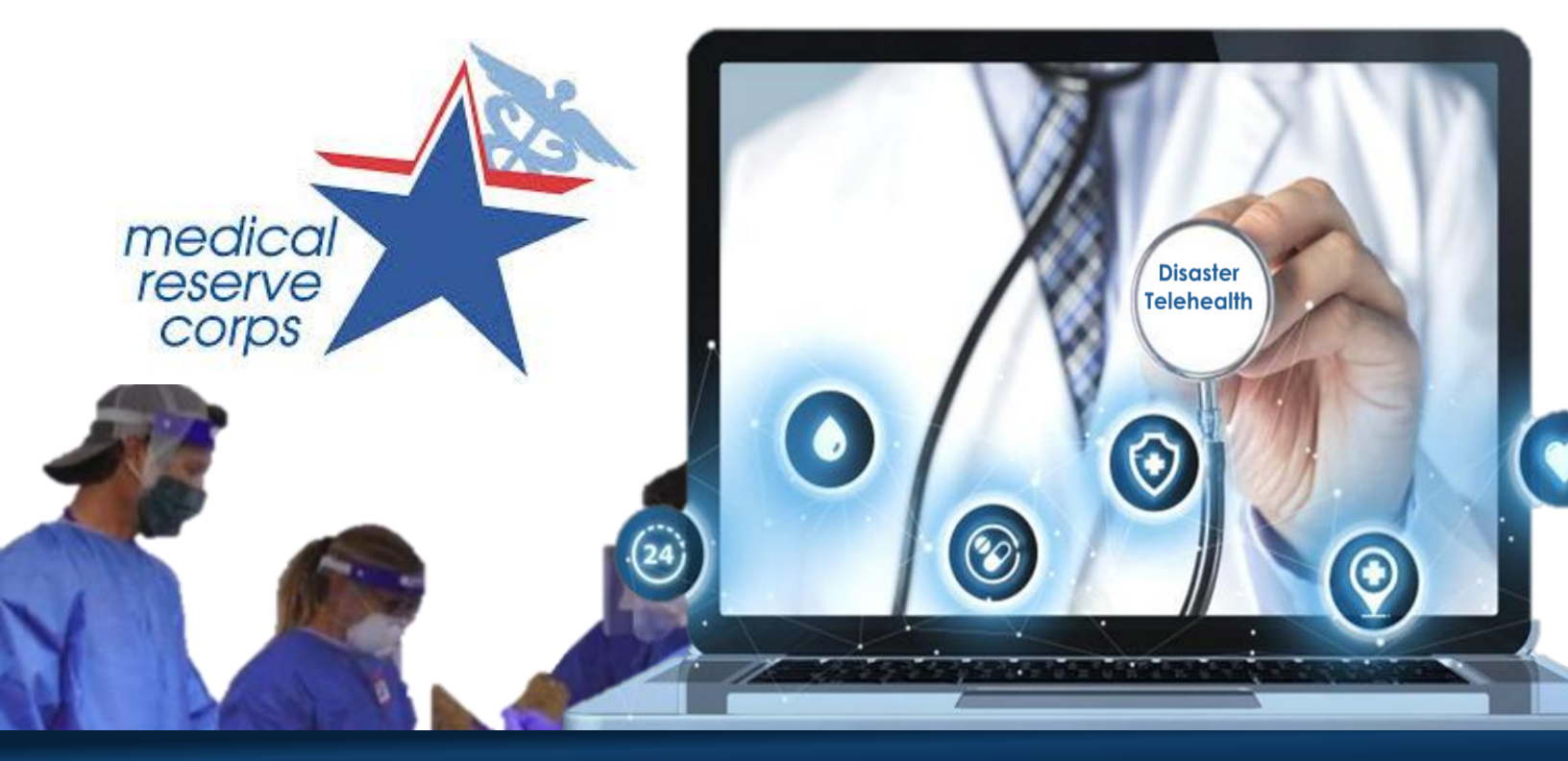




CONCEPT OF OPERATIONS

Disaster Medical Reserve Corp (MRC)

Telehealth Strike Team

Model 1.0

A foundational capability for integrating deployable telehealth assets within Medical Reserve Corps units to support medical surge during disaster incidents and public health emergencies



Southern Regional Disaster
Response System

HHS Region 4

SOUTHEASTERN
telehealth
RESOURCE CENTER

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ABOUT THIS DOCUMENT

A shared foundation for Medical Reserve Unit (MRC) telehealth

This Concept of Operations (CONOPS) Disaster MRC Telehealth Strike Team document was developed collaboratively by the Southern Regional Disaster Response System (SRDRS) for HHS Region 4 and the Southeastern Telehealth Resource Center (SETRC) to support Medical Reserve Corps (MRC) units in integrating a disaster telehealth model into their disaster response operations. This model draws inspiration from the Medical Reserve Corp - East Metro Health District's (MRC-GEM) Telehealth Strike Team, and we sincerely appreciate MRC-GEM's support in shaping this approach for HHS Region 4 and beyond.

The purpose of this **Concept of Operations** is to provide a foundational document that offers a baseline of how a Disaster MRC Telehealth Strike Team capability can be used to achieve integration of deployable telehealth assets within MRC units at local and/or state levels to enhance medical surge capacity during disaster incidents and public health crises. By enabling MRC units and their volunteers to rapidly deploy portable telehealth resources, this model extends clinical reach in disaster affected communities, supporting low-acuity patients and alleviating strain on emergency departments, hospitals, and health systems.

The Disaster MRC Telehealth Strike Team model represents an additional, flexible layer of added support within the healthcare disaster readiness and response system. By embedding portable telehealth capabilities into MRC units, communities can:

Communities can

- Increase local and state surge capacity and resilience.
- Provide timely access to healthcare via telehealth during disaster disruptions.
- Support continuity of care while reducing avoidable ED utilization.
- Empower MRC volunteers with clear operational guidance and sustainable resource pathways.

MRC units that choose to adopt this Disaster MRC Telehealth Strike Team model are encouraged to adjust this Concept of Operations to fit their individual MRC unit and locality's needs.

NOTE: This document outlines Model 1.0 of the Disaster MRC Telehealth Strike Team, which serves as the foundational framework for integrating telehealth capabilities into MRC-led disaster response operations. Model 1.0 enables non-clinical MRC volunteers to deploy telehealth assets in the field and facilitate connections between patients and remote healthcare providers, thereby helping to bridge disrupted care pathways during emergencies and disaster incidents.

A subsequent iteration, Model 2.0, is planned for collaborative development in Federal Fiscal Year 2027 (FFY27) by the Southern Regional Disaster Response System for HHS Region 4 and the Southeastern Telehealth Resource Center (SETRC). Model 2.0 will expand on the telehealth facilitator role by incorporating licensed MRC clinicians, such as Licensed Practical Nurses (LPNs), Registered Nurses (RNs), Emergency Medical Technicians (EMTs, Paramedics), and Advanced Practice Providers (APPs) to provide on-site clinical support in coordination with the distant-site telehealth provider. Upon completion of Model 2.0, MRC units will have access to a tiered operational approach for the Disaster MRC Telehealth Strike Team, consisting of: (1) Deployable Telehealth Asset and Facilitator Support Only; and (2) Deployable Telehealth Asset, Facilitator, and On-Site Clinical Support. This tiered model enhances flexibility and scalability, enabling tailored telehealth deployment by MRC units based on incident complexity and clinical need.

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We gratefully acknowledge the following partners for their participation and contributions:

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- Global Partnership for Telehealth
- High Country Council of Governments
- Medical Reserve Corp - East Metro Health District (MRC-GEM)
- North Carolina Community Health Center Association
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1.0 Introduction

1.1 Purpose of Document

This document outlines the concept of operations for implementing a Medical Reserve Corps (MRC) deployable telehealth asset to support disaster healthcare response activities. It establishes the framework, roles, responsibilities, and operational processes needed to integrate disaster virtual clinical support into field environments and enhance medical surge capacity.

1.2 Scope

This Concept of Operations document (CONOPS) applies to the deployment and use of a MRC mobile telehealth capability across shelters, field treatment sites, and other disaster settings. It covers general population response, with adaptability for specialized populations including pediatric and access-and-functional-needs as resources allow. This model's scope does not include clinical care support, rather connecting patients to care with deployable telehealth assets. Integration of clinical care support with the telehealth facilitator role will be included in Model 2.0, anticipated for development in FFY27. The scope includes operational limitations such as connectivity dependence, resource availability, and coordination requirements with local response partners. The scope of this MRC mobile telehealth capability does not address ongoing patient follow-up or management of care service needs after the disaster telehealth encounter.

1.3 Background

Telehealth is becoming a critical component of disaster healthcare emergency response, enabling remote clinical assessment, triage, and specialty support when on-site resources are limited. This model aligns with federal, state, and local disaster frameworks including ASPR, FEMA, HHS, and State ESF-8 structures, helping to ease emergency department, hospital, and health

system strain by improving access to care for patients during emergencies, especially during disaster incidents and periods of healthcare system disruption.

1.4 Authorities and Guidance

This MRC disaster telehealth capability operates under applicable federal, state, and local authorities, including emergency management statutes, public health guidance, licensure and scope-of-practice rules, and MRC program requirements. Deployment and operations follow ICS/NIMS principles, ESF-8 coordination practices, and telehealth regulations governing privacy, documentation, and clinical oversight.

2.0 Mission and Objectives

2.1 Mission Statement

"The mission of the Disaster MRC Telehealth Strike Team is to provide timely, reliable remote clinical support that strengthens medical surge capacity, enhances situational awareness, and ensures continuity of care in disaster environments."

2.2 Primary Objectives

Primary objectives include:

- ▶ Mitigate patient surge for hospitals by extending care beyond traditional facilities
- ▶ Supporting on-site responders through virtual clinical assessment, triage, and specialty consultation
- ▶ Expanding access to care when local healthcare resources are overwhelmed or inaccessible
- ▶ Ensuring safe, secure, and compliant telehealth operations within disaster settings
- ▶ Enhancing resilience by integrating telehealth capabilities into established emergency response systems

3.0 Concept of Operations Overview

3.1 Operational Concept

The Disaster MRC Telehealth Strike Team with its deployable telehealth asset provides rapid, remote clinical support during emergencies that exceed local healthcare capacity. This CONOPS outlines how the strike team and deployable asset functions across operational phases, the responsibilities of participating entities, and the command structure that guides deployment and utilization.



3.2 Deployment Triggers

The Disaster MRC Telehealth Strike Team and deployable telehealth asset are activated when an incident creates conditions that exceed local capacity or restrict access to traditional healthcare services. This includes natural disasters, mass-casualty events, infectious disease outbreaks, and any emergency requiring rapid clinical support, remote specialty consultation, or continuity of care. Activation may also occur when on-site providers require augmented capabilities to stabilize operations or maintain essential health services.

3.3 Phases of Operation



3.3.A Pre-Deployment Phase

Prior to activation, the Disaster MRC Telehealth Strike Team and deployable telehealth asset remain in a state of operational readiness. MRC volunteers conduct scheduled equipment tests, routine exercises & training (in person & virtual), software updates, and connectivity checks to ensure the strike team and asset can be mobilized without delay.

Once an incident meets activation criteria, the MRC unit initiates pre-deployment actions, while awaiting formal deployment request including:

- Confirming mission objectives and operational needs
- Selecting and preparing telehealth equipment backpack or solutions
- Coordinating logistics, transport, and site requirements
- Aligning with Incident Command and partner agencies

This phase ensures a smooth transition from readiness to deployment.

3.3.B Deployment Phase

Once a request for deployment is made, the volunteer deploys to the identified operational site and reports to the managing disaster scene supervisor for check-in. Upon completion of check-in, the telehealth asset becomes a living extension of the healthcare ecosystem. It establishes secure connectivity, deploys telehealth backpacks or solutions, and integrates into the response environment and incident command structure. Key functions include:

- Setting up secure telehealth workstations and connectivity
- Using the platform and telehealth equipment to facilitate virtual care assessments, medical consultations (whether on site or remote), triage, and specialty care
 - **NOTE:** *Under this model, the MRC telehealth facilitator does not provide clinical support, only telehealth facilitation.*
- Enhancing local provider capacity through real-time clinical support
- Maintaining secure situational awareness and ensuring data security
- Supports medical surge staffing needs and keeps communication flowing along with proper documentation

The deployable telehealth asset is adaptable to various field conditions including disaster shelters, clinics, field hospitals, and partially functioning healthcare facilities, and operates as an extension of the broader healthcare disaster response.

3.3.C Post-Deployment Phase

As the mission winds down or reaches completion, the Disaster MRC Telehealth Strike Team and deployable telehealth asset transitions into demobilization mode. During this time, activities include:

- Sanitizing, inventorying, and restoring equipment to its pre-deployment configuration
- Conducting debriefings and contributing to after-action reviews
- Updating procedures, training, and readiness plans based on lessons learned

Once fully reset, both the strike team and deployable asset return to standby, prepared for future activation.

4.0 Governance and Command Structure

4.1 Organizational Alignment

The Disaster MRC Telehealth Strike Team and deployable telehealth asset operates within the Administration for Strategic Preparedness and Response (ASPR), Office of Emergency Management and Medical Operations. This telehealth strike team model supports Goal 2 of [ASPR's 2026 – 2029 strategic plan](#), by helping to strengthen healthcare preparedness and response for local, state, and regions. It also supports Goal 3 by offering a pathway to embed deployable disaster telehealth tools and processes directly in MRC units.

This model also aligns with the National Response Framework (NRF), specifically under Emergency Support Function 8 (ESF-8) for Public Health and Medical Services, aligning mission execution, partner engagement, and resource management across multiple organizations. This alignment ensures unified operations, eliminates duplication of effort, and supports seamless integration during emergency response activities.

Alignment With MRC Program Structure

The Disaster MRC Telehealth Strike Team is embedded within the broader Medical Reserve Corps operational model. It aligns with MRC standards for training, credentialing, deployment readiness, and volunteer management. This ensures personnel are prepared, supported, and integrated into local and state response priorities.

Alignment With Public Health and Healthcare Partners

Medical Reserve Units often coordinate with local health departments, healthcare coalitions, hospitals, and EMS agencies to ensure their capabilities directly support local, state, and regional needs. MRCs should continue this coordination under this model and include the following key elements when engaging partners:

- Shared planning and information exchange
- Integration into existing emergency operations plans
- Coordination of patient care pathways and specialty support
- Support for continuity of operations during strained or disrupted conditions

Alignment With Emergency Management Structures

The Disaster MRC Telehealth Strike Team and deployable telehealth asset follows federal, state, and local emergency management frameworks, including NIMS and ICS principles. This alignment ensures:

- Consistent activation and request procedures
- Standardized reporting channels and documentation
- Coordinated logistics, resource management, and operational support

Alignment With Remote Clinical Networks

The deployable telehealth asset leverages established remote provider networks and partner clinicians to augment local care capacity. Alignment includes:

- Defined workflows for virtual consultations
- Standard protocols for documentation and clinical communication
- Agreements ensuring availability and surge support

Alignment With Technology, Security, and Privacy Standards

To maintain interoperability and compliance, the disaster telehealth asset aligns with established standards for:

- HIPAA-compliant telehealth platforms
- Secure data transmission and storage
- Device compatibility with partner organizations
- Cybersecurity protocols and incident reporting procedures

This structured alignment ensures that the MRC deployable telehealth asset functions as a coordinated, collaborative, and compliant component of the emergency response ecosystem.

4.2 Command Principles

The Disaster MRC Telehealth Strike Team and deployable telehealth asset operates under the authority of the designated Incident Command structure for the disaster incident. The MRC Telehealth Facilitator, once deployed, generally reports to the ESF-8 lead in the Operations or Medical Branch leadership of the Emergency Operations Center (EOC), depending on the local or state disaster response configuration. The MRC Telehealth Facilitator should always follow the EOC reporting structure of where they have been deployed and should always remain in constant communication with their designated MRC Unit leadership.

Key command principles include:

- Alignment with ICS protocols and mission objectives
- Clear reporting lines for operational decisions and resource requests
- Integration with medical, logistical, and communications teams

- Continuous coordination with remote clinical partners and local agencies

The command structure ensures that the telehealth asset functions as a unified, responsive component of the broader emergency response system.

4.3 Roles and Responsibilities

4.3.A MRC Unit Leader

The MRC Unit Leader provides overall leadership, coordination, and oversight for the deployable telehealth asset throughout all operational phases. Responsibilities include:

- Authorizing initiation of pre-deployment actions in coordination with Incident Command
- Ensuring personnel readiness, credentialing, and compliance with deployment standards
- Overseeing operational planning, mission briefing, and assignment of team roles
- Serving as the primary liaison between the MRC program, emergency management partners, and clinical stakeholders
- Monitoring operational performance, safety, and adherence to established protocols
- Supporting real-time decision-making related to resource allocation, mission adjustments, and continuity of operations
- Leading post-deployment reviews, contributing to after-action reporting, and validating readiness for future missions

4.3.B Disaster MRC Telehealth Strike Team - Telehealth Facilitator (Volunteer)

Clinical experience is not required for this role. The MRC Telehealth Facilitator assists with the telehealth visit through use of the deployable telehealth equipment while the distant site provider (tele-physician) provides the clinical care. The MRC Telehealth Facilitator should not offer clinical advice or perform clinical services unless specifically authorized by your MRC Unit Leadership. Responsibilities of the MRC Telehealth Facilitator include:

- Setting up and operationalizing telehealth deployable asset, establishing secure connectivity, logging into approved platforms, and preparing system for remote clinical support
- Facilitate virtual clinical assessments and specialty consultations using deployable telehealth equipment
- Documenting patient encounters in accordance with established clinical and regulatory requirements
- Participating in mission briefings to understand operational context, patient care needs, and communication workflows
- Collaborating with on-site medical support for patient continuity of care, escalation decisions, and follow-up recommendations
- Utilizing approved telehealth platforms and tools to ensure secure, accurate, and timely communication
- Maintaining situational awareness of incident conditions and adapting clinical recommendations as needed
- Upholding privacy, security, and ethical standards for telehealth practice during all operations
- Reporting clinical concerns, safety issues, or operational challenges to the MRC Unit Leader or designated clinical supervisor

4.3.C Virtual Disaster Volunteer Physician(s)

- Logging into the approved telehealth platform and any associated Bluetooth medical equipment account(s) to prepare for remote consultation
- Deliver remote consultations, triage assistance, and specialty care within the scope of their licensure

- Document clinical encounters in accordance with disaster regulatory standards
- Coordinate with on-site responders to support patient continuity of care

4.3.D Local/State Emergency Operation Centers (EOCs)

- Authorize MRC deployable telehealth asset activation and deployment
- Integrate the Disaster MRC Telehealth Strike Team and support deployable telehealth asset into the overall response structure
- Provide operational guidance, situational awareness, and resource support to MRC Unit Leadership as needed and appropriate

4.3.E Local Healthcare Facilities / Response Agencies

- Identify care gaps and request deployable disaster telehealth support
- Provide site access, local coordination, and patient flow management
- Collaborate on clinical and operational workflows

5.0 Capabilities and Requirements

5.1 Core Capabilities

5.1.A Patient Assisted Remote Telehealth Consults

The deployable disaster telehealth asset enables patient-assisted remote consultations designed to extend clinical capacity when on-site resources are limited or disrupted. This capability supports real-time evaluation, triage, follow-up, and specialty input. The system facilitates secure, live audio-video consultations between patients and remote clinicians. On-site personnel including MRC volunteers or shelter/hospital staff assist with session setup, collect vital signs, when possible, position devices for examination, and help relay clinical information. This improves access to care during emergencies, reduces unnecessary transport, and enhances continuity of care.

Requirements

- **Operational:** Workflow for patient intake, identity verification, and encounter documentation
- **Clinical:**
 - No clinical advice or clinical care is provided by the MRC Telehealth Facilitator in Model 1.0
 - Distant site providers (telehealth physicians) supporting this model should have the ability to virtually conduct triage, provide general medical assessment, chronic condition management, behavioral health, specialty consultation referrals, etc.
- **Personnel:** Trained MRC personnel to assist with technology use, patient preparation, and communication

5.1.B Support for Shelter-Based, Field-Based, and Hospital-Based Operations

The disaster telehealth asset is designed to adapt to multiple operational environments, providing surge support, continuity of care, and specialty access in diverse settings. Whether deployed in a general population shelter, medical shelter, field treatment site, or partially functioning hospital, the telehealth asset integrates into the existing care structure. It serves as a bridge between onsite responders and remote clinical networks, enabling rapid clinical decision-making and enhancing the capacity of overwhelmed facilities.

Requirements by Operational Setting

Shelter-Based Operations:

- Support for acute care needs, chronic disease management, behavioral health, and public health screening
- Telehealth Solution capable of functioning in shared or improvised spaces
- Capability to escalate cases to higher levels of care

Field-Based Operations:

- Telehealth solution capable of functioning in multiple environments
- Ability to support triage, stabilization, and specialty consultation for traumatic or emergent conditions
- Integration with portable diagnostics, when available

Hospital-Based Operations:

- Seamless integration with existing clinical workflows
- Ability to augment inpatient care, ED surge, and specialty shortages
- Support for continuity when facility infrastructure is compromised

5.1.C Patient Documentation

Accurate, secure, and timely documentation is essential to maintaining clinical continuity and meeting legal and regulatory requirements during telehealth-supported operations. The telehealth asset supports digital clinical documentation for every encounter, regardless of setting. Documentation aligns with standard medical record practices and includes presenting complaints, assessments, interventions, clinical recommendations, and follow-up instructions.

Requirements

- **Operational:** Defined documentation templates for telehealth-enabled encounters
- **Technical:** Secure digital documentation platform or HIPAA-compliant backup method
- **Clinical:** Documentation that meets licensure, credentialing, and emergency response standards

5.2 Technical Requirements

5.2.A Connectivity

Reliable connectivity is fundamental to telehealth operations, ensuring uninterrupted communication with remote clinical partners. If deployed, work with your disaster site supervisor or local IT to mitigate connectivity issues.

Requirements

Ability to operate across multiple connectivity pathways, including:

- Broadband (wired or wireless)
- Satellite links for austere or infrastructure-limited environments
- Cellular networks (4G/5G) with hotspot capability
- Redundant connectivity options to ensure failover capability
- Sufficient bandwidth to support high-quality audio-video consultation
- Secure, encrypted channels in alignment with HIPAA and cybersecurity standards

5.2.B Equipment

Telehealth operations require equipment that is adaptable, secure, and easy to deploy across a range of disaster environments. All equipment must support rapid setup, reliable performance under variable conditions, and compliance with clinical and cybersecurity standards. The deployable telehealth asset should be configured to ensure operability whether used in a general population shelter, field treatment site, or partially functioning healthcare facility.

Requirements

- A mobile telehealth solution (backpack or portable case) containing essential devices and accessories
- High-resolution cameras, integrated audio systems, and noise-reducing microphones suitable for clinical assessments
- External peripherals such as digital stethoscopes, general exam cameras, otoscope/dermascope attachments, and other specialty tools as available
- Charging stations, power banks, and device management tools to ensure readiness during extended operations
- Protective transport cases designed for field use, with weather- and impact-resistant features
- Pre-configured software and platform access to minimize set-up time and ensure secure connectivity
- Standardized labeling and inventory controls to support tracking, maintenance, and replenishment

This equipment package allows volunteers to rapidly establish a functional telehealth capability and ensures compatibility with remote clinical partners and health system requirements.

5.2.C Power

Reliable power is essential for sustained operations in both stable and compromised infrastructure environments.

Requirements

- Access to AC power where available
- Backup battery systems capable of sustaining operations for predefined durations
- Surge protection and power conditioning to protect equipment
- Portable generators or solar-based backup options for field deployments
- Cable management and safety considerations for shelter and field setups

5.3 Clinical Requirements

Safe and effective telehealth delivery depends on clearly defined clinical standards, appropriate licensure, and readiness of personnel operating in a disaster environment. Clinical operations must remain aligned with state and federal requirements, partner facility policies, and emergency authorities active during the incident. The requirements below are established managed by participating health providers and systems of this model.

Requirements

- Licensed clinicians providing care within their authorized scope, by the patient's location, relevant compacts, or approved emergency waivers
- Credentialing, privileging, and verification consistent with partner facilities and emergency authorities
- Training for volunteers and staff on telehealth workflows, equipment uses, patient-assisted examination techniques, infection control, behavioral considerations, and communication
- Defined protocols for triage, escalation, documentation, and referral decisions to ensure clinical consistency across responders
- Mechanisms for real-time clinical oversight, supervision, and consultation between on-site volunteers and remote clinicians
- Commitment to confidentiality, privacy, and secure handling of patient information in line with HIPAA and state requirements
- Procedures for documenting encounter details, follow-up needs, and patient disposition to maintain continuity of care

These clinical foundations ensure the telehealth capability supports safe, coordinated, and compliant patient care in disaster settings.

6.0 Deployment Operations

6.1 Request Process

The Disaster MRC Telehealth Strike Team is requested through established emergency management channels in coordination with the MRC Unit Leader and local or state Emergency Operations Centers (EOCs). Activation requests may originate from public health agencies, healthcare facilities, shelters, or incident command when additional clinical support or telehealth capability is needed. Upon receiving a request, the MRC Unit Leader validates mission objectives, confirms resource availability, and ensures alignment with activation criteria. Approved requests are communicated to the appropriate MRC volunteers, and the Disaster MRC Telehealth Strike Team is activated according to ICS/NIMS procedures.

6.2 Mobilization Procedures

Once activated, MRC volunteers prepare the telehealth deployable asset, confirm platform access, and verify operational readiness before leaving for the deployment site. Mobilization includes transport of the telehealth backpack or portable solution, coordination with both MRC and deployment site leadership, and adherence to check-in procedures upon arrival at deployment site. The MRC Telehealth Facilitator establishes connectivity, sets up the telehealth workspace, and reviews site-specific workflows and safety considerations before initiating operations.

6.3 Operational Workflow

Operational workflow guides the sequence of activities from initial patient encounter to final documentation. A typical workflow includes:

- Preparing the telehealth deployable asset and establishing a secure connection
- Receiving or identifying an individual needing virtual consultation

- Assisting with the remote clinical assessment as needed
- Documenting the encounter in accordance with established procedures
- Coordinating referrals, follow-up care, or transport with on-site teams
- Cleaning equipment for next patient encounter.

Operational workflows may be adapted depending on the setting, patient volume, or complexity of the incident.

6.4 Integration with Field Operations

The Disaster MRC Telehealth Strike Team and deployable telehealth asset integrates into existing field operations to enhance coordination and ensure seamless patient care. MRC volunteers work alongside EMS, shelter medical teams, hospitals, public health agencies, and remote clinical partners. Although ICS/NIMS does not dictate clinical decisions, it does govern how decisions are communicated, approved, documented, and resourced. This integration supports unified operations, minimizes duplication of effort, and ensures continuity across care environments.

6.5 Safety and Security

Volunteer and patient safety remain central to all telehealth operations. Volunteers follow site-specific safety procedures, maintain situational awareness, and escalate concerns through designated channels. Telehealth activities must also comply with data security and privacy requirements, including HIPAA standards, secure transmission of information, and appropriate handling of devices and documentation. If secure connectivity cannot be maintained, telehealth consultations cannot occur, and on-site clinical workflows must be followed.

7.0 Training and Exercises

7.1 Training Requirements

Training and exercises ensure that all personnel operating under the Disaster MRC Telehealth Strike Team maintain the skills, confidence, and operational fluency required for successful deployment. The program includes structured training requirements, an annual hands on exercise, and defined competency evaluation processes. All MRC volunteers on the disaster telehealth strike team complete baseline training that covers telehealth equipment operation, patient-assisted consult workflows, and ICS/NIMS integration. Clinical personnel receive additional instruction on virtual assessment techniques, and emergency escalation. Presenters also receive system configuration, troubleshooting, and connectivity readiness training. Refresher training is recommended to be conducted at a minimum, annually.

7.2 Exercise Schedule

The MRC Disaster Telehealth Strike Team should participate in a blend of tabletop, functional, and full-scale exercises throughout the year (dependent on funding and resources) with their healthcare disaster response partners including health systems, healthcare coalitions, local/state emergency management, etc. Annual drills tests on system setup, and connectivity. Annual functional exercises simulate real-world patient encounters and coordination with remote clinical partners. Participation in regional or statewide emergency response exercises provides opportunities to validate interoperability with healthcare and emergency management partners.

7.3 Competency Evaluation

Competency is assessed through observation, skills checklists, scenario-based evaluations, and performance during exercises. Evaluations focus on equipment proficiency, adherence to clinical and operational protocols, communication effectiveness, and readiness to operate under emergency conditions. Feedback loops such as after-

action reports, coaching, and targeted retraining ensure continuous improvement and sustained operational excellence.

8.0 Sustainment and Logistics

8.1 Resource Management

Through standardized resource tracking systems, the team monitors availability, location, and condition of all deployable telehealth assets. The MRC Unit Leader or designated logistics officer coordinates resource requests with Incident Command and collaborating agencies. Inventory controls ensure peripherals, documentation supplies, and protective equipment remain adequate throughout operations. Resource management includes pre-deployment planning, real-time tracking, and post-deployment reconciliation.

8.2 Funding and Sustainment Plan

Responsibility for identifying, pursuing, and securing funding for the Disaster MRC Telehealth Strike Team rests with the individual MRC Unit. The deployable telehealth assets may be funded through a combination of federal grants, state and local emergency preparedness funds, MRC program support, partner contributions, and private-sector opportunities, including corporate sponsorships, foundation, or grant funding. It is important to budget for equipment upgrades, training, data systems, replacement cycles, and sustainment activities.

Sustainment activities include scheduled maintenance, resupply, equipment cleaning, credentialing updates, and continuous training. The asset is supported through pre-positioned supplies, replenishment plans, and periodic readiness checks. Sustainment ensures the asset remains deployable, reliable, and aligned with evolving response needs.

8.3 Partnerships

The Disaster MRC Telehealth Strike Team and deployable telehealth assets rely on strong partnerships with public health agencies, hospitals, healthcare coalitions, emergency management, technology vendors, academic health institutions, and remote clinical networks. These partnerships facilitate shared planning, joint exercises, training, coordinated clinical protocols, and shared funding opportunities. Memoranda of understandings provide structure for resource sharing, rapid mobilization, and cross-jurisdiction support. Partnerships ensure the deployable telehealth asset remains integrated, scalable, and responsive to community needs.

9.0 Communications

9.1 Internal Communications

Effective internal communication ensures the Disaster MRC Telehealth Strike Team and deployable telehealth asset operates as a unified, coordinated element of the broader response. Internal communication flows between the MRC Unit Leader, MRC volunteers, technical support personnel, and on-site response partners.

Internal communications focus on maintaining situational awareness, tracking patient care activities, coordinating technology use, and ensuring safety and accountability. Communication occurs through designated channels such as phone/radio, secure messaging platforms, email, and scheduled briefings. Clear reporting lines minimize confusion and support rapid decision-making when conditions change. Daily operational updates, shift-change handoffs, and brief mission snapshots keep the entire team aligned with objectives and evolving needs.

9.2 External Communications

External communication ensures the telehealth asset is integrated into the broader emergency response structure and connected with leadership, partner agencies, and remote clinical networks.

External communications follow ICS/NIMS protocols to support consistent information flow with Incident Command, public health agencies, healthcare facilities, and remote clinical partners. This includes sharing operational updates, resource needs, patient trends, and technology status reports. When necessary, the telehealth asset supports public-facing communication through coordinated messaging with emergency management and public health information officers. All communication aligns with established policies to maintain accuracy, confidentiality, and unity of message.

9.3 Redundancy Planning

Backup power sources, reserve telehealth devices, and duplicate chargers safeguard against equipment failure. Redundant operational workflows, such as paper documentation or offline data capture, ensure that clinical care and patient records continue uninterrupted. Redundancy planning preserves capability under stress and supports rapid recovery from disruptions. However, if reliable internet connectivity cannot be established through any available pathway, telehealth consultations cannot be conducted, and on-site clinical care workflows must be followed.

10.0 Evaluation and Improvement

10.1 Performance Metrics

Performance metrics provide an objective method to assess the effectiveness, efficiency, and reliability of the Disaster MRC Telehealth Strike Team operations and telehealth asset during deployments and exercises. The MRC Unit Leader, in coordination with technical and clinical partners, should work together to develop metrics and an evaluation for their response efforts.

10.2 After-Action Reviews (AARs)

Following each deployment, exercise, or significant operational event, the Disaster MRC Telehealth Strike Team participates in a structured After-Action Review (AAR). The AAR process captures observations from volunteers, clinical partners, incident command staff, and technical support personnel to identify what worked well, what challenges occurred, and where additional procedures or resources may be needed.

Findings from the AAR are documented and synthesized into an Improvement Plan that assigns responsibility, timelines, and required follow-up actions. Lessons learned directly inform updates to training modules, operational workflows, equipment configurations, and coordination processes with partner agencies. The AAR process strengthens readiness and ensures continuous refinement of the capability.

10.3 Continuous Quality Improvement (CQI)

Continuous Quality Improvement activities are embedded in routine program management to ensure the telehealth asset evolves with changing technology, response requirements, and clinical standards. CQI activities may include periodic equipment reviews, documentation audits, technology performance checks, assessment of adherence to privacy and security requirements, and evaluation of training effectiveness.

Recommendations identified through CQI efforts are integrated into updated SOPs, training curricula, hardware/software upgrades, and refinements to deployment workflows. This continuous cycle of review and

enhancement ensures the telehealth asset remains reliable, interoperable, and prepared for deployment across diverse operational environments.

11.0 Addendums

11.1 Acronyms & Definitions

The acronyms and definitions provided are in the context of the Disaster MRC Telehealth Strike Team to clarify terms relevant to roles, equipment, and operations.

Active Deployment	When an MRC volunteer is officially assigned to support a real-world emergency or response mission under their MRC unit's direction.
Asynchronous	Something that does not happen in real time, completed on one's own schedule, like online training completed when convenient.
Bluetooth Stethoscope	A stethoscope that wirelessly connects to a phone, tablet, or computer so heart and lung sounds can be heard, recorded, or shared remotely.
Deployable Asset	Any resource, such as people, equipment, or supplies, that can be sent out to support a disaster response when needed.
Deployment Reimbursement Tracker	A tool used to record and track expenses during deployment so MRC volunteers and units can be properly reimbursed as appropriate and needed.
Deployment Site	A specific location where MRC volunteers are sent to carry out their assigned response duties for disaster response.
Deployment Site Supervisor	The person in charge at the deployment site directs and supports MRC volunteers in their assigned roles.
Disaster Virtual Care (DVC)	The use of telehealth technology to connect patients with medical professionals remotely during disasters when in-person care may be limited.
Distant Site Provider	A healthcare professional who delivers care to patients remotely through virtual care (telehealth) from another location.
Hotspot	A device that provides a portable internet connection so an MRC volunteer can access online systems from anywhere.
Horus Scope	A digital medical device that lets you view, record, and share detailed images of the ear, throat, or other body parts for remote medical evaluation.
Medical Reserve Corp (MRC)	A network of local volunteers who support public health and emergency response efforts in their communities.
Mi-Fi	A small portable device that creates a personal Wi-Fi hotspot, allowing multiple devices to connect to the internet on the go.
NIMS	The National Incident Management System (NIMS) is a standardized framework that guides how volunteers and agencies work together during emergencies and disasters.
Post Deployment	The period after an MRC volunteer finishes a mission, when activities like debriefing, reporting, and follow-up occur.
Pre Deployment	The period before an MRC volunteer goes on a mission, used for preparation, training, and planning.

Presenter	The MRC volunteer who assists the patient at a disaster site with connecting to a healthcare professional remotely through virtual care technology.
Provider	A healthcare professional who delivers medical care remotely to patients during emergencies or disasters.
Starlink	A satellite internet service that provides fast, reliable internet access in remote or disaster-affected areas.
Virtual Care Platform	An online system that allows healthcare providers to see, assess, and treat patients remotely.
Wi-Fi	A wireless network that allows devices to connect to the internet without cables.

11.2 Deployable Telehealth Asset Contents

Deployable asset contents will depend on funding and focus initiatives of MRC unit.



11.3 Deployable Telehealth Asset Checklist: Pre & Post Deployment

1. PRE DEPLOYMENT CHECKLIST

Note if listed item is MRC presenter's possession, number of item(s) in backpack, confirm if item(s) charged – if applicable, any missing or broken items or equipment, etc.

- ☐ Backpack_____
- ☐ Laptop or Tablet _____
- ☐ Cords for Laptop or Tablet _____
- ☐ Battery Charger for Laptop or Tablet_____
- ☐ MiFi or Hotspot Device_____
- ☐ External USB Camera_____
- ☐ External USB Microphone/Speaker_____
- ☐ Double “AA” Batteries_____
- ☐ Alcohol Wipes_____
- ☐ Peripheral Case_____
- ☐ Bluetooth Stethoscope_____
- ☐ Handheld Horus Scope _____
- ☐ Lens Attachments for Horus Scope_____
- ☐ Other Item(s)_____
- ☐ Additional Notes_____

2. POST DEPLOYMENT CHECKLIST

Note if listed item is MRC presenter's possession, number of item(s) in backpack, confirm if item(s) charged – if applicable, any missing or broken items or equipment, etc.

- ☐ Backpack_____
- ☐ Laptop or Tablet _____
- ☐ Cords for Laptop or Tablet _____
- ☐ Battery Charger for Laptop or Tablet_____
- ☐ MiFi or Hotspot Device_____
- ☐ External USB Camera_____
- ☐ External USB Microphone/Speaker_____
- ☐ Double “AA” Batteries_____
- ☐ Alcohol Wipes_____
- ☐ Peripheral Case_____
- ☐ Bluetooth Stethoscope_____
- ☐ Handheld Horus Scope _____
- ☐ Lens Attachments for Horus Scope_____
- ☐ Other Item(s)_____
- ☐ Additional Notes_____

11.4 Emergency Contact List

This is an example of an emergency contact list. This list should be customized to your MRC Unit's local and state area.

Emergency Response Contacts	Number(s) to Call
Ex: Police, Fire, Medic/Ambulance	911
Ex: Police - Non-Emergency	Specific to area being deployed
Ex: - Poison Control	Specific to each state

MRC Unit Contacts	Work Cell	After-Hours Cell	MRC Email
Ex: Deployment Point of Contact			
Ex: Back up Point of Contact			
Ex: MRC President / Director			

Regional/State MRC Contacts	Work Cell	After-Hours Cell	Email
Will be specific to each MRC unit's region and state			

Virtual Care Provider Contacts	Work Cell	After-Hours Cell	Email
Contact(s) for teams, groups, health systems, or vendors that are providing disaster virtual care service			

Medical Contacts	Work Cell	After-Hours Cell	Email
Consider Healthcare Coalitions, hospitals and healthcare facilities, pharmacies, etc.			

Community Organizations	Work Cell	After-Hours Cell	Email
Consider contacts for VOADs, American Red Cross, Faith-based Organizations, CERTs, etc.			

Emergency Management Agencies	Work Cell	After-Hours Cell	Email
Local and state, specific to the MRC unit's region			

11.5 MRC Disaster Deployment Reimbursement Tracker

This is an example of a deployment reimbursement tracker. This list should be customized based on your MRC Unit's policies and procedures.

DISASTER EVENT		
Date(s) Deployed		Deployed to
NOTE: Submit copies of documentation to support expenses documented on this form.		
Travel Costs Related to Deployment		
Total mileage to & from deployment site	Total mileage expense	\$
Rental car	Total rental car expense	\$
Parking fees/tolls incurred for parking while performing MRC duties;	Total parking fee & toll expense	\$
Other: Provide details here.	Total other expense	\$
Travel expenses may or may not be approved for reimbursement contingent on MRC unit's disaster event reimbursement policy.	Total Travel Expense	\$
Lodging/M meal Costs Related to Deployment		
Lodging required for deployment. <i>Only claim if deployment site <u>does not</u> provide shelter/lodging for MRC volunteer.</i> Enter lodging location here.	Total lodging expense (room, tax). <i>Do not include additional room charges for use of room service, mini-bar, pay-per-view, etc.</i>	\$
Meals required during deployment. <i>Only claim if deployment site does not provide meals for the MRC volunteer.</i> Enter the meal location(s) here.	Total meal expenses. <i>Do not include alcohol. Note: Meals are capped at the MRC unit's per diem rate.</i>	\$
NOTE: Lodging expenses may or may not be approved for reimbursement contingent on MRC unit's disaster event reimbursement policy.	Total Lodging Expense	\$
Other Costs Incurred Related to Deployment		
Describe expense here and how it is related to MRC deployment.	Total expense	\$
Describe expense here and how it is related to MRC deployment.	Total Expense	\$
NOTE: Other costs incurred may or may not be approved for reimbursement contingent on MRC unit's disaster event reimbursement policy.	Total Other Costs Incurred Expense	\$
Total Expense for Disaster Deployment		\$

11.6 Training Resources

	• Telehealth Presenter Training • Free • Online Video	https://telehealth-in-practice.thinkific.com/courses/telehealth-introduction
	• Shelter Fundamentals Course • Disaster Mental Health	https://www.redcross.org/take-a-class/disaster-training?srsId=AfmBOopZcN4123c1WRThm6aOylixwZRLDX1mc-trpaNTORwHuYCbkC0x
	• First Aid/CPR	https://www.redcross.org/take-a-class?scode=PSG00000E017&gclsrc=aw.ds&ds_rl=1289062&gad_source=1&gad_campaignid=12295555149&gbraid=0AAAAAD0HxsCqWY8kGtD-74ITnUblE8MTB&gclid=Cj0KCQjw2MbPBhCSARIsAP3jP9wO2V7VwmHseCFnmDOOe4D6g7vGzvxooWY8kl10_BN7mY0Gjd7O_xwaAldWEALw_wcB
	• IS-100.C & IS-700.B • Free, self-paced online course	https://training.fema.gov/is/crslist.aspx?lang=en
	• Free, online • Cultural competency program for disaster & emergency management	https://thinkculturalhealth.hhs.gov/education/disaster-and-emergency

	• MRC TRAIN Learning Network • Catalog of training opportunities for emergency preparedness, response, and public health	https://www.train.org/mrc/welcome
	• American College of Surgeons (ACS) virtual Stop the Bleed course • Usually, there is no charge for most ACS Stop the Bleed courses • Virtual and in-person courses offered	https://cms.bleedingcontrol.org/class/search
	• If deploying an MRC volunteer that speaks a second language, it is recommended a medical interpreter certification be considered. • Under the Affordable Care Act (Section 1557), healthcare providers must use qualified medical interpreters for patients with limited English proficiency. This requirement remains in place during disasters, though flexibility may be applied to avoid delays in care.	https://www.certifiedmedicalinterpreters.org/

11.7 Funding Sources List

All web links were last accessed in January 2026. If links are no longer active, reference titles can be searched directly on the issuing agency's website.

Grant Name	Type	Brief Description	Links
HRSA: General Information on Finding Grants	Federal	Opportunities on a variety of federal grants, from a variety of different programs.	data.hrsa.gov/topics/grants/find-grants
ASPR Hospital Preparedness Program (HPP)	Federal	Emergency readiness, surge capacity, health coalitions	www.tfah.org/wp-content/uploads/2025/04/FY26-ASPR-...
NIH Remote Monitoring Biomarkers (PAR-25-170)	Federal	Digital health, remote monitoring in care delivery	telehealth.hhs.gov/funding-opportunities
NIH Laboratories to Optimize Digital Health (PAR-25-136)	Federal	Mental health innovation and tele-digital models	grants.gov/search-results-detail/357034
NIH Provider-to-Provider Effectiveness NOSI	Federal	Effectiveness of provider telehealth communication	telehealth.hhs.gov/funding-opportunities
HRSA Office for Advancement of Telehealth (OAT)	Federal	Technical assistance, rural telehealth system grants	www.hrsa.gov/rural-health/telehealth
HRSA National Technical Assistance Programs (HRSA-26-009)	Federal	National Technical Assistance Programs (NTAPs) develop, deliver, coordinate, and evaluate technical assistance (TA) to existing and potential health centers, both directly and collaboratively with other HRSA-funded TA programs.	www.hrsa.gov/grants/find-funding/HRSA-26-009
SAMHSA Crisis Response and Behavioral Health NOFOs	Federal	Behavioral health, crisis response, and tele-mental health	www.samhsa.gov/grants
EMSC Grants via HRSA	Federal	Pediatric emergency care including telehealth enhancements	mchb.hrsa.gov/programs-impact/emergency-medical-se...
FEMA: Preparedness Grants	Federal	A variety of programs for Emergency Management, performance, Firefighters, and more.	www.fema.gov/grants/preparedness
Department of Homeland Security: Prevention Resource Finder for Grant Funding Opportunities	Federal	Federal grants fund research, new equipment, technical assistance, security enhancements, capacity building, training and exercises, victim support, mental health interventions, and more. Funding is available for state and local governments, educators, health care practitioners, law enforcement, and others.	www.dhs.gov/prevention/clearinghouse-category/gran...
FEMA Nonprofit Security Grant Program	Federal	The Nonprofit Security Grant Program (NSGP) provides funding support for target hardening and other physical security enhancements and activities to nonprofit organizations that are at high risk of terrorist attack.	www.fema.gov/grants/preparedness/nonprofit-security
Administration of Children and Families Grants	Federal	ACF, a division of the Department of Health and Human Services issues federal financial assistance awards like grants and cooperative agreements to promote the economic and social well-being of children, families, and communities.	acf.gov/grants
HHS Using Innovative Digital Healthcare Solutions to Improve Quality at the Point of Care (PA-24-266)	Federal	Research on healthcare costs, quality, and outcomes	grants.gov/search-results-detail/355533
HRSA Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program:	Federal	The MIECHV Program supports pregnant women and parents with young children who live in communities that face greater risk and	www.hrsa.gov/grants/find-funding/HRSA-26-091

Grant Name	Type	Brief Description	Links
Base and Matching Grant Awards (HRSA-26-091)		barriers to achieve positive maternal and child health outcomes.	
Patient-Centered Outcomes Research Institute (PCORI)	NGO	Research on patient-centered outcomes, often funds telehealth innovations in care delivery	www.pcori.org/funding-opportunities
Global Health Innovative Technology (GHIT) Fund	NGO	Public-private R&D funding for health technologies, including telehealth tools	www.ghitfund.org/applyforfunding/opportunities/en
Verizon Foundation	Private Company	Innovative connectivity, digital inclusion, mobile health access	www.verizon.com/about/responsibility/grant-require...
Walmart Foundation	Private Company	Community health equity, digital access in rural areas	walmart.org/what-we-do/strengthening-community
AT&T Foundation	Private Company	Connected health, rural telehealth infrastructure, device access	sustainability.att.com/priority-topics/community-e...
Walmart Spark Good Local Grants	Private Company	Community resilience, clinics, equipment (e.g. telehealth carts, hotspots)	www.walmart.org/how-we-give/program-guidelines/spa...
Target Community Grants (via local stores)	Private Company	Health & community preparedness	corporate.target.com/sustainability-governance/com...
CVS Health Foundation	Private Company	Community clinic support, telehealth enablement	www.cvshealth.com/impact/healthy-community.html#:~...
Cisco Crisis Response	Private Company	Deployable connectivity kits for emergencies	www.cisco.com/site/us/en/about/purpose/social-imp...
Cisco Product Grants	Private Company	Networking hardware donations	www.cisco.com/site/us/en/about/purpose/social-imp...
Amazon Disaster Relief	Private Company	In-kind relief logistics & equipment	logistics.amazon.com/marketing/disaster-relief-res...
Google.org Crisis Response	Private Company	Disaster grants & technical assistance	crisisresponse.google
Google Ad Grants	Private Company	Recruitment of MRC volunteers, patient education	www.google.com/grants
AWS Imagine Grant	Private Company	Cloud-based innovation (tele triage, dashboards)	aws.amazon.com/government-education/nonprofits/aws...
Spectrum Digital Education Grants	Private Company	Devices + training for underserved telehealth users	corporate.charter.com/digital-education/grants
Direct Relief - Power for Health Microgrants	Private Foundation	Disaster-resilience tech (e.g. solar + battery microgrid for CHCs delivering telehealth services)	www.directrelief.org/issue/resilient-power
John A. Hartford Foundation - Age-friendly tech grants	Private Foundation	Telehealth or digital tools serving older adults (care-at-home, palliative care). Priority areas include home care and caregiver support	www.johnahartford.org/grants-strategy
Robert Wood Johnson Foundation (RWJF)	Private Foundation	Health equity, digital health, rural resilience	www.rwjf.org/en/how-we-work/grants-explorer/fundin...
Bill and Melinda Gates Foundation - Grand Challenges RFPs	Private Foundation	Tech/digital health innovations (e.g. maternal health telehealth, rural diagnostics)	www.gatesfoundation.org/about/committed-grants
Hearst Foundations	Private Foundation	Health services for underserved populations; telehealth projects may be included under Health funding	www.hearstfdn.org
Grand Challenges Canada	Private Foundation	Global health and digital innovations, e.g., telehealth diagnostics	www.grandchallenges.ca/funding-opportunities
Georgia Health Foundation general grants	Private Foundation	General health-related funding (may support telehealth projects)	www.gahealthfdn.org/grants
Blue Cross / Blue Shield Foundations (state affiliates)	Private Foundation	Health equity, rural access, disaster resilience	www.bluecrossmafoundation.org/grants

Grant Name	Type	Brief Description	Links
ABIM Foundation: Grants	Private Foundation	The ABIM Foundation provides funding to projects that are in alignment with our mission to advance the core values of medical professionalism as a force to improve the quality of health care.	abimfoundation.org/what-we-do/grants
United Healthcare: Children's Foundation Grants	Private Foundation	Medical funding for children	www.uhccf.org/apply-for-a-grant
Rx Foundation: Grants and Programs	Private Foundation	The Rx Foundation is a private foundation supporting nonprofit organizations promoting health justice, healing, and wellness in communities throughout the United States. Recent programs include vaccine initiatives and health advocacy.	www.rxfoundation.org/grants/programs
The Physicians Foundation Grants	Private Foundation	Their grants support nonprofits, universities, hospital systems and medical society foundations to strengthen the physician-patient relationship, support medical practices' sustainability and help physicians be leaders in our ever-changing health care system.	physiciansfoundation.org/grant-portfolio
Cigna Group Foundation Grants	Private Foundation	Grant Programs include improving youth mental health, improving veteran mental health through housing stability, and reducing barriers to health equity.	www.thecignagroup.com/our-impact/esg/healthy-socie...
AstraZeneca Foundation Grants	Private Foundation	Programs include Health Access, Breast Cancer Awareness, and Disaster Relief for Employees.	www.astrazeneca-us.com/sustainability/healthcare-f...
Lion's Club International Foundation Grants	Private Foundation	They offer a Disaster Preparedness Grant, Emergency Grants, and Major Catastrophe Grants	www.lionsclubs.org/en/member-resource-center/grant...
Wells Fargo Trust Philanthropic Services: Conscious Kids Grant	Private Foundation	Conscious Kids awards grants to organizations to provide support services to children and families struggling in underserved communities, including but not limited to those experiencing homelessness, living in or aging out of foster care, needing access to tuition assistance, tutoring and internships, or other basic services to improve their daily lives.	www.wellsfargo.com/private-foundations/conscious-k...
Alfred P. Sloan Foundation Grants	Private Foundation	In selecting projects for funding, the Foundation seeks proposals for original initiatives led by outstanding individuals or teams.	sloan.org/grants/apply
Climate Resilience Fund	Private Foundation	Climate smart communities' initiative, Wildfire resilience funders, climate resilience regional challenge	www.climate resilience fund.org
Climate smart Communities Initiative:	Private Foundation	CSCI awards provide funding and technical assistance to advance community-based climate resilience in US communities or regions that are highly vulnerable to the impacts of climate change.	climatesmartcommunity.org/funding
Caplan Foundation for Early Childhood Grant Information	Private Foundation	The Caplan Foundation for Early Childhood is an incubator of promising research and development projects that appear likely to improve the welfare of young children, from infancy through 7 years, in the United States.	earlychildhoodfoundation.org/#program-guidelines
Southeastern Telehealth Resource Center (SETRC)	Regional	Technical support for Region 4 states	www.setrc.us
South Central Telehealth Resource Center (SCTRC)	Regional	Telehealth training, tools for underserved communities	learntelehealth.org
Georgia BEAD Grant Program	State	Broadband expansion in underserved Georgia communities	broadband.georgia.gov/bead-grant-applications
Georgia Council on Lupus Education and Awareness	State	Rural lupus telehealth + ECHO support	dph.georgia.gov/about-dph/other-offices-and-genera...

Grant Name	Type	Brief Description	Links
(GCLEA) Telemedicine Expansion (DPH)			
Alabama USDA DLT support — network listings	State	AL Rural Health OPS links to USDA specialists	www.alabamapublichealth.gov/ruralhealth/telehealth...
North Carolina (NC): Telehealth Infrastructure Grant Program (Waves)	State	State-appropriated competitive grants via NC DHHS Office of Rural Health	www.ncdhhs.gov/about/grant-opportunities/rural-hea...
Tennessee (TN): No single, evergreen “telehealth grant,” but TDH portfolios and initiatives explicitly include telehealth (e.g., TN Strong Families – Telehealth Project)	State	Monitor TDH’s funding portal and related RFAs; telehealth is often an allowable modality under broader access/behavioral health programs.	tn.gov/health/health-program-areas/fhw/funding-and...
Georgia Grant Watch Grants	State	Discover grants to support medical research, healthcare programs, patient care, and public health initiatives. Funding supports advancements in treatment, disease prevention, healthcare access, medical equipment, health education and community health services.	georgia.grantwatch.com/cat/14/health-and-medical-g...
Georgia Health Foundation Grants	State	The Georgia Health Foundation supports nonprofits making a meaningful impact on health and well-being across Georgia. Our grants help organizations improve community health through direct services, innovative programs, collaboration, and advocacy initiatives.	www.gahealthfdn.org
Georgia Emergency Management and Homeland Security Agency Grants and Programs	State	The Homeland Security Grant Program supports the core capabilities across the five mission areas of Prevention, Protection, Mitigation, Response, and Recovery based on allowable costs.	gema.georgia.gov/assistance/preparedness-grants-an...
Georgia Center for Nonprofits: Funding and Resource Opportunities	State	A variety of resources, programs, and grant opportunities ranging from disaster relief to innovation, to students and youth awards.	gcn.org/resource-hubs/funding-and-resource-opportun...
The Grant Portal	State	General Resource for finding a variety of grants	www.thegrantportal.com
Georgia Community Foundation for Greater Atlanta	State	Arts, Culture, Neighborhood focused, housing, and Resiliency	cfgreateratlanta.org/grant-opportunities/#opportun...
Duke Energy Foundation Grant Opportunities	Private Foundation	The Duke Energy Foundation is focused on strengthening and uplifting communities with grant funding.	foundation.duke-energy.com/grants
Resilient Cities Network Grants	Private Foundation	A variety of international projects in North America, Europe, Latin America-Caribbean, Africa, and Asia-Pacific	resilientcitiesnetwork.org/rcifunds
Annie E. Casey Foundation Grant information	Private Foundation	The Annie E. Casey Foundation is committed to building a brighter future for children who face significant obstacles on the road to adulthood. To help kids, we must invest in the parents who raise them and the neighborhoods where they live.	www.aecf.org/grant-making
Georgia Community Foundation for Greater Atlanta	Capacity Building and Technical Assistance The selected applicants also could build their capacity and receive	https://cfgreateratlanta.org/nonprofit-sector-sustainability-fund/	

Grant Name	Type	Brief Description	Links
	technical assistance.		
Substance Abuse Telehealth Network	Federal	Mental and Emotional Health, Community, Technical Assistance	www.samhsa.gov/grants/grants-dashboard/forecasts
HRSA Telehealth Nutrition Services Network Grant Program (HRSA-26-076)	Federal	Telehealth nutrition and chronic disease management	simpler.grants.gov/opportunity/43b2cf38-ad26-492e-...
SAMHSA Disaster Distress Helpline (SM-26-011)	Federal	Substance Abuse and Mental Health Services Projects of Regional and National Significance	grants.gov/search-results-detail/360974

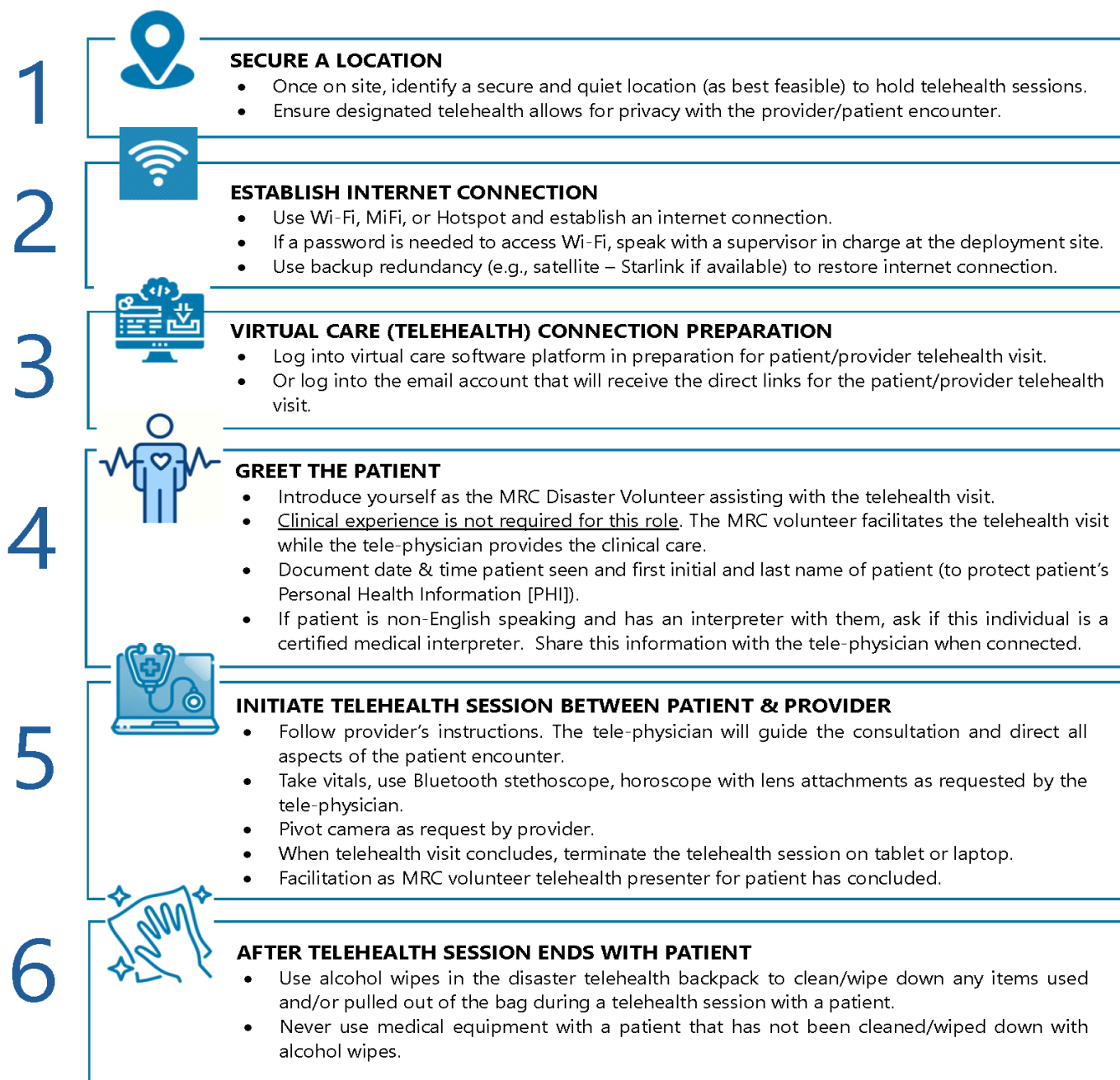
11.8 Regulatory References

All web links were last accessed in January 2026. If links are no longer active, reference titles can be searched directly on the issuing agency's website.

Regulatory Authority / Guidance	Link*
Interstate Medical Licensure Compact (IMLC)	www.imlcc.org
Nurse Licensure Compact (NLC)	www.ncsbn.org/nurse-licensure-compact
CMS §1135 Waiver Guidance	www.cms.gov/about-cms/agency-information/emergency...
Emergency Management Assistance Compact (EMAC)	www.emacweb.org
Federation of State Medical Boards (FSMB) – Emergency Licensure Policies / Host State Rule	www.fsmb.org
ASPR ESF-8 / State Medical Coordination Guidance	aspr.hhs.gov
CCHP State Telehealth Laws & Reimbursement Policies	www.cchpca.org/resources/state-telehealth-laws-and-...
Federal Tort Claims Act (FTCA)	www.justice.gov/civil/ftca
Volunteer Protection Act (42 U.S.C. §14501)	uscode.house.gov/view.xhtml?req=(title:42%20sectio...
PREP Act	aspr.hhs.gov/legal/PREPact/Pages/default.aspx
EMAC Legislation	www.emacweb.org/index.php/learn-about-emac/emac-le...
NGA Liability & Immunity Overview	www.nga.org/wp-content/uploads/2020/05/Memorandum-...
HHS OIG Telehealth Audit Reports	oig.hhs.gov/reports-and-publications/featured-topi...
HIPAA Privacy Rule	www.hhs.gov/hipaa/for-professionals/privacy/index...
HIPAA Security Rule	www.ecfr.gov/current/title-45/section-164.310
HIPAA Breach Notification Rule	www.ecfr.gov/current/title-45/subpart-D
HHS OCR Emergency HIPAA Bulletins	www.hhs.gov/hipaa/for-professionals/special-topics...
NIST SP 800-53 Rev 5 (Cybersecurity Controls)	csrc.nist.gov/publications/detail/sp/800-53/rev-5/...
CMS Telehealth Billing & Coding Guidance	www.cms.gov/medicare/medicare-general-information/...
Modifier 93 – Audio-Only CPT Modifier	www.ama-assn.org/practice-management/cpt/cpt-appen...
CMS 1135 Billing Flexibilities During Emergencies	www.cms.gov/coding-billing/claims-public-health-em...
Medicaid Disaster Response Toolkit (State flexibilities)	www.medicaid.gov/resources-for-states/disaster-res...
FEMA Public Assistance Program & Policy Guide	www.fema.gov/assistance/public
HRSA Grants & Provider Relief Guidance	www.hrsa.gov/grants
Uniform Grant Guidance (2 CFR 200)	www.ecfr.gov/current/title-2/subtitle-A/chapter-II...

11.9 MRC Telehealth Facilitator Job Aid

A step-by-step workflow for the MRC volunteer telehealth presenter, from site arrival through session close-out.



REMINDERS:

- ✓ Always check in with supervisor or manager upon arrival at deployment site.
- ✓ Before starting disaster telehealth facilitation on site, discuss with the supervisor or manager on site what the protocol is to reach them quickly, if needed, while you are with a patient (and cannot leave the patient).
- ✓ **Do not offer clinical advice or perform clinical services** unless specifically authorized by your MRC Unit Leadership.
- ✓ Keep your cell phone on, ringer up, and charged (if possible) while deployed.