



Fact Sheet

U.S. Department of Health & Human Services
Office of Intergovernmental and External Affairs

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How HHS Is Supporting Indian Country in Response to COVID-19

Overview: The Department of Health and Human Services and our federal partners continue to work closely with tribal and territorial governments, public health officials, health care providers, researchers, private sector organizations and the public, to execute a whole-of-government response to the COVID-19 pandemic to protect the health and safety of the American people. This report summarizes the engagements, activities, and consultations carried out by the HHS regional offices and divisions, in coordination and collaboration with other federal agencies, to address COVID-19 prevention, preparedness, and response in American Indian and Alaska Native communities.

HHS Office of Intergovernmental and External Affairs (IEA)

- **National Communications:** since March 5, 2020, the IEA Tribal Affairs team has helped facilitate regular weekly teleconferences with tribal leaders to provide a federal update on COVID-19 activities in Indian Country. These calls pull together leaders from across the federal government to share information with tribal leaders on current funding opportunities and due dates, while highlighting interagency coordination and collaboration efforts to fight COVID-19 throughout Indian Country. Additionally, the IEA Tribal Affairs team works closely with IHS to provide weekly written e-mail correspondence from IHS Director RADM Weahkee to Tribal leaders on the latest COVID-19 guidance and information from the Department. Bi-weekly calls with the Secretary's Tribal Advisory Committee are also held where National Tribal leaders can exchange views, share information, provide advice, and facilitate dialogue with federal officials on how the HHS can best support American Indian and Alaska Native communities in fighting the COVID-19 pandemic.
- **Regional Communications:** The IEA Tribal Affairs team also works closely with IHS, FEMA, and BIA to hold coordination calls with Tribal leaders at the regional level, ensuring federal support to COVID-19 activities that is tribally managed and executed. These calls are structured to include maximum participation of federal partners in order to consolidate federal support and assistance to Tribal leaders and prevent burdensome and duplicative calls. In addition, HHS IEA and IHS work together to send out weekly written communications to Indian Country that provides the latest information on resources and guidance available from across the federal government

Indian Health Service (IHS)

- **Strengthening Partnerships:** The IHS continues to provide guidance and resources to IHS, tribal, and urban Indian health organizations. Through partnership with Johns Hopkins University, the IHS created COVID-19 materials for tribal use focused on community prevention

education. The IHS also conducted 10 COVID-19 webinars aimed at increasing prevention and treatment resources. The IHS committed to holding weekly urban Indian organization leader conference calls to provide COVID-19 updates. These weekly conference calls began on April 7, 2020. Further, the IHS has held rapid tribal consultation and urban confer sessions to seek input from tribal leaders and urban Indian organizations to inform COVID-19 funding allocations.

- **Expanding Telehealth:** Telehealth services reduces the risk of infection to patients, health care workers, and others in waiting rooms and emergency departments from COVID-19. Telehealth allows frontline emergency physicians to have instant access to critical care consultation across miles where this specialty service has traditionally been very difficult to access. The IHS is activating alternative care sites to address insufficient ambulatory care or hospital capacity, as well as the need to screen and isolate select patients.
- **Critical funding Resources:** The Indian Health Service has allocated a total of \$1.166 billion from COVID-19 supplemental appropriations. They break down as follows:
 - \$64 million for COVID-19 testing from the Families First Coronavirus Response Act
 - \$70 million from the Coronavirus Preparedness and Response Emergency Supplemental Appropriations Act. These were appropriated to the HHS Public Health and Social Services Emergency Fund in the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, and directed to IHS by the department. The funds support IHS purchase and distribution of medical supplies across the IHS, tribal and urban Indian health facilities, and COVID-19 response in federally-operated health programs.
 - \$1.032 billion from the Coronavirus Aid, Relief and Economics Security Act to prevent, prepare for, and respond to the coronavirus pandemic. These funds supported a wide range of coronavirus response activities including IHS, tribal, and urban Indian health programs operations, Purchased/Referred Care, electronic health record stabilization & support, telehealth, medical equipment, and water access.

Centers for Disease Control and Prevention (CDC)

- **Keeping Tribes Informed:** The CDC is providing guidance, training, tools, and information to tribes, tribal organizations, and individual tribal members to assist them in addressing COVID-19. Many of these resources, such as guidance on *Social Distancing for Tribal Communities with Local COVID-19 Transmission*, can be found on CDC's COVID-19 [website](#). The CDC is actively working with the Agency for Toxic Substances and Disease Registry to share information and gain input from tribal leaders on the challenges tribal nations are experiencing in addressing COVID-19.
- **Critical Funding Resources:** The CDC is providing direct funding to tribes and tribal organizations to address COVID-19. As of April 28, CDC's COVID-19 spend plan for tribes totals more than \$200 million across CARES Act and other supplemental funding streams. Select allocations include:
 - \$10.4 million, including \$8 million to the National Council of Urban Indian Health and sub-awards to 41 urban Indian health Centers, through CDC's existing cooperative agreement;

- \$36 million, including funding to 11 regional tribal organizations with capacity to reach more than 500 tribes and more than 2 million American Indians and Alaska Natives as well as funding to four tribal nations serving populations of 40,000 or more through CDC's existing cooperative agreement; and
- \$159 million available through non-competitive grants to federally recognized tribes, tribal organizations, and bona fide agents.

Administration for Children and Families (ACF)

- **Providing Critical Support:** Through the Administration for Native Americans, the Administration for Children and Families (ANA), ACF supports critical programs that are important for tribes and Native American communities as they respond to COVID-19. Specific resources, guidance, and programs offered through the ANA can be found [here](#).
- **Regular Communications:** ACF is hosting calls with the ACF Tribal Advisory Committee on a biweekly basis to connect tribal regional representatives with ACF program leadership and representative to discuss ACF COVID-19 response and communications.
- **Critical Funding Resources:** The CARES Act provided \$3.5 billion for the Child Care and Development Block Grant (CCDBG) program for the prevention, preparedness, and response as it relates to child care programs on April 13, 2020. ACF awarded over \$96 million of this supplemental funding to all child care tribal grantees. Lead agencies can utilize this funding for, among other things, immediate assistance to child care providers to sustain their operations during decreased enrollment or closures, and to otherwise support child care for families, including for healthcare workers, first responders, and others playing critical roles during this crisis. Select allocations include:
 - \$1.3 Million from Coronavirus Aid, Relief and Economics Security Act for Child Welfare Services
 - An estimate of \$19 million from Coronavirus Aid, Relief and Economics Security Act for Head Start Summer Supplement
 - \$4.5 million Family Violence Prevention & Services Program
 - \$500,000 StrongHearts Native Helpline
 - \$10 million in Low Income Home Energy Assistance Program (LIHEAP) COVID-19 supplemental funding will be awarded to approximately 137 Tribes/Tribal communities.
 - \$6 million in Community Service Block Grant (CSBG) COVID-19 supplemental funding will be awarded to approximately 96 Tribes/Tribal communities

Administration for Community Living (ACL)

- **Support for Elders:** ACL has distributed a total of \$30 million from COVID-19 supplemental appropriations for nutrition and supportive services to elders from the 282 American Indian, Alaskan Native and Native Hawaiian organizations that receive grants from ACL. The funds must be used in order to prevent, prepare for, and respond to the COVID pandemic. On April 20, ACL awarded \$20 million of CARES Act funding and on March 25, ACL distributed \$10 million of funding from the Families First Coronavirus Response Act.

- **Keeping Updated:** ACL has also coordinated with national aging organizations to provide weekly calls with tribal organizations to discuss COVID response for tribal elders.

Health Resources and Services Administration (HRSA)

- **Supporting Rural Communities:** HRSA is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable. The Coronavirus Preparedness and Response Supplemental Appropriations Act funding enabled HRSA to award \$100 million to 1,381 health centers across the country. This included 35 tribal and urban Indian health centers that received over \$2 million.
- **Maintaining Health Center Capacity:** The CARES Act provided HRSA with \$1.32 billion in emergency funding for 1,387 health centers across the country. As a result of this funding, 35 tribal and urban Indian health centers received over \$22 million in supplemental awards, to detect coronavirus, prevent, diagnose, and treat COVID-19, and maintain current health center capacity and staffing levels, for the duration of the national emergency. Appropriated by the Paycheck Protection Program and Health Care Enhancement Act, HRSA awarded nearly \$583 million to 1,385 HRSA-funded health centers. As a result of this funding, 35 tribal and urban Indian health centers received approximately \$6.7 million to expand capacity for coronavirus testing. Health centers will use this funding to expand the range of testing and testing-related activities to best address the needs of their local communities, including the purchase of personal protective equipment; training for staff, outreach, procurement and administration of tests; laboratory services; notifying identified contacts of infected health center patients of their exposure to COVID-19; and the expansion of walk-up or drive-up testing capabilities.
- **Critical Funding Resources:** \$15 million from the CARES Act through the HRSA Office of Rural Health Policy's Rural Tribal COVID-19 Response Program to assist tribes to prevent, prepare, and respond to COVID-19 in rural communities.
- **Provider Relief Fund:** \$400 million will be awarded to Indian Health Service facilities as part of larger funding to support to healthcare providers fighting the COVID-19 pandemic. This funding supports healthcare-related expenses or lost revenue attributable to COVID-19. Funds will be distributed on the basis of operating expenses.

Centers for Medicare and Medicaid Services (CMS)

- **New Flexibilities:** CMS has approved waivers under the authority granted to the Secretary in section 1135 of the Social Security Act that provide a range of flexibilities in response to COVID-19, such as flexibility around [telehealth services](#) under Medicare and Medicaid, and temporary or alternative location sites for COVID-19 screening and testing. These waivers apply to Medicare and Medicaid providers, including IHS, tribal and urban Indian programs that participate in Medicare and Medicaid. Examples of other flexibilities include:
 - CMS is authorizing states and territories to temporarily suspend Medicaid fee-for-service prior authorization requirements through the termination of the emergency declaration.
 - CMS is temporarily waiving certain provider requirements in states and territories. For example, states and territories may request that CMS temporarily waive payment of application fee, criminal background checks, and site visits to temporarily enroll a provider;

permit providers located out of state/territory to provide care to an emergency state's Medicaid enrollee; temporarily ceased revalidation of providers who are located in the state or otherwise directly impacted by the emergency; and, temporarily waive requirements that physicians and other health care professionals be licensed in the state in which they are providing services, so long as they have equivalent licensing in another state.

Substance Abuse and Mental Health Services Administration (SAMSHA)

- **Crises Intervention and Recovery Support:** On April 27, as part of its Emergency Grants to Address Mental and Substance Use Disorders During COVID-19, SAMHSA announced the distribution of over \$22 million in funding to tribes, tribal organizations, and urban Indian organizations to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for children and adults impacted by the COVID-19 pandemic. SAMHSA received a tremendous response from tribal entities and was able to award 50 tribal programs from \$100k to \$500k for up to 16 months.
- **Behavioral Health Support:** Through the CARES Act, SAMHSA will allocate \$15 million to tribes, tribal organizations, urban Indian organizations, or health or behavioral health service providers to tribes. SAMHSA has consulted with tribes on this funding and is working on its expeditious release.