



**PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) AND  
HOSPITAL PREPAREDNESS PROGRAM (HPP)**

**GRANT GUIDANCE**

**BUDGET PERIOD 5**

**DRAFT**

**PERIOD OF PERFORMANCE  
(July 1, 2016 – June 30, 2017)**

# DEFINITION OF TERMS AND ACRONYMS

TERMS/ ACRONYMS	DEFINITION
AWARDEE	State Health Department
SUB-RECIPIENTS	Counties, Tribes and Healthcare Facilities
ASPR	Assistant Secretary for Preparedness and Response
BP5	Budget Period 5
CDC	Centers for Disease Control and Prevention
CRI	Cities Readiness Initiative
FSE	Full Scale Exercise
HCCDA	Healthcare Coalition Developmental Assessment
HPP	Hospital Preparedness Program
HSP	Health Services Portal (ADHS)
IMATS	Inventory Management and Tracking System
MCM	Medical Countermeasure
MSA	Metropolitan Statistical Areas
MTEP	Multiyear Training and Exercise Plan
ORR	Operational Readiness Review
PAHPRA	Pandemic and All-Hazards Preparedness Reauthorization Act
PHEP	Public Health Emergency Preparedness
SNS	Strategic National Stockpile

## Introduction

As we enter into Budget Period 5 (BP5) (July 1, 2016 – June 30, 2017), we continue to look at ways to expand our preparedness capabilities based on our Five-Year Plan and the Capability planning Guide (CPG) data.

ADHS BP5 Grant Guidance has been developed based on that information and the guidance set forth by the Center for Disease Control and Prevention (CDC) for PHEP, and the Assistant Secretary for Preparedness and Response (ASPR) for HPP. ADHS can provide technical assistance upon request and encourage all sub-recipients to actively coordinate preparedness activities for their jurisdictions.

## BP5 Program Requirements

### Common Requirements

#### **Achieve progress on jurisdictional strategic priorities.**

Sub-recipients:

Describe top jurisdictional strategic priorities for the remainder of the project period.

#### **Coordinate exercise planning and implementation.**

Sub-recipients:

Update Multiyear Training and Exercise Plan (MTEP) to reflect planned activities - inclusive dates are July 01, 2015 through June 30, 2020.

Encourage participation in SNS Full-scale Exercise in BP5 to test public health and healthcare preparedness capabilities.

Participate in the Statewide Training and Exercise Planning Workshop

Participate in an annual public health and medical preparedness exercise or drill that includes the access and functional needs of at-risk individuals<sup>1</sup>. HPP sub-recipients should consider the access and functional needs of at-risk individuals and engage these populations as they plan BP5 healthcare coalition-based exercises.

Complete after-action reports and improvement plans (AAR/IPs) for all responses to real incidents and for each qualifying exercise conducted during BP5 and provide to ADHS upon request

#### **Continue to develop and implement administrative preparedness strategies.**

Local public health jurisdictions will work with state to test and strengthen administrative

---

<sup>1</sup> To learn more about the U.S. Department of Health and Human Services' definition of "at-risk" population visit this website: <http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>.

preparedness planning including coordination with healthcare systems, law enforcement, and other relevant stakeholders. For BP5, sub-recipients will also identify whether their jurisdictions have:

Tested expedited procedures as identified in their administrative preparedness plans for:  
receiving emergency funds during a real incident or exercise  
reducing the cycle time for contracting and/or procurement during a real emergency or exercise

Tested emergency authorities and mechanisms as identified in their administrative preparedness plans to reduce time for hiring and/or reassignment of staff (workforce surge). If they were tested, identify which procedures were tested and describe the average times for recruitment and/or hiring of staff in routine and emergency circumstances.

### **Conduct all-hazards preparedness and response planning.**

Sub-recipients will maintain current all-hazards public health emergency preparedness and response plans and will submit plans to ADHS if requested and make plans available for review during site visits. In the Program Requirements Update, sub-recipients to describe activities and the role of public health, healthcare, and behavioral health systems related to all-hazards preparedness and response planning, the process for obtaining public comment, and any cross-border activities (for border counties only).

While the overarching focus of this continuation guidance is on healthcare preparedness (HPP) and public health emergency preparedness (PHEP), it must be recognized that preparedness is but one element of the emergency management cycle that emphasizes preparedness “for response.” Response capabilities, whenever possible, should be included in preparedness efforts. How any given hospital, healthcare coalition, public health agency, emergency medical services entity, or region “responds” to an event is the ultimate measure of success, not simply the efficacy or cumulative acquisitions supported by the preparedness effort alone. Preparedness should be tested, mitigation strategies should be developed or adjusted based on those tests (or response to real incidents), and the results of such efforts should be incorporated into the preparedness portfolio whenever possible. Thus, continuity from preparedness to response should always be the ultimate goal.

### **Integrate the access and functional needs of at-risk individuals.**

Sub-recipients will describe the structure or processes in place to integrate the access and functional needs of at-risk individuals, including but not limited to children, pregnant women, older adults, people with disabilities, and people with limited English proficiency and non-English speaking populations. Strategies to integrate the access and functional needs of at-risk individuals involve inclusion in public health, healthcare, and behavioral health response strategies; furthermore, these strategies are identified and addressed in operational work

plans. Sub-recipients and healthcare coalitions are encouraged to identify community partners with established relationships with diverse at-risk populations, such as social services organizations, and to use demographic tools such as the Social Vulnerability Index and the U.S. Census/American Community Survey to better anticipate the potential access and functional needs of at-risk community members before, during, and after an emergency.

**Address the needs of individuals with chronic medical conditions.**

Sub-recipients will describe the structure or processes in place to integrate individuals with chronic medical conditions, including individuals who rely on electricity to power life-sustaining medical and assistive equipment and health care services. Examples of such equipment includes, but is not limited to, ventilators, oxygen concentrators, enteral feeding machines, intravenous pumps, suction pumps, at-home dialysis machines, electric wheelchairs and scooters, and electric beds, as well as beneficiaries who rely on specific healthcare services including dialysis, oxygen tank services, and home health visits. Strategies to integrate the needs of individuals with chronic medical conditions involve inclusion in public health, healthcare, and behavioral health response strategies; furthermore, these strategies are identified and addressed in operational work plans. Sub-recipients, and healthcare organization are encouraged to use the HHS emPOWER Map at [www.phe.gov/empowermap/Pages/default.aspx](http://www.phe.gov/empowermap/Pages/default.aspx) to better anticipate the potential access and functional needs of individuals with chronic medical conditions before, during, and after an emergency.

**Ensure cross-discipline coordination.**

Sub-recipients can use PHEP and HPP funding to support coordination activities, such as local health departments planning with health care coalitions, and should track accomplishments. Sub-recipients should coordinate activities with emergency management agencies, emergency medical services providers (including the State Office of Emergency Medical Services), mental health agencies (including the State Mental Health Authority and the Disaster Behavioral Health Coordinator), healthcare coalitions, and educational agencies and state child care lead agencies.

**Support integration with the daily healthcare delivery system.**

The daily delivery of public health and health care, including accountable care organizations, health information exchanges, and integrated behavioral healthcare, impacts both public health and health care preparedness and response. Sub-recipients should consider linkages with programs and activities that would improve their ability to execute the public health or health care preparedness capabilities. As sub-recipients develop and refine health care coalitions, they should plan coalition activities that are built around day-to-day health care systems and referral patterns. In addition, sub-recipients will work to establish new partnerships with infection

control or prevention programs in their jurisdictions that can advance the development of stronger healthcare system infection control and prevention programs.

**Conduct activities to enhance border health. (For Border Counties only)**

Sub-recipients in jurisdictions located on the Arizona-Mexico border should conduct activities that enhance border health, particularly regarding disease detection, identification, investigation, and preparedness and response activities related to emerging diseases and infectious disease outbreaks whether naturally occurring or due to bioterrorism. This focus on cross-border preparedness reinforces the public health and health system preparedness whole-of-community approach which is essential for local-to-global threat risk management and response to actual events regardless of source or origin.

**Assure compliance with the following requirements.**

Maintain a current all-hazards public health emergency preparedness and response plan and submit to ADHS when requested and make available for review during site visits.

Submit required progress reports and performance measures data including outcomes of annual preparedness exercises including strengths, weaknesses and associated corrective actions; and accomplishments highlighting the impact and value of the PHEP and HPP programs in your jurisdictions.

Mid-Year Report (July 1, 2016 – December 31, 2016)

ADHS will send out the Mid-Year report template in advance of the Due Date (due date to be determined)

ADHS will provide the Performance Measures templates (if applicable) in advance of the Due Date (due date to be determined)

Each County must provide ADHS with updated Public Health Emergency Contact list template by posting it on the HSP. The list should include contact information for the primary, secondary, and tertiary positions for the Public Health Incident Management System (PHIMS). (due date to be determined)

End-of-Year Report (January 1, 2017 – June 30, 2017)

ADHS will send out the End-of-Year report template in advance of the Due Date (due date to be determined)

Inform and educate hospitals and healthcare coalitions within the jurisdiction on their role in public health emergency preparedness and response.

Provide situational awareness data during emergency response operations and other times as requested.

Document maintenance of funding and matching funds.

As a sub-recipients, your participation is encouraged in the following meetings:

---

*ADHS BP5-PHEP and HPP Grant Guidance*

*Bureau of Public Health Emergency Preparedness (BPHEP)*

Attend annual ADHS All-Partners Workshop

Attend one regional joint ADHS and Healthcare Coalition (HCC) meeting in one of the four Healthcare Coalition (HCC) Regions.

Attend statewide Training and Exercise Workshop (**Webinar**)

## **HPP-specific Requirements**

The purpose of the HPP component of this guidance is to build and maintain prepared healthcare systems, advance the development and maturation of healthcare coalitions, strengthen regional coordination, and ensure the healthcare system can maintain operations and surge to provide acute medical care during all-hazards emergencies. A prepared healthcare system is capable of “responding” to events, based on risks, threats and vulnerabilities that are identified using a process that allows for input from multiple stakeholders and takes into account a variety of data sources.

HPP sub-recipients will ensure the healthcare coalitions in their jurisdictions actively engage public health, emergency medical services (EMS), hospitals, and emergency management in preparedness activities. In particular, EMS providers should be integrated into planning for tracking emergency patients and to prevent critical deficits in transport capabilities during hospital evacuations, casualty redistribution between healthcare facilities, and initial transport capabilities and patient care from incident scenes to healthcare facilities. EMS is an integral partner in patient tracking

HPP sub-recipients, through their healthcare coalitions, will have partnerships with other entities, such as behavioral health, home health care, ambulatory care, long-term care facilities, and dialysis/end-stage renal disease providers, community health centers, and pharmacies, to ensure they are fully integrated in planning and response efforts as their continuous operations and contributions to surge capacity are critical to healthcare system success in large-scale incidents.

HPP sub-recipients will work with healthcare coalitions to define their operational responsibilities during an incident and detail how information is shared and exchanged. As coalitions mature, many work with state and local authorities on assuming more policy and resource management responsibilities.

HPP sub-recipients will ensure the development of coalitions reflects the usual patterns of medical care and transportation and should recognize the tiered approach articulated in ASPR’s Medical Surge Capacity and Capability (MSCC) framework.

HPP sub-recipients will ensure their jurisdictions conduct regional planning to respond to special emergency situations resulting in burns, radiation exposure, pediatric illnesses or injuries, active shooters, bombings, and illnesses resulting from special pathogens.

HPP sub-recipients will leverage available HPP funds to benefit the system as a whole. This includes joint training and exercising, patient tracking, creation of common response plans, purchase of resources to support a regional communication or specialty response plan, and other uses of funds that promote consistency and operational capacity within healthcare coalitions.

HPP sub-recipients will comply with National Hospital Available Beds for Emergencies and Disasters (HAvBED) standards. Sub-recipients will maintain and refine an operational bed-tracking, accountability/availability system compatible with the HAvBED data standards and definitions.

Sub-recipients will review the responder safety and health capability describing the ability of healthcare organizations to protect the safety and health of healthcare workers from a variety of hazards during emergencies and disasters. This healthcare preparedness capability includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, injury, and behavioral health consequences are adequately protected from all hazards during response and recovery operations.

## **PHEP-specific Requirements**

### **Comply with medical countermeasure planning/Cities Readiness Initiative (CRI) requirements.**

CDC will continue in Budget Period 5 its medical countermeasure (MCM) operational readiness review (ORR) process to advance state and local medical countermeasure operational readiness. The MCM ORR is intended to identify medical countermeasure response planning and operational capabilities as well as gaps that may require more targeted technical assistance.

Sub-recipients will also meet the following requirements:

### **CRI Cities Requirements (Maricopa and Pinal Counties)**

Conduct three different MCM planning drills during BP5 and provide reports with the drill results to ADHS by **March 30, 2017**

List of drills that can be conducted: Staff notification, acknowledgement and assembly

Site activation: notification, acknowledgement and assembly

Facility Setup

Pick List Generation

Dispensing Throughput

Public Health Decision Making Tool

CRI jurisdictions not conducting an ORR in BP5 will complete jurisdictional worksheet as part of the mid-year report.

Conduct the following exercise and provide results (AAR/IP) to ADHS:

One MCM dispensing FSE conducted in each CRI MSA during the current project period  
Respond to ADHS Inventory Management and Tracking System (IMATS) data request. Sub-  
recipients that do not have this ability will implement the CDC inventory management system  
that can automatically generate inventory reports for a public health emergency.

### **Non-CRI Cities Requirements**

Upload current SNS/MCM plans into HSP as part of Mid-year progress report  
Respond to ADHS Inventory Management and Tracking System (IMATS) data request. Sub-  
recipients that do not have this ability must implement the CDC inventory management  
system that can automatically generate inventory reports for a public health emergency.  
Participate in the ADHS inventory management drills three times annually.

DRAFT

## APPENDIX-1 BP5 WORK PLAN

### (Sub-recipients Capability Plan and Contract Plan)

#### Work Plan

The Budget Period 5 work plan includes a *capabilities plan* and a sub-recipient *contract plan*.

#### Capabilities Plan

Sub-recipient will describe the short-term goals, supporting objectives, and planned activities that lead to proposed outputs for the capabilities they plan to address in their BP5 work plans. For PHEP and HPP sub-recipients, their short-term goals, objectives, planned activities, and proposed outputs should support the long-term goals of building and sustaining each program's preparedness capabilities.

**PHEP Sub-Recipients** will continue efforts to build and sustain the 15 public health preparedness capabilities. PHEP sub-recipients have the flexibility to choose the specific capabilities they work on in a single budget period. The overarching PHEP program goal is to achieve the 15 public health preparedness capabilities by the end of the current five-year project period; however sub-recipients will approach this goal based on their jurisdictional priorities and resources. ADHS encourages sub-recipients to build and maintain each capability to the scale that best meets their jurisdictional needs, so they are fully capable of responding to public health emergencies, regardless of size or scenario.

**HPP Sub-Recipients** will describe specific activities to build or sustain any previously funded capability from the eight healthcare preparedness capabilities. For those capabilities funded in Budget Period 5, sub-recipients will identify work plan objectives and planned activities that result in outcomes and outputs aligned with HPP program measures and healthcare coalition developmental assessment (HCCDA) factors. Sub-recipients will indicate in their work plans the program measure indicators and HCCDA factors targeted for advancement in BP5.

A complete BP5 capabilities plan includes the following nine elements:

A chosen planned activity type for each capability, using one of the following options:

Build

Sustain

Scale back

No planned activities for Budget Period 5

If "sustain" is selected, the sub-recipient will identify in the short-term goal what level of sustainment or target is desired during BP5.

If there are no planned activities, the sub-recipients will:

## APPENDIX-1 BP5 WORK PLAN

### (Sub-recipients Capability Plan and Contract Plan)

Identify any challenges or barriers that may have led to having no planned activities for BP5. Indicate and describe, if applicable, any self-identified technical assistance needs for the capability.

Short-term goals.

Short-term goal descriptions should answer the question: For a specific capability, what operational gaps and programs or systems need to be created or improved with program funding during BP5? The description must identify the specific, measurable changes sub-recipients need to achieve for each capability or to what degree the capability needs to be sustained. The goal can span multiple functions, tasks, or resource elements within each capability. Sub-recipients can include multiple goals per capability.

Funding information.

Sub-recipients will select one of the following sources of funding for each capability with planned activities:

HPP

PHEP

**Other funding source (state, local, DHS, other)**

Any capability functions with objectives supported by HPP or PHEP funding should have at least one line item associated with that function in the budget.

Objectives.

Sub-recipients will provide at least one objective for each short-term goal. These objectives should support the **intent of the original funding opportunity announcement (FOA) for this project period**. The objective descriptions will also be specific, measurable, and directly support or contribute to the achievement of the short-term goal.

The objectives should also describe a desired outcome which could be reported as part of the BP5 annual progress report.

Planned activities.

Sub-recipients will provide at least one planned activity for each objective that describes the necessary tasks, deliverables, or products required to meet the objective. The planned activities will describe specific actions that support the completion of an objective. Planned activities should lead to measurable outputs linked to program activities and outcomes.

Proposed outputs.

Sub-recipients will provide at least one proposed output for each objective. The proposed outputs

## APPENDIX-1 BP5 WORK PLAN

### (Sub-recipients Capability Plan and Contract Plan)

should directly relate to the expected results of completing the planned activities or objectives.

Function associations.

Sub-recipients will associate objectives with functions for a specific capability.

Timeline for accomplishment(s).

Sub-recipients will provide a timeline for accomplishing a proposed objective.

Technical assistance.

Sub-recipients will describe any self-identified technical assistance needs for the objective, if applicable. This includes a description of how ADHS can help them overcome challenges to achieving annual and project period outcomes, performance/program measures, and/or completing activities outlined in the work plan.

**Sub-recipients Contracts Plan** (Template attached)

### Performance Measure Reporting

ASPR and CDC will release Budget Period 5 guidance documents for the HPP program measures and the PHEP performance measures, including detailed reporting requirements.

**APPENDIX-2**  
**FOR INFORMATION ONLY**  
**STATE REQUIREMENTS FOR CDC/ASPR GRANT FUNDING**

**Appendix 4: HPP Budget Period 5 PAHPRA Benchmarks Subject to Withholding**

ASPR has identified the following fiscal year 2016 benchmarks for Budget Period 5 to be used as a basis for withholding of fiscal year 2017 funding for HPP awardees. Awardees that fail to “substantially meet” the benchmarks are subject to withholding penalties to be applied the following fiscal year. Awardees that demonstrate achievement of these requirements are not subject to withholding of funds.

HPP PAHPRA1	Awardees must submit timely and complete data for the annual progress report.
HPP PAHPRA2	Awardees must submit healthcare coalition development assessment (HCCDA) factor data with their annual progress reports.
HPP PAHPRA3	Awardees must develop training and exercise plans and submit according to Budget Period 5 continuation guidance requirements. Plans must include a proposed exercise schedule and a discussion of the plans for healthcare coalition exercise development, conduct, evaluation, and improvement planning. Exercise plans must demonstrate: participation by healthcare coalitions and their participating hospitals include participating organizations anticipate capabilities to be tested
HPP PAHPRA4	Awardees must submit work plan activities according to Budget Period 5 continuation guidance requirements. Activities must ensure that coalitions’ hospitals are addressing the 11 NIMS implementation activities for hospitals and report on the status of those activities for each hospital in their Budget Period 5 annual progress reports.
HPP PAHPRA5	Awardees must update annual pandemic influenza preparedness plans in accordance with sections 319C-1 and 319C-2 of the PHS Act as amended. Data points reviewed:  The healthcare coalition has tested its ability to address its members’ healthcare workforce safety needs through training and resources.  The healthcare coalition has demonstrated the ability to do the following during an incident, exercise or event: 1) Monitor patient acuity and staffed bed availability in real-time and 2) Off-load patients.

**APPENDIX-3**  
**FOR INFORMATION ONLY**  
**STATE REQUIREMENTS FOR CDC/ASPR GRANT FUNDING**

**Table-1: Criteria to Determine Potential Withholding of HPP Fiscal Year 2017 Funds**

	<b>Benchmark Measure</b>	<b>Yes</b>	<b>No</b>	<b>Possible % Withholding</b>
<b>1</b>	Did the awardee (all awardees) meet all application and reporting deadlines?			10%
<b>2</b>	Did the awardee (all awardees) submit healthcare coalition development assessment (HCCDA) factor data as required?			
<b>3</b>	Did the awardee (all awardees) develop training and exercise plans and submit a TEP according to Budget Period 5 continuation guidance requirements?			
<b>4</b>	Did the awardees (all awardees) submit work plan activities according to Budget Period 5 continuation guidance requirements, including NIMS implementation activities for hospitals?			
<b>5</b>	Did the awardee (all awardees) meet the 2016 pandemic influenza plan requirement?			10%
<b>Total Potential Withholding Percentage</b>				<b>20%</b>
<p><u>Scoring Criteria</u>            The first four benchmarks are weighted the same, so failure to substantially meet any one of the four benchmarks will count as one failure and result in withholding of 10% of the fiscal year 2017 HPP award. Failure to submit the 2016 pandemic influenza preparedness plan as required may result in withholding of 10% of the fiscal year 2017 HPP award.</p> <p>More information on withholding and repayment is available in the CDC-RFA-TP12-1201 funding opportunity announcement posted at <a href="http://www.cdc.gov/phpr/documents/cdc-rfa-tp12-1201_4_17_12_FINAL.pdf">http://www.cdc.gov/phpr/documents/cdc-rfa-tp12-1201_4_17_12_FINAL.pdf</a>.</p>				

**APPENDIX-4**  
**FOR INFORMATION ONLY**  
**STATE REQUIREMENTS FOR CDC/ASPR GRANT FUNDING**

**Appendix 5: PHEP Budget Period 5 PAHPRA Benchmarks Subject to Withholding**

CDC has identified the following fiscal year 2016 benchmarks for Budget Period 5 to be used as a basis for withholding of fiscal year 2017 funding for PHEP awardees. Awardees that fail to “substantially meet” the benchmarks are subject to withholding penalties to be applied the following fiscal year. Awardees that demonstrate achievement of these requirements are not subject to withholding of funds.

PHEP PAHPRA1	<p><b>Awardees must adhere to all PHEP reporting deadlines.</b> This benchmark applies to all 62 awardees. Required reports include:</p> <p>HHS capabilities self-assessments (Capabilities Planning Guide) due in early 2017</p> <p>Fiscal year 2017 funding applications due approximately 60 calendar days following initial publication of the continuation guidance. The application includes a Budget Period 5 progress update, program requirements update, work plan, and budget justification</p> <p>Budget Period 4 annual progress reports (APR), due 90 days after the end of Budget Period 4 (September 30, 2016). Annual progress reports must include updates on work plan activities including local contracts and progress on implementation of technical assistance plans; PAHPRA benchmark data; performance measure data and supporting information; responses to program data questions; training updates; preparedness accomplishments, and program impact statements.</p>
PHEP PAHPRA2	<p><b>Awardees must demonstrate capability to receive, stage, store, distribute, and dispense material during a public health emergency.</b> This benchmark applies to all 62 awardees.</p> <p>As part of their response to public health emergencies, public health departments must be able to provide countermeasures to 100% of their identified population within 48 hours of the federal decision to do so. PHEP awardees must ensure that each local planning jurisdiction within their CRI metropolitan statistical areas, including the four directly funded localities, conduct three different drills. Drills should be part of the progressive approach outlined in the Homeland Security Exercise and Evaluation Program (HSEEP); results of the drills will be reviewed during site visits.</p> <p>Maintain and provide to CDC current receipt, stage, and store (RSS) information for all potential RSS facilities in their jurisdictions using the RSS site survey form. Site surveys must be conducted at least once every three years to ensure they reflect current operational capabilities.</p>
PHEP PAHPRA3	<p><b>Awardees must demonstrate that Laboratory Response Network laboratories biological (LRN-B) can pass proficiency testing which includes the ability to receive, test, and report on one or more suspected biological agents.</b> This benchmark applies to each of</p>

## APPENDIX-4

### FOR INFORMATION ONLY

#### STATE REQUIREMENTS FOR CDC/ASPR GRANT FUNDING

	<p>the 50 state public health laboratories plus the LRN-B laboratories in Los Angeles County, New York City, and Washington, D.C.</p> <p>Successful demonstration of this capability is defined by the LRN-B proficiency testing policy.</p> <p>CDC will use the following elements to determine if the awardee met this benchmark:</p> <ul style="list-style-type: none"><li>Number of LRN-B proficiency tests successfully passed by the PHEP-funded laboratory (during any attempt, including remediation if applicable)</li><li>Number of LRN-B proficiency tests participated in by the PHEP-funded laboratory (includes remediation, if applicable)</li></ul> <p>PHEP-funded laboratory cannot fail more than one proficiency testing challenge.</p> <p>CDC's LRN-B program office requires state public health laboratories to participate in all available proficiency testing challenges specific to each laboratory's testing capability; if a laboratory has testing capability for a specific agent and a proficiency testing challenge for that agent is being offered, the PHEP-funded laboratory must participate in that proficiency testing challenge. PHEP-funded laboratories that are offline long-term, undergoing renovation, or have other special circumstances are not expected to have their proficiency testing challenges completed by partner or back-up labs (such as municipal labs or labs in neighboring states). Instead, those laboratories are expected to report to the LRN-B program office what they would do in real situations had the proficiency testing challenge been associated with a true emergency event. In such a circumstance, this will not adversely affect an awardee in terms of determining whether this benchmark has been met.</p> <p>Although laboratories are required to participate in all available proficiency testing challenges (based on the individual lab's testing capability), the determination for meeting this benchmark will be based exclusively on participation in, and successfully passing, proficiency tests as described in the Checklist of Laboratory Requirements for LRN-B Member Standard Level Reference Laboratories: Section I. Minimum Laboratory Testing Capabilities elements 1 and 2 (an updated version of this document is located in the PERFORMS Resource Library). Additional information is available by contacting the LRN-B Technical Program Office at <a href="mailto:LRN@cdc.gov">LRN@cdc.gov</a></p>
PHEP PAHPRA4	<b>Awardees must ensure that at least one LRN chemical (LRN-C) laboratory in their jurisdictions passes the LRN-C specimen packaging, and shipping (SPaS) exercise.</b> This

**APPENDIX-4**  
**FOR INFORMATION ONLY**  
**STATE REQUIREMENTS FOR CDC/ASPR GRANT FUNDING**

	<p>benchmark applies to the 50 states; the directly funded localities of Los Angeles County, New York City, and Washington, D.C.</p> <p>This annual exercise evaluates the ability of a laboratory to collect relevant samples for clinical chemical analysis and ship those samples in compliance with International Air Transport Association regulations. Awardees must ensure at least one LRN-C laboratory passes CDC’s SPaS exercise. If a laboratory fails the exercise on its first attempt but passes on the second attempt, then the awardee will meet the benchmark. If a PHEP awardee has multiple laboratories, at least one laboratory must participate and pass. To pass, a laboratory must score at least 90% on the exercise.</p>
<p>PHEP PAHPRA5</p>	<p><b>Awardees must ensure that LRN-C laboratories pass proficiency testing in core and additional analysis methods.</b> This benchmark applies to the 10 awardees with Level 1 laboratories (California, Florida, Massachusetts, Michigan, Minnesota, New Mexico, New York, South Carolina, Virginia, and Wisconsin). Although this benchmark does not apply to awardees with Level 2 laboratories during Budget Period 5, awardees with Level 2 laboratories must report on LRN-C proficiency testing performance measures as specified in PHEP performance measure and specifications guidance.</p> <p>The LRN-C conducts proficiency testing for all Level 1 and Level 2 chemical laboratories to support meeting the regulatory requirements for the reporting of patient results as part of an emergency response program. Each high complexity test is proficiency tested three times per budget period and each laboratory is evaluated on the ability to report accurate and timely results through secure electronic reporting mechanisms.</p> <p>CDC has identified nine core methods and four additional methods for detecting and measuring these agents and conducts testing to determine a laboratory’s proficiency in these methods. The core methods are 1) arsenic in urine by DRC ICP-MS; 2) cadmium/lead/mercury in blood by ICP-MS; 3) cyanide in blood by headspace GC-MS; 4) volatile organic chemicals (VOCs) in blood by SPME GC-MS; 5) nerve agent metabolites (OPNAs) in urine by LC-MS/MS; 6) nerve agent metabolites (OPNAs) in serum by LC-MS/MS; 7) tetramine in urine by GC-MS; 8) toxic elements (barium, beryllium, cadmium, lead, uranium, and thallium) in urine by ICP-MS; and 9) plant toxins in urine by LC-MS/MS. Additional methods are 1) sulfur mustard metabolite in urine by LC-MS/MS; 2) Lewisite metabolite in urine by LC-ICP-MS; 3) nitrogen mustard metabolites in urine by LC-MS/MS; and 4) tetra nitromethane biomarker in urine by LC-MS/MS</p>
<p>PHEP</p>	<p>Update and maintain Epi-X membership for jurisdictional PHEP directors, epidemiology</p>

**APPENDIX-4**  
**FOR INFORMATION ONLY**  
**STATE REQUIREMENTS FOR CDC/ASPR GRANT FUNDING**

PAHPRA6	leads, and laboratory directors and provide the CDC PHEP program office with current contact information for individuals in each role.
PHEP PAHPRA7	Awardees must update annual pandemic influenza preparedness plans in accordance with Section 319C-1 of the PHS Act as amended. Updates should reflect corrective actions plans and improvements taken to address operational readiness gaps identified in the CDC pandemic influenza readiness assessment (PIRA) completed in 2015. Awardees must submit the status updates within 90 days of receiving their PIRA summary reports outlining operational gaps. In addition, awardees must submit any follow-up data needed to better inform the PIRA baseline data.

DRAFT

**APPENDIX-5**  
**FOR INFORMATION ONLY**  
**STATE REQUIREMENTS FOR CDC/ASPR GRANT FUNDING**

**Table-2: Criteria to Determine Potential Withholding of PHEP Fiscal Year 2017 Funds**

	<b>Benchmark Measure</b>	<b>Yes</b>	<b>No</b>	<b>Possible % Withholding</b>
<b>1</b>	Did the awardee (all awardees) meet all application and reporting deadlines?			10%
<b>2</b>	Did the awardee (all awardees) demonstrate capability to receive, stage, store, distribute, and dispense material during a public health emergency?			
<b>3</b>	Did the applicable awardee demonstrate proficiency in public health laboratory testing and/or exercises for biological agents?			
<b>4</b>	Did the applicable awardee meet packaging and shipping requirements for chemical specimens?			
<b>5</b>	Did the applicable awardee demonstrate proficiency in public health laboratory testing and/or exercises for chemical agents?			
<b>6</b>	Did the awardee (all awardees) update and maintain Epi-X membership for appropriate jurisdictional partners?			
<b>7</b>	Did the awardee (all awardees) meet the 2016 pandemic influenza plan requirement?			10%
<b>Total Potential Withholding Percentage</b>				20%

Scoring Criteria

The first six benchmarks are weighted the same, so failure to substantially meet any one of the six benchmarks will count as one failure and result in withholding of 10% of the fiscal year 2017 PHEP award. Failure to submit the 2016 pandemic influenza preparedness plan as required may result in withholding of 10% of the fiscal year 2017 PHEP award.

More information on withholding and repayment is available in the CDC-RFA-TP12-1201 funding opportunity announcement posted at [http://www.cdc.gov/phpr/documents/cdc-rfa-tp12-1201\\_4\\_17\\_12\\_FINAL.pdf](http://www.cdc.gov/phpr/documents/cdc-rfa-tp12-1201_4_17_12_FINAL.pdf).

**ONLINE RESOURCES**  
**(For crafting work plans to move from healthcare coalition planning to**

## operational constructs)

HHS Compendium of Response Resources

[www.phe.gov/emergency/hhscapabilities/Pages/default.aspx](http://www.phe.gov/emergency/hhscapabilities/Pages/default.aspx)

emPower Map

[www.phe.gov/empowermap](http://www.phe.gov/empowermap)

Hospital Surge Evaluation Tool

[www.phe.gov/Preparedness/planning/hpp/surge/Pages/default.aspx](http://www.phe.gov/Preparedness/planning/hpp/surge/Pages/default.aspx)

TRACIE – Technical Resources, Assistance Center and Information Exchange

<https://asprtracie.hhs.gov/>

Disaster Behavioral Health Capacity Assessment Tool

[www.phe.gov/Preparedness/planning/abc/Documents/dbh-capacity-tool.pdf](http://www.phe.gov/Preparedness/planning/abc/Documents/dbh-capacity-tool.pdf)

Psychological First Aid – A Course for Supervisors and Leaders

[https://live.blueskybroadcast.com/bsb/client/CL\\_DEFAULT.asp?Client=354947&PCAT=7365&CAT=9403](https://live.blueskybroadcast.com/bsb/client/CL_DEFAULT.asp?Client=354947&PCAT=7365&CAT=9403)



## HPP-PHEP Sub-Recipient Contracts Work Plan Template

*This template is for a single contract with multiple sub-recipients only. If there are multiple contracts then multiple copies should be completed, one for each contract for multiple sub-recipients.*

<b>Contracts Summary</b>	
<i>The intent of this section is to provide some basic information about the contract.</i>	
<i><b>Contract name</b> allows for the awardee to provide a unique short name for the contract. This contract name will be utilized as an association in the budget. EVERY contract in the Sub-recipient contracts work plan <u>must have at least one</u> budget line item associated to it in one of the funding streams in the budget.</i>	
<b>1. Contract Name</b> (150 character limit)	
<i><b>Sub-recipient type</b> allows awardees to indicate whether the contract is supporting local health departments, tribal health entities, healthcare coalitions, hospitals, or other types of Sub-recipients.</i>	
<b>2. Sub-recipient Type</b> (Check only one)	<p><b>For HPP Contracts</b></p> <p><input type="checkbox"/> Healthcare coalition</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Other healthcare organization</p> <p><input type="checkbox"/> State or local hospital association</p> <p><input type="checkbox"/> Substate region</p> <p><b>For PHEP Contracts</b></p> <p><input type="checkbox"/> Local public health department</p> <p><input type="checkbox"/> Tribal health program</p>
<i><b>Self-identified TA needs</b> allow awardees to indicate if they need technical assistance for this Sub-recipient contract. If the awardee identifies that they have technical assistance needs, awardees are required to briefly describe those needs.</i>	
<b>3. Self-identified TA Needs</b> (3500 character limit)	<p><input type="checkbox"/> Yes (please specify below)</p> <p><input type="checkbox"/> No</p>



## HPP-PHEP Sub-Recipient Contracts Work Plan Template

### Section A: HPP Budget Associations

Capability	4. Association Name (Select all that apply)	Narrative (3,500 characters max per association)	%
Healthcare System Preparedness	<input type="checkbox"/> 1. Develop, refine, or sustain healthcare coalitions		
	<input type="checkbox"/> 2. Coordinate healthcare planning to prepare the healthcare system for a disaster		
	<input type="checkbox"/> 3. Identify and prioritize essential healthcare assets and services		
	<input type="checkbox"/> 4. Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps		
	<input type="checkbox"/> 5. Coordinate training to assist healthcare responders to develop the necessary skills in order to respond		
	<input type="checkbox"/> 6. Improve healthcare respond capabilities through coordinated exercise and evaluation		
	<input type="checkbox"/> 7. Coordinate with planning for at-risk individuals and those with special medical needs		
Healthcare System Recovery	<input type="checkbox"/> 1. Develop recovery processes for the healthcare delivery system		
	<input type="checkbox"/> 2. Assist healthcare organizations to implement continuity of operations (COOP)		
Emergency Operations Coordination	<input type="checkbox"/> 1. Healthcare organization multiagency representation and coordination with emergency operations		
	<input type="checkbox"/> 2. Assess and notify stakeholders of healthcare delivery status		
	<input type="checkbox"/> 3. Support healthcare response efforts through coordination of resources		
	<input type="checkbox"/> 4. Demobilize and evaluate healthcare operations		



## HPP-PHEP Sub-Recipient Contracts Work Plan Template

### Section A: HPP Budget Associations (Continued)

<b>Fatality Management</b>	<input type="checkbox"/>	1. Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations		
	<input type="checkbox"/>	2. Coordinate surges of concerned citizens with community agencies responsible for family assistance		
	<input type="checkbox"/>	3. Mental / behavioral support at the healthcare organization level		
<b>Information Sharing</b>	<input type="checkbox"/>	1. Provide healthcare situational awareness that contributes to the incident common operating picture		
	<input type="checkbox"/>	2. Develop, refine, and sustain redundant, interoperable communication systems		
	<input type="checkbox"/>	A. Bed tracking / HAvBED		
	<input type="checkbox"/>	B. Patient tracking		
	<input type="checkbox"/>	C. Patient records tracking		
<b>Medical Surge</b>	<input type="checkbox"/>	1. The healthcare coalition assists with the coordination of the healthcare organization response during incidents that require medical surge		
	<input type="checkbox"/>	2. Coordinate integrated healthcare surge operations with prehospital emergency medical services (EMS) operations		
	<input type="checkbox"/>	3. Assist healthcare organizations with surge capacity and capability		
	<input type="checkbox"/>	4. Develop crisis standards of care guidance		
	<input type="checkbox"/>	5. Provide assistance to healthcare organizations regarding evacuation and shelter in place operations		
	<input type="checkbox"/>	A. Mobile medical assets		
	<input type="checkbox"/>	B. Decontamination		

## HPP-PHEP Sub-Recipient Contracts Work Plan Template

### Section A: HPP Budget Associations (Continued)

<b>Responder Safety and Health</b>	<input type="checkbox"/>	<b>1. Assist healthcare organizations with additional pharmaceutical protections for healthcare workers</b>		
	<input type="checkbox"/>	<b>2. Provide assistance to healthcare organizations with access to additional Personal Protective Equipment (PPE) for healthcare workers during response</b>		
<b>Volunteer Management</b>	<input type="checkbox"/>	<b>1. Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations</b>		
	<input type="checkbox"/>	<b>2. Volunteer notification for healthcare response needs</b>		
	<input type="checkbox"/>	<b>3. Organization and assignment of volunteers</b>		
	<input type="checkbox"/>	<b>4. Coordinate the demobilization of volunteers</b>		
	<input type="checkbox"/>	<b>A. Electronic volunteer registration system (ESAR-VHP)</b>		
<b>Program Administration</b>	<input type="checkbox"/>	<b>1. Program Administration</b>		<b>100%*</b>

*\*If Program Administration is selected, then the Percentage (%) for that association must be 100%.*

*The total percentage for each contract must equal 100%.*



## HPP-PHEP Sub-Recipient Contracts Work Plan Template

### Section B: PHEP Budget Associations

4. Association Name (Select all that apply)			Narrative (3,500 characters max per association)	%
1	<input type="checkbox"/>	Community Preparedness		
2	<input type="checkbox"/>	Community Recovery		
3	<input type="checkbox"/>	Emergency Operations Coordination		
4	<input type="checkbox"/>	Emergency Public Information and Warning		
5	<input type="checkbox"/>	Fatality Management		
6	<input type="checkbox"/>	Information Sharing		
7	<input type="checkbox"/>	Mass Care		
8	<input type="checkbox"/>	Medical Countermeasure Dispensing		
9	<input type="checkbox"/>	Medical Materiel Management and Distribution		
10	<input type="checkbox"/>	Medical Surge		
11	<input type="checkbox"/>	Non-Pharmaceutical Interventions		
12	<input type="checkbox"/>	Public Health Laboratory Testing		
13	<input type="checkbox"/>	Public Health Surveillance and Epidemiological Investigation		
14	<input type="checkbox"/>	Responder Safety and Health		
15	<input type="checkbox"/>	Volunteer Management		
A	<input type="checkbox"/>	Program Administration		100%*

*\*If Program Administration is selected, then the Percentage (%) for that association must be 100%.  
The total percentage for each contract must equal 100%.*