

Federal Tort Claims Act (FTCA) Emergency Management Guide



2024

Information is intended as guidance to be used consistent with the internal needs of your organization.



Disclaimer

***Emergency Management Guide* is a descriptive reference tool, not a legal document. Organizations should consult legal counsel for specific guidance and develop clinical guidance in consultation with their clinical staff and other experts as circumstances warrant. This guide includes various suggested best practices but is not intended to indicate a legal standard of care.**

Official federal government policy issuances relating to HRSA's implementation of the Health Center FTCA Program are found in the Health Center FTCA Policy Manual, currently applicable Program Assistance Letters (PALs), and Chapter 21 of the Health Center Program Compliance Manual.

Any differences or inconsistencies in this guide or in external references as compared to the FTCA Policy Manual, Health Center Compliance Manual, the FTCA Federally Supported Health Center Assistance Act (FSCHAA) statute, and HRSA program guidance should be resolved by deferring to those HRSA/FTCA sources.

The references provided or linked to in this guide are based on the best available information at the time it was published. External resources are referenced in this handbook for informational purposes and should not be construed as an endorsement for a particular product. Readers should also take into account the dates resources were published, and always refer directly to HRSA for current FTCA requirements.

FTCA Emergency Management Guide

Emergencies and Temporary Sites

Is this an emergency?

An “emergency” or “disaster” is defined as an event affecting the overall health center target population and/or the health center’s community at large, which precipitates the declaration of a state of emergency at a local, state, regional, or national level by an authorized public official such as a governor, the Secretary of the Department of Health and Human Services, or the President of the United States.

Examples include, but are not limited to, hurricanes, floods, earthquakes, tornadoes, widespread fires, and other natural/environmental disasters; civil disturbances; terrorist attacks; collapses of significant structures within the community (e.g., buildings, bridges); and infectious disease outbreaks or other public health threats.

Will FTCA cover services provided at a temporary location during an emergency?

During a declared emergency, health centers may request to open a temporary service site. To learn more about what a health center must submit to HRSA in the request, refer to [PAL 2020-05: Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events](#).

FTCA coverage will only apply to medical, surgical, dental, or related functions provided at temporary sites that have been approved within the health center’s scope of project and if all the following conditions are met:

- Services provided by covered individuals are within the health center’s approved scope of project.
- All activities of covered individuals are conducted on behalf of the health center.
- For purposes of FTCA coverage, patients served by covered individuals at temporary service sites included in the health center’s scope of project are considered the health center’s patients; therefore, the health center and its providers are covered under FTCA in these cases.



What is the process for establishing a temporary health center site?

For information on the process for establishing a temporary health center site, see [PAL 2020-05: Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events](#).

A health center must submit the following information to HRSA as soon as possible but no later than 15 calendar days after initiating emergency response activities at the location. (*HRSA will determine on a case-by-case basis whether extraordinary circumstances justify an exception to the 15-day requirement.*)

1. Health center name.
2. The name of a health center representative and this person’s contact information.
3. A brief description of the declared emergency, including whether a state of emergency has been officially declared by an authorized public official such as a governor, the Secretary of the U.S. Department of Health

and Human Services, or the President of the U.S., or if there has been an official warning issued regarding an anticipated emergency event by an authorized public official.

4. A brief description of planned emergency response activities at the proposed temporary service site. (This should be no more than one to two sentences.)
5. A summary of the requested change in scope of project, including temporary address information and the date emergency response activities at the site were initiated (if they have already started).
6. Explanation and/or assurance that each of the applicable criteria for adding a temporary service site will be met.

Health centers must receive prior approval from HRSA before establishing a temporary site. If a health center requires an extension for operating the temporary site, the health center must also receive prior approval by HRSA for the extension.

Does our health center need to oversee the approved temporary site?

Yes. Temporary service sites need to meet all the requirements of a service site, and services provided at temporary service sites need to meet all the program requirements for health center services. This includes meeting the service site definition, quality assurance procedures, and credentialing and privileging. Refer to [PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes](#) and the [Health Center Program Compliance Manual](#) for more information.

Can I send my staff to an established site or temporary site created by another health center?

Not directly. For the purposes of FTCA, sending staff to another health center's site would be considered staff sharing, which is not allowable. For FTCA to cover your staff, your health center would need to create its own temporary site that is run and operated by the health center.

However, another option available through the [Health Center FTCA Volunteer Health Professional \(VHP\) Program](#) allows licensed and credentialed staff to volunteer at another health center's site. The other – or sponsoring – health center would need to complete, submit, and obtain approval under the FTCA VHP program as well as complete temporary credentialing and privileging for each volunteer for whom they seek FTCA coverage. See “Using Volunteers during an Emergency” below.

Using Volunteers during an Emergency

Will FTCA cover any health center volunteers during the emergency response?

The VHP Emergency Deeming Sponsorship Application streamlines the VHP application process to facilitate rapid onboarding of VHPs to support an impacted health center's need for additional staffing during the emergency response. HRSA's FTCA VHP program will cover health center volunteers if the following conditions are met:

- The sponsoring health center is currently FTCA deemed.
- HRSA determines that the event is an emergency requiring additional staffing to support short-term health services under the sponsoring health center's scope of project.
- The sponsoring health center must submit a VHP Emergency Deeming Sponsorship Application (as outlined in [PAL 2024-02: Instructions for Completing the Federal Tort Claims Act Volunteer Health Professionals Emergency Deeming Sponsorship Applications](#)) for each volunteer for whom FTCA deeming status is sought. HRSA will determine whether the circumstances surrounding the emergency warrant application of this PAL to certain specific health center(s).

For more information on the process for submitting the VHP Emergency Deeming Sponsorship Application, see the box "PAL 2024-02: New Expedited Application for VHPs for Emergency Response.")

PAL 2024-02: New Expedited Application for VHPs for Emergency Response

[PAL 2024-02](#) outlines an expedited application process to facilitate rapid onboarding of VHPs to support impacted health centers during emergencies, upon approval from HRSA.

Health centers must submit VHP applications through [HRSA's Electronics Handbooks \(EHBs\)](#). Approved health centers will be notified when HRSA makes the streamlined VHP Emergency Deeming Sponsorship Application available for use within the EHBs.

Approval of VHP Emergency Deeming Sponsorship Applications will apply for not more than 90 days unless HRSA determines that a longer period is warranted. It is the health center's responsibility to be aware of expiration dates. Health centers seeking coverage beyond the 90 days or HRSA-approved period must submit a non-emergency [VHP Deeming Sponsorship Application](#) or, if made available by HRSA, a supplemental VHP Emergency Deeming Sponsorship Application.

Who is responsible for completing the FTCA Emergency Deeming Sponsorship Application?

The sponsoring health center is responsible for completing the VHP Emergency Deeming Sponsorship application. If your health center is permitting your staff to provide volunteer services at another health center, the receiving health center would be considered the sponsoring health center. If your health center is requesting volunteer services, then your health center would be responsible for applying as the sponsoring health center.

What are the requirements for a provider to be a VHP?

- The VHP must be a certified or licensed healthcare practitioner.
- The VHP must provide services on behalf of the sponsoring health center and within its Health Center Program scope of project.
- The VHP will not receive payment or reimbursement from third parties, *with exceptions for reasonable expenses such as equipment and travel*. (Sponsoring health centers may receive reimbursement for services provided by the VHPs on behalf of the sponsoring health center. For example, your health center may receive reimbursement from a health insurance plan or Medicare.)

For more information, see [PAL 2024-04](#).

Does FTCA-deemed volunteer status automatically follow a volunteer if they move from one FTCA-deemed health center to another?

No. Coverage does NOT follow a provider or volunteer. The sponsoring health center will need to complete credentialing and privileging and complete a VHP application before accepting a volunteer provider who will be providing services on behalf of the health center during an emergency (see more information below).

Does a provider's status as a paid staff member at my health center affect their eligibility to be a FTCA-sponsored volunteer at another health center?

No. The employment relationship of the provider with their home health center does not impact their FTCA coverage eligibility when providing volunteer services to the sponsoring health center under the FTCA VHP program. However, all FTCA VHP program requirements must be adhered to. This includes ensuring that the volunteer renders services exclusively on behalf of the sponsoring health center and within the confines of its Health Center Program scope of project.

Furthermore, it is important to recognize that the home health center, being a non-federal entity, holds the sole discretion in granting personal time off or administrative leave to their employees. This includes any restrictions on external activities by its staff members, such as volunteering.

If my provider volunteers at another health center, who maintains oversight and control of the volunteer? Are they representing my health center, which is sending the volunteer, or the health center receiving the volunteer assistance?

The sponsoring health center receiving the volunteer assistance acts as the sponsor of the volunteer and is responsible for completing the FTCA VHP application to secure FTCA coverage for those services. Control and oversight of the volunteer fall under the purview of the sponsoring health center. During the volunteer period, the volunteer operates on behalf of the sponsoring health center. Their original, or "home," health center, where they are employed, does not exercise control or oversight during this period, and the volunteer renders no services on its behalf.

Temporary Credentialing and Privileging during an Emergency

Do I need to credential and privilege volunteer providers during an emergency?

Yes. HRSA must first determine whether a health center may use the temporary credentialing and privileging processes. This determination is based on the impact an emergency has on the health center. Follow the steps below and see [PAL 2024-01](#) for complete instructions. **Note: PAL 2024-01 supersedes and replaces PAL 2017-07.** (See the box "PAL 2024:01: What's New" for more information.)

1. Verify credentials using primary (preferred) or secondary sources. All primary and secondary source verification must be completed by the sponsoring health center (not the provider).

2. Check provider claims history through the [National Practitioner Data Bank \(NPDB\)](#). If a history cannot be obtained, a recent employer of the requesting provider can attest to the accuracy of the claims history in writing.

3. Conduct fitness for duty and check references

a. A reference may be a previous employer that can attest to the provider's skills.

b. The attestation can be sent directly to the requesting health center.

4. Create a credentialing and privileging file for the provider that includes all documentation and that demonstrates the following:

a. The provider's license is current and unrestricted.

b. The provider has been authorized and granted privileges to provide certain healthcare services specified by the sponsoring health center on its behalf.

c. The sponsoring health center has performed further verification and investigation if any information is unclear.

PAL 2024-01: What's New

[PAL 2024-01](#) supersedes PAL 2017-07. PAL 2024-01 includes the following updates:

- Emphasizes that health centers must have ongoing quality improvement systems.
- Specifies that HRSA must first approve a health center's use of temporary credentialing and privileging in certain declared emergencies.
- Clarifies that primary source verification is the preferred method of verification and outlines considerations for obtaining secondary source verification when primary source verification is not available, including processes for obtaining from other HRSA-deemed health centers.
- Outlines that if it is not possible to obtain a claims history from NPDB, a recent health center employer may attest in writing that the provider was not the subject of any medical malpractice claims filed or pending within the past 12 months.
- Includes new requirements for establishing a credentialing and privileging file for each provider that includes all documentation.

Can sponsoring health centers use credentialing information on providers from other deemed health centers?

Generally, yes, if primary source verification is not possible/feasible during a declared emergency. According to [PAL 2024-01](#), sponsoring health centers should first attempt primary source verification of required elements. If primary source verification cannot be accomplished, the health center may accept secondary source verification and should document its attempts to obtain primary source verification. Secondary source verification must be obtained by a health center representative (not the provider) from a knowledgeable, reliable, and uninterested entity, such as another HRSA-deemed health center that employed or contracted with the provider within the past two years. The previous health center or source must represent that it previously conducted primary source verification to obtain the credentialing and privileging information. If credentialing and privileging documents are shared by another deemed health center or source, the sponsoring health center still has the responsibility to review and ensure the documentation received is accurate. In addition, the sponsoring health center will make its own privileging determination even after receiving credentialing and privileging information from another health center or source.

For how long can a health center grant temporary privileges during an emergency?

Temporary credentialing and privileging is limited to a period of no more than 90 days. An extension may be allowed on a case-by-case basis **only after approval by HRSA**. All credentialing and privileging must be completed as outlined in [Chapter 5 of the Health Center Program Compliance Manual](#) by the end of the 90 days or by the end of the extension period, if granted.



Key Resources

HRSA. [Calendar Year 2025 Volunteer Health Professional Federal Tort Claims Act \(FTCA\) Deeming Sponsorship Application Instructions](#) (PAL 2024-04)

HRSA. [FTCA Health Center Policy Manual](#) (see Section F)

HRSA. [Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events](#) (PAL 2020-05)

HRSA. [Temporary Privileging of Clinical Providers by Deemed Public Health Service Employee Health Centers Impacted by Certain Declared Emergencies or Other Emergency Situations](#) (PAL 2024-01)

ECRI. [Resource Collection: Credentialing and Privileging](#) (access to ECRI's Clinical Risk Management Program resources are available at no cost to all HRSA-funded health centers on behalf of HRSA. To activate your account and access the resources, please email Clinical_RM_Program@ecri.org)