ACL
Administration for Community Living

New Director Training

April 28–29, 2026
Washington, DC

Partnerships – ACL, ASPR, and CMS

Rebecca Kinney, ACL
Natay Minor, Administration for Strategic Preparedness and Response (ASPR)
Jennifer Syria, Centers for Medicare & Medicaid Services (CMS)

SHIP State Health Insurance Assistance Program
Navigating Medicare

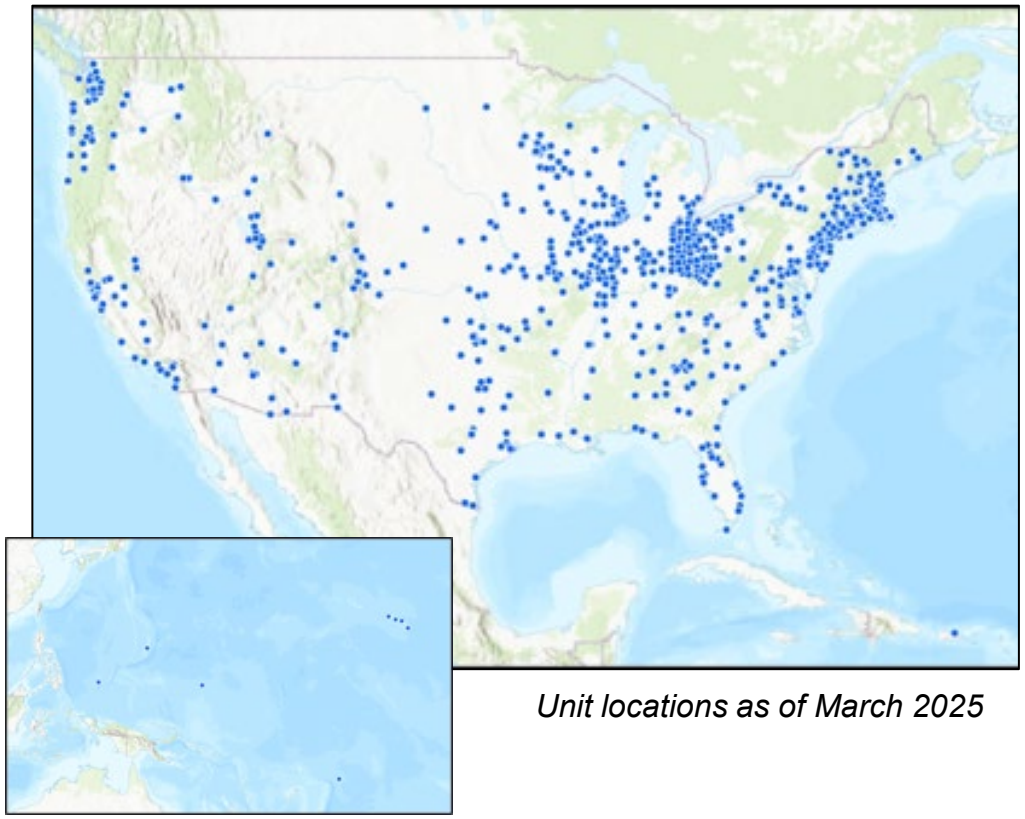
SMP Senior Medicare Patrol
Preventing Medicare Fraud

Medical Reserve Corps (MRC)



About the Medical Reserve Corps (MRC)

- A nationwide network of volunteers, organized into local, community-based units
  - 700+ MRC units
  - ~268,000 volunteers
- MRC units engage in their communities to improve risk-informed hazards emergency response capabilities, build community preparedness and resilience, and strengthen public health
- ASPR's Office of MRC supports these local units by providing grants, training, technical assistance, national-level partnerships, etc.



Unit locations as of March 2025

MRC Concept

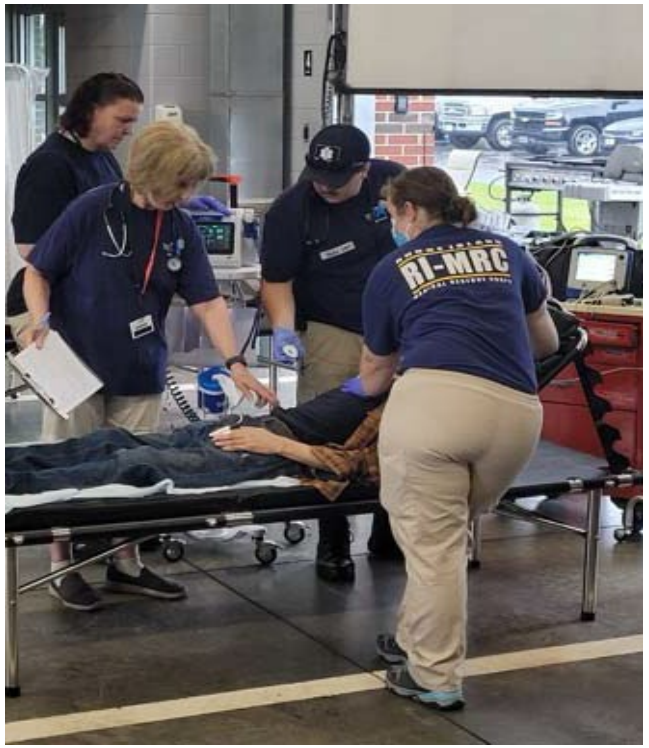
- Nationwide network
- Community-based
- Support existing programs and resources
- Improve the health and safety of communities and the nation
- Identify, credential, train, and prepare volunteers
- Build community resilience











The Role of the Office of Medical Reserve Corps

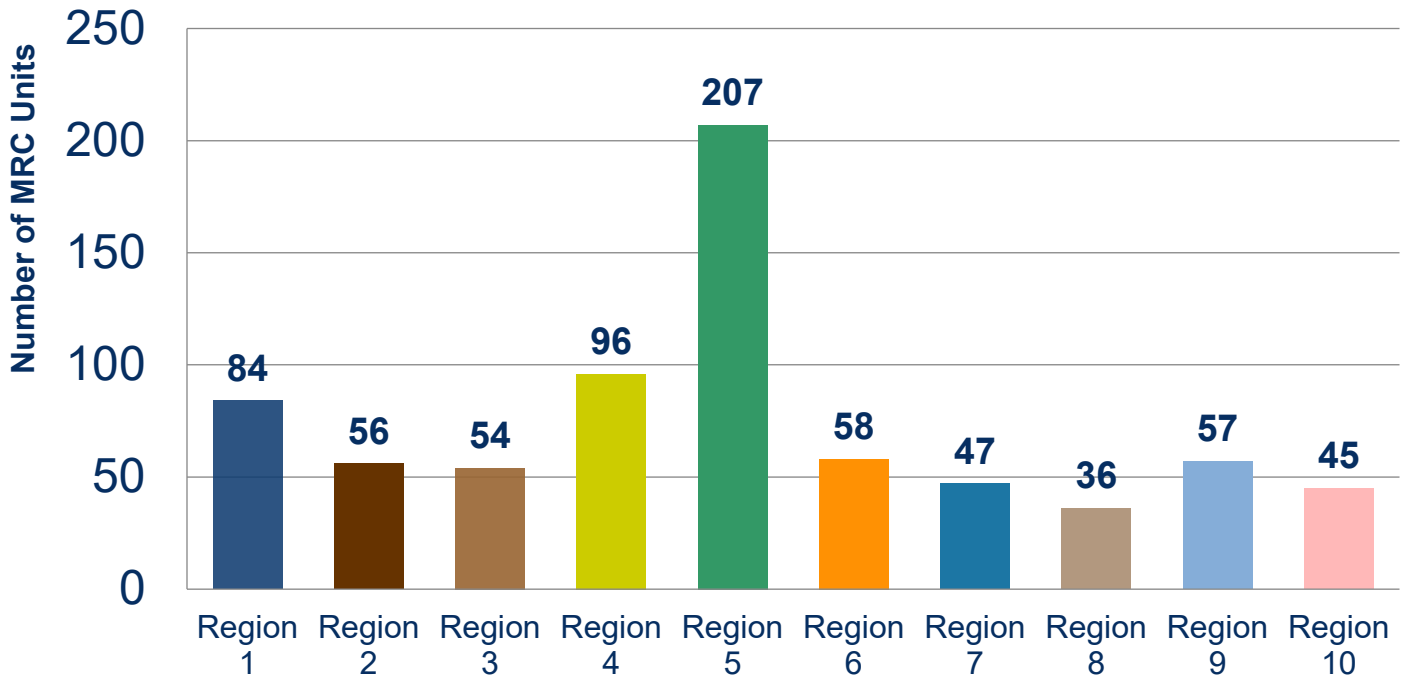
- Provides national coordination
- Conducts technical assessment of unit capabilities
- Develops tools & resources
- Hosts webinars & office hours
- Maintains reporting infrastructure
- Leads training & preparedness initiatives
- Amplifies unit impact
- Supports integration with partners
- Manages grant & cooperative agreement funding

At-a-Glance: MRC History

Timeline	Event(s)
2002	MRC starts as a demonstration project by HHS after the events of September 11, 2001
2002-2006	• Hurricane Katrina
2006	Congress passes the Pandemic and All-Hazards Preparedness Act (PAHPA), which formally establishes the MRC
2006-2013	• H1N1 • Hurricane Sandy
2013	Congress moves authority and responsibility for the MRC program from the Office of the Surgeon General to the Office of the Assistant Secretary for Preparedness and Response (now ASPR)
2013-2025	• Ebola • Zika • Hurricanes Harvey, Irma, Maria • California Wildfires
2025	The MRC network comprises approximately 300,000 volunteers in more than 700 community-based units

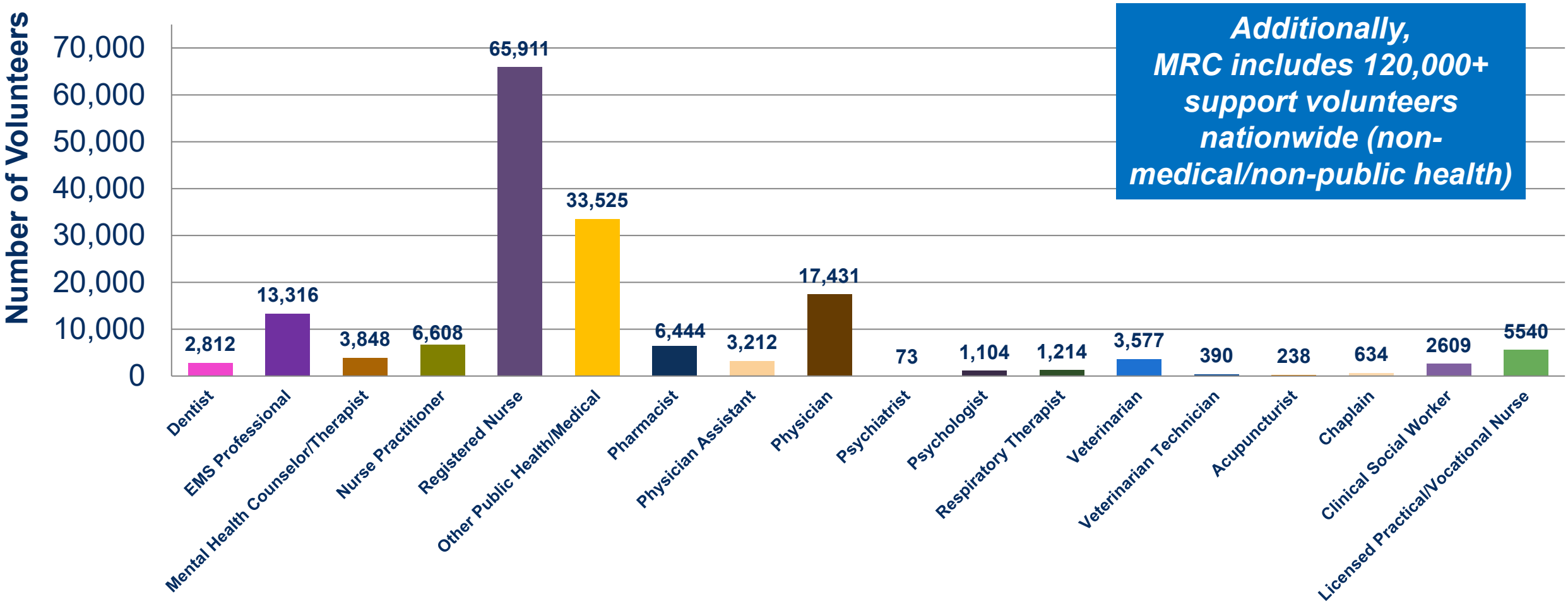
Number of MRC Units by Region





Data as of March 2025

Types of Medical/Public Health MRC Volunteers



Data as of March 2025

Emergency & Recovery Support Functions

MRC supports the following Emergency Support Functions:

Emergency Support Function (ESF) 6: Mass Care, Housing and Human Services

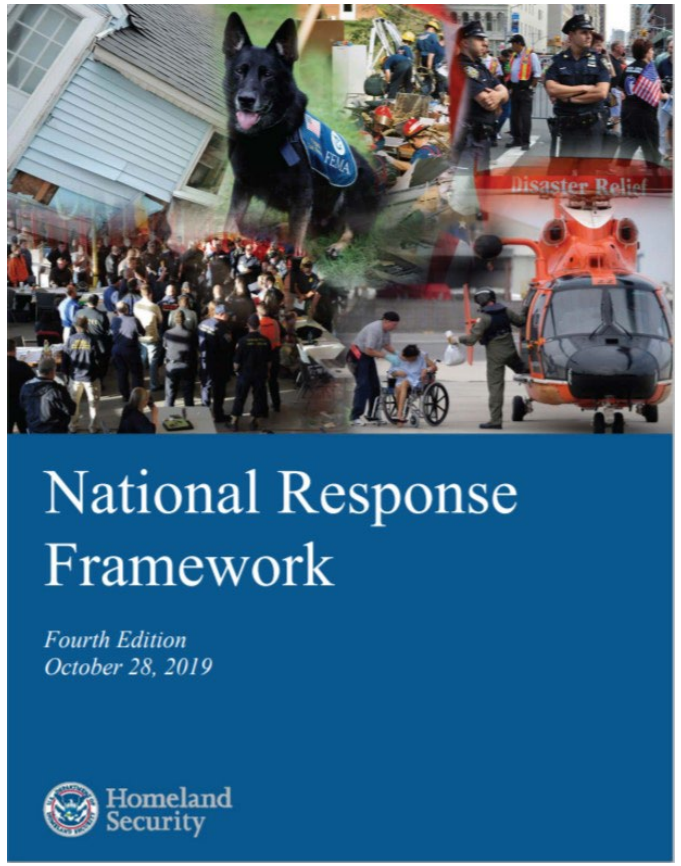
- Emergency shelter operations and medical care
- Mass dispensing efforts (e.g., medication, water, other supplies)
- Support services to disaster call centers, family assistance centers, and reception/evacuation centers

Emergency Support Function (ESF) 8: Public Health and Medical Services

- Medical facility surge support
- Mass dispensing efforts (e.g., point of distribution for medical countermeasures)
- Disease testing and surveillance
- Community vaccination clinics
- Veterinary care
- Patient movement support

Health, Education and Human Services (HEHS) Recovery Support Function (RSF)

- Disaster behavioral health support



MRC Activities in CY2024



$11.5M

Economic Value of Time Donated



300,000

Hours



19,000

Activities

- Approximately 10,000 volunteers in 350 units across 45 states & territories specifically engaged their local student population, including through partnership with HOSA – Future Health Professionals

- MRC Volunteers in 40 states responded to 383 community-level emergencies*:

  Common Causes
  - Extreme Weather, Cold, Heat
  - Wildfires & Building Fires

  Common Services
  - Sheltering, Behavioral Health, and Medical
  - Emergency Operations Center & Call Center Support

- 200 MRC Units in 43 states engaged in activities that aimed to prevent opioid abuse, enhance community education and training around the risk of opioids, and reduce the number of opioid-related deaths.

- The majority of MRC activities are dedicated to prevention, mitigation, preparedness, and recovery.

*not a national PHE
Data as of March 2025

MRC in Action: 2025 Emergency Responses

Several MRC units (nationwide): In response to severe winter weather, MRC units in Indiana, Kentucky, Missouri, New Hampshire, New Jersey, New Mexico, New York, Ohio, Tennessee, Vermont, and Virginia supported warming centers and overnight shelters, as well as provided other supportive services to affected community members.

Several MRC units (nationwide): In response to extreme heat experienced across the U.S., MRC units in New Jersey, New York, Vermont, Maryland, Massachusetts, Missouri, Oregon, Virginia, Texas, and Washington supported heat relief efforts by handing out cooling kits, setting up cooling centers, and treating heat-related illnesses at various outdoor events.

Southwest Virginia MRC (VA): In response to Feb. 2025 flooding, MRC volunteers provided medical support to temporary shelter residents.

St. Louis City MRC, Cape Girardeau County MRC, Cooper County MRC, Mid Rivers MRC (MO): Following a series of deadly tornadoes in Missouri, several MRC units supported response efforts by clearing debris, operating a point-of-distribution (POD) for tetanus vaccinations, providing administrative support, and staffing a Multi-Agency Resource Center (MARC).

MRC & Red Cross Partnership History

Apr. 2009

Joint Memo signed between the American Red Cross (ARC) and the Medical Reserve Corps

May 2017

Letter of Agreement with an MRC/ARC Partnership Implementation Plan

Fall 2024

National Memorandum of Agreement (MOA), including template for ARC Region – Local MRC Unit agreement, and streamlined processes to support local and large-scale disaster relief operations

New Partnership: OMRC and ASPR TRACIE

After 10 years of collaboration, the Office of Medical Reserve Corps (OMRC) and ASPR's TRACIE are formalizing their partnership to integrate stakeholders and ensure MRC units and volunteers can quickly access planning, operational, and educational resources. Over the next year, MRC stakeholders can expect:

- Resource development for MRC units and volunteers to include tip sheets, operational products, and other materials housed on a new MRC Resource Page
- Communities of Practice within the secure, moderated information exchange (IE) that will foster information sharing, best practices, and collaborative learning within and between MRC units





Contact Information

Would you be interested in supporting your local MRC unit with your specialized expertise, or do you know someone who might?

Contact Us!

MRC Email: MRCcontact@hhs.gov | **Website:** https://aspr.hhs.gov/MRC

ASPR TRACIE's Three Domains



- Self-service collection of audience-tailored materials
- Subject-specific, subject matter expert (SME)-reviewed "Topic Collections"
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences



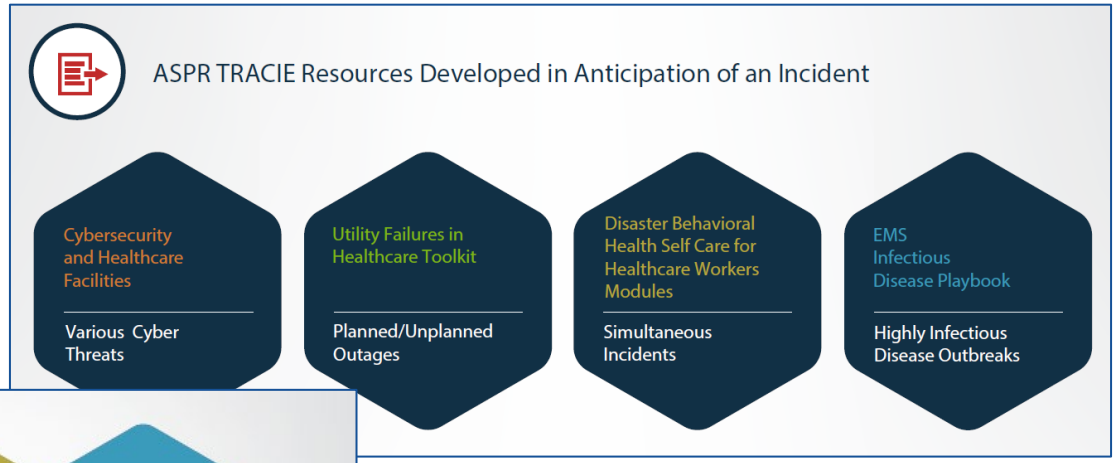
- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)



- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

ASPR TRACIE Supports All Hazards and Phases of Emergency Management

- > 550 ASPR TRACIE-developed resources
  - In anticipation of and in response to incidents
- Searchable resource library
- Topic collections
- Resource pages
- *The Exchange* newsletter
- Virtual based learning opportunities
- Plans, tools, and templates





Comprehensively Reviewed Topic Collections (1)

Active Shooter and Explosives

Blood and Blood Products

Burns

Communications

- Communication Systems
- Information Sharing
- Risk Communications/Emergency Public Information and Warning
- Social Media in Emergency Response

Crisis Standards of Care

Cybersecurity

Decontamination

- Hospital Patient Decontamination
- Pre-Hospital Patient Decontamination
- Disasters and At-Risk Populations
- Electronic Health Records and Downtime Procedures

Emergency Management

- Emergency Operations Plans/ Emergency Management Program
- Exercise Program
- Hazard Vulnerability/Risk Assessment
- Healthcare-Related Disaster Legal/ Regulatory/ Federal Policy
- Incident Management
- Training and Workforce Development

Ethics

Family Reunification and Support

Fatality Management

Healthcare Coalitions

- Coalition Administrative Issues
- Coalition Models and Functions
- Coalition Response Operations (including Mutual Aid)

Healthcare Facility Evacuation/Sheltering

Hospital Surge Capacity and Immediate Bed Availability

Comprehensively Reviewed Topic Collections (2)

Location-Specific Collections

- Alternate Care Sites (including shelter medical care)
- Ambulatory Care and Federally Qualified Health Centers (FQHC)
- Dialysis Centers
- Homecare and Hospice
- Long-term Care Facilities
- Pharmacy
- Rural Disaster Health
- Virtual Medical Care

Mass Distribution and Dispensing of Medical Countermeasures

Mass Gatherings/Special Events

Mental/Behavioral Health (non-responders)

Patient Movement, MOCCs, and Tracking

Pediatric/Children

Populations with Access and Functional Needs

Pre-Hospital (e.g., EMS)

Pre-Hospital Mass Casualty Triage and Trauma Care

Recovery and COOP

- Continuity of Operations (COOP)/ Business Continuity Planning
- Recovery Planning

Responder Safety and Health

Specific Hazards

- Bioterrorism and High Consequence Biological Threats
- Chemical Hazards
- Coronaviruses
- Ebola/VHF
- Influenza Epidemic/ Pandemic
- Natural Disasters
- Radiological and Nuclear
- Zika

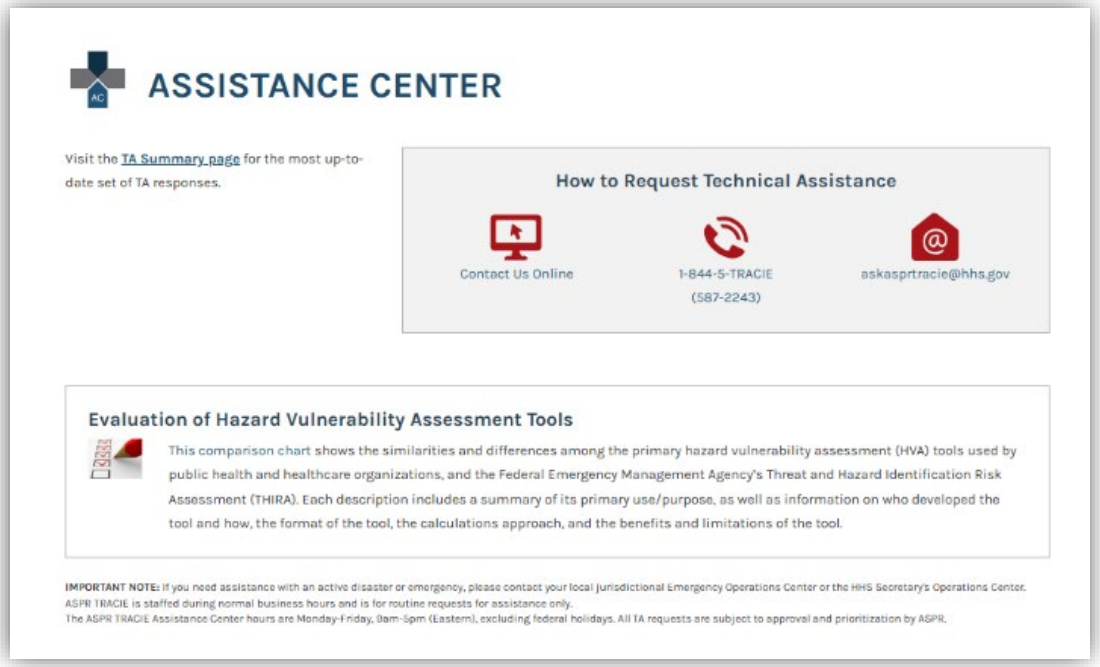
Utility Failures

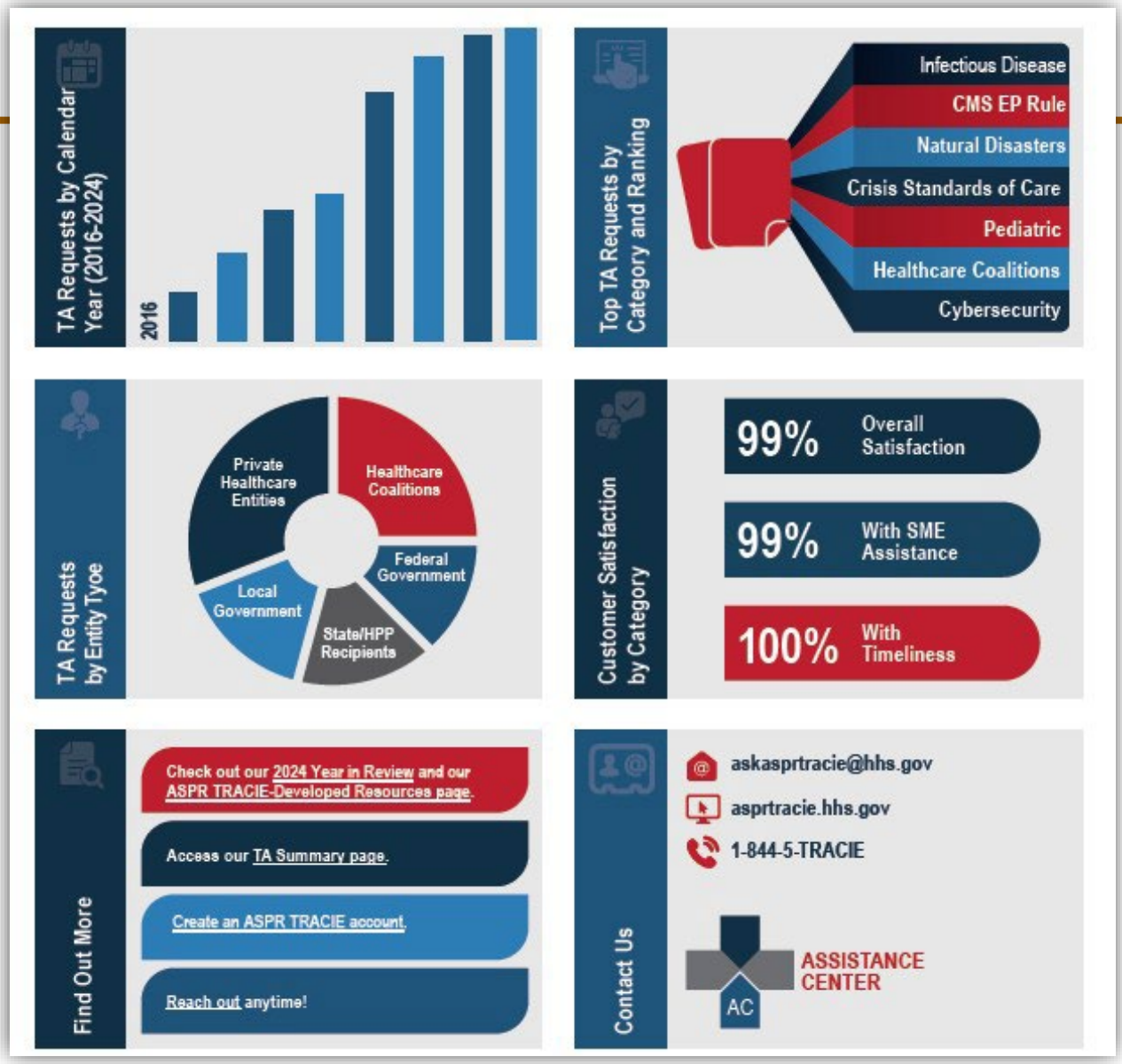
Veterinary Issues

Volunteer Management

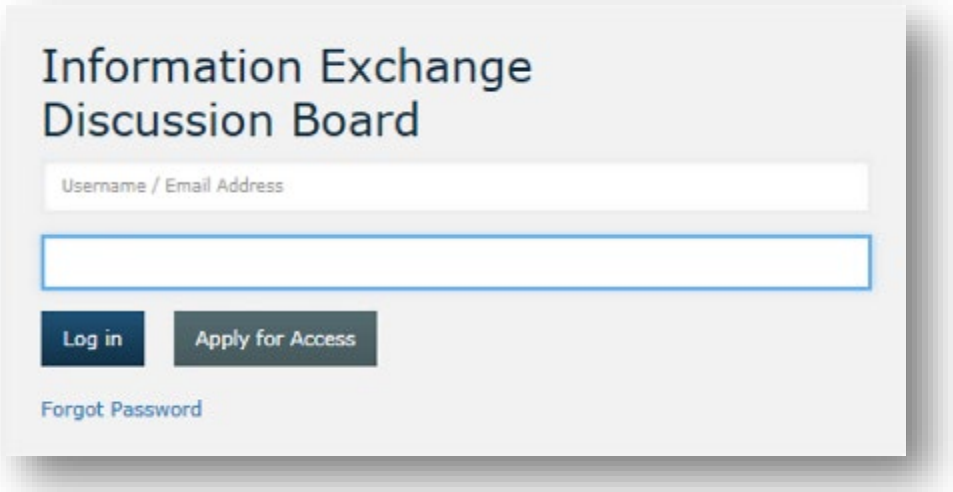
Workplace Violence

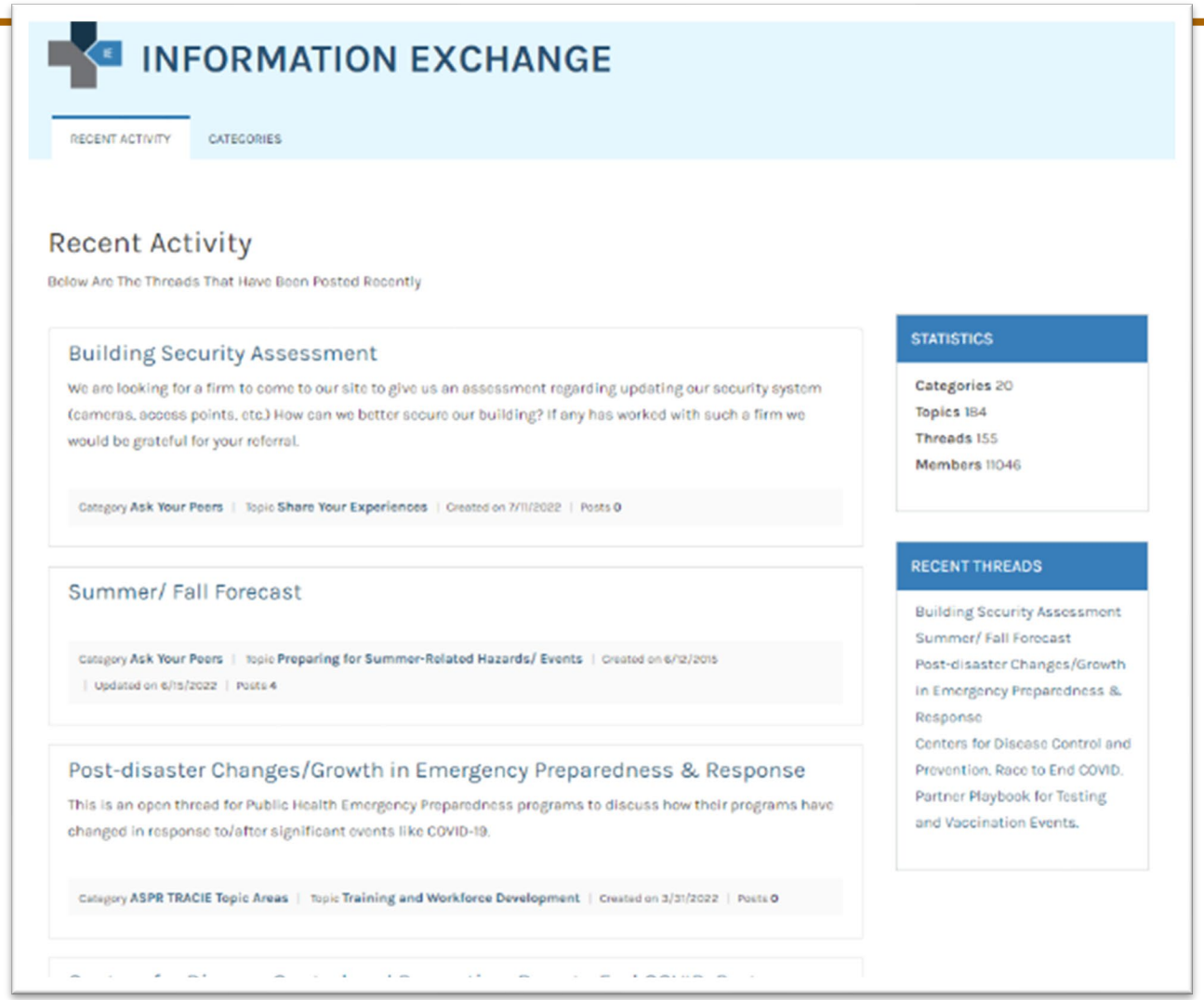
Assistance Center





Information Exchange





Select ASPR TRACIE Resources

- Topic Collections
  - Populations with Access and Functional Needs: Older Adults
  - Dialysis Centers
  - Homecare and Hospice
  - Long-term Care Facilities
- Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule: Programs for All-Inclusive Care for the Elderly (PACE) Requirements
- Outbreak Considerations for Long-Term Care Communities
- Post-Disaster Lessons Learned: Dialysis Patient Management
- Medical Surge and the Role of Home Health and Hospice Agencies

Contact ASPR TRACIE



1-844-5-TRACIE



askasprtracie@hhs.gov



asprtracie.hhs.gov

Find the MRC Online

On the Web:
aspr.hhs.gov/MRC

Facebook:
facebook.com/MedicalReserveCorps

Instagram:
instagram.com/themedicalreservecorps

LinkedIn:
linkedin.com/showcase/hhs-aspr/

Introduction to the Centers for Medicare & Medicaid Services (CMS)

Office of Program Operations and Local Engagement (OPOLE)

Jennifer Syria
Boston Regional Administrator

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Disclaimer

This information is current at the time of presentation, but Medicare, Medicaid and Marketplace policy is subject to change. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

HHS agencies include the:

- Administration for Children and Families (ACF)
- Administration for Community Living (ACL)
- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- **Centers for Medicare & Medicaid Services (CMS)**
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)



Program Overview

Medicare

- A federal health insurance program for people who are over 65, under 65 with disabilities, or people with End-Stage Renal Disease (ESRD).

Medicaid & Children's Health Insurance Plan (CHIP)

- Joint federal and state programs that provide health coverage to children, pregnant women, parents, seniors, and individuals with disabilities. Coverage may vary by state and Medicaid expansion.

Marketplace

- Marketplace health insurance was created through the Affordable Care Act to give individuals more access to health insurance. Marketplace health coverage is available to individuals who live in the United States (U.S.), are U.S. citizens or nationals, or lawfully present non-citizens in the U.S., and non-imprisoned individuals.

Program Enrollment

69.6 M

Medicare (2025)

76.8 M

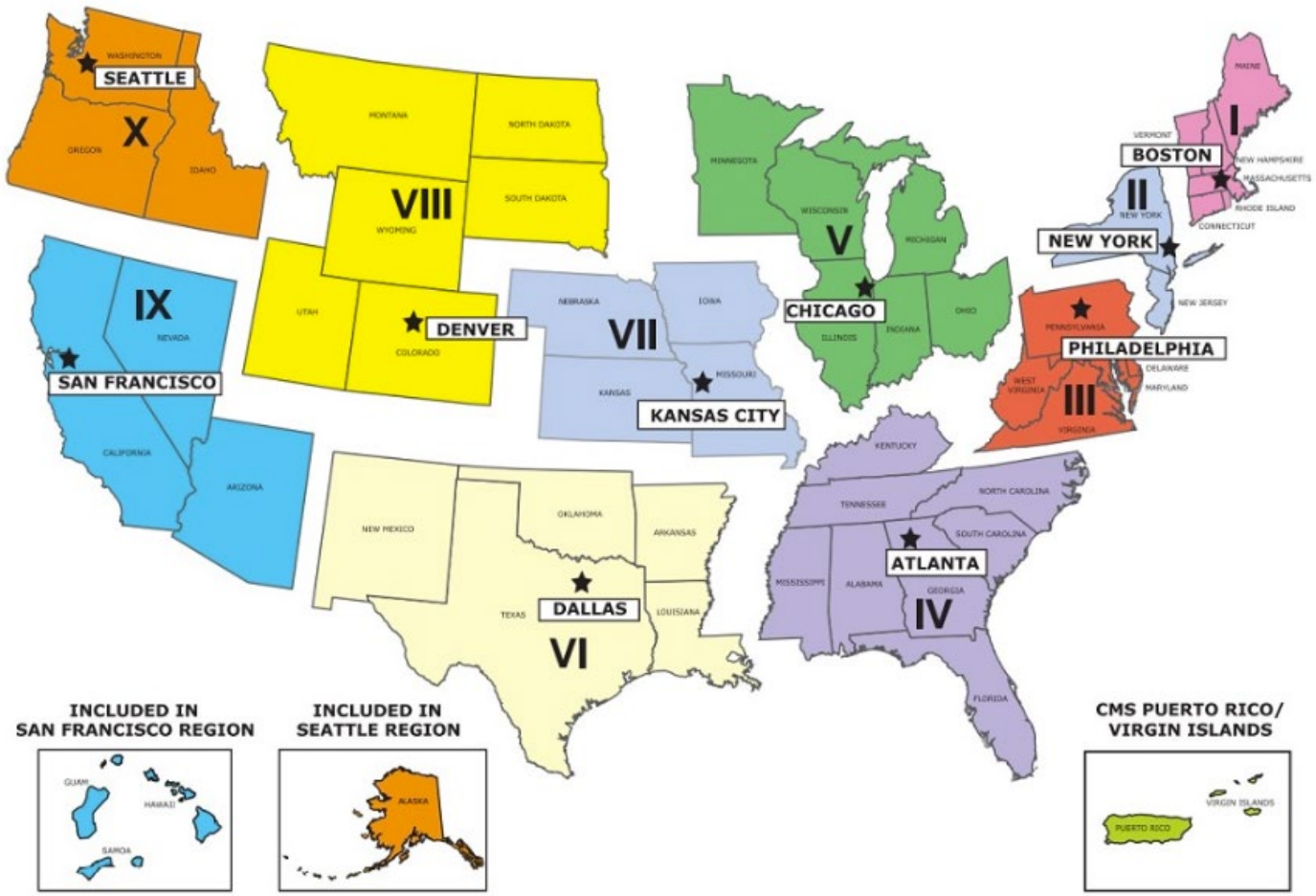
Medicaid & CHIP (2025)

22.9 M

Marketplace (2026)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Regional Locations



Who are we?

Office of Program Operations and Local Engagement (OPOLE)

- Mission: Educating and engaging stakeholders and community-based partners through outreach to increase implementation of CMS policies and initiatives.
- OPOLE is responsible for implementing the agency's local outreach strategy and messaging.
- Based on local interactions with beneficiaries and stakeholders, OPOLE can inform CMS about the on the ground impact of its policies, programs, and initiatives.

Who do we serve?

- Over 160 million people throughout the United States accessing health coverage through Medicare, Medicaid, and the Marketplace.

How can we work together?






CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Partnership Ideas

- **Getting Involved with CMS**
  - Can we invite your organization to CMS listening sessions, trainings, or other meetings?
  - Would you co-host an event with CMS?
  - Can we present on a CMS policy, program, or initiative beneficial to your organization?
  - Can you share CMS updates?



- **Technical Assistance**
  - We provide health education materials (flyers, social media toolkits) to support your community outreach and education.
  - Do you need help finding specific CMS resources?
  - Would you like to connect with other CMS programs or CMS staff?



Questions & Next Steps

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

- Information on CMS's programs for providers, partners, and researchers - https://www.cms.gov/
- Medicare website – https://www.medicare.gov/ or 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048 for help with benefits, claims, and enrollment
- The website for the Health Insurance Marketplace®. This site will also refer you to states that have their own Marketplaces - https://www.healthcare.gov/
- Website that provides information on the Medicaid Program. It provides referrals to specific states since Medicaid is a joint federal/state program - https://www.medicaid.gov/
- Children's Health Insurance Program - https://www.insurekidsnow.gov/
- CMS Data & Research – https://www.cms.gov/data-research
- CMS Updates – https://www.cms.gov/about-cms/contact/newsroom
- Email Updates from CMS.gov - https://www.cms.gov/about-cms/web-policies-important-links/email-updates
- Access the Medicare Plan Finder - Medicare.gov/plan-compare
- Find & compare doctors, hospitals, and other resources near you with Care Compare - https://www.medicare.gov/care-compare/
- The "Medicare & You" 2024 handbook - https://www.medicare.gov/publications/10050-Medicare-and-You.pdf
- Access the Medicare Plan Finder - Medicare.gov/plan-compare
- Find & compare doctors, hospitals, and other resources near you with Care Compare - https://www.medicare.gov/care-compare/
- State Health Insurance Assistance Programs (SHIPs) for free Medicare health insurance counseling. Find your state SHIP office at – https://www.shiphelp.org/
- Order and pre-order publications on topics like Medicare, Medicaid, CHIP, and the Health Insurance Marketplace® - Productordering.cms.hhs.gov

Key Resources

Thank you!

Thank you for attending this session with CMS. We appreciate your time. We are always trying to improve our level of service to our customers and stakeholders. You can help us do that by providing your feedback on today's session. Please take a few moments to complete this brief evaluation. Just click on the link below to go to the evaluation. https://recon.my.salesforce-sites.com/act/Evaluation

Title of the Event when asked: **R1**
New Directors Meeting

Overview of Other ACL Partnerships

Rebecca Kinney, Director, OHIC, ACL

Other Federal Government Partnerships

HHS Office of Inspector General (OIG)

Social Security Administration (SSA)

Federal Bureau of Investigations (FBI)

Federal Trade Commission (FTC)

Consumer Financial Protection Bureau (CFPB)

Non-Federal National Partners

- AARP Foundation & AARP Enterprise
- National Health Care Anti-Fraud Association (NHCAA)
- National Association of Insurance Commissioners (NAIC)
- National Association of Medicaid Directors (NAMD)
- National Association of State Directors of Developmental Disabilities Services (NASDDDS)
- Healthcare Fraud Prevention Partnership (HFPP)

Questions?

Education vs Lobbying

Education vs. Lobbying

	Education	Lobbying
What is it?	Providing factual information on a program/policy	Attempting to influence legislation or funding
Allowed with federal funds?	Yes	No
Examples	• meet with policy makers (local, state, and federal) • share stories with the public, policy makers or their staff • partner with grassroots organizations to communicate the messages • direct people to your website • educate people of the effects of a potential policy	• You cannot lobby during the time that you are being paid to work on the federal grant • You cannot use tools that are paid by the grant to lobby • If your organization receives funds other than federal funds and part of the time you are paid by those funds, you may be able to lobby during the time you are paid by those other funds if it is allowed by that funder

Grantee Opportunity to Educate

- If your program is housed within a government agency, the agency likely has a State legislative liaison
- Provide program brochures for distribution
- Offer support to constituents with Medicare questions and issues.
- Elected officials love data but keep it brief
  - # of Medicare beneficiaries
  - # served by your program
  - LIS/Extra potentially-eligible
  - $ saved by Medicare beneficiaries