



April 13, 2020

Dear Tribal and Urban Indian Organization Leaders:

The Indian Health Service is committed to responding to the COVID-19 crisis with a whole-of-government approach. Each week during our calls with Tribal and Urban Indian Organization Leaders, the Indian Country COVID-19 Response team has an opportunity speak with you and our federal partners on ways that can inform and guide our efforts to address the coronavirus (COVID-19) in Indian Country.

These weekly messages will recap announcements, share budget updates, provide information on newly released and updated guidance, and provide information on funding opportunities. Web links are included for where you can find more information on each topic.

Budget Update:

Indian Health Service has distributed a total of \$734 million from COVID-19 supplemental appropriations. The first round of distributions began March 27, when we distributed \$134 million in Coronavirus response funding. This includes the full \$64 million provided in the second supplemental appropriation for COVID-19 testing, and \$70 million received through the HHS Public Health and Social Services Emergency Fund for IHS COVID-19 response.

On Friday, April 3, IHS began distributing \$600 million from the CARES Act to IHS, tribal, and urban Indian organizations. Of the remaining \$432 million provided in the CARES Act, the IHS will use \$65 million for electronic health record stabilization and support. Allocation decisions for the balance of \$367 million are anticipated shortly, following further consideration of comments received during Tribal Consultation and Urban Confer.

On Friday, April 10 the Department of Health and Human Services [announced](#) the delivery of the initial \$30 billion in relief funding to providers in support of the national response to COVID-19 as part of the \$100 billion provider relief fund provided for in the CARES Act. The initial \$30 billion will begin being delivered to providers today and will be used to support healthcare-related expenses, cover lost revenue attributable to coronavirus, and to ensure uninsured Americans can get the testing and treatment they need without being billed.

Telehealth:

Last week, [we announced the expansion of telehealth services](#) across the IHS. Expanding telehealth allows more American Indians and Alaska Natives to access healthcare they need from their home, without worrying about putting themselves or others at risk during the COVID-19 pandemic.

We are also working to rapidly deploy telehealth services to IHS hospitals as needed to respond to the potential surge in hospitalized and critically ill patients. This would allow critical care consultation for patients managed in an IHS intensive care unit or who are at hospitals without an ICU who are managed pending delayed transfer to a higher level of care.

Funding Opportunities:

- **Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response:** The CDC published its [notice of funding opportunity \(NOFO\)](#), CDC-RFA-OT20-2004 on [Grants.gov](#). Funding awarded through these grants may be used to prevent, prepare for, and respond to coronavirus, including emergency operations and coordination, health information technology, surveillance and epidemiology, laboratory capacity, communications, countermeasures and mitigation, infection control, recovery, and other preparedness and response activities. Applications are due by 11:59:59 pm (EDT), May 31, 2020 and will be reviewed without delay and awards will be made on a rolling basis.
- **Research Funding Opportunity:** AHRQ is [seeking applications](#) to support research that can empower health system leaders, providers, policymakers, and others as they look for the best ways to treat patients and allocate critical resources for the COVID-19 pandemic. AHRQ plans to make up to \$5 million available to evaluate how health systems and healthcare professionals are responding to COVID-19, including the rapid expansion of telemedicine during the outbreak; the impact of COVID-19 on quality, safety, and value of health systems' response; and the role of primary care practices and professionals during the epidemic. In addition, AHRQ plans to make at least \$2.5 million available to supplement active AHRQ grants and cooperative agreements so that current grantees and their institutions, many of which are on the front lines of care, can expand on high-impact new knowledge about COVID-19.
- **Funding Opportunity for Aging, Disability and Resource Centers:** The Administration on Community Living is announcing a [\\$50 million funding opportunity](#) to support efforts by Aging and Disability Resource Centers (ADRCs) to prevent, prepare for, and respond to the COVID-19 emergency. This funding will support ADRCs in their work connecting older adults and people with disabilities to community resources, ensuring coordination across state and local agencies, and addressing pressing needs resulting from the pandemic including social isolation, food insecurity, and access to personal care services.
- **Administration for Native Americans (ANA) Funding Opportunity Announcements:** ANA is currently accepting applications for the FOAs noted below. In response to COVID-19, the due dates below reflect the extended 30 days.
- Native Language Preservation & Maintenance: July 1, 2020

- Native Language Preservation – Esther Martinez Immersion: July 1, 2020
- Social and Economic Development Strategies (SEDS): July 15, 2020
- SEDS: Alaska July 1, 2020
- Environmental Regulatory Enhancement (ERE): July 1, 2020
- 1. **ANA Pre-application trainings are being hosted virtually:** Eight live virtual trainings that run through April 16 are being recorded for posting on the ANA [website](#). All who registered for in-person trainings are being notified of virtual training details.

Testing and Treatment:

- **Abbott ID Rapid Point-Of-Care Tests for IHS:** Last Monday, April 6, HHS announced that it was purchasing the COVID-19 Abbott ID Now rapid point-of-care test for state, territorial public health labs and for the IHS. This test provides results in under 13 minutes and expands the capacity for coronavirus testing for individuals exhibiting symptoms as well as for healthcare professionals and the first responder community. Last week, IHS received 250 rapid testing machines and supplies and made distribution to selected IHS and tribal locations, to ensure that remote and rural populations are being reached. These rapid testing machines and supplies can support approximately 9,000 tests, and we are working diligently to acquire and restock testing supplies needed for these devices.
- **Community-based Testing Sites and HIPAA Flexibilities:** The HHS Office for Civil Rights announced it will [not impose penalties for violations of the HIPAA Rules](#) against covered entities or business associates in connection with the good faith participation in the operation of COVID-19 testing sites during the COVID-19 nationwide public health emergency.
- **Clinical Trials for Hydroxychloroquine:** The NIH is conducting a [clinical trial to evaluate the safety and effectiveness of hydroxychloroquine](#) for the treatment of adults hospitalized with COVID-19.
- **Updated Guidance regarding Clinical Specimens from COVID-19 Patients:** The CDC updated their [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for COVID-19](#).
- **FAQs on Diagnostic Testing:** The FDA updated their [FAQ document on diagnostic testing](#) to provide answers to frequently asked questions relating to the development and performance of diagnostic tests for SARS-CoV-2.

PPE and Other Supplies:

- **Updated Information from the Supply Chain Task Force:** The FEMA has released [updated information and graphics](#) from their Supply Chain Task Force as they continue to maximize the availability of critical protective and lifesaving resources. Efforts to date have focused on reducing the medical supply chain capacity gap to both satisfy and relieve demand pressure on medical supply capacity.
- **Expanding Supply of Oxygen:** As demand for oxygen and nitrogen intended for medical use increases due to the COVID-19 pandemic, the FDA has become aware of concerns

regarding a low supply of portable cryogenic medical gas containers. The FDA has received inquiries regarding the use of gas containers that do not meet certain regulatory requirements for portable cryogenic medical gas containers (e.g., industrial gas containers). FDA is issuing this guidance to communicate its policy for the [temporary use of certain gas containers for oxygen and nitrogen](#) intended for medical use for the duration of the public health emergency declared by the HHS Secretary on January 31, 2020.

- **Expansion of N95 Temporary Fit Guidance:** The U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) has [expanded temporary guidance](#) regarding supply shortages of N95s or other filtering facepiece respirators (FFRs) due to the COVID-19 pandemic. This expanded guidance applies to all workplaces covered by OSHA where there is required respirator use. OSHA encourages employers to prioritize use of fit-testing equipment to protect employees who must use respirators for high-hazard procedures. In the absence of fit-testing capabilities, if a user’s respirator model is out of stock, employers should consult the manufacturer to see if it recommends a different model that fits similarly to the model used previously by employees.
- **Updated FAQs on Masks and Surgical Gowns:** The FDA updated their [FAQs on Shortages of Surgical Masks and Gowns](#) to include additional information on importation.

Guidance for Specific Populations:

- **FAQs for Tribes and Elders:** The ACL has developed numerous sets of FAQs, which can be found on ACL’s website, to address the questions most relevant to Tribal populations.
 - FAQ on [Nutrition Services Emergency Management](#);
 - FAQ on [Disaster Relief Under the Older Americans Act](#);
 - FAQ on the [Long-Term Care Ombudsman Program](#);
 - FAQ on [Home and Community-Based Services](#); and
 - FAQ on using [FFCRA Funds for Title VI Grantees](#).
- **Guidance for Essential Workers Exposed to COVID-19:** The CDC released guidance on [Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). This guidance will help advise the most critical workers serving on the front lines to quickly return to work after potential exposure to someone with COVID-19, provided those workers are symptom-free.
- **Social Media Toolkit:** The CDC created this [social media toolkit](#) to help localize efforts in responding to COVID-19. This toolkit provides messages and graphics to help ensure current, correct messaging from a trusted source; create collateral materials; and share resources. All graphics and suggested messages are available for use on social media profiles and web pages.
- **FAQs for Maternal and Child Health Programs:** The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program developed a [FAQ document](#) to address

questions such as how Title V and MIECHV programs can support COVID-19 programs. A more [general FAQ](#) was updated to address all HRSA programs and COVID-19.

- **Considerations for Virtual Case Management in Human Services Programs:** ASPE released a document providing [key considerations and resources for human services programs](#) that are undertaking virtual case management services for their specific populations. Considerations include identifying the appropriate technology, providing training and considering privacy concerns.
- **Mental Health Resources:** SAMHSA [released a document](#) with a series of products and resources (e.g., webinars) that can be helpful when coping with the effects of widespread public health crises, such as psychosocial impacts of disasters and supportive practices for mental health professionals.
- **Webinar on Preparing Nursing Homes and Assisted Living Facilities:** CDC released a [YouTube webinar](#) for preparing nursing homes, assisted living facilities and other long-term care and other residential facilities to prepare for COVID-19.

CMS Updates

- **New Wave of Infection Control Guidance Based on CDC Guidelines to Protect Patients and Healthcare Workers from COVID-19:** The guidance includes new instructions for dialysis facilities as they work to protect patients with End-Stage Renal Disease (ESRD), who, because of their immunocompromised state and frequent trips to health care settings, are some of the most vulnerable Americans to complications arising from COVID-19. To view the latest updates to these CMS guidance documents on infection control, go to the current emergencies [website](#).
- **CMS/CMMI Model and Challenge Postponements:** CMS will [delay the start of the ET3 Model](#) from May 1, 2020 until fall 2020. Selected applicants have been notified and will be required to complete a revised Participation Agreement reflecting the new implementation date. CMS will [temporarily pause the Artificial Intelligence Health Outcomes Challenge](#) and restart the Challenge on Monday, June 29, 2020. In the coming weeks, CMS will distribute a more detailed timeline for the remaining stages of the Challenge.
- **CMS Waiver Flexibilities:** CMS has approved 49 emergency waivers, 26 state amendments, 7 COVID-19 related Medicaid Disaster Amendments and the first Children's Health Insurance Program (CHIP) COVID-related Disaster Amendment that brings relief for CHIP-covered children living in Maine. States are using a [toolkit](#) CMS developed to expedite the application and approval of Medicaid state waivers and State Plan Amendments. In addition, CMS approved COVID-related Medicaid Disaster Amendments that bring relief to North Dakota, Rhode Island, and Wyoming. CMS also authorized amendments to ensure emergency flexibilities in programs that care for the elderly and people with disabilities, including most recently in Delaware, Hawaii, Mississippi, New York, and North Dakota.

For the most up to date IHS information, visit www.IHS.gov/coronavirus. Information on the page is updated daily, and it includes testing data from across the Indian health system,

resources for clinicians, tribes, and urban Indian organizations, and frequently asked questions on the federal response in Indian Country. We also regularly encourage our tribal and urban Indian organization partners to continue to regularly check the CDC website at [cdc.gov/covid19](https://www.cdc.gov/covid19) for the latest information.

Respectfully,

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