



NEW JERSEY SENATE

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Mayor & Administrator/Manager-

I hope this email finds you doing well. In order to help keep your municipality up to date on funds and services available during this pandemic, I have attached information I received from Joseph Getela, New Jersey Department of Human Services Director, regarding FAQs and Fact Sheet on Non-Congregate Sheltering.

The State of NJ received approval from FEMA region 2 to engage in Non-Congregate Sheltering for one of 5 of the following areas – this approval has been extended to June 10th

- A. Homeless families who live in congregate shelters who are symptomatic or tested positive for COVID-19;
- B. Homeless individuals who require quarantine or isolation due to being symptomatic or having a positive test for COVID-19;
- C. Children and adults living in congregate living settings who have tested positive for COVID-19;
- D. First responders and healthcare workers who do not require hospitalization but nevertheless need to avoid contact with their families due to exposure to COVID-19;
- E. Other groups that may need assistance as the State continues to respond to the COVID-19 pandemic;

It is important to coordinate with both your Local and County Office of Emergency Management officials for eventual reimbursement through FEMA.

Thank you for your attention.

Anthony M. Bucco
Senator, 25th Legislative District

FACT SHEET

Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures

Consistent with the President's national emergency declaration for the coronavirus (COVID-19) pandemic on March 13, 2020, FEMA urges officials to, without delay, take appropriate actions that are necessary to protect public health and safety pursuant to public health guidance and conditions and capabilities in their jurisdictions. FEMA provides the following guidance on the types of emergency protective measures that may be eligible under FEMA's Public Assistance Program in accordance with the COVID-19 Emergency Declaration in order to ensure that resource constraints do not inhibit efforts to respond to this unprecedented disaster.

FEMA Public Assistance Program

In accordance with section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"), eligible emergency protective measures taken to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under Category B of FEMA's Public Assistance program. *FEMA will not duplicate assistance provided by the U.S. Department of Health and Human Services (HHS), to include the Centers for Disease Control and Prevention (CDC), or other federal agencies.*

State, territorial, tribal, and local government entities and certain private non-profit organizations are eligible to apply for *Public Assistance*. FEMA assistance will be provided at a 75 percent federal cost share. This assistance will require execution of a FEMA-State/Tribal/Territory Agreement, as appropriate, and execution of an applicable emergency plan. Local governments and other eligible PA applicants will apply through their respective state, tribal or territorial jurisdictions.

Eligible Assistance

Under the COVID-19 Emergency Declaration described above, FEMA may provide assistance for emergency protective measures including, but not limited to, the following, if not funded by the HHS/CDC or other federal agency. *While some activities listed may be eligible for funding through HHS/CDC, final reimbursement determinations will be coordinated by HHS and FEMA. FEMA will not duplicate any assistance provided by HHS/CDC:*

- Management, control and reduction of immediate threats to public health and safety:
 - Emergency Operation Center costs



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- Training specific to the declared event
- Disinfection of eligible public facilities
- Technical assistance to state, tribal, territorial or local governments on emergency management and control of immediate threats to public health and safety
- Emergency medical care:
 - Non-deferrable medical treatment of infected persons in a shelter or temporary medical facility
 - Related medical facility services and supplies
 - Temporary medical facilities and/or enhanced medical/hospital capacity (for treatment when existing facilities are reasonably forecasted to become overloaded in the near term and cannot accommodate the patient load or to quarantine potentially infected persons)
 - Use of specialized medical equipment
 - Medical waste disposal
 - Emergency medical transport
- Medical sheltering (e.g. when existing facilities are reasonably forecasted to become overloaded in the near future and cannot accommodate needs)
 - All sheltering must be conducted in accordance with standards and/or guidance approved by HHS/CDC and must be implemented in a manner that incorporates social distancing measures
 - Non-congregate medical sheltering is subject to prior approval by FEMA and is limited to that which is reasonable and necessary to address the public health needs of the event, is pursuant to the direction of appropriate public health officials and does not extend beyond the duration of the Public Health Emergency
- Household pet sheltering and containment actions related to household pets in accordance with CDC guidelines
- Purchase and distribution of food, water, ice, medicine, and other consumable supplies, to include personal protective equipment and hazardous material suits
- Movement of supplies and persons
- Security and law enforcement
- Communications of general health and safety information to the public
- Search and rescue to locate and recover members of the population requiring assistance
- Reimbursement for state, tribe, territory and/or local government force account overtime costs

More Information

Further information about eligible emergency protective measures can be found in the [Public Assistance Program and Policy Guide](#), FP 104-009-2 (April 2018).

For more information, visit the following federal government websites:

- [Coronavirus \(COVID-19\) \(CDC\)](#)
- [Centers for Medicare & Medicaid Services](#)

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

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

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

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

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

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

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



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when assistance is not duplicated by another federal agency.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

for future disasters in areas impact by COVID-19?

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

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

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

References

For more information, visit the following websites:

1. [Public Assistance Program and Policy Guide](#)
2. [U.S. Department of Health and Human Services](#)
[Centers for Disease Control and Prevention](#)
[Coronavirus \(COVID-19\) \(CDC\)](#)
[Centers for Medicare & Medicaid Services](#)