions matter.

So when we say new and improved with regard to HPP guidance, it means very different things to SBA. It means very different things to FEMA. So clarification on that terminology is important.

And your staff – for those folks that are looking to support staff following a disaster, that sort of thing, make sure that you're talking with your finance people and you have a clear picture entirely of what the financial implications are for your entity and

how to recoup those costs or how otherwise to defray them. And that's it. Thank you.

Bill Mangieri: Thank you very much, Natalie. That was an excellent presentation.

We're going to transition for a few minutes to take some questions. We're almost at the bottom of the hour.

Before we do that, I just want to make one statement. We cannot legally discuss any ongoing reimbursement projects, issues that are out there with any of the states. So if you have a question, please make sure that your question pertains to the content on this presentation today.

And do not bring up any real world incidents onto this conversation. We're not legally able to discuss those in this forum. So, Kate, our operator, do we have anybody on the line for questions.

Operator: Ladies and gentlemen, if you do have a question at this time, please press star, then the number one key on your touch-tone telephone. If your question has been answered or your wish to remove yourself from the queue, please press the pound key.

And once again, if you do have a question, please press star, then one on your touch-tone telephone. Our first question comes from the line of Steve Hoeger. Your line is open.

Steve Hoeger: Thank you to all of the presenters for the information. I was not able to view the presentation, all of the available lines were full. Is this going to be available via PowerPoint or anything following this conference?

Bill Mangieri: Yes, sir. We will have it – it is being recorded. And it will be available on the phe.gov site.

Steve Hoeger: Thank you.

Bill Mangieri: Welcome.

Bill Mangieri: Next question, operator.

Operator: I'm not showing any further questions from the phone lines at this time.

Bill Mangieri: Okay.

Alana Chavez: Hi. This is Alana. I did receive a question on what is the definition of a small business.

We do encourage of any business to apply to SBA because they do also help large businesses. But we look at the industry type to determine if they are small. And so SBA will make that determination, if the business is small, then it will qualify for the working capital loan related to disaster assistance.

Also there is a PNP declaration that SBA offers when FEMA does make a PA declaration in some cases.

So again, you want to check the SBA website to see if there is active PNP declaration as well as the PNPs can apply under the agency and the presidential declarations. And also no one is – there are – you are not under obligation to accept a loan if you are approved. And – or you can accept a lesser amount.

So – but time is of the essence when there is a declaration. So want to try to get the application in to have a determination.

Bill Mangieri: Thank you, Alana. Operator, do we have any more questions?

Operator: No. I'm not showing any questions on the phone lines at this time. But as a reminder, ladies and gentlemen, if you do have a question, please press star, then one on your touch-tone telephone.

Bill Mangieri: Okay. Great. Well, I guess we'll wait a few seconds to see if any questions come in.

This has been an incredible presentation with a lot of good information. I'm hoping that this is just the start of this conversation and that we can continue to have presentations on some of the individual components of this particular presentation. And we can get down in the weeds a little bit more.

I also – I'm looking to do a presentation that would include some of our insurance industry subject matter experts. I believe insurance is a – is a big topic.

We weren't able to put that together for this presentation. But we will certainly get our folks from the insurance industry to answer any of your questions from healthcare facilities and healthcare organizations in the near future. And of course, again, we plan on doing a continuity of operations presentation in FY 2015. Are there any questions on the – on the line, operator?

Operator: We do have a question from the line of Linda Scott. Your line is open.

Bill Mangieri: Hi, Linda.

Linda Scott: Hi, Bill. Thanks for putting this together. It was a great presentation.

I have a question on the small business loans. Is that linked to either a local or a ...

Bill Mangieri: Say that again. What?

Linda Scott: Local or state declarations, the ...

Bill Mangieri: Alana.

Linda Scott: ... access loans.

Alana Chavez: Okay. This is for this a federal declaration.

Linda Scott: Okay. Only federal.

Alana Chavez: Yes. This is for only federal.

Linda Scott: Okay. Thank you.

Bill Mangieri: Thank you, Linda.

Shoshana Resnick: I am – this is Shoshana from FEMA. I'm going to offer that I will – I didn't even think about that was this group because I mostly thinking about reimbursement.

But we do offer in the Public Assistance Program what's called the CDL for – in acronym. That's the Community Disaster Loan program. And there is a loan program also through FEMA's Public Assistance Program actually for local governments, hospitals, et cetera and like fire districts for actually their operating costs.

Scott Dugas: Okay. And with that, I want to – I want to thank our national audience for attending. I also want to thank our distinguished panel from the interagency. So from the offices here at the Hospital Preparedness Program in ASPR OEM and our Region 6 field office, we're going to sign off now.

Please stay tuned. Our information will be up on our website. That's phe.gov.

And if you have any questions after the webinar that you think of to help us inform other calls or for your own information, feel free to email the contacts that were provided. And that would be myself and Mr. Bill Mangieri. And we'll – we'll engage with you.

Again, thank you much. And we're going to conclude the call at this time.

Operator: Ladies and gentlemen, thank you for participating in today's conference. This does conclude the program. And you may all disconnect. Everyone, have a good day. Speakers, please stand by.