



COVID-19 Daily Update

Maryland Department of Health
Maryland Primary Care Program
Program Management Office

1 June 2020

Phase 1 Maryland Strong Recovery Advanced Primary Care on the Front Line



Even as we emerge from our shelters the COVID-19 virus remains among us. To get through this phase we must protect our vulnerable patients or fall backward.

Agenda

- ❖ Today's Morbidity and Mortality Data
- ❖ Reopening the State during a pandemic
- ❖ Keeping our Patients Safe during Recovery
- ❖ Primary Care's Role in Expanded Testing and Contact Tracing
- ❖ Future webinars
- ❖ Q & A
- ❖ Resources Appendix

How are we doing?

Day 17 into Phase 1 Reopening

- ❖ Data-driven decisions
 - COVID hospitalizations - trailing by 2-3 weeks
 - COVID ICU and ventilator occupancy - trailing by 2-4 weeks
 - COVID deaths - trailing indicator by 3-5 weeks after opening
 - COVID-positive percent - declines as testing for asymptomatic expands
- ❖ Primary Care Role
 - Identify and safely care for at-risk patients –harm reduction
 - address pent-up demand
 - Testing and managing quickly expanding results - PCR and antibody
- ❖ Business Role
 - Open using safety guidelines and best practices
- ❖ Public Role
 - Adhere to safe practices
- ❖ Hospital Role
 - Available for surge if it happens
 - Continue to care for COVID-19 patients

Morbidity and Mortality Update

	New Cases (5/31)	Cumulative Cases	Cumulative Hospitalized	Cumulative Deaths
United States		1,761,503 (5/31)		103,700 (5/31)
Maryland	549	53,327	17.0%	2431

	20-29	30-39	40-49	50-59	60-69	70-79	80+
% of cases	13.87	18.64	18	16.26	11.74	7.53	7.13
Case rate (per 100,000)	917.59	1215.55	1237.94	1000.48	923.29	1052.55	1745.30
% of cases hospitalized	6.07	8.39	12.34	20.18	28.91	39.81	30.79
Rate hospitalized (per 100,000)	55.7	102.01	152.71	201.92	266.91	419.03	537.4

COVID-19 Daily Report - Maryland Department of Health

Data reported as of 6/1/2020

53,327
confirmed cases

8,772
tests reported 5/31

357,545
cumulative tests

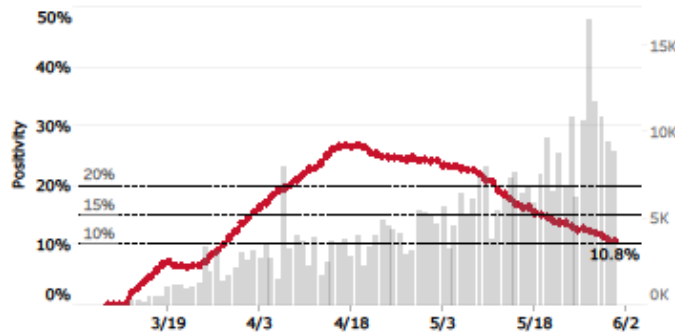
2,431
confirmed deaths

+549
cases reported on 5/31*

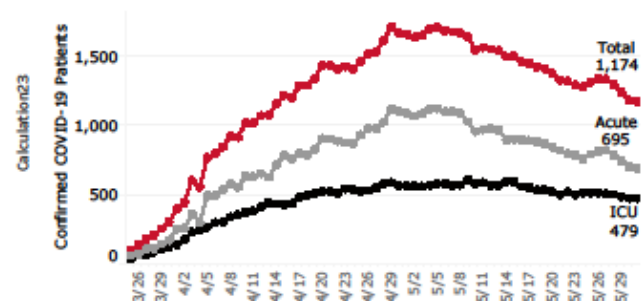
10.8%
positivity** reported 5/31

+20
deaths reported on 5/31

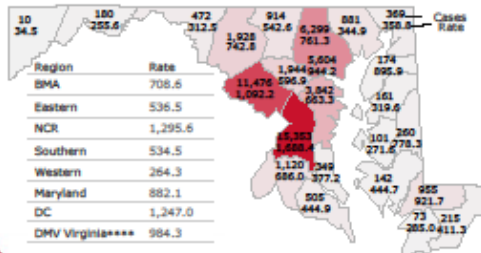
Percent Positive Testing** and Total Testing Volume



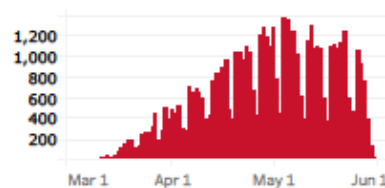
Statewide Acute/ICU Beds Occupied by COVID Patients



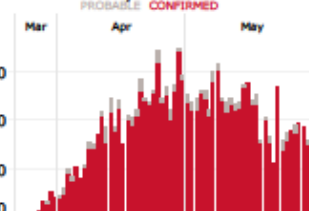
Cases and Rates by County of Residence



Daily Cases by Specimen Collection Date

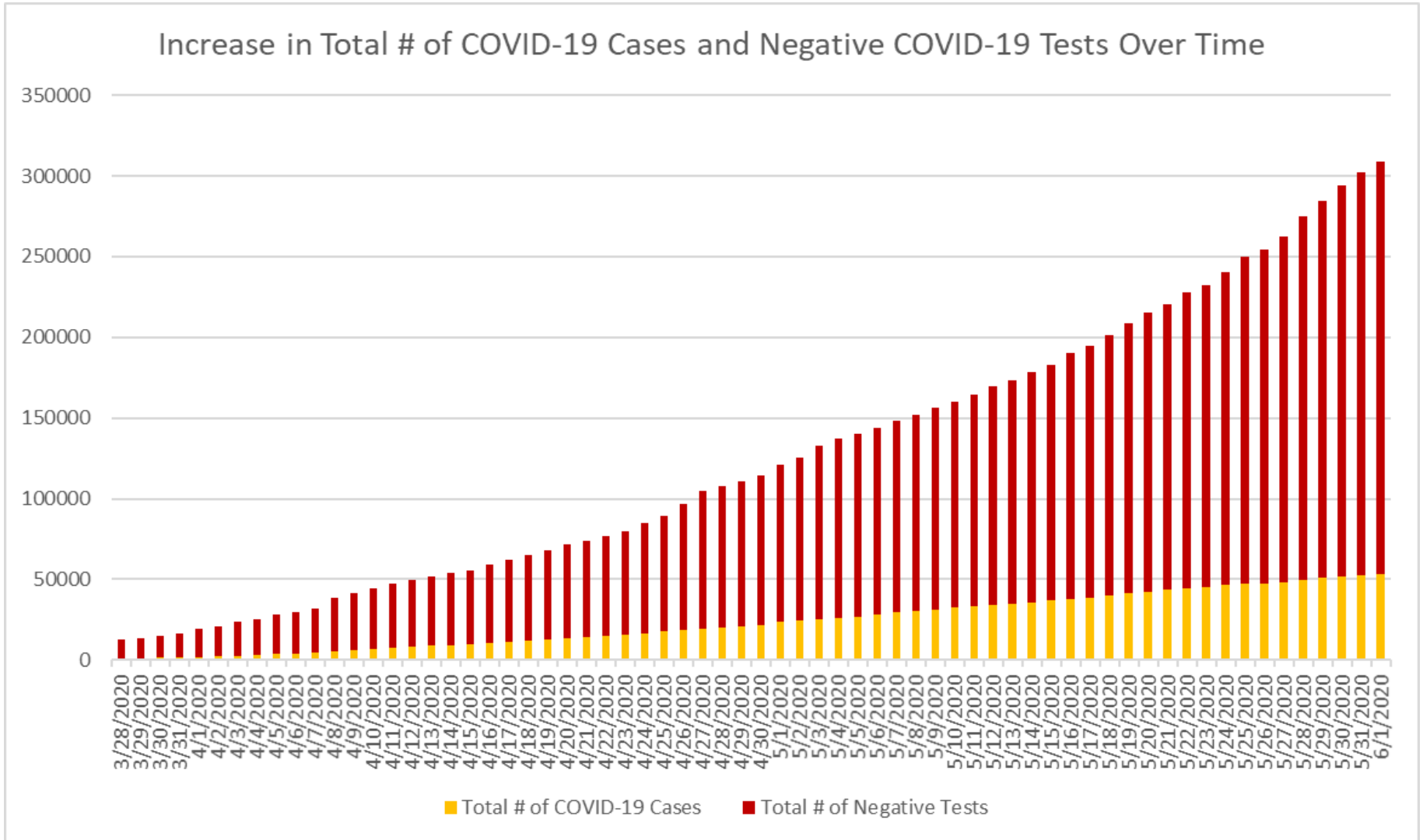


Daily Deaths

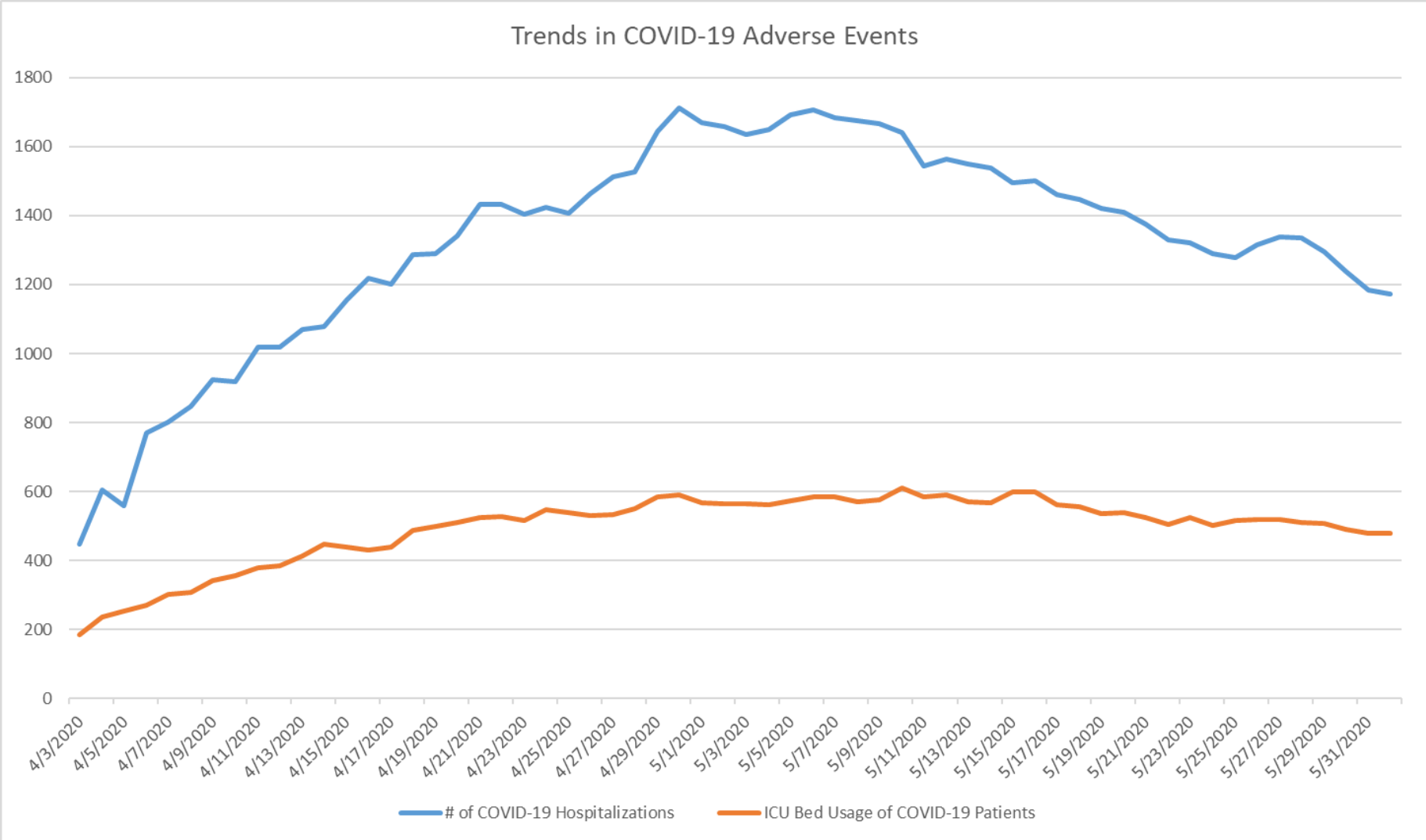


All case-related counts on this dashboard are of individual people infected with COVID-19.
 Report date: the day a case was reported to the Maryland Department of Health.
 Specimen date: the day the initial lab specimen was collected.
 BMA: Baltimore Metro Area; NCR: National Capital Region; DMV: DC, Maryland, and Virginia Area
 Rates calculated using total confirmed cases and 2019 population estimates. Rates do not include recovered cases. Rates are calculated as cases per 100,000 population. 2019 Maryland Population estimates from the Maryland Department of Planning, March 2020.
 *Daily case increase uses report date.
 **Positivity calculated using a 7-day rolling average
 ****DMV Virginia includes Alexandria, Arlington, Fairfax, Fairfax City, Falls Church, Loudoun, Manassas, Manassas City, and Prince William.

COVID-19 Growth in Maryland



COVID-19 Hospitalizations



Maryland COVID-19 in Congregate Facility Settings

Confirmed Staff Cases

2,929

Confirmed Staff Deaths

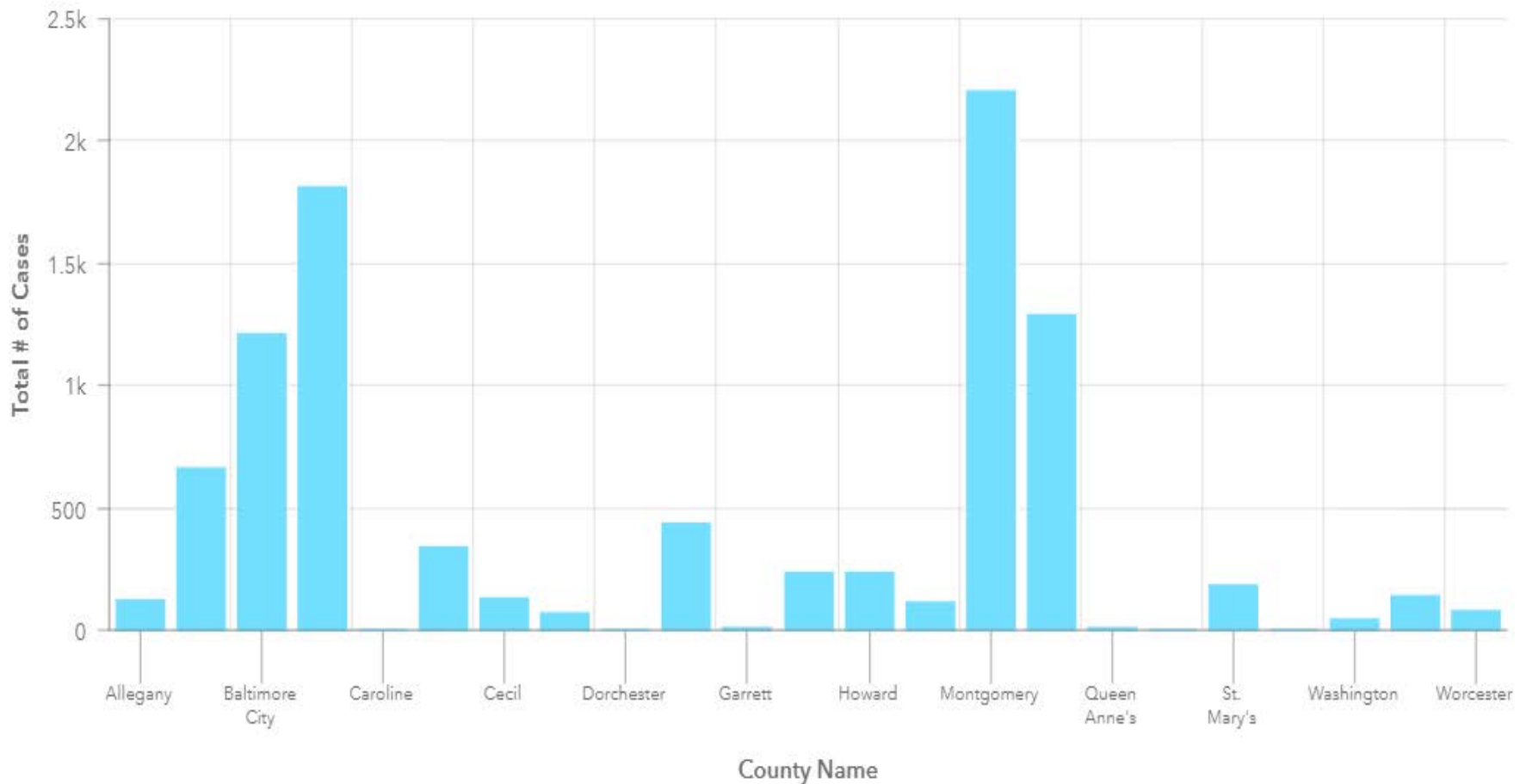
14

Confirmed Resident Cases

6,402

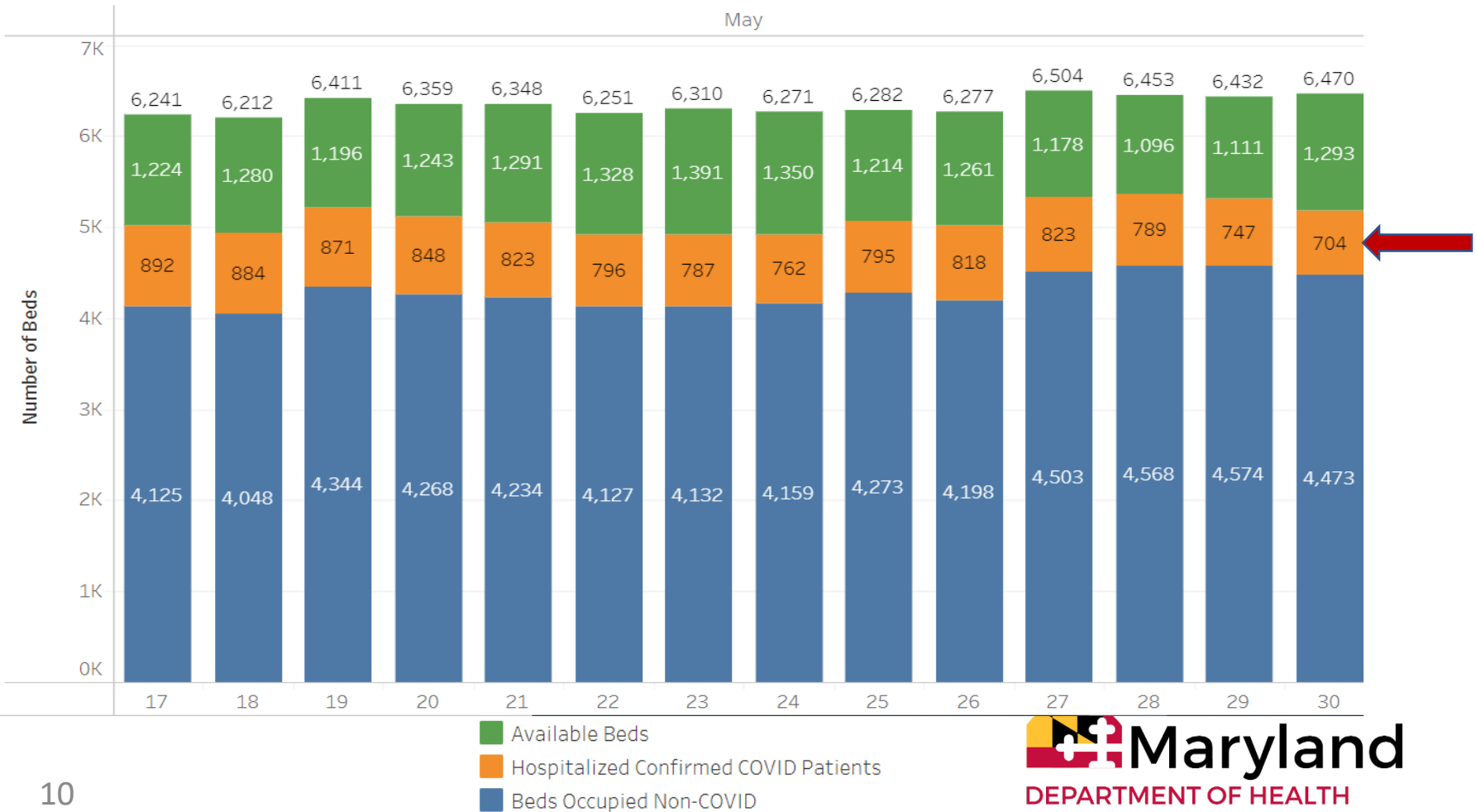
Confirmed Resident Deaths

1,276

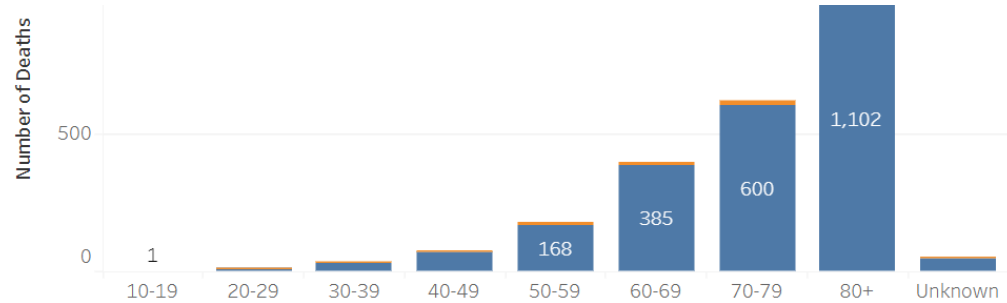
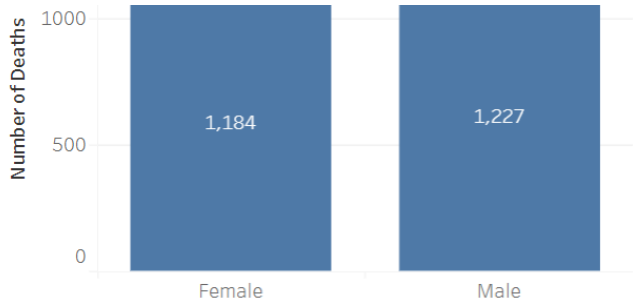


Hospital Capacity and Usage

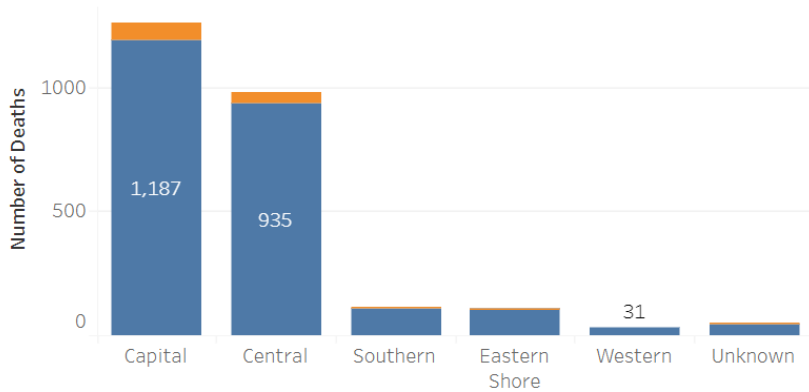
Occupied Staffed - Adult Acute Care



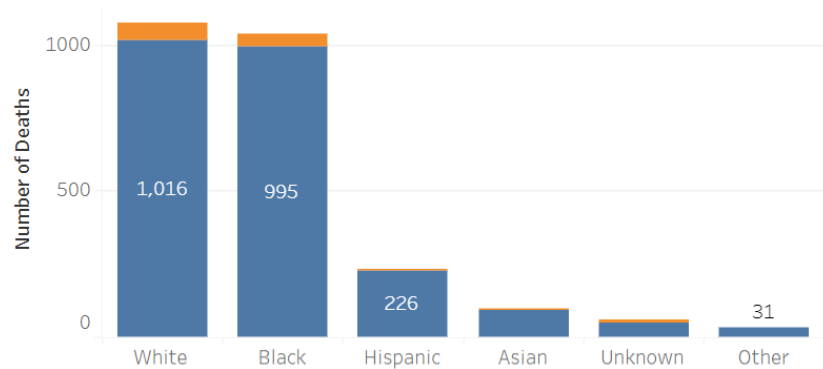
Highlighting Disparity in COVID Impact



MDH Region



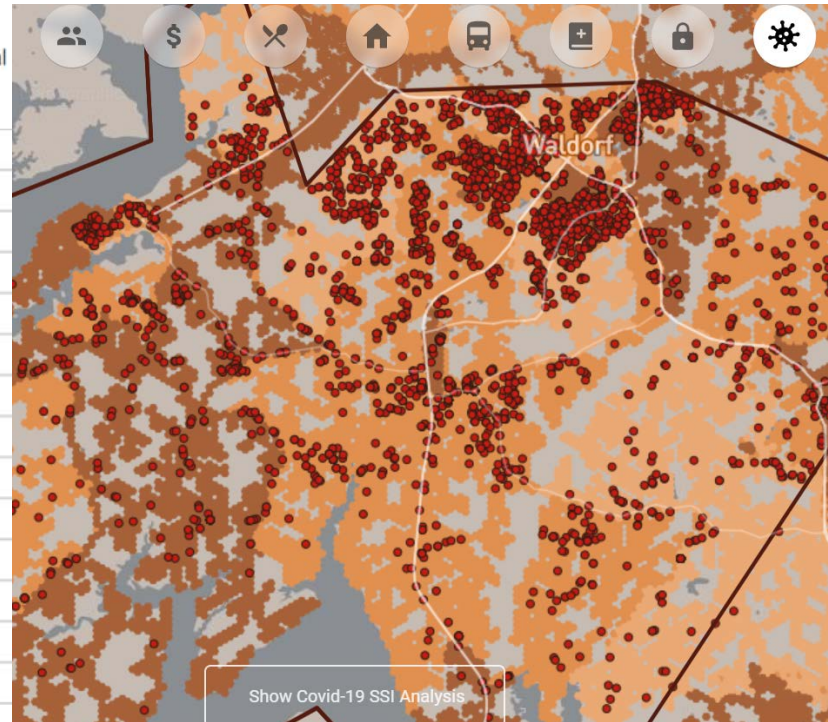
Race and Ethnicity



Death Data available through 5/31/2020

Disparity is driven by Social Needs

Dual Status	Zip Code	PracticeID	HCC Tier	COVID-19 Vulnerability Index *	Likelihood of Avoidable Hospital Events
Yes	21215	T1MD0622	Complex	4	73.26%
Yes	21202	T1MD0622	Complex		31.96%
Yes	21215	T1MD0690	Tier 4	3	20.89%
No	21225	T1MD0852	Complex	5	20.60%
Yes	21791	T1MD0886	Complex		17.62%
Yes	21223	T1MD0622	Complex	5	17.01%
Yes	21205	T1MD0622	Complex	4	16.19%
No	21060	T1MD0137	Complex	5	15.24%
Yes	21215	T1MD0690	Complex	5	14.55%
Yes	21229	T1MD0567	Complex	5	14.25%
Yes	21206	T1MD0690	Tier 2	4	12.93%
No	21224	T1MD0088	Complex	5	12.69%
No	21157	T1MD0886	Complex	5	12.42%
Yes	21202	T1MD0040	Complex	4	11.02%
No	21229	T1MD0212	Complex	5	10.94%
Yes	21223	T1MD0567	Complex	4	10.50%
Yes	21918	T1MD0850	Complex	5	10.36%
No	21220	T1MD0140	Complex	5	10.25%



Demographics- Economics- Food-Housing- Transportation
Health Literacy-Crime

Phases of Recovery

"This is not the end, it is not even the beginning of the end, but it is perhaps the end of the beginning."

Winston Churchill, Nov 1942

- Phase 0 - we are leaving this phase:
 - Virus was recognized after cases in the US
 - Rapid rise in cases, hospitalizations, and deaths
 - Virus spread quickly until mitigation and prevention in place
 - Strong mitigation - social distancing and stay-at-home orders
 - Virus has less ability to spread; hospitalizations and deaths decline
- Phase 1 - we are entering this phase - the beginning has ended...
 - Virus and community transmission still present
 - Hospitals prepared for surge
 - Testing expanded
 - Contact tracing expanded
 - Community moving and businesses opening
 - Expanding access to face-to-face visits amid pent-up demand
 - Vulnerable patients remain at high risk
 - [American Medical Association physician guide on reopening medical practices](#)
 - [Medical Group Management Association COVID-19 Medical Practice Reopening Checklist](#)

Design New Workflows with Team

- ❖ PPE adequacy
- ❖ Communications
- ❖ Appointment workflow
- ❖ Registration workflow
- ❖ Rooming workflows, depending on conditions
- ❖ Discharge workflow
- ❖ Care management
- ❖ Workflows for high-risk, vulnerable patients
- ❖ Immunizations
- ❖ Lab testing
- ❖ Staff outage scenarios

Considerations when Reopening a Practice

Staff and Patient Safety

- Health screen questions and temp check upon entry, staff and patients receive a label/sticker to indicate they are clear
- Staff wear proper PPE (e.g. N95s, eye protection, gloves, etc.) at all times
- Patients wear face masks
- Staggered staff break times
- No public bathrooms open
- N95 reuse: 3 staff - 3 bag
CDC recommendations

Appointments and Scheduling

- Limit patients and providers to maintain distance
- Lengthen appointment times to allow adequate time to thoroughly clean and disinfect patient rooms after each visit

Registration, Waiting Rooms, and Intake

- Consider eliminating the waiting room or reducing its use
- Reduced capacity waiting rooms must be cleaned and disinfected frequently
- Patients check in and check out via phone
- Patients to wait in car until ready and are roomed immediately

Patient Care

- Split office space between sick rooms and well rooms
- Maintain as much distance from patientw as possible until physical exams

Primary Care Office Strategies Academy for Providers and Staff

- June 18, 2020
- Webinar format with questions and answers
- Seeking primary care panelists

New/Current Governor Directive

May 19, 2020 - Testing

- ❖ Effective May 19, 2020, individuals can be tested:
 - Free of charge
 - With or without symptoms
 - Without appointment or clinician referral
 - At some VEIP locations (starting May 21 at the Timonium Fairgrounds in Baltimore County, from May 22 at the Glen Burnie and Hyattsville sites, and the Clinton site beginning next week of May 25th)
- ❖ Licensed pharmacists are authorized to directly order and administer testing
- ❖ Additional MD COVID testing FAQs [weblink](#)

Primary Care Role in Contact Tracing and Testing Process

❖ Contact Tracing

- Isolate households of positives
- Isolate PUIs pending results
- Tracers will reach out to contacts for positive tests
- Tracers will order tests on contacts
- Expect to get unexpected results for your patients

❖ Testing

- Expanded testing sites
 - ✓ VEIP
 - ✓ No appointment sites
 - ✓ Urgent care
 - ✓ Pharmacy drive thru
 - ✓ Primary Care offices - request tests from Local Health Offices
- Expanded testing priorities
 - ✓ Contacts
 - ✓ Asymptomatic
 - ✓ Others by request

Resources in the Appendix Slides

❖ Patients

- Meals on Wheels
- Caregiver Services Corps
- Senior Call Check Program

❖ Providers

- PPE
- Financial Support
- Testing
- Telemedicine
- CDC Guidelines
- Office workflows
- Health Insurance Exchange
- Volunteering & Employment Opportunities

CME Accreditation and Designation

- ❖ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society, and The Maryland Department of Health. MedChi is accredited by the ACCME to provide continuing medical education for physicians.
- ❖ MedChi designates this live webinar educational activity for a maximum of 1 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Contact Frank Berry at fberry@medchi.org

CME Disclosures and Evaluation

- ❖ Presenters and Planners: Howard Haft, MD, has reported no relevant financial relationships to disclose.
- ❖ MedChi CME Reviewers: The reviewers from the MedChi Committee On Scientific Activities (COSA) for this activity have reported no relevant financial relationships to disclose.
- ❖ Please complete an evaluation at: [COVID-19 Update Evaluation](#)

Announcements

- ❖ Learn from our [Frequently Asked Questions page](#)
- ❖ Future Webinars
 - Mondays: data updates and Healthcare Disparities
 - Wednesdays: updates and Behavioral Health
 - ✓ June 3: Denis Antoine, MD
 - Director, Motivated Behaviors Unit, Johns Hopkins Hospital
 - Assistant Professor of Psychiatry and Behavioral Sciences
 - Every webinar focus on minority and vulnerable populations
- ❖ Today: Stephen B. Thomas, PhD
 - Professor, Health Policy & Management and Director of Maryland Center for Health Equity, University of MD, College Park

Q&A

Questions and Answers

Please type into the Questions box on the right side of your screen.

Appendix

Resources and Links

Scheduling In-Office Appointments

- ❖ Patient calls in for an appointment
 - Reception screens patient on the phone using the [pre-visit screening template](#)
 - Schedule in-office visits for different groups: At-risk and vulnerable patients on certain days, healthier patients on other days
 - Schedule telehealth and non-office-based care for other patients including follow-ups and patients uncomfortable with office visits
- ❖ Check In
 - Practice remote check in and limited front-desk contact
 - Consider using a triage zone outside of office or main area;
 - Or use a barrier at the front desk
 - Design your office to accommodate patients who come in specifically for COVID testing and triage, separate from patients who arrive for non-COVID related and elective procedures
 - Ensure patients and staff do not cross between COVID and non-COVID areas
 - Set aside a specific area for patients who come in for testing to wait and be triaged

Scheduling In-Office Appointments

- ❖ Checking out
 - Practice remote check out, limit front desk exposure;
 - Or use a barrier at the front desk
- ❖ If patient is paying co-pays, etc., set up credit card reader outside of the barrier

Governor Hogan Directive – Elective & Non-Urgent Medical Procedures may resume May 7, 2020

These measures must be in effect:

1. Licensed healthcare providers will use their judgment to determine what appointments and procedures are appropriate
2. Facilities and providers must have at least one week's supply of personal protective equipment (PPE) for themselves, staff, and as appropriate, for patients
 - i. PPE requests to any State or local health or emergency management agency will be denied for elective and non-urgent medical procedures
 - ii. The healthcare facility or healthcare provider must be able to procure all necessary PPE for its desired services via standard supply chains
 - iii. For hospitals with COVID-19 patients, MDH will determine a daily PPE per patient use rate for PPE requests
3. **Social distancing must be maintained in all waiting areas**
4. **All healthcare workers, patients, and others must be screened for COVID-19 symptoms upon arrival for shift or visit. Staff must stay home if they are showing COVID-19 symptoms.**
5. **All healthcare facilities and healthcare providers must implement enhanced workplace infection control measures > CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>**
 - i. **All healthcare providers and staff shall wear appropriate face coverings, to include cloth face coverings, surgical face masks or N-95 masks, respirators, and/or face shields**
 - ii. **Patients should wear a face covering whenever possible**
6. **Any healthcare facility or provider unable to provide PPE for themselves, staff, and patients where appropriate must immediately restrict operations to urgent and non-elective procedures and appointments**

Maryland Companies Producing Personal Protective Equipment in Response to COVID-19

Grant Recipient	County	Typical Production	COVID-19 Production
Awesome Ninja Labs	Baltimore City	Medical devices	Face shields
CoastTec	Carroll	Battery back-ups for computers	Battery packs for Vyaire ventilators
CR Daniels	Howard	Textile, plastics, and metal manufacturing	Face masks and gowns
DiPole Materials	Baltimore City	Custom nanofiber manufacturing	Filters for medical masks and respirators
DVF Corporation	Washington	Metal and plastic fabrications	Plastic components of respirators
Fashions Unlimited	Baltimore City	Apparel manufacturing	Surgical masks and protective gowns
Fabrication Events	Howard	Special event decor	Face masks, head coverings, and other PPE
Harbor Designs	Baltimore City	Manufacturing design and engineering	Ventilators
Hardwire, LLC	Worcester	Bulletproof body armor and equipment for law enforcement and the military	Face shields
K&W Finishing	Baltimore City	Traditional die cutting, coating, and other bindery services	Face shields

Grant Recipient	County	Typical Production	COVID-19 Production
Key Technologies	Baltimore City	Medical devices	Blower units for positive air pressure respirators
LAI International	Carroll	Components for aerospace and defense, medical devices and infrastructure systems	Face shields
Manta BioFuels	Baltimore County	Energy technology	Face shields
Marty's Bag Works	Anne Arundel	Canvas boating products, cushions, laser printing, and bags	Surgical masks, face shields, and lightweight gowns
Nations Photo Lab	Baltimore County	Full-service photo printing	Face shields
NRL & Associates	Queen Anne's	Ultra-precision machining, fabrication, and assembly	Ventilators
Potomac Photonics	Baltimore County	Biotech and medical devices	PPE visors
Rankin Upholstery	Montgomery	Auto, marine, aircraft and custom upholstery	Masks, gowns, and other PPE
Strouse	Carroll	Adhesive solutions	N-95 masks
X-Laser	Howard	Laser light show systems	Face shields

Personal Protective Equipment (PPE) Sources and Requests

- ❖ Routed through Local Health Departments
- ❖ Priority as previously stated - may change over time
- ❖ Maryland PPE Manufacturers List – next slide
- ❖ [National and International PPE Supplier List](#)
- ❖ [PPE request forms and local contacts](#)

State Launches Maryland PPE Network Supplier Portal

- ❖ Increasing Maryland's supply of PPE – one of the 4 building blocks on the Road to Recovery
- ❖ Maryland has launched the [Maryland Manufacturing Network Supplier Portal](#), an online platform that helps connect Maryland suppliers with buyers in need of critical resources
- ❖ Large daily deliveries come into the state's warehouses
- ❖ For additional business resources during COVID-19, visit businessexpress.maryland.gov/coronavirus

Help your patients get health coverage

Maryland Health Connection, the state's health insurance marketplace, has a Coronavirus Emergency Special Enrollment Period until June 15 for uninsured Marylanders. All plans on Maryland Health Connection cover testing and treatment of COVID-19.

❖ How to enroll

- Enroll online at MarylandHealthConnection.gov
- Call 1-855-642-8572. Deaf and hard of hearing use Relay service. Help is available in 200 languages.
- Download the free "Enroll MHC" mobile app to enroll on a phone/tablet.
- Navigators throughout the state can answer questions and enroll consumers by phone.

Considerations when Reusing N95 Respirators (CDC)

- There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases.
- Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.
- Manufacturers of N95 respirators may have specific guidance regarding reuse of their product.
- CDC guidelines advise to discard N95 respirators before they become a significant risk for contact transmission or their functionality is reduced
 - Administrative controls (e.g. staff training, reminders, and posters)
 - Minimize unnecessary contact with the respirator surface
 - Strict adherence to hand hygiene practices
 - Proper PPE donning and doffing technique, including physical inspection and performing a user seal check
 - Engineering controls (e.g. use of barriers to prevent droplet spray contamination)

[Source](#)

CDC Guidelines - N95 Respirators and Infection Control

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Follow the manufacturer's user instructions, including conducting a user seal check.
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed.

CDC Guidelines - Reusing N95 Respirators

- N95 respirator must only be used by a single wearer (Label N95 respirator on the straps with person's name)
- Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses.
 - To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified (including date).
 - Storage containers should be disposed of or cleaned regularly.
- Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.

CDC Guidelines - When to Discard N95 Respirators

- Discard N95 respirators following use during aerosol generating procedures
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions

COVID-19 Testing Site Information

- ❖ Patients require a provider order for referral to testing sites
- ❖ Providers contact your local hospital or use the link below
- ❖ Sites are subject to host location restrictions and availability
- ❖ MD is also piloting drive-thru testing at several Vehicle Emissions Inspections Program (VEIP) locations – [FAQs available here](#).
- ❖ Current list of testing sites, please click [here](#)

CDC Guidelines for COVID Patient Management

- ❖ Healthy people can be monitored, self-isolated at home
- ❖ People at higher risk should contact healthcare providers early, even if illness is mild
- ❖ Older adults and people with severe underlying chronic medical conditions are at higher risk, need closer contact
- ❖ Emergency Department and Hospitals only when needed - not for screening or low risk/minimal disease
- ❖ **Guidelines are important and powerful tools, but remember providers' clinical experience and judgment are key to care**

Billing for End-of-Life Planning

- ❖ Billable event with AWW or Separate Encounter
- ❖ 99497 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
- ❖ 99498 - Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

Support for Patients at Home

❖ Food

- Meals on Wheels

❖ Caregivers

- Visiting nurses and caregivers

❖ Emotional support

- Support from family
- Phone calls and videochat to fight loneliness
- MD Department of Aging [Senior Call Check Program](#)

Caregiver Services Corps (CSC)



- ❖ **OPEN for primary care providers STATEWIDE!**
- ❖ The **CSC** call center (**800-337-8958**), staffed with specialists 7 days a week, matches volunteers for urgent and temporary assistance to people over 65 years old in their homes to help with:
 - Self-administration of medications
 - Ambulation and transferring
 - Bathing and completing personal hygiene routines
 - Meal preparation and arranging for delivery of groceries and/or prepared meals
 - Teaching how to use video technologies to connect with loved ones and/or healthcare providers
- ❖ Healthcare providers should alert their patients they are being referred
- ❖ **Seniors, their families and friends may call 211 to seek help and referrals to the elderly in need**

Hospital Surge Preparedness

- ❖ Convention Center needs medical staff – Visit <https://www.linkedin.com/jobs/view/1788387174>
- ❖ Tents and Modular Units - including ICUs
- ❖ Expansion within facilities
- ❖ Professional student staffing
- ❖ Employment opportunities for healthcare professional and support staff: www.MarylandMedNow.com

Opportunities to Volunteer and Serve

- ❖ Volunteer staffing opportunities - Maryland Responds Medical Reserve Corps (MRMRC)
 - <https://mdresponds.health.maryland.gov/>
 - Complete [Road to Readiness](#)

Staying Current - Sources

- ❖ [CDC](#)
- ❖ [MDH COVID-19 information page](#)
- ❖ [MDPCP COVID-19 webpage](#)
- ❖ Local Health Departments
- ❖ [CONNECT](#)
- ❖ Clinician Letters
- ❖ Multiple Resource Links in Appendix

MedChi/CareFirst/Backline Grant

CareFirst BlueCross BlueShield (CareFirst) and the Maryland State Medical Society (MedChi) launched a grant program that will equip additional Maryland physicians with the technology they need to provide needed virtual care during the COVID-19 pandemic and beyond

Eligibility Requirements

- The medical practice and medical license are in Maryland
- The medical practice is a private, independent group of five or fewer physicians
- The practice enrolls in Backline after March 1, 2020 as the result of the COVID-19 crisis
- MedChi has confirmed the practice's enrollment with DrFirst
- Enrollment in Backline occurs before December 31, 2020

Application Steps

Can be completed in less than 5 minutes

- Complete the application linked [here](#)
- Email completed application to amullin@medchi.org
- For questions, email or call Andrea Mullin at amullin@medchi.org or 800-492-1056 x3340

Grant Amount

\$300 per eligible physician



Federal Emergency Funds for Small Business

- ❖ [Disaster Loan Assistance](#) (from Small Business Administration)
 - Low-interest financial disaster loans for working capital in small businesses suffering substantial economic injury due to COVID-19
 - [FAQs](#)
- ❖ [CARES Act](#) (pending federal legislation)
 - Sets up a \$350 billion loan program for small businesses
 - Small businesses can apply for low-interest loans that cover up to 2.5 months of expenses
 - Maximum loan amount is \$10 million
 - Loans can cover payroll, rent, utilities, or existing debt obligations
 - Interest rates cannot exceed 4%
 - If employer continues to pay workers through June, the amount of the loans that went toward eligible costs would be forgiven
 - Loans will be available through the [Small Business Administration](#) and Treasury-approved banks, credit unions, and some nonbank lenders

State Emergency Funds for Small Business

- ❖ [COVID-19 Layoff Aversion Fund](#) (from Maryland Governor Larry Hogan and Maryland Dept. of Labor)
 - Designed to support businesses undergoing economic stresses due to the pandemic by minimizing the duration of unemployment resulting from layoffs
 - Award of up to \$50,000 per applicant
 - Will be quick deployable benefit and customizable to specific business needs
- ❖ [View the One-Pager](#)
- ❖ [COVID-19 Layoff Aversion Fund Policy](#)
- ❖ [COVID-19 Layoff Aversion Fund Application](#) (Excel)
- ❖ Submit your completed application to: LaborCOVID19.layoffaversion@maryland.gov.

Food Resources

❖ Nutrition: Inform patients that children can receive three free meals/day at sites listed on:

➤ [Maryland Summer Meals](#)

[Howard County](#)

➤ [Montgomery County](#)

[Anne Arundel County](#)

➤ [Prince Georges County](#)

[St. Mary's County](#)

➤ [Charles County](#)

[Harford County](#)

➤ [Frederick County](#)

[Calvert County](#)

❖ Free meals available from 42 rec centers in Baltimore

➤ Call 311 for locations and to schedule pickup time

Resources for Specific Groups

- ❖ Community- and Faith-Based Organizations
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)

Resources and References

- ❖ Maryland Department of Health Coronavirus Website (<https://coronavirus.maryland.gov>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)
- ❖ CDC National data on COVID-19 infection and mortality (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>)
- ❖ CDC Interim Guidance for Homes and Communities (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>)
- ❖ CDC Interim Guidance for Businesses (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>)
- ❖ CDC Interim Guidance for Childcare and Schools (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>)
- ❖ CDC Travel Website (<https://wwwnc.cdc.gov/travel/>)

State Emergency Funds for Small Business

- ❖ [Maryland Small Business COVID-19 Emergency Relief Loan Fund](#)
 - \$75 million loan fund (to be paid to for-profit business only)
 - Loans are up to \$50,000
 - No interest or principal payments due for the first 12 months
 - Thereafter converts to 36-month term loan of principal and interest payments, with interest rate of 2% per annum
- ❖ [Maryland Small Business COVID-19 Emergency Relief Grant Fund](#)
 - \$50 million grant program for businesses and non-profits
 - Grant amounts of up to \$10,000
 - Grant amounts not to exceed three months of demonstrated cash operating expenses for Q1 2020
- ❖ [Emergency Relief Fund FAQ](#)
- ❖ Questions or concerns
email fpaaworkflowcoordinator.commerce@maryland.gov.