



# DETECTION & MITIGATION OF COVID-19 IN CONFINEMENT FACILITIES GUIDANCE

Project E: Emerging Issues

Supported through the American Rescue Plan Act of 2021

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## DETECTION & MITIGATION OF COVID-19 IN CONFINEMENT FACILITIES

### GUIDANCE

#### PROJECT E: EMERGING ISSUES

#### BACKGROUND AND PURPOSE

CDC, in partnership with the Department of Justice, is providing financial assistance to ELC recipients to respond to Coronavirus Disease 2019 (COVID-19) in confinement facilities within their jurisdictions. For the purposes of this guidance, the term ‘confinement facilities’ includes adult prisons and jails; juvenile confinement facilities; police lock-ups; and community confinement facilities as defined by [28 CFR § 115.5](#). State recipients must support units of local government within their jurisdiction to reach the fullest complement of confinement facilities in the state.

According to the March 2021 Department of Justice (DOJ) Office of Justice Programs (OJP) Bureau of Justice Statistics Special Report, [Impact of COVID-19 on the Local Jail Population, January-June 2020](#), “... from March to June 2020, jails conducted 215,360 inmate COVID-19 tests. More than 11% of these tests were positive. Jails in counties with confirmed residential COVID-19 infection rates of 1% or more tested nearly 21% of persons admitted to their jails from March to June 2020.” In addition, [The Marshall Project: COVID Cases in Prisons](#) found that, “by mid-December [2020], one in five state and federal prisoners in the United States had tested positive for the coronavirus -- a rate more than four times higher than the general population.” Additionally, COVID-19 infections in confinement facility staff have significantly hampered operations of the facilities and services to residents/detainees/inmates. Finally, as states begin to reopen their facilities for visitors and service/care providers, mitigation of new transmission of COVID-19 must be addressed.

To meet the need to combat COVID-19 in confinement facilities, CDC in partnership with DOJ will assist ELC recipients in responding to COVID-19 in confinement facilities. ELC recipients should familiarize themselves with and incorporate elements from the CDC guidance on the [Management of COVID-19 in Correctional and Detention Facilities](#) when developing workplans and budgets for this award.

#### FUNDING STRATEGY

A total of \$700,000,000, made available through the *American Rescue Plan Act of 2021*, [P.L. 117-2](#) and under this *Detection & Mitigation of COVID-19 in Confinement Facilities* project, will be awarded to the current 64 ELC recipients according to a formula based on a recipient’s jurisdictional incarcerated population divided into the total national incarcerated population.

Funds will be awarded in Budget Period 3 (i.e., August 1, 2021 through July 31, 2022); however, the awards will have an extended budget period to support activities through July 31, 2024.

The objectives and goals of this funding are primarily focused on providing resources to confinement facilities for the detection and mitigation of COVID-19. ELC recipients may choose to enter into agreements with other state entities to distribute funds for these purposes. A minimum of 85% of the award must directly support the activities, goals, and objectives of this guidance. Up to 15% may be used by recipients for coordination, management, technical assistance, monitoring, and data collection and reporting activities. In addition to this financial assistance, technical assistance will be provided by DOJ. Details for accessing technical assistance will be provided in future communications.

Financial expenditures will be monitored and assessed with recipients monthly.

## ALLOWABLE COSTS

Recipients should consider requesting the following when developing the *Detection & Mitigation of COVID-19 in Confinement Facilities* budgets.

1. Personnel (term, temporary, students, overtime, consultant and/or contract staff, etc.) related to testing and mitigation efforts.
2. Laboratory equipment used for COVID-19 testing and necessary maintenance contracts.
3. Collection supplies, test kits, reagents, consumables, and other necessary supplies for existing or new screening testing or onboarding new platforms to support testing.
4. Personal Protective Equipment (PPE) (e.g., masks, gloves, gowns) for those collecting samples and/or conducting testing.
5. Courier service contracts (new or expansion of existing agreements) related to testing efforts.
6. Service contracts for provision of end-to-end services such as tests, collection and reporting.
7. Hardware and software necessary for reporting to public health and communication and coordination of follow up on any positive cases detected.
8. Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of COVID-19, that may be translatable to other diseases (e.g., GIS software, visualization dashboards, cloud services).
9. Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities that may provide all or part of the testing needs.
10. Software or systems to assist with quality management, biosafety, or training needs related to testing and mitigation efforts.
11. Expenses associated with outreach and assistance related to testing and mitigation efforts (e.g., support provided through education leaders, community-based organizations).
12. Expenses associated with meeting resident/detainee/inmate needs resulting from COVID-19-related limited/restricted mobility and/or access to the facility. This includes communication access to/by family, legal representation, and service providers, such as educators and mental health professionals (e.g., providing testing costs for visitors, having more room for proving appropriate distancing during visits, etc.).

The above list covers the anticipated, most relevant costs associated with achieving the activities in this guidance. This list does not represent a full list of allowable costs. Recipients are referred to the cost principles regulation found at [45 CFR Part 75 Subpart E – Cost Principles](#).

In determining if costs are allowable, consideration must be given to applicable regulations; the overall underlying cooperative agreement (CK19-1904); be considered necessary and reasonable; and be considered allocable (see: 45 [CFR 75.403](#)). Any questions about specific budget items should be directed to the Office of Grants Services (OGS) and the ELC Project Officer.

Please also note, the CDC is not prescribing the specific tests that may be used for implementing testing; however, recipients are encouraged to adhere to CDC and FDA guidance when selecting a test type and determining the particular approach to testing.

## COVID-19 TERMS AND CONDITIONS

**Coronavirus Disease 2019 (COVID-19) Funds:** A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and

Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS–CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, in accordance with HHS’ regulatory requirements for pass-through entities at 45 CFR 75.352, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer testing and mitigation without discriminating on non-public-health grounds within a prioritized group.

**Acknowledgement of Federal Funding:** When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter “statements”)--describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. The percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. The percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

**If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:**

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the OPDIV/STAFFDIV] of the U.S. Department of Health and Human Services (HHS) as part of a financial

assistance award totaling **\$XX** with 100 percent funded by **[OPDIV/STAFFDIV]/HHS**. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by **[OPDIV/STAFFDIV]/HHS**, or the U.S. Government. For more information, please visit **[OPDIV/STAFFDIV website, if available]**.

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This **[project/publication/program/website, etc.] [is/was]** supported by the [full name of the **OPDIV/STAFFDIV**] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$XX** with **XX** percentage funded by **[OPDIV/STAFFDIV]/HHS** and **\$XX** amount and **XX** percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by **[OPDIV/STAFFDIV]/HHS**, or the U.S. Government. For more information, please visit **[OPDIV/STAFFDIV website, if available]**.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

### Termination

This award may be terminated in whole or in part consistent with 45 CFR 75.372.

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

## PROCESS FOR WORKPLAN AND BUDGET SUBMISSION

Within five (5) business days of receipt of this guidance, the recipient's Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.

This funding will be awarded in the ELC Budget Period 3 (BP3) (i.e., August 1, 2021 – July 31, 2022) under CK19-1904. However, recipients should note that this supplemental funding is for a thirty-six (36) month project period and will end on July 31, 2024. The expanded project period coincides with the end of Budget Period 5 (BP5) (i.e., July 31, 2024) of the ELC Cooperative Agreement (CK19-1904). Therefore, workplans and revised budgets should reflect activities and associated costs that will end on July 31, 2024.

Within 90 days of receipt of the Notice of Award (NOA), the recipient is required to submit a workplan and revised budget describing its proposed activities. Upon submission, budgets and workplans will be reviewed by CDC and feedback will be provided and discussed with the recipient. Any necessary or recommended changes may be agreed

upon between the recipient and CDC and documented in REDCap; and any agreed upon changes must be captured in GrantSolutions, the system of record, as necessary.

To appropriately document workplans, budgets, and facilitate recipients meeting the 90-day requirement:

1. Workplan entries will be completed in the 'Detection & Mitigation of COVID-19 in Confinement Facilities' page, under 'ELC COVID-19 Projects' portal, in REDCap; and
2. Revised budgets must be completed by using the Excel budget workbook template provided via GrantSolutions Grant Notes at time of NOA issuance. **Note:** If a recipient does not meet the 90-day submission requirement and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award may be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient satisfactorily meets the workplan and budget submission requirement.
  - a. Funds will be awarded under the 'Other' cost category and will be accessible in the Payment Management System (PMS) during the 90-day budget revision period for use in accomplishing activities outlined in this guidance;
  - b. Recipients will adjust the cost category allocations of awarded funds to reflect the areas where financial assistance is needed;
  - c. Recipients will upload the revised budget into GrantSolutions via a budget revision amendment, with a courtesy copy into REDCap 'Detection & Mitigation of COVID-19 in Confinement Facilities' page of the 'ELC COVID-19 Projects' portal, by the 90-day post award deadline; and
  - d. The ELC Project Officer and OGS will process the budget revision amendment in GrantSolutions and the recipient will receive a revised NOA reflecting the requested cost category allocations.
3. A letter, indicating that all ELC Governance Team members (i.e., Project Director, Epidemiology Lead, Laboratory Lead, Health Information Systems Lead, and Financial Lead) have both contributed to and agreed upon the workplan and revised budget submitted, must be signed by all Governance Team Members (hard copy or digital signature) and submitted with the documents in the REDCap portal.

### GrantSolutions

**Within 90 days of receipt of the NOA**, the recipient is required to submit a '**Budget Revision Amendment**' as part of the recipient's current award (CK19-1904), Budget Period 3.

The 'budget revision amendment' must consist of the following documents:

1. **Budget Information: SF-424A**
  - a. Recipient can use the form generated by the ELC budget workbook;
  - b. Or, recipient can submit a PDF of this form.
  - c. Please do not use the **e-form in GrantSolutions** as it creates issues when processing the revised NOA.
2. **Cover Letter** signed by the Authorized Official of record in GrantSolutions.
3. **Completed revised budget** using the ELC budget workbook that was provided in GrantSolutions as a Grant Note.

**Note:** In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC responsibilities include but are not limited to:

1. Provide ongoing guidance, programmatic support (including guidance on evaluation, performance measurement, and workplan changes), technical assistance and subject matter expertise to the activities outlined in this supplemental funding announcement guidance.

2. Convene trainings, meetings, conference calls, and site visits with recipients.
3. Share best practices identified and provide national coordination of activities, where appropriate.

### REQUIRED TASKS

**Note:** If a recipient does not meet the below required tasks and has not received written approval for an extension from CDC, recipient may have their funds restricted in the Payment Management System (PMS) for specific costs/activities. Recurring or repeat non-compliance may result in additional restrictions or other actions being taken, consistent with applicable grant regulations.

In addition to the programmatic activities noted below in further detail, recipient responsibilities include but are not limited to:

1. Within **five (5) business days** of receipt of this guidance the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.
2. Regular participation in calls with CDC &/or DOJ for technical assistance and monitoring of activities supported through this cooperative agreement. The call schedule will be quarterly; however, additional technical assistance calls may be scheduled on an ad hoc basis depending on recipient workplan progress and financial reporting.
3. On-time submission of all requisite reporting. This may include but is not limited to reporting of performance measures on a quarterly basis, progress on milestones on a quarterly basis, and/or financial updates on a monthly basis within REDCap.
4. Report expenditures and unliquidated obligations (ULOs) on a monthly basis. On the 5<sup>th</sup> day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap 'Detection & Mitigation of COVID-19 in Confinement Facilities' page.
5. Documentation of any necessary budget change/reallocation through GrantSolutions and REDCap.

### ACTIVITIES

This award has 15 allowable activities which are designed to detect, diagnose, trace, and monitor SARS-CoV-2 and COVID-19 infections, and mitigate the spread of COVID-19 in confinement facilities. The first activity is required; whereas, the other activities are optional to address needs within a recipient's jurisdiction.

#### Required Activity

- 1) Assist facilities in establishing and implementing diagnostic and screening testing programs for residents/detainees/inmates, staff, and visitors.

#### Optional Activities

- 2) Conduct COVID-19 testing and contact tracing within confinement facilities.
- 3) Support facilities in planning and implementing recommended isolation and quarantine strategies including for confirmed and suspected cases and close contacts.
- 4) Implement distancing policies and support staff training to maintain distancing practices.
- 5) Support staffing strategies that reduce the risk of virus transmission (e.g., organize staff assignments so that the same staff are assigned to the same areas of the facility over time).
- 6) Support transportation policies and practices consistent with recommendations to reduce transmission.
- 7) Implement visitor policies consistent with recommendations to reduce virus risk.
- 8) Implementation of infection control practices inside facilities.

- 9) Develop and implement procedures and systems to improve confinement facility preparedness and response efforts.
- 10) Coordinate preparedness and response efforts with state, local, tribal, and territorial public health departments to prevent, prepare for, and respond to COVID-19 within confinement facilities.
- 11) Enhance/improve the practices of confinement facilities to mitigate the spread of COVID-19, and to reduce the risk of virus transmission and exposure to environmental health hazards.
- 12) Purchase of additional supplies to sanitize and clean the confinement facilities. Funding must not supplant existing expenditures on such supplies and can only be used to support enhanced cleaning efforts.
- 13) Educate and train confinement facility staff and residents/detainees/inmates on sanitation and minimizing the spread of infectious diseases.
- 14) Implement COVID-19 mitigation practices to minimize potential opportunities for exposure including video conferencing technology and other measures for attorney/client purposes, court appearances, family visiting, and programming.
- 15) Based on state and local laws and regulations, and training and technical assistance provided by the DOJ, review and analyze policies and practices and implement policy and practice changes to safely reduce populations in confinement facilities to mitigate the spread of COVID-19. This could include creating policies and practices that may divert individuals from confinement, determine the optimal population for the facility given physical plant/structure and public health guidelines, and the revision of appropriate release practices. The DOJ will make training and technical assistance available to grantees to help ensure these activities comport with state and local laws and evidence-based practices and are administered solely by state and local correctional agencies.

### PERFORMANCE MEASURES

Performance measures will be developed and shared with recipients within 30 days of award.

The ELC Program Office will utilize existing data sources whenever possible to reduce the reporting burden on recipients and, where appropriate.

### SUMMARY OF REPORTING REQUIREMENTS

The following is a summary of the reporting requirements for the *Detection & Mitigation of COVID-19 in Confinement Facilities* award.

1. Within five (5) business days of receipt of this guidance, the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions.
2. Quarterly progress reports on milestones in approved workplans via REDCap.
3. Monthly fiscal reports (beginning 30 days after NOAs are issued).
4. Performance measure data.
5. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

**ACKNOWLEDGEMENT LETTER: DUE WITHIN FIVE (5) DAYS OF NOA RECEIPT**

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**Detection & Mitigation of COVID-19 in Confinement Facilities**

Date:

Organization Name:

Subject: Acknowledgement Letter for CK19-1904 – COVID-19 Supplemental Funds – ‘Detection & Mitigation of COVID-19 in Confinement Facilities’

Reference: Guidance for the use of supplemental funding for CK19-1904 ‘Detection & Mitigation of COVID-19 in Confinement Facilities’ through the American Rescue Plan Act of 2021.

This is to acknowledge that I have received, reviewed, and understand the requirements in the attached programmatic guidance.

The federal funding received will be in support of the supplemental funding referenced herein and will be spent in accordance with the legislation and programmatic guidance.

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Authorized Official

APPENDIX A: DETECTION & MITIGATION OF COVID-19 IN CONFINEMENT FACILITIES FUNDING TABLE

Total Award: \$700,000,000

Recipient	Award Amount	Recipient	Award Amount
Alaska	\$ 1,610,000	Mariana Islands	\$ 210,000
Alabama	\$ 14,210,000	Mississippi	\$ 9,870,000
Arkansas	\$ 9,310,000	Montana	\$ 2,450,000
American Samoa	\$ 210,000	North Carolina	\$ 20,230,000
Arizona	\$ 20,580,000	North Dakota	\$ 1,190,000
California	\$ 66,150,000	Nebraska	\$ 3,570,000
Chicago	\$ 2,100,000	New Hampshire	\$ 1,470,000
Colorado	\$ 11,760,000	New Jersey	\$ 9,940,000
Connecticut	\$ 4,480,000	New Mexico	\$ 4,830,000
District of Columbia	\$ 700,000	Nevada	\$ 7,140,000
Delaware	\$ 1,820,000	New York	\$ 20,790,000
Florida	\$ 55,160,000	New York City	\$ 2,730,000
Fed. States of Micronesia	\$ 490,000	Ohio	\$ 26,180,000
Georgia	\$ 33,880,000	Oklahoma	\$ 14,210,000
Guam	\$ 700,000	Oregon	\$ 7,560,000
Hawaii	\$ 1,750,000	Pennsylvania	\$ 26,670,000
Houston	\$ 3,290,000	Philadelphia	\$ 1,610,000
Iowa	\$ 5,180,000	Puerto Rico	\$ 980,000
Idaho	\$ 4,620,000	Palau	\$ 70,000
Illinois	\$ 17,990,000	Rhode Island	\$ 980,000
Indiana	\$ 17,220,000	South Carolina	\$ 10,920,000
Kansas	\$ 6,510,000	South Dakota	\$ 2,100,000
Kentucky	\$ 13,230,000	Tennessee	\$ 18,200,000
Louisiana	\$ 17,290,000	Texas	\$ 75,950,000
LA County	\$ 6,230,000	Utah	\$ 4,550,000
Massachusetts	\$ 5,810,000	Virginia	\$ 21,140,000
Maryland	\$ 10,220,000	US Virgin Islands	\$ 490,000
Maine	\$ 1,400,000	Vermont	\$ 630,000
Marshall Islands	\$ 350,000	Washington	\$ 10,990,000
Michigan	\$ 19,880,000	Wisconsin	\$ 13,300,000
Minnesota	\$ 5,670,000	West Virginia	\$ 3,990,000
Missouri	\$ 13,860,000	Wyoming	\$ 1,400,000