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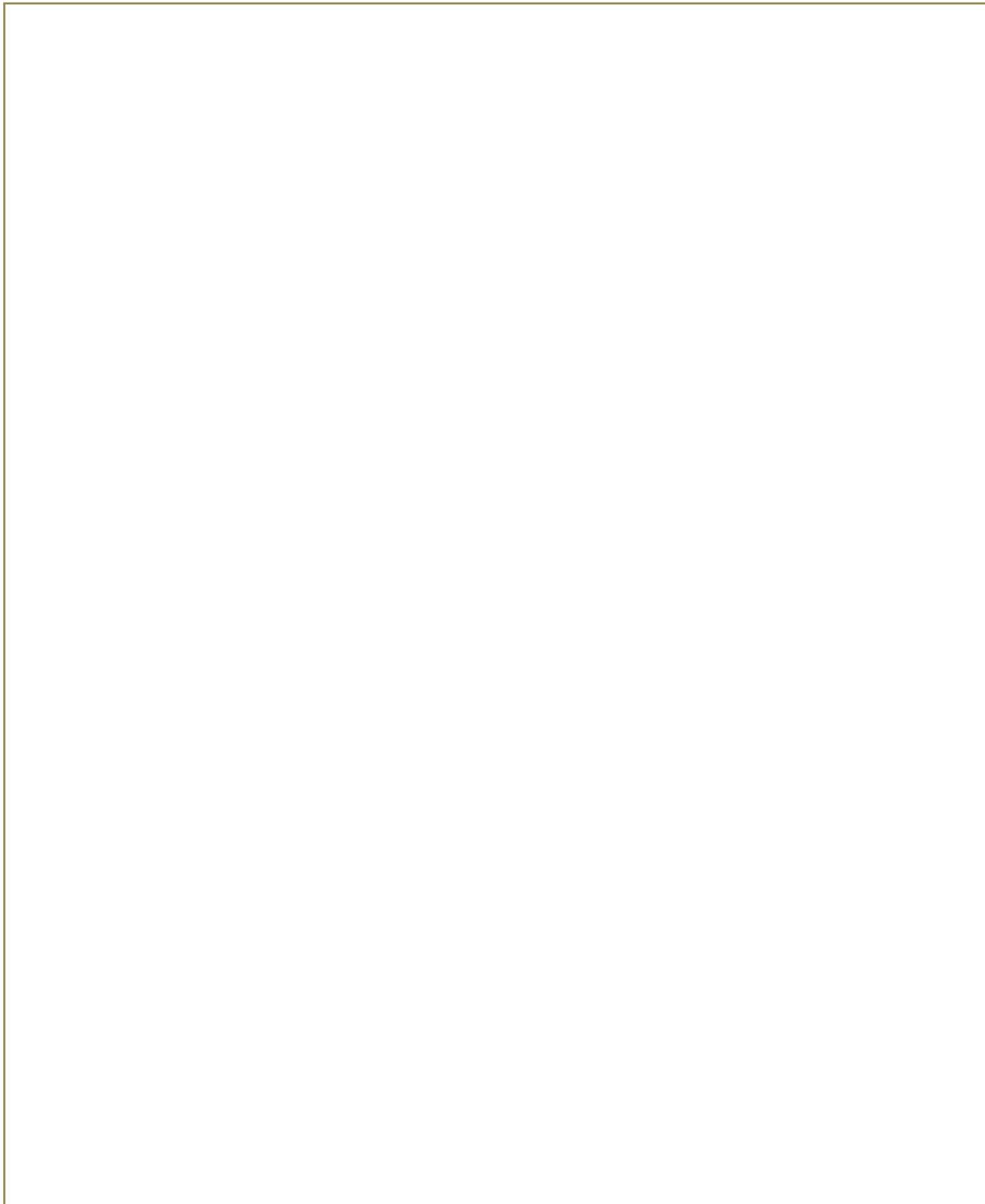
Version 1

**PUBLIC HEALTH EMERGENCY  
PREPAREDNESS (PHEP)  
PROGRAM**  
LOCAL HEALTH DEPARTMENT (LHD)  
WORK PLAN GUIDANCE DOCUMENT

**2022-2023: BUDGET PERIOD 4**



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Kansas Department of Health and Environment

Bureau of Community Health Systems

Preparedness Program

2022-2023

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## 1. Executive Summary

This guidance document is designed to serve as an implementation guide for the work plan and activity completion requirements for Budget Period 4, 2022-2023. Under the administrative authority of the Centers for Disease Control and Prevention (CDC), this budget period marks the fourth year of the project period. This budget period is also the fourth year the HPP and PHEP programs are separated fiscally but remain aligned programmatically. New reporting requirements for the Public Health Emergency Preparedness (PHEP) Cooperative Agreement are not expected to impact the local public health department (LHD) during this budget period despite the number of work plan activities presented.

The PHEP work plan has been adapted to fit the classification of small, medium and large counties. There are three (3) separate, but similar, work plans geared toward the size of the county.

Kansas PHEP will continue to focus on developing community partnerships, expanding networking and continuing to develop support framework within their communities. Kansas Department of Health and Environment (KDHE) will continue to make diligent efforts to help ensure work plan items for local public health departments are within the requirements of the cooperative agreement and aligned with local public health department activities and emergency management practices. The KDHE Preparedness Program will also review new reporting processes and procedures to reduce the reporting workload on the PHEP administrators.

The LHD will ensure the continued involvement within their jurisdictions, with the HCCs and their work plan activities.

This guidance document is specific for Administrators of the LHD and outlines KDHE Preparedness Program expectations for the budget period. A listing of resources can be found at the end of this document, and any new or updated guidance from the CDC will be shared.

### 1.1 General Administrator Information

The following information is provided to all Preparedness Program participants. Please reference this information as needed.

#### Submitting deliverables and documentation:

- When submitting any documentation, ensure the submitting agency name and a point of contact are included on the document.
- Due dates are outlined in the work plans and will not be extended. The established due dates allow the maximum time needed to complete the activity by the LHD and allow KDHE Preparedness Program staff time to review, request revisions (if necessary) and meet the federal guidelines.
- Work plan deliverables may be submitted prior to the due date.
- Completed work plan items will be submitted to KGMS, unless otherwise noted. In some cases, items may need to be sent to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov). Please note the work plan activity item number and task being submitted and county name in the email subject line. All submitted documents must be dated.

### 1.2 Statement of Federal Support

All publications, coursework and document that are created or generated by, or in relation to, this cooperative agreement must include a statement of Federal Support. This requirement applies to the following: documents, educational materials, deliverables and related supporting information. This also includes within the body of any courses created using preparedness funding. Sign-in sheets are excluded from this requirement.

Required statement for PHEP documents/publications:

*“This publication was supported by the Grant or Cooperative Agreement Number, NU90TP922049, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.”*

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, all awardees receiving federal funds, including state, local governments and recipients of federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with federal money;
- dollar amount of federal funds for the project of program; and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Required statement for conferences/meetings and accompanying materials:

*“Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”*

### 1.3 PHEP LHD Submission Requirements – Due Dates

Financial Status Reports (FSRs) and Work Plan Progress Reports are due:

- **Quarter 1** (July 1, 2022 – September 30, 2022) – due October 15, 2022
- **Quarter 2** (October 1, 2022 – December 31, 2022) – due January 15, 2023
- **Quarter 3** (January 1, 2023 – March 31, 2023) – due April 15, 2023
- **Quarter 4** (April 1, 2023 – June 30, 2023) – due July 15, 2023

Note: If the quarterly due date falls on a State of Kansas observed holiday or a weekend, the due date becomes the next business day.

### 1.4 PHEP LHD Submission Requirements – Deliverable Submission

Work plan deliverable are to be submitted via KGMS

Emails should be sent per the following guidelines to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) to better facilitate timely responses to questions or concerns on work plans, exercises and/or trainings and FSRs.

- Send emails regarding work plan items with the email subject line: **County Name, Work plan: Q#** (quarter number) **or Item #**. Only submit work plan concerns and questions using this format. All attachments to the email should be work plan and/or work plan related deliverables.
- Send emails regarding FSR or budget related question with the email subject line: **County Name, FSR**. You should only submit items relating to the FSR and budget changes on this email. All attachments should be financial in nature and not a work plan deliverable.

- Send emails regarding exercise or training related questions with the subject line: **County Name, Exercise or Training**.

Using this process will help to quickly route your inquiry to the correct Preparedness Program staff member for follow-up.

## 1.5 Reporting: Formal Training and Informative Presentations Intended to Train

Course information should be provided to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) via the normal reporting process. The following information needs to be included when reporting:

- Attendee sign-in sheets – should be separate from meeting sign-in sheets and include attendee’s role and organization.
- Course information - title, description, capabilities addressed, and type of personnel to be trained.
- Finalized expenditure report and outcomes of training (course specific).

## 1.6 Compliance Statement

KDHE Preparedness Program Compliance will review all submitted progress reports, progress report documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and activity completion progress. However, approximately 25% of the reviewed agencies will receive notification of being audited each quarter. The Compliance Coordinator will notify the administrators of the audited LHD of any findings discovered during these reviews, outline the nature of the finding, explain what action is needed to correct the finding, and the date the action needs to be completed by and then validated by KDHE Preparedness Program Compliance. Administrators will also be notified if no findings were discovered during their audit.

KDHE Preparedness Program has been advised by the CDC it is important all work plan activities, regardless of their type, need to be completed on or before the assigned deadlines. It is imperative any challenges or obstacles that will impede completion of these work plan activities, projected or otherwise, are addressed with the KDHE Preparedness Program as soon as possible. KDHE Preparedness Program staff cannot address a challenge if they are unaware there is a challenge in the first place. The KDHE Preparedness Program will work with the LHD to find viable solutions to those challenges. Please do not hesitate to contact the KDHE Preparedness Program at [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov).

## 1.7 Contact Information

KDHE Preparedness ([KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov).)

Healthcare Coalition (HCC) Readiness and Response Coordinators (RRC) represent the seven (7) HCCs within the state (<https://www.kdhe.ks.gov/DocumentCenter/View/6476/Kansas-Healthcare-Coalitions-Map-PDF?bidId=>)

Regional PHEP Coordinators represent the fifteen (15) public health regions (<https://www.kdhe.ks.gov/DocumentCenter/View/6253/Public-Health-Emergency-Preparedness-PHEP-Regions-PDF>)

## 1.8 Budget Period Insights

This year marks the fourth budget year of the grant period. Three (3) years ago the CDC released several resources that outline the new direction the PHEP Program is taking. These resources include the new Funding Opportunity

Announcement (FOA), a revised version of the PHEP Performance Measures, and a few supporting documents that explain how the various work plan activities contribute towards LHD preparedness progress. The LHD will ensure the continued involvement within their jurisdictions, with the HCCs and their work plan activities.

While the PHEP Program and the Healthcare Preparedness Program (HPP) portions of the cooperative agreement have separate application processes, the two (2) programs remain actively aligned with each other. In the instances where the health departments are required to collaborate with their local HCC, the Regional PHEP Coordinators will be tasked with assisting them and the HCC RRC in completing these activities.

This guidance document is specific for Administrators of the LHD and outlines KDHE Preparedness Program expectations for the budget period. A listing of resources can be found at the end of this document, and any new or updated guidance from the CDC will be shared.

## 2. PHEP Work Plan Guidance

The state PHEP program goals for this project period focus on the public health system developing strategies and activities to improve and then expand readiness at the local, state, and national levels. This will lead to a reduction of the impact of identified threats to public health and safety during emergency situations. There is the underlying emphasis of working to improve and exceed the day-to-day capacity and capabilities of the public health response systems in Kansas. This development process can be found in detail in the FOA, **2019-20 Public Health Emergency Preparedness (PHEP) Cooperative Agreement (CDC-RFA-TP19-1901)**. Additionally, further resources are available in **Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, October 2018**. Coupled with this guidance document, these sources will assist the administrator with the execution of the contracted work plan. (Please refer to the *Reference appendix* for details).

### 2.1 Work Plan Overview

#### Activity 1

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A local health department (LHD) representative (or proxy) will attend, in person, via conference call or webinar, the quarterly scheduled Healthcare Coalition (HCC) meetings for their region. Designees/Proxies are permitted, provided they designated by the LHD Administrator and the proxy letter is received by KDHE prior to any meetings that will be missed. Letters received after a missed meeting will not be made retroactive.

#### **Justification**

The purpose of this activity is to ensure inclusion and participation of the LHD with the Healthcare Coalitions. This activity supports the FOA requirements that the **LHD are one of the four core members of a coalition that must attend the meetings**, either in person, virtually, or by Designee/Proxy.

#### **Compliance Requirements**

- Compliance will validate attendance of the meeting via the KS-TRAIN rosters verified by the HCC RRC from these meetings. It is the responsibility of the attendee to assure their attendance has been properly recorded by the HCC RRC.
- PHEP Compliance and the state HCC Manager will review the coalition meeting minutes to validate LHD inclusion and participation in coalition activities, especially in the joint activities.



If the local health department administrator or a local health department staff member/employee representative cannot attend the local HCC meeting, a Designee/Proxy would be applicable and appropriate.

**Designee** = an individual that the local health department administrator appoints/designates who will attend the local HCC meetings in the absence of a local health department representative (employee) and **cannot vote** for the local health department.

**Proxy** = an individual that the local health department administrator appoints/designates that can attend the meetings in the absence of the local health department representative (employee) **and can place a vote** on behalf of the local health department in their absence from the local HCC meetings. When assigning Proxy Rights (voting rights) the letter must indicate Proxy for voting and contain a physical (wet) signature of the local health department administrator.

Who cannot be a Designee/Proxy: An HCC RRC, chairperson, secretary, treasurer, etc. is not an appropriate individual to appoint as this would be a conflict of interest.

### **Deliverables**

Submit, in KGMS:

- Name of HCC region
- Meeting date
- Attendee name/s
- KS TRAIN course ID#

### **Designee and/or Proxy letters**

<https://www.kdhe.ks.gov/745/Grantee-Information>

LHD administrator must provide a copy of a Designee Letter or a Proxy Letter to the Healthcare Coalition Readiness and Response Coordinator and to KDHE Preparedness **prior to the coalition meeting** that will be missed. Submit completed letter to [KDHE.Preparedness@KS.Gov](mailto:KDHE.Preparedness@KS.Gov).

Letters remitted after a meeting is held will not be made retroactive.

## **Activity 2**

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The LHD may send staff to preparedness conferences, preparedness meetings, trainings or exercises to increase knowledge, skills and abilities to develop and maintain plans, conduct trainings and exercises and respond to public health threats and emergencies using a whole-community approach to preparedness management. (Examples include but are not limited to: National Preparedness Summit, Four Corners Emergency Management, Kansas Public Health Association.)

Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. See [Compliance Requirements](#) for instructions on pre-approval and budget requirements. Each attendee must submit a summary report of the learned knowledge/skill and must include course name, attendee name and date attended.

### **Justification**

The intent of this activity is to officially provide support to the LHD administrators in expanding learning and networking opportunities for **multiple LHD staff**. Please note this only applies to major conferences and out-of-state training sessions, not local or regional trainings conducted during the budget period.

## **Compliance Requirements**

**Prior to** attending an out-of-state conference or training event the LHD must obtain approval by the KDHE Preparedness Program. If not already documented in the approved current budget, submit a Conference/Training Approval Request via email to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov), containing the following information:

- Subject – *County Name*, Conference/Training Approval Request
- Title of the conference or training event.
- Date/s of the event
- Description of the conference or training event.
- Names and title of staff attendees.
- How does attending this conference or training event impact each attendee?
- Cost

## **Deliverables**

The event documentation will be due to KDHE Preparedness Program for review within **fifteen (15) days** of returning from the conference or training event **and reported on the progress report for the Quarter attended.**

For in-state events:

Event Name  
Event Date  
Name of attendees

For out-of-state events:

Each person must submit a one (1) page summary no later than fifteen (15) business days after the conference.  
Event Name  
Event Date(s)  
Name of Attendee(s)

One-page summary to include:

What information was learned?  
How is this information being applied at the local level?  
How is this information being shared within the agency or across the region?

## **Activity 3**

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LHD will have a staff member attend at least three (3) webinars developed by the KDHE Preparedness Program for the PHEP grant.

- Attendance is **required for the July 2022** Work Plan Guidance session.
- The LHD can choose the other two (2) webinars from the KDHE Preparedness Webinar listing to complete this activity. Click [here](#) to view the listing.

## **Justification**

This activity will help build the knowledge base of the staff at the LHD in working with the requirements of the PHEP grant.

### **Compliance Requirements**

- Must be a BP4 Preparedness Webinar. Live preferred but viewing a recorded session may suffice. Click [here](#) to view list on KS-TRAIN.
- KDHE Preparedness Program Compliance will pull the KS-TRAIN rosters for attendance verification.
- All activities to meet the specified goals are due within the quarter attended and no later than **June 30, 2023**.

### **Deliverables**

KS-TRAIN # and Name of attendee/s.

### **Activity 4**

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LHD representative will participate in a local ESF 8 or LEPC planning meeting at least once per year to work with health and medical partners in order to strengthen community preparedness and response activities. The local ESF-8 or LEPC acts as an advisory committee of governmental and non-governmental partners to the local health department to integrate preparedness efforts across jurisdictions and to leverage funding streams.

### **Justification**

This activity is an opportunity for the LHD to engage with other agencies and partners within the county on their preparedness plans and processes. This will ensure all parties are aligned with how the emergency manager, local law enforcement, etc. will respond in the event of an incident.

### **Compliance Requirements**

- LHD representative will participate in a local ESF 8 or LEPC planning meeting at least once per year
- To validate attendance the LHD administrator will submit at least one of the following: sign-in attendance sheet, meeting notes reflecting attendance or an email confirming attendance.
- All activities to meet the specified goals are due by **June 30, 2023**.

### **Deliverables**

Designate type of meeting/group: ESF-8  / LEPC

Date attended

Attendee name/

Attendance sheet(s)/meeting notes uploaded to KGMS.

### **Activity 5**

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LHD **Administrator** will maintain their contact information in the Kansas Health Alert Network (KS-HAN) to ensure the ability of the LHD in receiving situational awareness information.

- Contact information should be checked no less than annually by the user. Users are expected to update their own user profiles.
- KDHE Preparedness Program will send LHD Administrator a KS-HAN registrant list, annually. LHD will provide a list of changes (add/remove registrants) to KS-HAN Administrator within the quarter the report was received.

- LHD staff registered on KS-HAN will respond to one (1) KS-HAN drill to ensure and demonstrate the ability to receive and respond to situational awareness updates and common operating picture information, and to ensure that communications equipment is appropriately receiving health alerts and situational information.

### **Justification**

To test the response capability of the respondents via the KS-HAN notification process to test the effectiveness of the current notification system as well as the current level of participation among the respondents.

### **Compliance Requirements**

- LHD Administrator will maintain their contact information in the Kansas Health Alert Network (KS-HAN).
- The Update list from KS HAN Admin is due within the quarter received. Drill information due in quarter conducted.

### **Deliverables**

Date Registrant list updated

Date Drill Completed

## **Activity 6**

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LHD Administrator will ensure 24/7 epidemiological contact information is kept current and sent to the KDHE Bureau of Epidemiology & Public Health Informatics through KDHE's Contact Management Community System (available at <https://kansasct.force.com/cms/s/>) at least quarterly.

### **Justification**

This supports the public health system by having access to personnel trained to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems and support surge requirements in response to threats.

### **Compliance Requirements**

- The LHD administrator will check the Contact Management Community System quarterly to ensure accurate data
- Due quarterly

### **Deliverables**

Attest quarterly, via KGMS, that the contact information is accurate.

## **Activity 7**

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LHD Administrators will ensure that priority communication services are available in an emergency. This should include maintaining an always-on, high-speed internet connection, email services, and a telephone and or cell phone that is available to LHD preparedness personnel.

### **Justification**

Priority communications are a requirement for several capabilities. This work plan item allows the LHD to spend PHEP funds obtaining and/or maintaining related services.

### **Compliance Requirements**

- Due by **September 30, 2022**.

### **Deliverables**

Attest, via KGMS, that priority communications services are available 24/7

### **Activity 8**

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LHD will work to support community involvement with preparedness efforts, including building partnerships, and LHD will use community preparedness to build partnerships and address risks within their community. LHDs will aim to engage community partners who might otherwise not be involved with preparedness efforts.

LHD will participate in the National Preparedness Month campaign in September 2022 by posting:

At least two (2) different posts on one (1) social media platform each week during the month of September 2022.

Using the hashtag #KSPrepared to signify participation.

### **Justification**

This ensures community engagement via social media.

### **Compliance Requirements**

- At least two (2) different posts on one (1) social media platform each week during the month of September 2022.
- Using the hashtag #KSPrepared to signify participation. KDHE will track social media participation using #KSPrepared. If this hashtag is used, no documentation is needed
- All social media campaigns and/or activities to meet the specified goals are due by **September 30, 2022**.

### **Deliverables**

Enter in KGMS the Social media platform(s) (i.e., Twitter, Instagram, Facebook, etc.) used for posts during September 2022.

### **Activity 9**

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LHD will maintain a website where information can be posted and accessed by members of the public to promote awareness of LHD preparedness activities and actions the public can take to improve personal preparedness. The LHD will also make regular use of social media channels (for example, Facebook, Twitter and/or Instagram).

### **Justification**

Community engagement and communications are crucial to community preparedness and recovery.

### **Compliance Requirements**

- The LHD will maintain a web page that provides information to the public. The LHD will also provide a social media account as a primary website, in the event that the county website is not accessible by the health department, or as a supplement to the web page.

- KDHE will review the presence of a department web page and/or social media account annually via online search and will review the web page to determine if the page is active and has basic contact information. The social media account will be reviewed for activity.
- All activities to meet the specified goals are due by **December 31, 2022**.

### **Deliverables**

Enter in KGMS dates for website review, Facebook review, Twitter review, Instagram review, and any others.

### **Activity 10**

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New LHD administrators (employed six (6) months or less, new to the administrator position or has not previously completed training as a New Administrator in budget period 3) will take the *Preparedness - New LHD Administrator Training, Modules 1 through 5*, on KS-TRAIN for administration of the PHEP grant. KS-TRAIN Training Plan # 4137.

### **Justification**

This activity will help facilitate the knowledge base of the new administrators working with the requirements of the PHEP grant.

### **Compliance Requirements**

- The administrator will note the date and attendee name on the work plan.
- If the new administrator training course is not applicable to the current administrator, the administrator will sign the work plan stating such.
- All activities to meet the specified goals are due by **December 31, 2022**.

### **Deliverables**

In KGMS, note the required information.

### **Activity 11**

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LHD administrators will ensure designated\* staff complete the following online training:

- FEMA IS-100: An Introduction to the Incident Command System (ICS)
- FEMA IS-200: Basic ICS
- FEMA IS-700: An Introduction to the National Incident Management System (NIMS)

\*Designated staff is a staff member determined by the LHD Administrator.

### **Justification**

This activity represents the ongoing effort to bring all preparedness elements into alignment with NIMS and ICS. Any new staff members will need to complete the training required by their assigned ICS position (if they have one).

### **Compliance Requirements**

- The administrator will need to verify via the Progress Report in KGMS that their staff have completed the ICS courses specific to their assigned ICS position.

- All training certificates must be maintained on site and may be requested by either the KDHE Preparedness Program or the PHEP Federal Project Officer (FPO).
- The deadline of this work plan activity is no later than December 31, 2022 for any employee employed longer than six (6) months. Any employee under six (6) months at the beginning of BP43 and cannot make the deadline will fall into the next Budget period budget period.

### **Deliverables**

In KGMS, note the required information

### **Activity 12**

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LHD will ensure that a minimum of two (2) health department staff or volunteers are registered and active users of the Inventory Management Tracking System (IMATS) and:

- A. All new users have completed the appropriate training according to their designated role in IMATS.
- B. All users must login to IMATS a minimum of once every six (6) months to keep their account active and update their own user profiles.
- C. KDHE Preparedness Program will send LHD Administrators the list of IMATS registrants twice annually. LHD will provide a list of changes (add/remove registrants) in KGMS within the quarter received.
- D. LHD will update Point of Dispensing (POD) location(s) and any other relevant POD information in IMATS, at least annually. If no updates are warranted, verify in the progress report POD info is up-to-date and no updates are required this budget period.

### **Justification**

The LHD will provide dates that IMATS was updated to ensure up to date information and access is available in the event of IMATS being used in an emergency. Any new users and date of new user training must also be provided.

### **Compliance Requirements**

- Each health department administrator will provide the names of staff members who are responsible for updating of IMATS and have completed training in the quarter corresponding with the submission.
- If no training is needed, mark as such on the progress report. Persons who have already taken the IMATS training, in this budget period or any prior budget period, do not need to repeat the training.
- All users must login to IMATS a minimum of once every six (6) months to keep their account active and to update their own user profiles. Failure to login to IMATS once every six (6) months will result in the user account being closed by Secure Access Management Services (SAMS), requiring the user to re-establish access.
- IMATS logins and new user training should be completed by IMATS users no later than **December 31, 2022 and June 30, 2023**.

### **Deliverables**

In KGMS, note the required information

### **Activity 13**

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Using KS-TRAIN, LHD will ensure appropriate staff members take or renew certification every two (2) years for:

- Packing and Shipping Dangerous Goods: What the Laboratory Staff Must Know (1092665).  
KDHE will verify completion of the training in KS-TRAIN

### **Justification**

LHD will remain current on preparing specimens for the packaging and shipping requirements that may or may not be changed for the current budget period.

### **Compliance Requirements**

- LHD will provide the dates and names of staff members who have completed the training requirements during the budget period.
- Compliance will pull the training certificates from KS-TRAIN for validation.
- Completion of this activity is due by **March 31, 2023**.

### **Deliverables**

In KGMS, note the required information

## **Activity 14**

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Narrative: How has PHEP made a difference for your local health department or community?

Provide a written summary of how PHEP funds received in BP4 assisted/improved your county. Include success stories, activities or items purchased that you would not have been able to do without PHEP funding. Maximum length 1 page.

### **Justification**

KDHE will compile data and share with the FPO how PHEP activities and PHEP funding directly impacts LHDs and the county communities they serve.

### **Compliance Requirements**

Each LHD Administrator will provide a written summary of how PHEP funds assisted and/or improved the LHD and/or the local county community. Include success stories, activities or items purchased that would not have been possible without PHEP funding. For templates, see the [Compliance Document Resources](#) webpage.

Completion of this activity is due by **March 31, 2023**.

### **Deliverables**

The summary should be uploaded to KGMS and marked as uploaded.

## **Activity 15**

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LHD will ensure annual fit testing for PPE (or PAPR annual training) for LHD staff is completed in compliance with the revised *OSHA respiratory protection standard, 29 CFR 1910.134*, adopted April 8, 1998.

### **Justification**



N95 respirators are required under OSHA to be fit-tested annually. This ensures the mask size still fits, as a face can change from year to year.

Annual training is designed to re-enforce the initial training each staff member had on how to don and doff this type of PPE in the case of the PAPR. A PAPR can substitute for an N95 respirator.

### **Compliance Requirements**

- The administrator will confirm date testing (or training) was completed.
- Completion of this activity is due by **March 31, 2023**.

### **Deliverables**

In KGMS, note the required information

### **Activity 16**

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LHD can purchase equipment and supplies to maintain PHEP readiness based on their county plans, risk assessments and AAR/IPs. These items must be included in the KDHE approved PHEP KGMS budget. LHD Administrator or designee will:

- Use CRMCS for deployable/non-consumable items. Track other items in any inventory tracking system(s).
- Complete a review of the actual inventory, removing expired items and adding new items to CRMCS or another inventory tracking system.
- Note the responsible person for the cache and how the expired items were disposed.

### **Justification**

This work plan activity allows LHDs to purchase items needed to maintain PHEP readiness.

### **Compliance Requirements**

- The administrator will note the requested information on the work plan.
  - Date items purchased and entered in appropriate tracking system.
  - Cache Manager Name.
  - Items disposed and how.
- PHEP purchased deployable inventory items will be maintained in the Comprehensive Resource Management and Credentialing System (CRMCS). All other PHEP purchased inventory items will be entered into a county tracking system (if CRMCS is not utilized).
- All activities to meet the specified goals are due by **June 30, 2023**.

### **Deliverables**

In KGMS, note the required information

### **Activity 17**

---

LHD will review and update the following Annexes and upload the completed Annexes to KGMS:

- Local Emergency Call Down List
- Incident Command Staff Contacts
- Emergency Phonebook

### **Justification**

Like other plans, the health department contact Annexes require periodic updates and changes. The purpose of this activity is to identify gaps and ensure up-to-date information is included in Annexes. Individuals responsible for particular tasks may change, requiring updates to the staffing and contacts listed.

### **Compliance Requirements**

- The administrator will upload the requested information in KGMS.
  - Local Emergency Call Down List.
  - Incident Command Staff Contacts.
  - Emergency Phonebook.
- Completion of this activity is due by **June 30, 2023**.

### **Deliverables**

Each Annex should be uploaded to KGMS and marked as uploaded.

### **Activity 18**

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Participate in an annual exercise during Budget Period 4 (2022-2023) at the local-level as defined below:

Call Down List Exercise – (Workshop or Tabletop)

- At a minimum, exercise Capabilities 1-Community Preparedness and 3-Emergency Operations Coordination
- Exercise must utilize the following three (3) annexes:
  - "Incident Command Staff Contacts"
  - "Local Emergency Call Down List"
  - "*Emergency Phonebook*"

Exercise options:

Hold a workshop to complete/update the required annexes and assure they contain up-to-date information and discuss their uses and applicable plans.

OR

Hold a tabletop to exercise the plan/call lists currently in place.

Other Requirements:

- Plans/procedures for assisting at-risk/vulnerable populations specific to the jurisdiction must be documented or evidenced in all exercises.
- Exercise activity will be aligned with the HSEEP principles and test/validate current plans and procedures.
- Exercise AAR/IPs must be written using the KDHE approved AAR/IP Template and only reflect PHEP capabilities, not the capabilities or requirements outlined by other agencies (i.e. CMS, Emergency Management, etc.).
- Ensure that specific exercise role(s)/responsibilities and improvement plan tasks are outlined for your individual health department.
- Each capability tested must outline at least one (1) strength and one (1) area for improvement and demonstrate the ease of access to the call down list as well as the whereabouts known throughout the department.

Serving in an observer role does not meet the participation requirement

### **Justification**

The purpose of this activity is to test the efficiency of the agency's Contact Annexes. Allowing the agency to identify gaps that may affect the access and use of the contact call down list.

### **Compliance Requirements**

- The LHD Administrator will upload the AAR/IP within **60 days** from the date of the exercise or **June 30, 2023** (whichever date comes first) to the Regional Coordinator or Subject Matter Expert (SME) and to KDHE via KGMS.

### **Deliverables**

- Document the date the exercise took place and upload the AAR/IP into KGMS.

## **Activity 19 – Medium and Large Counties Only**

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*To further build community preparedness, Medium and Large sized LHDs will participate in another month-long social media campaign conducted at a time and with the topic of the LHD's choosing. LHD will assure this second campaign is separate from the September National Preparedness Month campaign and will include at least two (2) different posts per week for the entire calendar month on at least one (1) social media platform (i.e., Twitter, Instagram, Facebook, etc.). The campaign can be on one (1) topic or cover a variety of topics, but all posts should be tagged with #KSPrepared.*

### **Justification**

This activity will further build and integrate the LHD into the community preparedness planning process by providing the community education and training they may not have otherwise had access too. By offering these educational and training posts to a social media platform, the LHD will help to broaden the knowledge base of their community partners and the community at-large.

### **Compliance Requirements**

- KDHE Preparedness Program will verify via social media platform search for the #KSPrepared to validate the campaign.

- If #KSPrepared is not used on a social media post. Then, the administrator will provide documented proof of the department's community engagement with preparedness efforts.
- This social media campaign is due by **June 30, 2023**.

### **Deliverables**

- Identify the social media platforms used and the month the campaign took place.

## **Activity 20 – Medium and Large Counties Only**

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LHD administrators will ensure designated staff complete one (1) additional training to address gaps/needed improvements based on a BP3 exercise AAR/IP, real-world incident AAR/IP, or jurisdictional risk assessment for the LHD.

*KDHE will verify training attendance and completion in KS-TRAIN. If the training was not completed in KS-TRAIN, then the certificate of completion must be remitted to KDHE for verification*

### **Justification**

This activity will use the information revealed in the BP3 exercise AAR/IP, real-world incident AAR/IP , or jurisdictional risk assessment to further strengthen the preparedness gaps illustrated by the exercise or incident and recognized by the LHD as a training need.

### **Compliance Requirements**

- The LHD Administrator will schedule training for the identified gaps.
- LHD Administrator will report KS-TRAIN training information.
- KDHE Preparedness Program Compliance will verify KS-TRAIN training completion.
- If the training is not in KS-TRAIN, then the LHD Administrator will need to submit attendee Training Certificates with the quarterly reporting for verification of completion on this activity.
- Due by **June 30, 2023**.

### **Deliverables**

Report the following to KGMS:

Training Date  
Training Course Name  
KS-TRAIN ID  
Attendee Names

## **Activity 21 – Large Counties Only**

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LHD administrators will ensure designated staff complete a second additional training to address gaps/needed improvements based on a BP3 exercise AAR/IP, real-world incident AAR/IP, or jurisdictional risk assessment for the LHD.

*KDHE will verify training attendance and completion in KS-TRAIN. If the training was not completed in KS-TRAIN, then the certificate of completion must be remitted to KDHE for verification.*

### **Justification**

This activity will use the information revealed in the BP3 exercise AAR/IP, real-world incident AAR/IP , or jurisdictional risk assessment for the LHD to further strengthen the preparedness gaps illustrated by the exercise or incident and recognized by the LHD in the AAR/IP as a training need.

### **Compliance Requirements**

- The LHD Administrator will schedule training for the identified gaps.
- LHD Administrator will report KS-TRAIN training information.
- KDHE Preparedness Program Compliance will verify KS-TRAIN training completion
- If the training is **not** in KS-TRAIN, then the LHD Administrator will need to submit the attendee Training Certificates with the quarterly reporting for verification of completion on this activity.
- This information is due by **June 30, 2023**.

### **Deliverables**

Report the following to KGMS:

Training Date  
Training Course Name  
KS-TRAIN ID  
Attendee Names

### **Activity 22 – Large Counties Only**

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Exercise # 2 - Tabletop, drill or functional exercise to address gaps/needed improvements identified in a BP3 exercise or real-world incident.

Other Requirements:

- Plans/procedures for assisting at-risk populations specific to the jurisdiction must be documented or evidenced in all exercises. Exercises must also include at-risk and vulnerable populations.
- Exercise activity will be aligned with the HSEEP principles and test/validate current plans and procedures.
- Exercise AAR/IPs must be written using the KDHE approved AAR/IP Template and only reflect PHEP capabilities, not the capabilities or requirements outlined by other agencies (i.e. Centers for Medicare & Medicaid Services (CMS), Emergency Management, etc.).
- Ensure that specific exercise roles/responsibilities and improvement plan tasks are outlined for your individual health department.
- Each capability tested must outline at least one (1) strength and one (1) area for improvement.

Serving in an observer role does not meet the participation requirement.

### **Justification**

The purpose of this activity is to test the agency’s current capabilities targeting previously identified gaps with the intent to stress them to the point that crucial gaps can be identified allowing them the ability to evaluate and review their response to the incident of the exercise as approved by KDHE and allow updating of plans. This information can be used to update or change operating plans accordingly. It should be noted that the LHD can still participate in additional exercises if they so choose. As a reminder, all additional exercises need to be submitted using the KDHE AAR/IP format and written using appropriate PHEP capabilities.

### **Compliance Requirements**

- The LHD Administrator will upload the AAR/IP and related appendices within **60 days** from the date of the exercise or **June 30, 2023** (whichever date comes first) to the Regional Coordinator or Subject Matter Expert (SME) and to KDHE via KGMS.

### **Deliverables**

Document the date the exercise took place and upload the AAR/IP into KGMS.

## **2.2 Budget Period Administrative Requirements Overview**

### **Annual Administrative Requirements**

The following administrative preparedness requirements can be requested at any time during the project period. Please maintain all documents on-site throughout the project period (2019 - 2024):

- Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness.
- Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period or at least five (5) years.
- Have available signed shared resource agreements, Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), and maintenance contracts relating to PHEP grant funds.
- LHD will provide to the KDHE Preparedness Program information pertaining to the performance measures, administrative requirements and/or any other requested information as related to the current Public Health Emergency Preparedness Cooperative Agreement.
- Retain copies of expenditure reports, including but not limited to, invoices for each capital equipment purchase for a period of at least five (5) years. Capital equipment includes purchases of \$5,000 and above (per item purchased) and/or a lifespan of greater than a year.
- All counties who are part of a larger CRI will ensure work plans for the LHD are completed as well as the CRI work plan items.

## **2.3 Budget Period Deadline Overview**

Due dates are outlined in the work plans and will not be extended, except for certain special circumstances (i.e., COVID-19 Pandemic Response) where KDHE Preparedness program has provided notice of those changes. The established due dates allow the maximum time needed to complete the activity by the LHD and allow KDHE Preparedness Program staff time to review, request revisions if necessary, and meet the federal guidelines. Please be mindful of the scheduled due dates as the KDHE Preparedness Program has Federal Reporting deadlines to meet in order to remain inclusive of the Federal Grant without restrictions and/or penalties.

## **3. Summary**

This document provides the LHD administrators and/or PHEP Coordinator of the LHD the information needed to be successful during this budget period. Communication is key to any successful venture, and this guidance document has provided the necessary information required to be compliant with the new budget period work plan activities.

### **Keys points to remember:**

- **Time management** – A majority of the work plan activities have due dates required by the federal project officers. Missing a deadline could result in punitive action being levied against the LHD.
- **Document retention** – All documents generated as part of the completion of these work plan activities are to be legitimate outcomes which can be requested for review or audit. It is important these documents be maintained either in a hard copy or digital form for the project period or no less than **five (5) years**. LHD will provide to the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements and/or any other requested information as related to the current Public Health Emergency Preparedness Cooperative Agreement.
- **Work plan instructions** – There is an increased burden of validation on the KDHE Preparedness Program to ensure the cooperative agreement funds are being spent to further preparedness. Instructions need to be carried out as outlined in the work plan and in this document because of this.
- **Communication** – LHD administrators are encouraged to contact their coordinator or the KDHE Preparedness Program if clarification is needed on an activity or a question arises regarding procedure. All questions are welcome and will be answered accordingly. If there is a question that can't be answered by the KDHE Preparedness Program, the federal project officer will be queried.

As always, the KDHE Preparedness Program stands ready to assist our local public health departments and outside agency stakeholders in understanding and interpreting the budget period requirements and the work plan activities.

### 3.1 Kansas Department of Health and Environment (KDHE) Preparedness Team

Title	Name	Email
Preparedness Program Director	Rebecca Adamson	<a href="mailto:Rebecca.Adamson@ks.gov">Rebecca.Adamson@ks.gov</a>
Deputy Preparedness Director	Jennifer Kraft	<a href="mailto:Jennifer.Kraft@ks.gov">Jennifer.Kraft@ks.gov</a>
Grant Manager Supervisor	Lisa Beebe	<a href="mailto:Lisa.Beebe@ks.gov">Lisa.Beebe@ks.gov</a>
Grant Manager	Tamara Wilkerson	<a href="mailto:Tamara.Wilkerson@ks.gov">Tamara.Wilkerson@ks.gov</a>
Compliance Coordinator	Nancy Griffith	<a href="mailto:Nancy.K.Griffith@ks.gov">Nancy.K.Griffith@ks.gov</a>
MCM/SNS/CRI Program Manager	Amber Kelly	<a href="mailto:Amber.Kelly@ks.gov">Amber.Kelly@ks.gov</a>
State HCC Manager	Edward Bell	<a href="mailto:Edward.Bell@ks.gov">Edward.Bell@ks.gov</a>
Planning Specialist		
Public Information Officer	James Roberts	<a href="mailto:James.Roberts@ks.gov">James.Roberts@ks.gov</a>
Training and Exercise Coordinator		

Preparedness Systems and Outreach Specialist	Cynthia Aspegren	<a href="mailto:Cynthia.Aspegren@ks.gov">Cynthia.Aspegren@ks.gov</a>
Operations Assistant	Katherine Wist	<a href="mailto:Katherine.Wist@ks.gov">Katherine.Wist@ks.gov</a>
Senior Administrative Specialist	Jackie Riggles	<a href="mailto:Jackie.Riggles@ks.gov">Jackie.Riggles@ks.gov</a>



## Appendix A

### Guidance Document Glossary

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**Budget Maintenance Request (BMR)** – A BMR is utilized to alter a KDHE approved budget. BMRs are entered in KGMS.

**Budget Period (BP)** – A One (1) year period that goes from July 1st to June 30th. Five (5) budget periods typically make up one project period.

**Centers for Disease Control and Prevention (CDC)** – The managing federal agency for the Public Health Emergency Preparedness Program (PHEP), which is part of the cooperative agreement.

**Compliance** – An evaluation that assesses an institution’s business and financial management systems to ensure that established regulations and policies are being followed by either the institution or its external partners. Compliance is also the term used to describe KDHE’s Preparedness Program’s Preparedness Cooperative Agreement Compliance Program and or the Compliance Coordinator.

**Compliance in Real Time (CRT)** – A real-time monitoring feature of the Preparedness Cooperative Agreement Compliance Program (PCACP), which allows for quarterly reviews of work plan activity progress or review of work plan activities that have a deadline requirement, as defined by the work plan activity and the FOA.

**Compliance Audit** – An audit of the local health departments administrator’s adherence to the programmatic requirements of the work plan and fiscal accountability, as defined by the PHEP Cooperative Agreement. Audits are conducted quarterly to determine that required programmatic progress is being met with due diligence. The audit can be used as a wide-reaching overview of the Administrator’s programmatic and fiscal accountability, or a focused audit that can determine trending for either part of the state or for a certain work plan activity over a work period.

**Cooperative Agreement** – An agreement in which the federal government provides funding, or a thing of value authorized by public statute and the government plays a substantial role. A cooperative agreement is a form of assistance. It reflects a relationship between the U.S. government and a recipient.

**Deliverables** – Items specified on the work plan to validate compliance with the activities listed.

**Deployable** – Items purchased by a county or region that can be deployed to another county and/or region during an incident for utilization.

**Designated Staff** – Any person selected by the local health department administrator to represent the health department in training or attendance at meetings and/or conferences for the PHEP grant requirements.

**Designee** – A Designee is an individual that the local health department administrator appoints/designates that will attend the local Healthcare Coalition (HCC) meetings in the absence of a local health department representative (employee) and they **do not** have a right to place a vote in the absence of the local health department.

**External Partners** – Any entity that accepts federal funding under the PHEP cooperative agreement and is charged with preparedness for a Healthcare Coalition organization, local public health department, or public health region. These entities will be referred to as administrators.

**Federal Emergency Management Administration (FEMA)** – An agency of the United States Department of Homeland Security, initially created by Presidential Reorganization Plan No. 3 of 1978 and implemented by two (2) Executive Orders on April 1, 1979. The agency's primary purpose is to coordinate the response to a disaster that has occurred in the United States and that overwhelms the resources of local and state authorities.

**Financial Status Report (FSR)** – The FSR replaces the previously utilized Affidavit of Expenditure (AOE) that was utilized for reimbursement requests. FSRs are entered in KGMS.

**Finding(s)** – An identified or observed shortcoming or oversight in fulfilling the requirements of a task, directive, stipulation, policy, or procedure. Findings can either be identified by the administrator as a method of acknowledging an existing problem (see *gap*) or can be discovered by Compliance during the audit process.

**Funding Opportunity Announcement (FOA)** – A notice in Grants.gov of a federal grant funding opportunity. Also known as a *Notice of Funding Opportunity Announcement* or *NoFO*.

**Gap** – A difference, especially an undesirable one, between two (2) views or situations. Gaps represent challenges to preparedness. Some examples of gaps are: a lack of manpower, financial shortfalls, time constraints, work priorities, and differing interpretations of available information. Creating or changing policies and procedures are ways to overcome gaps.

**Hospital Preparedness Program (HPP)** – A program that provides leadership and funding through grants and cooperative agreements to states, territories and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. It also represents the preparedness effort that is conducted at the community hospital level and at the level of a larger healthcare community or coalition.

**Homeland Security Exercise and Evaluation Program (HSEEP)** – Provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response and recovery.

**Inventory Management and Tracking System (IMATS)** – IMATS is an Inventory and Tracking Management System utilized to house preparedness related supplies and equipment. This is updated by the LHD of their stock. IMATS requires a User ID and Password to access and must be accessed every six (6) months to maintain active status.

**Kansas Department of Health and Environment (KDHE)** – The Kansas agency that is the designated pass-through agency for the cooperative agreement. As the awardee, KDHE is charged with executing and managing the requirements of the cooperative agreement for the state’s administrators.

**Kansas Division of Emergency Management (KDEM)** – A division of the Kansas Adjutant General’s office charged with managing disasters within the state. This emergency management entity is defined by state statute as the lead agency in disaster response and recovery.

**Kansas Grant Management System (KGMS)** – This is a system specifically developed by KDHE to for the Aid-To-Local (ATL) Grants for submission of applications, budgets, reimbursement requests, progress reports, etc. KGMS requires a User ID and Password to access.

**New Employee** – In this document, “new” is defined as an employee of the health department employed six (6) months or less, or is new to the administrator position, six (6) months or less, at the local health department.

**Notice of Award (NoA)** – The legal document issued to notify the grantee that an award has been made and that funds may be requested from the designated Health and Human Services (HHS) payment system or office. The NoA is issued for the initial budget period and each subsequent budget period in the approved project period.

**Notice of Funding Opportunity (NoFO)** – A notice in Grants.gov of a federal grant funding opportunity. Also known as a *Funding Opportunity Announcement* or *FOA*.

**Preparedness Cooperative Agreement Compliance Program (PCACP)** – The evolution of the program formerly known as the Grants Compliance Review Program or GCRP. The name change reflects the shift of the preparedness funding being referred to as a “cooperative agreement” rather than a “grant.” The designation change also marks the changes implemented for the new project period, with the focus now being on programmatic requirements being spread across the budget period rather than at the end of the budget period. CRT is the active part of PCACP.

**Progress Report** –The Progress Report replaces the previously utilized Work Plan document that was submitted for quarterly work plan item compliance. Progress Reports are entered in KGMS.

**Project Period** – Typically a five (5) year period of work plan covered by the requirements of a single FOA.

**Proxy** - A Proxy is an individual that the local health department administrator appoints/designates that can attend the meetings in the absence of the local health department representative (employee) and they can place a vote on behalf of the local health department in their absence from the local HCC meetings. When assigning Proxy Rights (voting rights) the letter must indicate Proxy or something to the effect of voting and contain a physical signature of the Local Health Department Administrator.

**Public Health Emergency Preparedness Program (PHEP)** – Funding that helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, man-made disasters, biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

**Recipient or Pass-Through Entity** – The eligible entity (in this case KDHE) that carries out an approved project or activity in support of a public purpose and not the direct benefit of the government. KDHE manages oversight on this cooperative agreement, as well as provides direction and monitors progress of the activity in its entirety.

**Subject Matter Expert (SME)** – This is an individual that possess years of experience and knowledge related to a particular topic or subject matter.

**Training** – An organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help him or her attain a required level of knowledge or skill.

**Work Period** – See *Budget Period*.

**Work Plan** – An outline of a set of goals and processes by which a team, organization, and/or person can accomplish those goals and offering a better understanding of the scope of the project.

**Work Plan Activity** – The objectives of the work plan. They are comprised of one or more tasks that need to be completed to complete the activity.

## References and Resources

The Kansas Department of Health and Environment

<https://www.kdhe.ks.gov/>

KDHE Preparedness

<https://www.kdhe.ks.gov/719/Preparedness>

KDHE Preparedness: Exercise Library

<https://www.kdhe.ks.gov/728/Exercise-Training-Program>

KS-HAN: Everbridge member log on

<https://member.everbridge.net/892807736724418/login>

KS-TRAIN

<https://www.train.org/ks/home>

CRMCS Home page

<http://kansas.responders.us/>

KGMS

<https://kgms.ks.gov/Default.aspx>

## From Federal Partners

CDC-RFA-TP19-1901

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT

<https://www.grants.gov/web/grants/view-opportunity.html?oppId=310318>

The Centers for Disease Control and Prevention

<https://www.cdc.gov>

2019-2024 PHEP Cooperative Agreement CDC-RFA-TP19-1901 and subsequent budget period documents

<https://www.cdc.gov/cpr/readiness/phep.htm>

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