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VOLUNTEER GROUPS

Medical Reserve Corps

The Medical Reserve Corps (MRC) is a national network of volunteers, organized locally to improve the health and safety of their communities. In Region 3, we currently have 59 MRC Units in DC, DE, MD, PA, VA and WV. For agency or state needs/requests, work with the state MRC Coordinator who can best connect you with an appropriate MRC if applicable.

For more information about the MRC Program - https://mrc.hhs.gov/HomePage
To volunteer – register on the state systems below or contact Coordinator for assistance

Delaware - https://www.servde.org/
Elle Hammond
Planner III/State DMRC Coordinator
Email: elle.hammond@delaware.gov
Office: 302-223-1739

District of Columbia -
https://www.dcresponds.org/
Sharon R. Pellum
On-Site Special Operations Coordinator
Health Emergency Preparedness and Response Administration (HEPRA)
Email: sharon.pellum@dc.gov
Office: 202-671-0806

Maryland -
https://mdresponds.health.maryland.gov/
Jon Caudle
Maryland Responds State Coordinator
Office of Preparedness and Response
Email: jonathan.caudle@maryland.gov
Office: 410-767-7772

Pennsylvania - https://www.serv.pa.gov/
Kathleen Hart, BS, EMT-P
Emergency Workforce Coordinator
PA Department of Health, Bureau of Emergency Preparedness and Response
Email: khart@pa.gov
Phone: 717.736.7294

Virginia - https://vvhs.vamrc.org/
Jennifer Freeland, MA
State Volunteer Coordinator
Office of Emergency Preparedness
Email: jennifer.freeland@vdh.virginia.gov
Phone: 804.396.0543

West Virginia - https://www.wvredi.org/
Tony Leach, RN, BSN
Volunteer Coordinator and Responder Safety Consultant
WV Bureau for Public Health
Email: Tony.M.Leach@wv.gov
Phone: (304) 558-6900; Ext. 71457

Community Emergency Response Team

The Community Emergency Response Team (CERT) program educates volunteers about disaster preparedness for the hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. CERT offers a consistent, nationwide approach to volunteer training and organization that professional responders can rely on during disaster situations, allowing them to focus on more complex tasks. For requests for assistance, it must be made to the local jurisdiction.
To check to see if there is a CERT in your area:
https://community.fema.gov/Register/Register_Search_Programs

**American Red Cross**
The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors. Volunteer opportunities include supporting blood donations and delivering much-needed services to your community.

Adrian Grieve
Division Disaster State Relations Director
Mid-Atlantic Division
Email: Adrian.Grieve@redcross.org
Mobile: (484) 955-3336

Janice Winston
Liaison - FEMA Region III
Southeastern Pennsylvania Region
Email: Janice.Winston@redcross.org
Phone: 215-806-0300

**VALs**
Voluntary Agency Liaisons support the significant contributions of voluntary, faith-based, and community stakeholders active in disaster by building relationships – and coordinating efforts – with and across partner organizations and government agencies. VALs promote information-sharing and mutual understanding among partners, and provide guidance on integrating activities across various subject areas and the full disaster life-cycle.

Amy Eden
FEMA Voluntary Agency Liaison, Individual Assistance, Region 3
Email: Amy.eden@fema.dhs.gov
Mobile: (202) 710-6297

**National Voluntary Organizations Active In Disaster (VOAD)**
National VOAD, an association of organizations that mitigate and alleviate the impact of disasters, provides a forum promoting cooperation, communication, coordination and collaboration; and fosters more effective delivery of services to communities affected by disaster. The National VOAD coalition includes well more than 100 Member organizations, which represent National members, State VOADs, Local/Regional VOADs and hundreds of other member organizations throughout the country.
https://www.nvoad.org/voad-members/national-members/

Member list includes, but not limited to:
- AmeriCares
- Feeding the Children
- International Medical Reserve Corps
- Lutheran Disaster Response
- Points of Light
• Southern Baptist Convention Disaster Relief
• Team Rubicon
• United Way

State VOAD leadership in Region 3
https://www.nvoad.org/voad-members/stateterritory-members/

Delaware
Ian (Toby) French, Chair
Deputy State Planner
(302) 257-0966
toby.french@teamrubiconusa.org
Website

District of Columbia
Susan Taylor, Chair
Churches of Scientology Disaster Response
571-643-5040
suetaylor1@juno.com
dcvoad@gmail.com
Website

Maryland
The Rev. Phillip Huber, Chair
410-375-5053
phuber@stmatthewsdc.org
Website

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Ed Robertson, President
Episcopal Diocese of Central PA
717-216-7807
erobertson@diocesecpa.org
Website

Virginia
Norm Gold, President
ngold@vavoad.org
Website

West Virginia
Jenny Gannaway, Coordinator
606-625-5921
jennygannaway@frontier.com
Website
**VOLUNTEER SERVICES**

**Salvation Army**

Meets human need without discrimination, assists approximately 23 million Americans annually, serves in 130 countries around the globe, have over 1.5 million members consisting of officers, soldiers, and adherents and have been pursuing their mission since 1865. Has services for the aging, veteran’s services, food pantries, homeless shelters, disaster relief and other grassroots services.

To find a Salvation Army in your area: [https://www.salvationarmyusa.org/usn/](https://www.salvationarmyusa.org/usn/)

**Meals on Wheels**

Meals on Wheels has been guided by a single goal since the first known U.S. delivery by a small group of Philadelphia citizens in 1954 – to support our senior neighbors to extend their independence and health as they age. What started as a compassionate idea has grown into one of the largest and most effective social movements in America, currently helping nearly 2.4 million seniors annually in virtually every community in the country.

Meals on Wheels is the only federally supported program designed specifically to meet the nutritional and social needs of seniors. [https://www.mealsonwheelsamerica.org/](https://www.mealsonwheelsamerica.org/)

**Pass it On**

The Pass It On Center continues to create national and state resources to foster the safe, effective and appropriate reuse of assistive technology (AT) so that people with disabilities can get the affordable AT they need in order to live, learn, work and play more independently in communities of their choice. [https://pioc.gatech.edu/pioc/](https://pioc.gatech.edu/pioc/)

**Our Role in Disaster Response**

Reutilized assistive technology, especially durable medical equipment, plays an important role in providing temporary devices to people with disabilities impacted by disasters that result in the loss of devices or create new needs. The Pass It On Center (PIOC) works with AT Act Programs and their nonprofit affiliates in other states and territories to provide safe, appropriate interim devices until a new, permanent device becomes available. PIOC partners with other organizations that serve individuals with disabilities to respond to disasters by identifying needs and collecting and distributing gently used devices. (Some agencies provide free services.)

Find a Reuse Location: [https://pioc.gatech.edu/pioc/reuse_locations.php](https://pioc.gatech.edu/pioc/reuse_locations.php)
Foundation for Rehabilitation Equipment & Endowment (FREE)
The F.R.E.E. Foundation is a volunteer-led non-profit that provides mobility rehabilitation equipment to help people regain their mobility and independence.

F.R.E.E. collects, sanitizes, repairs and gifts donated mobility equipment to uninsured and underinsured adults in Virginia. When F.R.E.E. gifts equipment, falls and medical costs drop by over 80%. Those in need regain their mobility and independence and Virginians save millions of dollars annually
http://www.free-foundation.org/ (locations in VA only)

MISC

Guidestar - Directory of Charities and Nonprofit Organizations
GuideStar is the most complete source of information about U.S. charities and other nonprofit organizations there is. Search our database of more than 1.8 million IRS-recognized organizations to find a charity to support, benchmark your own nonprofit's performance, research the sector, and more.

➤ Human Services
Human service nonprofits are the organizations that most people think of when they hear the word nonprofit. They feed the hungry, assist crime victims and offenders, provide job training, house the homeless, help people prepare for and recover from disasters, maintain playgrounds and athletic fields, act as advocates for children, and offer programs to help youth mature into adults who contribute to society.
https://www.guidestar.org/nonprofit-directory/human-services.aspx
All Americans—including people with disabilities and older adults—should be able to live at home with the supports they need, participating in communities that value their contributions. The Administration for Community Living (ACL) serves as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan. ACL has created a webpage with COVID-19 information, and selected relevant information is included here.

**Older Americans Act**

**Nutrition Programs**
Many congregate meal sites are closed. During this emergency, ACL strongly recommends that any state or local policy that limits eligibility for home-delivered meals should be waived. Go here for additional guidance regarding the operation of Older Americans Act nutrition programs during the COVID-19 emergency.

**Disaster Relief**
Should a State or Tribe (Title VI grantee) receive a Major Disaster declaration by the President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207, this Major Disaster Declaration triggers disaster relief authority in the Older Americans Act (OAA). More information can be found here.

**Long-Term Care Ombudsman Program**
Long-Term Care Ombudsman programs are in every state. They can resolve complaints, protect rights, and promote access to services for long-term care facility residents before, during and after emergencies such as COVID-19. While Ombudsmen are not first responders, they can play an important role in supporting residents.

**Protecting Elder Rights and Preventing Elder Abuse**

In general, elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Legislatures in all 50 states have passed some form of elder abuse prevention laws. Laws and definitions of terms vary considerably from one state to another, but broadly defined, abuse may be:

- **Physical Abuse**—inflicting physical pain or injury on a senior, e.g. slapping, bruising, or restraining by physical or chemical means.
- **Sexual Abuse**—non-consensual sexual contact of any kind.
• **Neglect**—the failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder.

• **Exploitation**—the illegal taking, misuse, or concealment of funds, property, or assets of a senior for someone else's benefit.

• **Emotional Abuse**—inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts, e.g. humiliating, intimidating, or threatening.

• **Abandonment**—desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

• **Self-neglect**—characterized as the failure of a person to perform essential, self-care tasks and that such failure threatens his/her own health or safety.

The National Institute on Aging, located within the National Institutes of Health, has developed a list of signs of possible elder abuse: if the older adult-

- Has trouble sleeping
- Seems depressed or confused
- Loses weight for no reason
- Displays signs of trauma, like rocking back and forth
- Acts agitated or violent
- Becomes withdrawn
- Stops taking part in activities he or she enjoys
- Has unexplained bruises, burns, or scars
- Looks messy, with unwashed hair or dirty clothes
- Develops bed sores or other preventable conditions.

**Adult Protective Services (APS)**

APS is a social services program provided by state and local governments nationwide serving older adults and adults with disabilities facing abuse, neglect, self-neglect, or financial exploitation. In all states, APS is charged with receiving and responding to reports of adult maltreatment and working closely with clients and a wide variety of allied professionals to maximize client safety and independence. Most APS programs serve both older and younger vulnerable adults. ACL works to support these systems.

Guidance from ACL relative to the COVID-19 emergency for APS programs can be found [here](#).

**Legal Assistance**

ACL-funded programs in every state provide civil legal counsel and representation to older people with economic or social need in order to preserve their independence, choice, and financial security. These programs are designed to help older people understand their rights, exercise informed decision-making, and benefit from the support and opportunities promised by law.

Guidance from ACL relative to the COVID-19 emergency for legal assistance providers can be found [here](#).
Assistive Technology Act

The State Grant for Assistive Technology Program makes assistive technology devices and services more available and accessible to individuals with disabilities and their families. The program provides one grant to each state, the District of Columbia, Puerto Rico, and the outlying areas (American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands). State/Territory AT Programs may purchase additional supplies and equipment needed to respond to the current emergency situation. Go here for more information.

Connecting People to Services

The aging and disability networks are made up of local, state, and national organizations and committed advocates working to support older adults and people with disabilities. ACL helps support these networks and the programs and services they provide, including, among others, the following:

- **Aging and Disability Resource Centers** - These centers provide information and counseling to help individuals make informed decisions about long-term services and supports and help accessing programs.

- **State Units on Aging** - These state-level agencies develop and administer plans to provide assistance for older adults, families, and in many states also adults with physical disabilities.

- **Area Agencies on Aging** - These agencies address the needs of older adults at the regional and local level through services and supports (like home-delivered meals and homemaker assistance) to support independent living.

- **Centers for Independent Living** - These centers provide tools, resources, and supports for integrating people with disabilities fully into their communities to promote equal opportunities, self-determination, and respect. All CILs provide information and referral to services and supports available in the local community. These services may include: access to psychological counseling, assistance in securing housing or shelter, personal assistance services, transportation referral and assistance, physical therapy, mobility training, rehabilitation technology, recreation, and other services necessary to improve the ability of individuals with disabilities to function independently in the family or community and/or to continue in employment. A list of Centers for Independent Living can be found here.

- **Protection and Advocacy Systems** - These state systems work to protect individuals with disabilities by empowering them and advocating on their behalf to defend their personal and civil rights. P&As operate in each state in the region; they inform people with disabilities of their rights, investigate suspected abuse and neglect, and provide free legal representation for clients. Protection and advocacy agencies in each state can be found here.
The **Eldercare Locator (1-800-677-1116)** can help connect older adults and their families to state units on aging and other aging organizations and services in each state (such as Long-Term Care Ombudsman programs, legal assistance providers, and adult protective services).

### Preventing Medicare Fraud – from the Senior Medicare Patrol resource center

- **SMP Consumer Fraud Alert: COVID-19**: This SMP Consumer Fraud Alert is available to the public and to SMPs on the SMP Resource Center website to warn about COVID-19 Fraud.
- **COVID-19 Consumer Tip Sheet**: This tip sheet includes tips for protecting consumers and Medicare from COVID-19 fraud.
- **COVID-19 Fraud Infographic**: This infographic can be shared on social media or printed and used as a handout.

### ACL COVID-19 Related Funding

The Families First Coronavirus Response Act, signed into law by President Trump on March 18, 2020, provides $250 million in additional funding for the nutrition services programs authorized by the Older Americans Act (OAA) of 1965. These programs provide meals to more than 2.4 million older adults each year, both through home delivery and in places like community centers. The need for these services, particularly home-delivered and packaged meals, has increased as community measures to slow transmission of COVID-19 have closed meal sites and have left many family caregivers unable to assist their older loved ones.

On March 27, 2020, the President signed the Coronavirus Aid, Relief and Economic Security Act, or CARES Act, into law. Under this legislation, a total of $955 million will be provided to existing grantees in the aging and disability networks, including State Units on Aging and Centers for Independent Living, as well as to Tribes and tribal organizations. The CARES Act includes:

- $200M for Home and Community Based Services (HCBS) under Title III-B of the Older Americans Act (OAA);
- $480M for nutrition programs under Title III-C of the OAA;
- $20M for nutrition and related services for Native American Programs under Title VI of the OAA;
- $100M for the National Family Caregiver Support Program under Title III-E of the OAA;
- $20M for the Ombudsman Program under Title VII of the OAA;
- $50M for Aging and Disability Resource Centers; and
- $85M for Centers for Independent Living under Title VII, Part C, Chapter I of the Rehabilitation Act.
Administration for Children and Families -
Domestic Violence and Child Abuse Resources

- The Administration for Children and Families (ACF) funds the Family Violence Prevention
  and Services program, which provides emergency shelter and non-shelter support
  services such as victim advocacy, crisis counseling, safety planning, support groups,
  information and referrals, legal aid, and housing assistance to address domestic violence
  and dating violence.
    - ACF awards formula and competitive grants to states and tribes, which sub-
      award funds to local organizations. The program received an additional $45
      million in CARES Act funding for family violence shelters.

- ACF funds the National Domestic Violence Hotline, which is available at (800) 799-7233.
  Individuals seeking support can also chat online at www.thehotline.org or text “LOVEIS”
  to 22522. The website has a variety of resources, such as instructions on how to create a
  safety plan.
    - ACF also funds the Strong Hearts Native Hotline for American Indians and Alaska
      Natives, which is available at (800) 844-7NATIVE (762-8483). The Indian Health
      Service also has a webinar on how to develop safety plans.

- ACF’s Children’s Bureau has compiled national- and state-level COVID-19 guidance for
  child welfare social workers, caregivers, and foster care providers, as well as information
  about COVID-19 and children. These resources are available at

- ACF’s Runaway and Homeless Youth Program provides shelter and support services (e.g.
  employment assistance, behavioral health services) for runaway and homeless youth,
  including those who cannot safely live with their families.
    - ACF awards competitive grants to public and private organizations. The program
      received $25 million in supplemental CARES Act funding for current programs
      providing critical services and housing for runaway and homeless youth.

American Indians and Alaska Natives

The Indian Health Service (IHS) has compiled COVID-19 information and resources for American
Indians and Alaska Natives at www.ihs.gov/coronavirus. The site contains testing and case data
for IHS regions, along with tribe-specific COVID-19 resources and webinars on telebehavioral
health.
Behavioral Health Resources

From the Substance Abuse and Mental Health Services Administration:

- Community Behavioral Health Grants (Pending approval of Individual Assistance by FEMA)
- SMI Adviser [https://smiadviser.org/about/covid](https://smiadviser.org/about/covid)

Resources from Mental Health Technology Transfer Center (MHTTC)


Responding to COVID-19: highlight products and resources that can be useful when coping with the effects of widespread public health crises such as:

- Psychosocial Impacts of Disasters: Assisting Community Leaders
- Supportive Practices for Mental Health Professionals During Pandemic-Related Social Distancing

Recorded webinars:

- Substance Use Disorder Services in the Days of a Pandemic: You Need A Bigger Boat! - [https://youtu.be/bRGZO7LaAqo](https://youtu.be/bRGZO7LaAqo)

Upcoming webinars:

- Changing the Conversation About Mental Health - How do we Come Back to the New Normal? – April 13, 2020 - [https://wiche.zoom.us/meeting/register/uJYlcu2oqzwuXiNmGW8gO2vy5y4ovvjkOQ](https://wiche.zoom.us/meeting/register/uJYlcu2oqzwuXiNmGW8gO2vy5y4ovvjkOQ)
- Telehealth Learning and Consultation (TLC) Tuesdays - Mountain Plains MHTTC, Mid-America MHTTC, and Mid-America ATTC
  April 14, 11-12pm ET: [Telehealth Tools](#)
April 21, 11-12pm ET: Telehealth with Children and Adolescents
April 28, 11-12pm ET: Telehealth Troubleshooting

Resources from Addiction Technology Transfer Center (ATTC):
ATTC Pandemic Response Resources - https://attcnetwork.org/centers/global-attc/pandemic-response-resources

- Compassion Fatigue and the Behavioral Health Workforce Curriculum Infusion Package - This 5-part Curriculum Infusion Package (CIP) on Compassion Fatigue and the Behavioral Health Workforce was developed in 2020 by the Pacific Southwest Addiction Technology Transfer Center (PSATTC). Part 1 provides a brief overview of the behavioral health workforce and associated shortages, and introduces the demands on the workforce. Part 2 focuses on compassion fatigue and secondary traumatic stress. Part 3 provides a brief overview of how organizations can help individuals avoid experiencing burnout. Part 4 focuses on actions that behavioral health professionals can take to prevent compassion fatigue. And Part 5 focuses on self-care as an ethical duty in order to manage compassion fatigue - https://attcnetwork.org/centers/pacific-southwest-attc/news/compassion-fatigue-and-behavioral-health-workforce-curriculum

- Telehealth Learning Series - The Addiction Technology Transfer Center (ATTC) Network, the Center for Excellence on Protected Health Information (CoE-PHI), the National Consortium of Telehealth Resource Centers and the Center for the Application of Substance Abuse Technologies (CASAT) at the University of Nevada - Reno (UNR) are facilitating a FREE, national online discussion and resource sharing opportunity for substance use disorder (SUD) treatment providers and peer support specialists faced with transitioning their services to the use of telephone and videoconferencing methods in response to COVID-19 social distancing guidelines - https://telehealthlearning.org/telehealth/

Resources from Serious Mental Illness (SMI) Adviser:
SMI Adviser Coronavirus Resources: https://smiadviser.org/about/covid
- Resources on COVID-19 and Serious Mental Illness
- Education Activities about COVID-19
- COVID-19 Resources

Recorded Webinars

Other Recorded Webinars

- Telepsychiatry’s Role in Medication Assisted Treatment: https://pcssnow.org/event/telepsychiatrys-role-in-medication-assisted-treatment/

Online Trainings

- Supporting Providers After Overdose Death: https://learning.pcssnow.org/p/SupportingProviders
- Grief and Managing an Overdose Death: https://pcssnow.org/event/grief-and-managing-an-overdose-death/
- Young adult seeking treatment after overdosing: https://pcssnow.org/education-training/training-courses/teenager-seeking-treatment-after-overdosing-part-1/
- Stress, Relaxation, and Mindful Breathing: A Primer: https://pcssnow.org/education-training/training-courses/9-stress-relaxation-mindful-breathing-primer/

Checklist


Resources from the Opioid Response Network (ORN)

Recorded Webinars


- Compassionate Fatigue and Self Care: For Helping Professionals Working with Opioid Related Disorders https://opioidresponsenetwork.org/admin/ResourceDetails.aspx?resourceID=9338

Manual

Individuals Experiencing Homelessness

U.S. Department of Housing and Urban Development

The U.S. Department of Housing and Urban Development’s Emergency Solutions Grants (ESG) program supports individuals and families experiencing homelessness and at risk of homelessness. The program funds a) emergency shelter and street outreach services to individuals and families experiencing literal homelessness, b) rapid re-housing assistance to individuals and families experiencing homelessness, and c) homelessness prevention assistance to individuals and families at risk of homelessness. ESG can also provide essential services to individuals and families residing in unsheltered locations and in emergency shelters, as well as housing relocation and stabilization services to individuals and families receiving rapid re-housing and homelessness prevention assistance.

Emergency shelter and street outreach services are available as needed, and rapid re-housing and homelessness prevention assistance is available for up to 24 months. Funding is distributed through approximately 365 states, urban counties, metropolitan cities, and territories. ESG received an additional $4 billion in funding through the CARES Act.

Human Trafficking

From the Office of the Assistant Secretary for Preparedness and Response (ASPR): Human trafficking is a crime involving the exploitation of someone for the purposes of compelled labor or a commercial sex act through the use of force, fraud, or coercion. It affects men, women, boys, and girls. Disasters make children and adults vulnerable to human trafficking because they often create chaos and disrupt systems that are in place to protect people. Given that disasters increase the risks associated with human trafficking, healthcare and emergency service professionals providing care to individuals during or after a disaster are likely to encounter a person who has been or is being trafficked. ASPR has compiled materials and resources for healthcare providers to help them to understand the relationship between human trafficking and disasters, how to recognize signs of human trafficking, what resources exist for further training on this topic, and what to do if they suspect one of their patients is a victim of human trafficking. These materials can be found here.
Executive Summary of Key Facts

The Office for Civil Rights (OCR) Mid-Atlantic Region is coordinating closely with our Headquarters staff who is overseeing and directing all COVID-19 activities and policy decisions for our staff division nationally.

The public may file civil rights discrimination, health information privacy, and conscience and religious freedom complaints through our online complaint portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.


A compilation of OCR’s COVID-19 guidance documents and bulletins can be found at the following link: https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html.

Background

As an HHS law enforcement agency, the Office for Civil Rights (OCR) investigates complaints, conducts compliance reviews, vindicates rights, develops policy, promulgates regulations, provides technical assistance, and educates the public concerning our nation’s civil rights, conscience and religious freedom, and health information privacy and security laws. OCR accomplishes this by:

- Ensuring that recipients of HHS federal financial assistance comply with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and religion.
- Ensuring that HHS, state and local governments, health care providers, health plans, and others comply with federal laws that guarantee the protection of conscience and free exercise of religion and prohibit coercion and religious discrimination in HHS-conducted or funded programs.
- Ensuring the practices of health care providers, health plans, healthcare clearinghouses, and their business associates adhere to federal privacy, security, and breach notification regulations under the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, through the investigation of complaints, self-reported breaches, compliance reviews, and audits.
Through these mechanisms, OCR helps to ensure equal access to health and human services, protects the exercise of religious beliefs and moral convictions by individuals and institutions participating in HHS programs, protects individuals’ health information, gives tools for provider awareness and full engagement of individuals in decisions related to their health care, and advances the health and well-being of all Americans.

OCR’s services could be used to support the federal strategic COVID-19 priorities as follows:

- **Shielding the Vulnerable and Sheltering the Susceptible** – OCR is available to coordinate with federal partners and provide technical assistance to health and social services entities to ensure that the response to COVID-19 effectively addresses the needs of at-risk populations. OCR is committed to leaving no one behind during this emergency. This includes individuals with disabilities, those with limited English proficiency, and those needing religious accommodations.

- **Saving the Sick** – OCR enforces laws and regulations which prohibit discrimination based on disability and age in HHS funded health programs and activities, and as such is concerned with ensuring that persons with disabilities are not denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person’s relative “worth” based on the presence or absence of disabilities or age. Decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence. OCR is available to provide guidance and technical assistance to our federal partners and covered entities during this public health emergency.

- **Sustaining Supplies** – OCR’s concern at this time is that health care entities refrain from rationing lifesaving supplies and care in a way that disproportionately affects older individuals, individuals with disabilities, and other vulnerable populations. To reiterate, decisions by covered entities concerning whether an individual is a candidate for treatment should be based on an individualized assessment of the patient based on the best available objective medical evidence.

- **Supporting the National Response Workforce** – OCR recently made available unprecedented HIPAA flexibilities in response to the COVID-19 emergency in an effort to support the National Response Workforce. We are available to provide additional technical assistance and guidance on these topics, which include the following:
  
  - OCR’s Notice of Enforcement Discretion allowing providers to serve patients where they are through commonly used apps like FaceTime, Skype, and Zoom to provide telehealth remote communications:
• Guidance that empowers first responders and others who receive protected health information about individuals who have tested positive or been exposed to COVID-19 to help keep both first responders and the public safe.

• Guidance on how health care providers can share information with the CDC, family members of patients, and others, to help address the COVID-19 emergency.

• **Stabilizing Economy and Recovery** – The above OCR actions aim to ensure that stabilization and recovery are supported while also ensuring compliance with applicable federal civil rights, conscience and religious freedom, and health information privacy and security laws
Centers for Medicare & Medicaid Services

Coronavirus Waivers & Flexibilities

In certain circumstances, the Secretary of the Department of Health and Human Services (HHS) using section 1135 of the Social Security Act (SSA) can temporarily modify or waive certain Medicare, Medicaid, CHIP, or HIPAA requirements, called 1135 waivers. There are different kinds of 1135 waivers, including Medicare blanket waivers. When there's an emergency, sections 1135 or 1812(f) of the SSA allow us to issue blanket waivers to help beneficiaries access care. When a blanket waiver is issued, providers don't have to apply for an individual 1135 waiver. When there's an emergency, CMS can also offer health care providers other flexibilities to make sure Americans continue to have access to the health care they need.

CMS is easing burden and helping providers care for Americans by offering new waivers and flexibilities: List of Blanket Waivers (PDF) (as of 4/3/20)


Toolkit for Partners

CMS has developed a toolkit to help partners stay informed on CMS and HHS materials available on the COVID-19:


Medicare and Coronavirus

People with Medicare can see how Medicare is responding to Coronavirus at https://www.medicare.gov/medicare-coronavirus.
The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. ASPR’s programs improve the nation’s ability to withstand adversity, strengthen health and emergency response systems, and enhance national health security. ASPR’s Hospital Preparedness Program (HPP) is the only source of federal funding specifically for health care delivery system readiness.

In response to the COVID-19 outbreak, Congress appropriated emergency supplemental funding to support the urgent preparedness and response needs of hospitals, health systems, and physicians and nurses on the front lines of this outbreak. Funds are tied to meeting performance measures based upon new or existing activities in preparation and response to COVID-19. HPP Cooperative Agreements of emergency supplemental funding have been awarded to the following recipients:

- **Hospital Preparedness Program (HPP) Cooperative Agreement Recipients and their State/Jurisdiction Special Pathogen Treatment Centers.**
  - This will support the urgent preparedness and response needs of health care through support to health care coalitions (HCCs), EMS, 911 call centers or other Public Safety Answering Points (PSAPs), and other health care facilities on the front lines of the COVID-19 outbreak and includes funding to state or jurisdiction special pathogen treatment centers that have demonstrated that they can safely care for patients with highly infectious diseases and will continue to accept patients, if needed, from within their state or region.
  - HCCs are a group of individual health care and response organizations that include (e.g., hospitals, emergency medical services (EMS), emergency management organizations, public health agencies, etc.) in a defined geographic region. Additional stakeholders in an HCC can also include long term care, residential care facilities, nursing homes, veteran’s homes, assisted living centers, home health, hospice, dialysis centers and tribal entities.

- **Hospital Associations-Hospital Association COVID-19 Preparedness and Response Activities CoAg**
  - This will support the urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines of this pandemic in order to prepare them to safely and successfully identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, so they are well prepared for future special pathogen disease outbreaks.
• Consideration for populations at-risk of severe illness or dying of COVID-19 with incorporation of preparedness and response activities to include collaboration with health care facilities such as long term residential and home health care.

• Regional Ebola and Other Special Pathogen treatment centers (one in each of the ten HHS regions)
  o This will increase the capability of health care systems to safely and effectively manage individuals with suspected and confirmed COVID-19 cases to include developing specific plans for at-risk populations with increased morbidity and mortality including the homeless, older adults, individuals with chronic conditions, and undocumented individuals.

• The National Emerging Special Pathogen Training and Education Center (formerly NETEC)
  o This will increase activities as a force amplifier in the regions by providing tools to educate healthcare workers and share preparedness best practices.
Miscellaneous Federal Resources

Federal Agencies Websites

- Department of Labor: https://www.dol.gov/agencies/whd/pandemic
- Department of Housing and Urban Development: https://www.hud.gov/coronavirus
- Department of Health and Human Services: https://www.hhs.gov/
  Administration for Children and Families: https://www.acf.hhs.gov/coronavirus
- MMWR Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm
- MMWR Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020: https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm?s_cid=mm6915e3_w
- FEMA: https://www.fema.gov/
- PHE / ASPR: https://www.phe.gov/emergency/events/COVID19/Pages/default.aspx

The HHS Centers for Disease Control and Prevention (CDC), the Federal Emergency Management Agency (FEMA) and The White House have developed a COVID-19 specific website, Coronavirus.gov. It includes information on symptoms, social distancing and more.
Webinars, Tip Sheets, etc.

Resources from the Prevention Technology Transfer Center (PTTC)
PTTC Pandemic Response Resources - [https://pttcnetwork.org/centers/global-pttc/pandemic-response-resources](https://pttcnetwork.org/centers/global-pttc/pandemic-response-resources)

- Prevention Practitioner’s Role in Disaster Response
- The purpose of this checklist is to prepare the prevention practitioner for their role before and after disasters. They have unique skills that can assist and align with disaster response efforts.

Center of Excellence for Protected Health Information – Focus-PHI
While the CoE-PHI develops tools and resources to increase healthcare organization and provider awareness about OCR and SAMHSA COVID-19 Guidance and Resources (and what they can do to protect patient privacy while providing SUD and MH telehealth services), we suggest reviewing [SAMHSA’s COVID-19 Guidance and Resources](https://www.samhsa.gov/disaster-responses/covid-19) as well as the [HHS Office of Civil Rights’ Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](https://www.hhs.gov/).  

Providers Clinical Support System Resources:
- Telehealth Tip Sheet - [https://custom.cvent.com/10D3BAE39269457884C1D96DE1DF8D8D/files/c0f35116b188481b80df828b226e90c_1.docx](https://custom.cvent.com/10D3BAE39269457884C1D96DE1DF8D8D/files/c0f35116b188481b80df828b226e90c_1.docx)


The Urban Indian Health Institute has created COVID-19 [Fact Sheets for Tribes and Urban Indian Communities](https://www.uwhci.org/covid-19-fact-sheets).  

The National Association of Community Health Centers will host the webinar series, [Leading in the Crisis: Flattening the COVID-19 Curve](https://www.clinicalsupport.org/event/leading-crisis-flattening-covid-19-curve), every Thursday, 1:00 pm ET. The webinars will run through April, and recordings of past presentations are available.

Non-Federal Resources

Salud America – COVID Resources for Latino Populations