Coronavirus (COVID-19) Pandemic: Alternate Care Site (ACS) “Warm Sites”

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To address immediate and projected needs from the coronavirus (COVID-19) pandemic, state, local, tribal, and territorial (SLTT) governments may, under certain conditions, be reimbursed through FEMA’s Public Assistance (PA) Program for costs associated with keeping Alternate Care Sites (ACS), including temporary and expanded medical facilities, minimally operational when COVID- 19 cases diminish and the facilities are no longer in use.

FEMA Public Assistance Program

In accordance with sections 403 and 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 et seq. (the “Stafford Act”), emergency protective measures taken by SLTT governments to respond to the COVID-19 emergency at the direction or guidance of public health officials may be reimbursed under the PA program. Under this authority, FEMA may approve work and costs associated with maintaining minimal operational readiness at ACS facilities when necessary in response to the COVID-19 Public Health Emergency.

Public health experts have warned of the potential for a second wave of COVID-19 cases, the severity and timing of which are uncertain. ACS facilities that are unused but remain operationally ready and available for potential medical surge capacity for COVID-19 response are referred to as “warm sites.”

Work to Eliminate or Lessen an Immediate Threat

FEMA has the authority to provide funding for activities that eliminate or lessen immediate threats to lives, public health, or safety, such as operating an ACS facility.1 To determine whether work related to ACS warm sites is necessary to eliminate or lessen an immediate threat, FEMA may consider SLTT assessments of need based on:

- Public health guidance, including the continued declaration of a Public Health Emergency by the U.S. Department of Health and Human Services (HHS), and other information on the likelihood of a resurgence of COVID-19 cases;
- Whether the ACS facility is strategically located for areas projected to be most impacted by a resurgence (e.g., if the ACS facility needs to be relocated to better address the most impacted areas, it may not be prudent to maintain the facility as a warm site); and
- SLTT hospital bed capacity relative to the projected need.

FEMA regions will work with the state, territory, or tribe acting as the Recipient to:

- Identify ACS warm sites based on SLTT projections of need as supported by predictive modeling or other supporting information and in accordance with federal, state, and/or local public health guidance;
- Provide support for ACS warm sites to either suspend medical care activities while maintaining minimal operational readiness for future rapid activation, or to demobilize the ACS and store necessary medical equipment and supplies for future rapid activation; and/or
- Reduce excess capacity by demobilizing and closing ACS facilities that are no longer in use and not anticipated to be required in future planning scenarios based on the projected needs.

Eligible Costs to Maintain ACS Warm Sites

All claimed costs must be necessary and reasonable in order to effectively respond to the COVID-19 Public Health Emergency, in accordance with public health guidance, and are subject to standard program eligibility, the applicable cost share for the declaration, and other federal requirements.2 Pursuant to Section 312 of the Stafford Act, FEMA is prohibited from providing financial assistance where such assistance would duplicate funding available from another program, insurance, or any other source for the same purpose. FEMA will reconcile final funding based on any funding provided by another agency or covered by insurance or any other source for the same purpose. FEMA will coordinate with HHS to share information about funding from each agency to assist in preventing duplication of benefits. Costs that may be necessary to maintain the minimum operational level of an ACS warm site include:

- Renting/leasing the space for an ACS facility and/or the necessary equipment to operate the facility and provide adequate medical care in the event of a COVID-19 resurgence;
- Other facility costs such as utilities, maintenance, and/or security;
- Keeping the necessary equipment and supplies (including PPE) in stock, including inspection and maintenance of equipment and supplies, and replacement of non-functioning equipment and expired supplies and commodities;
- Demobilization of ACS facilities when it is more cost effective than maintaining a warm site, and remobilizing in the event of a COVID-19 resurgence based on projected needs;
- Storage of equipment and supplies for ACS warm sites or demobilized ACS facilities which can be re- deployed for future rapid activation;
- Wraparound services, as defined in the ACS Toolkit,3 necessary for minimal operational readiness;
- Minimal level of medical and/or non-medical staffing, if necessary;
- Site restoration to allow a facility that was/is being used as an ACS to return to normal operations until such time as the facility is needed as an ACS again in the event of a COVID-19 resurgence; and/or
- Other costs necessary to maintain a minimum level of operational readiness.

Time Limitations

Funding for ACS warm sites is limited to maintaining the site no longer than is necessary and reasonable based on projected needs and in accordance with public health guidance.

- The continued need for an ACS warm site should be assessed on a monthly basis by FEMA and SLTTs and based on the latest federal and/or SLTT COVID-19 projections of the likelihood of a COVID-19 resurgence in the area and the subsequent capacity and capability needs.
- FEMA will not reimburse costs related to maintaining ACS warm sites for more than 30 days after the end of the COVID-19 Public Health Emergency, as determined by HHS.

142 U.S.C. § 5170b; 44 CFR § 206.225(a).

2 In accordance with regulations at 2 CFR Part 200 and 44 CFR Part 206 and applicable guidance in the Public Assistance Program and Policy Guide, FP 104-009-2, April 2018.

3 Such services include, but are not limited to linen and laundry services; food preparation and delivery; biomedical waste removal, including contaminated items such as personal protective equipment; perimeter fencing; contracted security guards; professional cleaning; and other related services. The toolkit and other ACS resources are available on the HHS website at https://asprtracie.hhs.gov/technical-resources/111/covid-19-alternate-care-site-resources.