



PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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

2021-2022: BUDGET PERIOD 3



Kansas Department of Health and Environment
Bureau of Community Health Systems
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Kansas Department of Health and Environment

Bureau of Community Health Systems

Preparedness Program

2021-2022

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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 3, 2021-2022. Under the administrative authority of the Centers for Disease Control and Prevention (CDC), this budget period marks the third year of the project period. This budget period is also the third 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.

This Budget Period the PHEP work plan has once again been adapted to fit the classification of small, medium and large counties. There will be three (3) separate work plans geared toward the size of the county. Small counties will be required to complete basic activities as designated by the grant; medium counties will complete all the activities required of small counties, plus a few more; and large counties will complete all the medium county activities, plus some that better fit the larger counties. All work plans contain the basic housekeeping list of activities included in previous years.

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.

1.1 General Administrator Information

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

- When submitting any documentation, ensure the agency name and a point of contact are included within the body of the email so proper credit is awarded. If submitting information for more than one agency and/or awarded PHEP grant in a single email, provide the information noted above for each entity and include the agency's name in attached documents. It is preferred the submissions be kept separate to reduce the risk of human error.
- 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 items completed prior to the designated due dates may be submitted to KDHE.Preparedness@ks.gov. Please note the work plan activity item number and task being submitted in the email subject line. All submitted documents must be dated.
- The following statement must appear on **ALL** publications that are created or generated by or in relation to this cooperative agreement. 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. This statement is as follows:

“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.”

The reasoning behind this statement is two-fold:

First, the statement acknowledges federal support. 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.

The second reason is as a disclaimer for conferences and/or meetings, seminar materials and/or publications. If a conference, meeting and/or seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract, the recipient must include the following statement on materials, including promotional materials, agenda, and internet sites:

“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.”

1.2 PHEP LHD Submission Requirements

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

- **Quarter 1** (July 1, 2021 – September 30, 2021) – due October 15, 2021
- **Quarter 2** (October 1, 2021 – December 31, 2021) – due January 15, 2022
- **Quarter 3** (January 1, 2022 – March 31, 2022) – due April 15, 2022
- **Quarter 4** (April 1, 2022 – June 30, 2022) – due July 15, 2022

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.

1.2.1 LHD Email Requirements

Emails should be sent per the following guidelines to KDHE.Preparedness@ks.gov to better facilitate timely responses to questions, concerns, 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, questions, deliverables 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.

1.3 Financial Status Reports (FSRs) – Reimbursement Requests

The LHD will be required to submit FSRs in the Kansas Grant Management System (KGMS) on or before the respective due dates. Affidavits of Expenditure (AOEs) remitted to KDHE.Preparedness@ks.gov will be returned unapproved with a request to enter as an FSR in KGMS. Please refer to the KGMS user guides for instructions on how to navigate through the KGMS system. These can be found by clicking the Help button in KGMS. KGMS can be accessed at <https://khap2.kdhe.state.ks.us/KGMS/Default.aspx> and requires a user ID and password for access.

Please submit an email to KDHE.ATL@ks.gov when/if assistance is needed with KGMS system issues. Submit questions related to the PHEP Grant to KDHE.Preparedness@KS.Gov. For all other Aid-To-Local Grants in KGMS, submit the inquiry to that specific programs Grant Manager.

Supporting documentation should be included for each item submitted on the FSR (e.g., receipts, invoices, purchase orders, etc.). This documentation should be uploaded into KGMS. (See *section 1.3.1 – Instructions Specific to Submission of the Financial Supporting Documentation* below for some helpful tips and instructions.) Expenses listed in the FSR must either be a budgeted item or have prior approval from the KDHE Preparedness Program.

With “FSR” in the email subject line, please send a message to KDHE.Preparedness@ks.gov that the FSR and supporting documentation have been uploaded in KGMS. KDHE will then begin a review of the FSR.

KDHE Preparedness Program staff will review the FSRs to ensure items and/or services remitted on the FSR are allowable using PHEP funds. KDHE fiscal management will review and verify funding is being utilized as allocated. Payments will be made after the KDHE Preparedness Program verifies the quarterly work plan report and deliverables have been submitted to KDHE.Preparedness@ks.gov. Payments will be made by either electronic funds transfer (EFT) or a paper check (via mail) once all work plan reports and deliverables have been approved by KDHE.

An FSR is **required** for each quarter, even if no funding has been spent in that quarter. FSRs must be remitted in chronological order in KGMS. Failure to remit a quarterly FSR in KGMS will result that the next quarter FSR not being generated within the system.

For example: Quarter 1 FSR is remitted but have no expenses to report in Quarter 2. KGMS will continue to generate a Quarter 2 FSR even though there was no expense to report for that quarter. The Quarter 3 FSR will not be generated until the Quarter 2 FSR has been submitted and approved by KDHE. The Quarter 2 FSR can be a zero expenditure, but it must be submitted to generate the next quarter FSR.

*If funding has been exhausted before the fourth reporting quarter, the LHD must still submit FSRs, even if the fields are zero. The expenditures reported on the FSRs need to total the final allocated award amount by the end of the fourth quarter. All expenditures must be incurred within the budget period and no later than **June 30** of the budget period.*

- Example 1. Spending award balance:**

Total award amount is	\$10,000.00
Quarter 1 FSR expenditure is	-2,500.00
Quarter 2 FSR expenditure is	-2,500.00
Quarter 3 FSR expenditure is	-3,000.00
<u>Quarter 4 FSR expenditure is</u>	<u>-2,000.00</u>
	\$ 0.00

This totals the award, which will zero out the award in KGMS.

● **Example 2. Underspending award:**

Total award amount is	\$10,000.00
Quarter 1 FSR expenditure is	-2,500.00
Quarter 2 FSR expenditure is	-2,000.00
Quarter 3 FSR expenditure is	-2,000.00
<u>Quarter 4 FSR expenditure is</u>	<u>-2,000.00</u>
	\$ 1,500.00 Underspent

This totals less than the award. The LHD will have to return the difference to KDHE.

● **Example 3. Overspending award:**

Total award amount is	\$10,000.00
Quarter 1 FSR expenditure is	-2,500.00
Quarter 2 FSR expenditure is	-5,000.00
Quarter 3 FSR expenditure is	-1,500.00
<u>Quarter 4 FSR expenditure is</u>	<u>-2,000.00</u>
	-\$ 1,000.00 Overspent

This totals more than the award. KDHE will only pay up to the award amount, even though the money was spent on PHEP approved items.

The KDHE Preparedness Program wants the LHD to spend the **total** award amount on approved PHEP funded services and/or items.

1.3.1 Instructions Specific to Submission of the Financial Supporting Documentation

Please do the following for the financial supporting documentation:

1. Ensure all expenditures for the quarter are listed correctly on the FSR.
2. Ensure the proper abbreviations are used to clearly indicate what is being paid by PHEP.

Tip: Do not utilize codes (e.g. 12345, EM501, etc.) as this requires KDHE Preparedness Program staff to figure out what the codes mean and can delay the approval process.

3. If the entire amount shown on the documentation is being paid by PHEP funds, please indicate this on the receipt, invoice, purchase order, etc. Otherwise, indicate the amount to be paid by PHEP and each other payer.

Example: The invoice is for internet services and the total bill is \$600.00, but PHEP is only paying a portion. Indicate on the invoice how much each funding source will be paying (e.g.: PHEP: \$300.00, MCH: \$200.00 and Immunizations: \$100.00).

4. Ensure that each of the FSR expenditures and accompanying receipts, invoices, purchase orders, etc. add up to the amount reported on the FSR.

DO NOT submit documentation NOT listed on the quarterly FSR being submitted.

5. It is not necessary to submit all pages of a bill (i.e., all pages of a phone bill) – only submit the page showing the total bill.

1.4 Budgetary Information

The LHD will receive notification from KGMS of when to submit an application, preliminary budget and budget narrative. This previously occurred in January or February of each year but has been moved to December to allow more time to complete and submit. The preliminary budget is based on the prior year's Award Amount. In KGMS on the PHEP home screen there will be three (3) separate items to assist you in completing the application, preliminary budget and budget narrative. Those items are a KGMS Application and Budget Guide, Application and Preliminary Budget and Narrative Checklist, and a Final Application and Budget Narrative Checklist which are updated annually to encompass any updated processes. These three (3) items are also posted to the KDHE Preparedness website at:

https://www.kdheks.gov/cphp/lhd_resources.htm.

After the application, preliminary budget and budget narrative are submitted by the agency and received by KDHE these will be reviewed by the KDHE Preparedness Program to assure the items submitted on the budget are reimbursable with PHEP funding. If there are items remitted on the preliminary budget that cannot be reimbursed with PHEP funding, the budget will be returned, and notification sent to the local health department KGMS Administrator and Financial Officer for correction and resubmission.

KGMS will be updated to reflect the Final Award Amount once the KDHE Preparedness Program receives the final award allocation amount. If there is a difference between the preliminary budget and the final award amount, the budget will be returned in KGMS to Agency Processing by KDHE Fiscal. The local health department will then need to adjust the budget to match the final award amount to the penny and then resubmit to KDHE for approval. The LHD will receive notification of the final allocation award amount. Notification will be sent to the local health department if an update to their budget will be required. Completion of that budget update in KGMS must be completed and resubmitted to KDHE within thirty (30) days after the notification is received. KGMS will not generate the Quarter 1 FSR for the budget period until the budget has been approved by the KDHE Preparedness Program.

All changes to the approved FY2022 budget must be completed by submission of a Budget Maintenance Request (BMR) in KGMS. All BMRs must be approved by the KDHE Preparedness Program **before** the submission of a Financial Status Report (FSR). If there is an open submitted BMR in KGMS by the agency that has not been completed and/or approved by the KDHE Preparedness Program and KDHE Fiscal, then KGMS will not generate the next quarterly FSR. BMRs remitted in KGMS allow for the agency to update the budget by creation of a new line item and to move unused funding allocated on a line item to another line item of the budget where the funding will be used. This allows for a clean audit trail for the agency of the allocated award amount to reflect exactly how the funding was spent. Make note that all budgetary changes must be tied to a PHEP capability or multiple capabilities and a work plan activity or multiple work plan activities for that budget year. BMRs should be remitted at least two (2) weeks prior to the end of the quarter and please note that some authorizations may take longer to obtain.

Activity Item #2 of the work plan now requires submitting the name of the conference and the name of each person attending the conference with their specific role at the LHD, prior to going to the conference. This information can be submitted on the initial budget narrative in KGMS. Reimbursement for conferences and/or people attending must be approved by the KDHE Preparedness Program in order to be reimbursed with PHEP funding. Follow the instructions below, if this information was not initially submitted, or if changes to conferences or attendees occur:

- The conference and number of attendees are included in the KGMS budget, but the individual names of those attending are not known during initial budget submission.
 - a. LHDs should send an email to KDHE.Preparedness@KS.Gov with the names of the attendees with their specific role at the LHD so that KDHE has the information when the FSR is submitted in KGMS.
- The local health department chooses a different conference than what is listed, or the conference is not specified in the initial budget.
 - a. KDHE Preparedness Program needs to know prior to the conference, which conference and staff are attending as well as their specific role at the LHD. If there is not a change in the budgeted amount, then the LHD will

send an email to KDHE.Preparedness@KS.Gov with the name of the conference and attendees with their specific role at the LHD. If the budgeted amount is going to change, then a BMR in KGMS is required to allow the LHD KGMS budget to be modified for accuracy.

- The number of persons attending increases or decreases.
 - a. KDHE Preparedness Program needs to know via email that the information has changed and any new attendee(s) as well as their specific role at the LHD who will be attending. If the budgeted amount will change, then a BMR in KGMS is required.
- The Local Health Department wants to add a conference.
 - a. Submit a written request for approval of staff to attend a conference or workshop that was not previously submitted on the approved budget to KDHE.Preparedness@KS.Gov and include the name of the conference, the agenda and the Attendee name(s) as well as their specific role(s) at the LHD. A BMR will be required in KGMS in order to make the budget modification after approval from the KDHE Preparedness Program.

All applications, budgets, budget narratives, BMRs and FSRs must be completed in KGMS. The FSR supporting documentation must be uploaded in KGMS.

All PHEP resources and documents are located on the KDHE Preparedness Program website at:

http://www.kdheks.gov/cphp/lhd_resources.htm.

Please refer to the list below to determine if the item you wish to purchase is an allowable or unallowable expense. If the item is not on this list, please email KDHE.Preparedness@ks.gov for approval of the purchase if PHEP funding will be utilized.

Allowable

- Recipients may use funds only for reasonable program purposes, including:
 - Personnel
 - Travel
 - Conference registrations need to be included in the “Other” category.
 - All other conference travel expenses need to be placed in the “Travel” category.
 - Supplies
 - Services
- Purchase caches of antiviral drugs to help ensure rapid distribution of medical countermeasures.
- PHEP awardees can (with prior approval) use funds to purchase industrial or warehouse-use equipment.
 - Vehicles must be of a type not licensed to travel on public roads.

Unallowable

- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate more than Executive Level II or \$199,300 per year.
- Recipients cannot use funds for the following:
 - Fundraising activities or lobbying.
 - Research.
 - Construction or major renovations.
 - Clinical care (e.g., syringes, band-aids, gowns, etc.).
 - Reimbursement of pre-award costs.
 - Response activities.
 - Purchasing clothing such as polo shirts, sweatshirts, T-shirts, etc.
 - Generally, funds may not be used to purchase food.

- Vaccines.
- Recipients may supplement, but not replace, existing state, local, or agency funds with federal funds for activities described in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Payment or reimbursement of backfilling cost for staff is not allowed.
- The LHD cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods (e.g., passenger cars or trucks and electrical or gas-driven motorized carts).
- Recipients may not use funds to purchase furniture.
- Proposed equipment purchases must have KDHE approval prior to purchase.
- LHD cannot use PHEP funds to send individuals to or support conference travel (including registrations) for persons not employed by their local health department.

1.5 Meals, Travel and Lodging Information

PHEP Preparedness funds may be used to support travel for LHD work plan related activities. To ensure consistency, KDHE will provide reimbursement for hotels and per diem for overnight travel consistent with applicable GSA rates for the destination. Maximum lodging and per diem rates can be located at <https://www.gsa.gov>. All travel departure and arrival times will be required for per diem calculation. Mileage will be reimbursed at the current rate of \$0.56 cents per mile. All travel must be associated with a work plan activity approved by the KDHE Preparedness Program prior to the travel dates.

Single day meal allowance, based on state rules, must meet the following criteria:

- The travel is supported by an associated work plan activity and the individual’s workday is extended for three (3) hours or more beyond the normal workday.
- A distance greater than 50 miles will trigger the need for an overnight stay.
- The destination of travel must be 30 or more miles away from the individual’s workstation.
- Mileage will be reimbursed at the current mileage rates.

Reimbursement % of daily per diem			\$ 41.25
Breakfast	12:00 am to 11:00 am	15%	\$ 6.18
Lunch	11:01 am to 4:00 pm	35%	\$ 14.44
Dinner	4:01 pm to 11:59 pm	50%	\$ 20.63

Monetary amount based on GSA 75% M&IE @ \$55 per day

Hotel rates and travel rates can be referenced at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. In all cases, hotel pricing should be completed using this GSA resource first. If a local hotel is not available at the GSA rate, the maximum lodging allowed for the traveler is reimbursed for single occupancy only and must be pre-approved by the KDHE Preparedness Program.

If pre-approval is not obtained, reimbursement will only be made at the GSA rate if the travel is an approved PHEP reimbursement. There is no allowance for tips included within this rate. Taxes associated with lodging shall be reimbursed in addition to the established lodging expense limitation:

Standard Lodging Rates after GSA	
Standard Daily Lodging Rate	By location
Conference Lodging qualified under <i>K.A.R. 1-16-18a*</i>	Actual

**Actual conference lodging may be paid without limit if approved by KDHE in advance of the need. Non-refundable and/or non-transferrable cancellations will not be reimbursed. Therefore, it is encouraged to ensure charges will not be accrued in the event of a cancellation, the cancellation is performed in time to avoid charges or have a back-up individual fill the place of the cancelling individual.*

1.6 Training Guidance and Approval

KDHE updates the Multi-Year Training and Exercise Plan (MYTEP) annually based on findings from the Training and Exercise Planning Workshop (TEPW).

Training should always be aligned to the grant requirements and the PHEP capabilities so KDHE can identify areas of improvement statewide to design future trainings and exercises.

The **Kansas Online Learning Management System, Kansas Training Finder Realtime Integrated Network (KS-TRAIN)** should be utilized to better track trainings conducted by our partners (the LHD, CRI Regional level). KS-TRAIN is the primary registration platform for all trainings and exercises financed with PHEP Preparedness funds. KS-TRAIN is free for the state of Kansas residents to use.

For the purposes of this cooperative agreement, “training” or “trainings” will be defined as follows:

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

Please note that Kansas Division of Emergency Management (KDEM) courses need to be approved through KDEM. The normal expenditure approval process will still need to be followed if PHEP Preparedness monies are utilized.

1.6.1 Reporting: Formal Training and Informative Presentations Intended to Train

Course information should be provided to 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).

1.7 Exercise Reporting Requirements for Counties

All exercises can be submitted, regardless of exercise type. To receive credit for a public health exercise, the KDHE After Action Report and Improvement Plan (AAR/IP) template must be used to reflect PHEP capabilities. The PHEP Capabilities required for BP3 are:

- 2 – Community Recovery
- 5 – Fatality Management
- 6 – Information Sharing
- 7 – Mass Care

Other Requirements:

- Plans/procedures for assisting at-risk/vulnerable populations specific to the jurisdiction must be documented or evidenced in all exercises. At-risk/vulnerable populations may have access or functional needs and can include those with communication limitations, medical needs, independence issues, behavioral health needs, transportation needs or even temporary needs such as pregnant women.
- Exercise activity should be aligned with the Homeland Security Exercise and Evaluation Program (HSEEP) principles and test or 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.).

Compliance Requirements:

AAR/IP deadline: AAR/IPs are due to the KDHE Preparedness Program within sixty (60) days of exercise completion. Ensure that specific exercise role/responsibilities and improvement plan tasks are outlined for your individual health department. Each capability tested must outline at least one strength and one area for improvement.

- All exercises, regardless of type, need to be conducted **and AAR/IPs submitted by June 30, 2022.**
- All exercise AAR/IPs and related appendices will be submitted to the Regional Coordinator or the subject matter expert (SME) and the KDHE Training and Exercise Coordinator at KDHE.Preparedness@KS.Gov by the LHD within sixty (60) days of completion or June 30, 2022, whichever comes first.
- All exercises must include accommodations for at-risk populations. Please list the populations included. Feel free to provide more information on how you accommodated the population(s).
- Information provided on AAR/IP must reflect PHEP capabilities and contain objectives that clearly test the capabilities.
- The submitted AAR/IP must be approved by the KDHE Training and Exercise Coordinator for credit to be awarded.
- Serving in an observer role does not meet the participation requirement.

1.8 Compliance Statement

KDHE Preparedness Program Compliance will review all submitted work plans, work plan documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and activity completion progress. However, only 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. The 2021-2022 BP3 work plans allow for certain items to be validated by the LHD Administrator’s signature on the work plan. 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.

1.9 HCC Contact Information

The following Healthcare Coalition (HCC) Readiness and Response Coordinators (RRC) represent the seven (7) HCCs within the state as of June 30, 2021:

Healthcare Coalition	Name	Phone	Email
Kansas City Metro Healthcare Coalition	Andrew Conyers	913-832-6858	metro@hccpkansas.com
North Central Healthcare Coalition	Tami Wood, BSN, RN	785-639-0594	nc@hccpkansas.com
Northeast Healthcare Coalition	Danielle Marten, MPA, CHEP	316-304-5713	ne@hccpkansas.com
Northwest Healthcare Coalition	Jonathan Blackburn	407-314-0358	nw@hccpkansas.com
South Central Healthcare Coalition	DeAnn Konkel	316-669-1811	sc@hccpkansas.com
Southeast Healthcare Coalition	Destany Wheeler	785 756-4177	se@hccpkansas.com
Southwest Healthcare Emergency Resource Team (SHERT) Coalition	Mindi Bremer	620-214-2550	sw@hccpkansas.com

1.10 Regional PHEP Contact Information

The following Regional PHEP Coordinators represent the fifteen (15) public health regions within the state as of June 30, 2021:

Region	Coordinator	Phone	Email
Central Kansas Region	Jason Tiller, Interim	785-826-6600 Ext. 7313	centralksphep@gmail.com
East Central Kansas Public Health Initiative	Jennifer Millbern	620-342-4864	jmillbern@flinthealth.org
Kansas City Area Region 15	Stephen Maheux, MPH	913-477-8318	stephen.maheux@jocogov.org
Lower 8 of Southeast Kansas	Lee Miller	620-313-0831	ltkamiller@MGCountyKS.Org
North Central Kansas Public Health Initiative	Lacey Miller	785-738-2218	Burks809@gmail.com

Northeast Corner Regionalization Initiative	Skye Reid	785-251-5661	Skye.Reid@snco.us
Northwest Bioterrorism Region	Michelle Billips, RN	785-421-3326	mbillips@grahamcountyhealth.com
	Karla Heble	785-626-3968	karlah@rawlinscounty.org
	Emily Strange	785-460-4596	estrangle@thomascountyks.gov
South Central Coalition	Virginia Downing	620-243-2520	coats1960@gmail.com
South Central Metro Region	Thomas Langer	620-221-1430	tlanger@cowleycounty.org
Southeast Kansas Multi-County (SEKMCHD) Health Department PHEP Region	Susan Belt	785-640-3633	Susan@SEKMCHD.Com
Southwest Kansas Health Initiative	Richard Everett	620-492-1930	richard@swkhi.org
Southwest Surveillance and Regional Response	Virginia Downing	620-243-2520	coats1960@gmail.com
West Central Public Health Initiative	Cindy Mullen	785-672-2304	cmullen@wcphi.onmicrosoft.com
Western Pyramid Regional Initiative	Richard Everett	620-492-1930	richard@swkhi.org
Wildcat Region	Renee Lucas	785-776-4779 Ext. 7633	BLucas@rileycountyks.gov

1.11 Budget Period Insights

This year marks the third budget year of the grant period. Two (2) 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 more guidance will be shared as it becomes available from the CDC.

1.11.1 Carry-Over Activities

For Budget Period 2 there are items that, due to the COVID-19 Response Activities and the urgency of COVID vaccinations being disbursed and administered, the KDHE Preparedness Program determined items that would be afforded a “Postponed” (delayed) due date. As a reminder, those are still due to KDHE Preparedness Program on the new due date. Those items with the postponed due dates have been added to the BP3 (2021-2022) work plans as an “Addendum”. Please review the Addendum carefully and refer to the BP2 Work Plan and Guidance Document for additional information on what must be reported for each activity item. Those items are listed in the table below for reference.

County Plan Size	Activity Item #	Description	Postponed Due Date
SMALL	11A	LHD will review and update county plans as needed according to the findings and improvement plans from a real-world incident when approved by KDHE. LHD will ensure Improvement Plan (IP) items are reviewed and completed by the due dates listed on the Improvement Plan. This activity allows for the acquisition of items needed per the IP. This activity replaces the local exercise for this year only. <p style="text-align: right;">Due by <u>December 31, 2020</u></p>	06/30/2022
MEDIUM	11B	Participate in an annual exercise or real event at the local level as defined below: Budget Period: BP2 (2020 - 2021): Exercise #1 Tabletop Exercise or Real Event <i>Capabilities required for BP2:</i> 4 - Public Information & Warning 8 - Medical Countermeasures Dispensing and Administration 13 - Public Health Surveillance 15 - Volunteer Management <p style="text-align: right;">Due by April 30, 2021</p> Other Requirements: <ul style="list-style-type: none"> Plans/procedures for assisting at-risk populations specific to the jurisdiction must be documented or evidenced in all 	09/30/2021

		<p>exercises. Exercises must also include at-risk and vulnerable populations.</p> <ul style="list-style-type: none"> • 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.). <p>Ensure that specific exercise role/responsibilities and improvement plan tasks are outlined for your individual health department. Each capability tested must outline at least one strength and one area for improvement.</p> <p>Serving in an observer role does not meet the participation requirement.</p> <p>AAR/IP due within sixty (60) days of exercise completion</p> <p>Make note that the KDHE Preparedness Program suggested to base this AAR/IP on the COVID vaccinations as a Real-Life Event to prevent additional burden of creation of a new exercise and to align with the COVID-19 Response AAR/IP (11A of the work plan.).</p>	
MEDIUM	15D	<p>LHD will review and update county plans as needed according to the findings on the improvement plan from the April 2020 full-scale exercise (FSE) or real-world incident when approved by KDHE. LHD will ensure Improvement Plan (IP) items are completed by the due dates listed on the Improvement Plan.</p> <p>Due by June 30, 2021</p>	06/30/2022
MEDIUM	19	<p>HD will develop or have in place surge strategies to ensure scalable staffing plans adapt to changing requirements based on incident size, scope and complexity.</p> <ul style="list-style-type: none"> • Develop agreements and or contacts with resources in the area who have the expertise to help with manpower (federal workers, labor pool agencies). • Maintain a scalable EOP or EOG for staffing needs to meet activation levels as triggers are met. <p>Due by June 30, 2021</p>	09/30/2021

<p>LARGE</p>	<p>11B</p>	<p>Participate in an annual exercise or real event at the local level as defined below:</p> <p style="text-align: center;">Budget Period: BP2 (2020 - 2021):</p> <p>Exercise #1 Tabletop Exercise or Real Event</p> <p style="text-align: center;"><i>Capabilities required for BP2:</i></p> <p style="text-align: center;">4 - Public Information & Warning</p> <p style="text-align: center;">8 - Medical Countermeasures Dispensing and Administration</p> <p style="text-align: center;">13 - Public Health Surveillance</p> <p style="text-align: center;">15 - Volunteer Management</p> <p style="text-align: right;">Due by April 30, 2021</p> <p>Other Requirements:</p> <ul style="list-style-type: none"> ● 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. CMS, Emergency Management, etc.). <p>Ensure that specific exercise role/responsibilities and improvement plan tasks are outlined for your individual health department. Each capability tested must outline at least one strength and one area for improvement.</p> <p>Serving in an observer role does not meet the participation requirement.</p> <p style="text-align: center;">AAR/IP due within sixty (60) days of exercise completion</p> <p>Make Note that the KDHE Preparedness Program suggested to base this AAR/IP on the COVID vaccinations as a Real-Life Event to prevent additional burden of creation of a new exercise and to align with the COVID-19 Response AAR/IP (11A of the work plan.).</p>	<p>09/30/2021</p>
<p>LARGE</p>	<p>15E</p>	<p>LHD will review and update county plans as needed according to the findings on the improvement plan from the April 2020 full-scale exercise (FSE) or real-world incident when approved by KDHE.</p>	<p>06/30/2022</p>

		LHD will ensure Improvement Plan (IP) items are completed by the due dates listed on the Improvement Plan. Due by June 30, 2021	
LARGE	19	<p>HD will develop or have in place surge strategies to ensure scalable staffing plans adapt to changing requirements based on incident size, scope and complexity.</p> <ul style="list-style-type: none"> • Develop agreements and or contacts with resources in the area who have the expertise to help with manpower (federal workers, labor pool agencies). • Maintain a scalable EOP or EOG for staffing needs to meet activation levels as triggers are met. <p>Due by June 30, 2021</p>	09/30/2021

2. PHEP Work Plan Guidance

The work plan for this budget period contains familiar and new activities to complete. 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

LHD representative will attend their local healthcare coalition (HCC) meetings in-person, via conference call, virtual or webinar. The LHD will attend at a minimum one (1) HCC meeting per quarter. Designees and/or Proxies are permitted when a representative of the LHD cannot attend in-person, via conference call or webinar.

*To clarify, a **Designee** is 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 they **do not have a right to place a vote** in the absence of the local health department.*

*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 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.*

Designee and/or Proxy letters are valid for the budget period at the time and may be submitted and/or updated at any time throughout the budget period. Designee/Proxy letters must be submitted to KDHE.Preparedness@KS.Gov and to the local

HCC Regional Readiness and Response Coordinator (RRC) prior to any meeting that may be missed. Letters remitted after a meeting is held will not be made retroactive.

A Designee/Proxy letter only applies to the local health department administrator having the ability to designate an individual to attend their local HCC meeting in their absence. In meaning, if the local health department administrator or a local health department staff member/employee representative cannot attend the local HCC meeting then a Designee/Proxy Letter would be applicable and appropriate. An HCC RRC, chairperson, secretary, treasurer, etc. is not an appropriate individual to appoint as this would be a conflict of interest. As a reminder, attendance from the local health department can be done in-person or via conference call/webinar. When designating a Designee and/or a Proxy the individual must attend the meeting in-person and sign the attendance roster noting they are attending as the Designee/Proxy for the local health department individual they are representing. It is the responsibility of the LHD to communicate with the Designee/Proxy to first get their approval and second to notify that they will be missing a meeting as it is possible the Designee/Proxy may miss the same meeting.

A Designee/Proxy Letter will not be accepted or apply as credit for attendance of the Local PHEP Region Meetings by the KDHE Preparedness Program.

Participation will be validated through the KS-TRAIN roster for the meeting. It is the responsibility of the attendee to assure their attendance has been properly recorded by the HCC RRC.

Justification

The purpose of this activity remains the same as previous years: inclusion 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, electronically, or by Designee/Proxy. The representative can attend either in person or virtually (conference call, Zoom, GoToMeeting, etc.) if the Readiness and Response Coordinator can account for that representative's presence and participation. Any staff member employed at the LHD can attend these meetings. Designees and/or proxies assigned by each of the individual local health department administrators must attend the meeting in-person and the letter verifying the proxy or designee MUST be in the KDHE offices and sent to the local RRC prior to the meeting that will be missed).

Output

- Validation of attendance at all Healthcare Coalition meetings.
- Validation of LHD participation in coalition planning and projects where appropriate.

Compliance Requirements

- LHD representative must attend the HCC meetings, either in person, virtually or by proxy.
- The LHD administrator must provide a copy of a Designee Letter or a Proxy Letter to both the Healthcare Coalition Readiness and Response Coordinator and to KDHE Preparedness *prior* to the coalition meeting that will be missed.
- Compliance will validate attendance of the meeting via the KS-TRAIN rosters verified by the HCC RRC from these meetings. LHD should maintain a copy of these documents on-site for the project period.
- 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.
- All activities to meet the specified goals are due by **June 30, 2022**.

Activity 2

The LHD may send staff to attend preparedness related conferences and/or trainings 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: the 2022 Preparedness Summit, Four Corners Emergency Management, Kansas Public Health Association).

Justification

The intent of this activity is to officially provide support to the LHD administrators in expanding learning and networking opportunities amongst their peers. As KDHE Preparedness is required to have all training and event information as part of the budget submission, the information regarding these conferences and training opportunities will be provided to KDHE with the annual-budget. **The intent of this activity is to train multiple LHD staff.** Please note this only applies to major conferences and out-of-state training sessions and not local or regional trainings conducted during the budget period normally.

Output

- Prior notification to KDHE Preparedness Program of the need for staff members to attend various preparedness-related conferences, meetings, and trainings throughout the budget period.
- LHD understands the request process for these types of training and networking opportunities.
- The staff members who attended will be required to share what they learned during the conference or training event.

Compliance Requirements

- Prior to attending an out-of-state conference or training event (if not listed above), the following prerequisites are needed for final approval by the KDHE Preparedness Program, based on PHEP requirements:
 - Title of the conference or training event.
 - Description of the conference or training event.
 - PHEP capabilities addressed.
 - Names and title of staff attendees.
 - County health department name.
 - How does attending this conference or training event impact each attendee?
- Each attendee from the LHD will be required to provide to the KDHE Preparedness how the knowledge gained will be applied to the department's own preparedness efforts if the conference/training is not listed above.
 - The event documentation will be due to KDHE Preparedness Program for review within **fifteen (15) days** of returning from the conference or training event.
 - Course or Conference Name, attendee name and attendance date(s).
 - 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?
- All activities to meet the specified goals are **due by fifteen (15) days after returning from the training/conference event and reported on the work plan for the Quarter attended.**

Activity 3

LHD will have a designated staff member attend three (3) webinars developed by the KDHE Preparedness Program for the PHEP grant. These webinars were created to enhance the knowledge base of the designated staff. Attendance is

required for the July 14, 2021 – Work Plan Guidance session. The LHD can choose two (2) additional webinars from the KDHE Preparedness Program BP3 Webinar list to complete this activity.

Justification

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

Output

- LHD staff will receive up-to-date training regarding the PHEP grant.

Compliance Requirements

- The administrator will note the date and who attended on the work plan.
- 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, 2022**.

Activity 4

*LHD representative will participate in a local Emergency Support Function (ESF) 8 or Local Emergency Planning Committee (LEPC) meetings at least **once** per year to work with local health and medical partners within their county in order to strengthen community preparedness and response activities. The local ESF or LEPC essentially serves as an advisory committee to the local health department of governmental and nongovernmental partners to integrate preparedness efforts across jurisdictions and to leverage funding streams.*

Justification

This activity is designed to give the 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. This will emphasize the need for all county agencies to be aligned with preparedness plans and county level response practices and procedures. While the requirements for this activity involve attending only one LEPC or ESF-8 meeting sometime during the budget period, KDHE Preparedness encourages each LHD to attend as many of these meetings as they can and report those additional meetings to KDHE Preparedness so they can be properly recorded.

Output

The validation of attending one (1) LEPC or ESF-8 meeting during the current budget period.

Compliance Requirements

- To validate attendance the LHD administrator will submit at least one of the following with your work plan: 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, 2022**.

Activity 5

*LHD staff registered on the **Kansas Health Alert Network (KS-HAN)** will annually update their contact information or as changes occur. LHD will review registrant lists to ensure members have access to notification tools utilized by the public health system partners to coordinate information sharing among all public health, health care, and necessary partners and stakeholders. LHD will email any addition/deletion requests to KS-HAN for implementation to KDHE.KSHANADMIN@ks.gov. Users are expected to update their own user profiles. In addition, LHD staff registered on*

KS-HAN will respond to one (1) KS-HAN drill within the budget period to ensure and demonstrate the ability to receive and respond to situational awareness updates, common operating picture information disseminated via the health alert network, and to ensure that communications equipment is appropriately receiving health alerts and situational information

Justification

CDC has placed more emphasis on communication and information sharing for the purposes of situational awareness during an incident. Drills maintain the connectivity and highlight issues before the incident happens. This requirement will be ongoing. Additionally, the purpose for drill activity is to test the response capability of the respondents via the KS-HAN notification process. The level of response will help determine what changes will need to be made to the current system. The drills will help develop regular participation across the state and identify possible equipment gaps among the respondent population. These drills will determine the effectiveness of the current notification system as well as the current level of participation among the respondents.

Output

- LHD personnel shall update their information in KS-HAN as changes occur or by verifying their profile information annually. At minimum, the LHD Administrator and the Health Officer must be registered users.
- The addition of new staff or providers into the network will be added in as part of their orientation to the department.
- An email requesting addition and/or deletion to the LHD personnel in KS-HAN will be emailed to KDHE.KSHANAdmin@ks.gov.
- A registrant list can be obtained by the LHD staff by emailing a request to KDHE.KSHANAdmin@ks.gov.
- The completion of the one (1) quarterly communications system drill via KS-HAN.
- The administrator will provide the date of the communication drill that is completed. This update will be reported on the work plan for the quarter the drill was completed within.
- LHD will report any issues with the drills with the quarterly report.
- KDHE Preparedness will advise the LHD on the drill performance and will share participation information with the administrators.

Compliance Requirements

- Provide notification to KDHE Preparedness that an update has occurred via the quarterly work plan updates, including the date of the change.

This activity is to be **completed within the quarter received and reported on work plan for that quarter.**

Activity 6

LHD will annually review and update as necessary to ensure 24/7 epidemiological contact information is kept current and shared with KDHE Bureau of Epidemiology & Public Health Informatics at KDHE.EpiHotline@ks.gov to support the public health system having access to personnel trained to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems and support surge requirements in response to threats.

Justification

The importance of maintaining this vital information cannot be overstated. The LHD will always maintain current contact information with KDHE Bureau of Epidemiology and Public Health Informatics.

Output

- Each LHD will ensure that their contact information remains current with KDHE.
- If changes are not needed, the LHD administrator will sign and date the work plan.

Compliance Requirements

- The LHD will note on the work plan the date the update is provided to the KDHE Bureau of Epidemiology and Public Health Informatics.
- If an update is not required, the administrator will sign the work plan assuring KDHE “No update required.”

This validation is due to be completed by **September 30, 2021**.

Activity 7

LHD will ensure that priority communication services are available in an emergency, including maintaining an always-on-high-speed internet connection; email services and a phone or cell phone; available to health department preparedness personnel.

Justification

As a requirement for several of the capabilities, priority communications are a must. Drills will be conducted testing these platforms throughout the budget period. It is recommended that the LHD have more than one communication platform - a primary platform and a secondary platform. It is also recommended that these platforms be frequently tested.

Output

- The administrator will provide KDHE confirmation of priority communication services.
- The administrator will notify KDHE Preparedness if there is a status change in the local public health department’s communications capabilities.

Compliance Requirements

The administrator will sign the work plan validating these systems are being maintained at the department. This validation is due to be completed by **September 30, 2021**.

Activity 8

LHD will work to support community involvement with preparedness efforts, including building partnerships, and assessing risk. Intent of this activity is to broaden the knowledge base of community partners.

Justification

This activity is designed to further integrate the LHD into the community preparedness planning process by requiring them to offer training to their community partners that those partners wouldn’t normally have access to. By engaging with the community, the LHD will help to broaden the knowledge base of their community partners.

Output

- By engaging the community through social media, the community will receive training and/or education that may not have otherwise been obtained. If the administrator utilizes the #KSPrepared on the posts to the social media accounts, there will not be the need to provide additional reporting outside of the Work Plan. If not using the #KSPrepared on the social media posts the administrator will provide documentation of the department’s community engagement with preparedness efforts.

Compliance Requirements

Participation in National Preparedness Month online social media campaign during September 2021, posting or sharing at least two (2) different posts per week for the entire month on at least one (1) social media platform on a variety of preparedness-related topics. Each post must be tagged with #KSPrepared. All social media campaigns and/or activities to meet the specified goals are due by **September 30, 2021.**

Activity 9

LHD will maintain a website where information can be posted and accessed by members of the public to promote the public's awareness of LHD preparedness activities and actions they can take to improve their preparedness. This should be updated at least annually and more frequently, if necessary.

Justification

As with the last budget period, KDHE Preparedness will accept social media (i.e. Facebook, Instagram, Twitter, etc.) as a “website.” KDHE Preparedness Program Compliance understands that many departments have web pages that are part of the local county’s website. Because of this, getting changes to these web pages can be difficult. It is understood that most of the information provided on a department’s web page tends to be static (hours of business, fixed schedules, permanent points of contact, etc.). However, Facebook and Twitter can be used to deliver changes to schedules, special events, and other seasonal or time-sensitive information to the public. Social media also allows for the public to interact with the department.

Output

- The LHD will maintain a web page that provides information to the public at large.
- Additionally, the department may also provide a social media account as a primary website or as a supplement to the web page.

Compliance Requirements

- KDHE Preparedness Program Compliance will review the presence of a department web page and/or social media account annually via a Google web search.
- KDHE Preparedness Program Compliance 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, 2021.**

Activity 10

New LHD administrators (employed 6 months or less, new to the administrator position or has not previously completed training as a New Administrator in budget period 2) will take the New LHD Administrator Training, Modules 1-5 on KS-TRAIN for administration of the PHEP grant. This can be easily located on KS-TRAIN Plan # 4137.

Justification

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

Output

New LHD administrator will complete the training on KS-TRAIN - New LHD Administrator Training Plan, Modules 1-5.

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, 2021**.

Activity 11

LHD will ensure designated staff complete ICS training requirements to ensure personnel with necessary skills to fulfill required incident command and public health incident management roles. Additional trainings noted on your work plan will enhance the ICS / NIMS training. The LHD administrator will specify who will receive training as the “designated staff”.

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). LHD staff are recommended to take the following independent study courses to provide additional competence in incident management activities, skills, and abilities.

- FEMA IS-100: An Introduction to the Incident Command System (ICS); course # 1078825
- FEMA IS-200: Basic ICS; course # 1084004
- FEMA IS-700: An Introduction to the National Incident Management System (NIMS); course # 1078831

Finally, KDHE Preparedness Program will request administrators validate their staff is current on the ICS trainings by signing and dating the work plan in the ‘deliverables’ column.

Output

- Validation of completed course from the administrator managing the department; signed work plan or completion certificate.

Compliance Requirements

- The administrator will need to ensure their staff have completed the ICS courses specific to their assigned ICS position.

The administrator will need to sign the work plan assuring all designated staff have completed the necessary training outlined above. All training certificates must be maintained on site and can still 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, 2021** for any employee employed longer than six (6) months. Any employee under six (6) months at the beginning of BP3 and cannot make the deadline will fall into the next Budget period budget period.

Activity 12

*LHD will ensure a **minimum of two (2)** health department surge staff or volunteers are registered and active users of the Inventory Management Tracking System (IMATS) by working with the KDHE Preparedness Program MCM/SNS/CRI Program Manager to receive access. New IMATS users will complete the training, KS-TRAIN #1089238.*

Justification

The LHD will provide staff member names of who will be responsible for managing IMATS for their department. It is recommended that LHD IMATS staff have longevity at the department, have knowledge of Point of Dispensing (POD) locations and inventory information, and be able to train others if the need arises.

Output

- The IMATS system will maintain current information via updates from LHD personnel to occur twice annually or as changes occur.

Compliance Requirements

- Each health department administrator needs to provide the names of the staff members completing training as part of their quarterly reporting requirements who will be responsible for updating of IMATS.
- If no training is needed, mark as such on the work plan. Persons who have already taken the IMATS training do not need to repeat the training again during this budget year. Indicate on the work plan report that staff received training in previous budget year.
- 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 and the users account will be closed by Secure Access Management Services (SAMS), requiring the user to re-establish access.
- KDHE will send LHD Administrators the list of IMATS registrants twice annually. LHD will provide a list of changes (add/remove registrants) back to KDHE within the quarter received.
- 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, sign the work plan verifying POD information is up-to-date resulting in no updates required for this budget period.

The training needs to be completed by new IMATS users no later than **December 31, 2021** (Activity Item #12-1) and **June 30, 2022** (Activity Item #12-2).

Activity 13

*LHD will ensure that appropriate staff members take or renew the Packaging and Shipping Dangerous Goods certification class, available on KS-TRAIN as a self-study course, every two (2) years. **The Packaging and Shipping Dangerous Goods: What the Laboratory Staff Must Know, Course #1092665 must be renewed every two (2) years.** Effective July 1, 2021 the KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course #1050287, is no longer required. Make note this KS-TRAIN number may be changed without notice from the CDC and our office will make every attempt to communicate changes as they occur.*

Justification

This work plan activity remains an annual requirement for the LHD to remain current on preparing specimens for the packaging and shipping requirements that may or may not be changed for the current budget period.

Output

- LHD will provide the dates and names of staff members who have completed the training requirements during the budget period.

Compliance Requirements

- The administrator will provide a listing of staff names and completion dates to KDHE Preparedness and the KDHE Preparedness program. Compliance will pull the training certificates from KS-TRAIN for validation.

Completion of this activity is due by **March 31, 2022**.

Activity 14 – New for this Budget Period

The LHD Administrator will provide a Summary Narrative on how PHEP has made a difference for the individual local health department or county community. The 2021-2022 PHEP Success Story Template is on the [Compliance Document Resources webpage](#) and should be a maximum of one (1) page in length.

Justification

This activity will allow the KDHE Preparedness Program to compile the data remitted and share with the FPO how PHEP activities and PHEP funding directly impacts LHDs and the county communities they serve.

Output

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. Submit the summary to KDHE.Preparedness@KS.Gov.

Compliance Requirements

The LHD Administrator will enter the date the summary was remitted to the KDHE Preparedness Program on the work plan and KDHE Preparedness Program Compliance will validate the date of receipt. This activity must be completed by **March 31, 2022**.

Activity 15

*LHD will ensure annual fit testing for Personal Protective Equipment (PPE) or Powered Air Purifying Respirators (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

This work plan activity is geared to cover two (2) separate requirements. First, 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. Secondly, this is continued training required under the work plan on donning and doffing this mask type.

Refresher 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.

This work plan activity will satisfy the work plan requirement and the OSHA requirement.

Compliance Requirements

- The administrator will confirm testing (or training) was completed by entering the date the testing and/or training was completed then sign and date the work plan. All training and testing documentation will be maintained on site for verification by KDHE through the project period.

Completion of this activity is due by **March 31, 2022**.

Activity 16

LHD can acquire resources necessary to maintain PHEP readiness in their counties based on their county plans, jurisdictional risk assessment (JRA), and AAR/IPs.

Justification

This work plan activity is designed to allow LHDs to purchase items needed to maintain PHEP readiness.

Output

- The administrator can acquire the necessary resources/supplies to maintain PHEP readiness.
- Administrators will provide a listing of items purchased throughout the budget period.

Compliance Requirements

- The administrator will note the requested information on the work plan.
 - Date items purchased and entered in tracking system.
 - Cache Manager Name.
 - Items disposed and how.
 - If item was transferred to a county, make sure to complete and remit appropriate paperwork to the KDHE Preparedness Program for approval.
- 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).
- Or mark no entry required.

All activities to meet the specified goals are due by **June 30, 2022**.

Activity 17

All counties will be required to participate in an annual exercise during budget period 3 (2021-2022) at the local level as defined.

- *Continuity of Operations Plan (COOP) Tabletop Exercise.*
- *Capabilities required for BP3 exercise:*
 - *2 – Community Recovery*
 - *5 – Fatality Management*
 - *6 – Information Sharing*
 - *7 – Mass Care*

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. 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.*
- *All exercises, regardless of type, need to be conducted **and AAR/IPs submitted by June 30, 2022**.*

- *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 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 in order to update their COOP. This information can be used to update or change operating plans accordingly. It should be noted that the LHD can still participate in other 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.

Output

- LHD will review and update county plans as needed according to the findings and improvement plans from the COOP Tabletop Exercise.
- Each administrator will submit a COOP Tabletop Exercise incident AAR/IP to KDHE within the appropriate time frame.

Compliance Requirements

AAR/IPs are due to KDHE Preparedness within sixty (60) days of exercise completion. LHD must 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.

- All exercises, regardless of type, need to be conducted **and AAR/IPs submitted by June 30, 2022.**
- The LHD will submit all required documentation to KDHE.Preparedness@KS.Gov.
- The AAR/IP must include at a minimum the four (4) designated PHEP capabilities: 2, 5, 6 and 7.
- The submitted AAR/IP must be approved by the KDHE Training and Exercise Coordinator for credit to be awarded.
- Serving in an observer role does not meet the participation requirement.
- Plans/procedures for assisting at-risk/vulnerable populations specific to the jurisdiction must be documented or evidenced in all exercises. At-risk/vulnerable populations may have access or functional needs and can include those with communication limitations, medical needs, independence issues, behavioral health needs, transportation needs or even temporary needs such as pregnant women.
- Exercise activity should be aligned with the HSEEP principles and test or 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.).
- The AAR/IP and related appendices will be submitted to the local Regional Coordinator or SME at their respective email address and to the KDHE Training and Exercise Coordinator at KDHE.Preparedness@ks.gov by the LHD within **sixty (60) days of the exercise date** or no later than **June 30, 2022**, whichever date is earliest.

Activity 18

LHD must annually review and submit any changes or updates to the Health Department COOP Standard Operating Guide (SOG).

Justification

Like other plans, the health department COOP SOG requires periodic updates and changes. Individuals responsible for particular tasks can change during a budget period, requiring changes in the points of contact and subsequent position

information. However, there will be times when changes are not needed or apparent. Periodically KDHE will require the complete plan be sent in for review, assuring that one is in place and available when requested. In Budget Period 2 KDHE Preparedness Program only required the plan be submitted and not necessarily updated with findings from the real-life event of the COVID Response activities, the vaccination Points of Dispensing (PODs) and/or clinics. Therefore, a complete copy of the updated COOP SOG will be required for this budget period.

Output

- The administrator will review the health department COOP SOG and update/change as needed.
- A copy of the health department COOP SOG for the county will be emailed to KDHE.Preparedness@ks.gov, once during this grant year, or whenever major changes to the SOG have been completed. Due to the size of the COOP SOG we are aware this may take multiple e-mails for the complete submission. Please contact the KDHE Preparedness Program Coordinator for alternative submission options if you are unable to remit via e-mail.

Compliance Requirements

- The LHD Administrator will provide the KDHE Preparedness Program a copy of the complete updated COOP SOG by submission to KDHE.Preparedness@KS.Gov by **June 30, 2022**.

Activity 19 – Medium and Large Counties Only

To further build community preparedness, Medium and Large sized LHDs will work to support community involvement with preparedness efforts, including building partnerships, and assessing risk by participation in another month-long social media campaign conducted at a time and with the topic of the LHDs choice. Intent of this activity is to broaden the knowledge base of the community partners. This second campaign will be separate from the September National Preparedness Month Campaign and will include at a minimum two (2) different posts per week for the entire month on at least one (1) social media platform and tagged with #KSPrepared. LHDs may use this second campaign to cover one specific topic or a variety of topics that are preparedness related.

Justification

This activity is designed to further build and integrate the LHD into the community preparedness planning process by requiring them to offer education and training to their community partners for which those partners wouldn't normally have access to. 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.

Output

- By engaging the community through social media, the community will receive training and/or education that may not have otherwise been obtained. If the administrator utilizes the #KSPrepared on the posts to the social media accounts, there will not be the need to provide additional reporting outside of the Work Plan. If not using the #KSPrepared on the social media posts the administrator will provide documentation of the department's community engagement with preparedness efforts.

Compliance Requirements

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

This social media campaign is due by **June 30, 2022**.

Activity 20 – Medium and Large Counties Only

LHD administrators will ensure designated staff complete a “gap” training as determined by a BP2 exercise AAR/IP, real-world incident AAR/IP when approved by KDHE, or jurisdictional risk assessment for the LHD.

Justification

This activity will use the information revealed in the BP2 exercise AAR/IP, real-world incident AAR/IP approved by KDHE, 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.

Output

- The LHD administrator will review the AAR/IP and/or jurisdictional risk assessment and develop a training schedule for their employees to resolve the gaps that were determined by the AAR/IP.

Compliance Requirements

- The LHD Administrator will schedule training for the gaps that were determined by the real-world incident as approved by KDHE.
- The LHD Administrator will send in a copy of the LHD Improvement Plan and a letter detailing the scheduled training(s) to meet the goals of the plan.
- If the training is in KS-TRAIN the LHD Administrator will only need to report the date the training(s) were completed, KS-TRAIN course ID number and the attendee(s) name(s). KDHE Preparedness Program Compliance will pull the training certificates from KS-TRAIN for verification. If the training is not in KS-TRAIN, then the LHD Administrator will also need to remit the Training Certificate with the quarterly reporting for verification of completion on this activity.

This information is due by **June 30, 2022**.

Activity 21 – Large Counties Only

LHD administrators will ensure designated staff complete a second “gap” training as determined by a BP2 exercise AAR/IP, real-world incident AAR/IP when approved by KDHE, or jurisdictional risk assessment for the LHD.

Justification

This activity will use the information revealed in the BP2 exercise AAR/IP, real-world incident AAR/IP when approved by KDHE, 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.

Output

The LHD administrator will review the AAR/IP and/or jurisdictional risk assessment and develop a second training schedule for their employees to resolve gaps that were determined by the AAR/IP.

Compliance Requirements

- The LHD Administrator will schedule training for the gaps that were determined by the real-world incident as approved by KDHE.
- The LHD Administrator will send in a copy of the LHD Improvement Plan and a letter detailing the scheduled training(s) to meet the goals of the plan.
- If the training is in KS-TRAIN the LHD Administrator will only need to report the date the training(s) were completed, KS-TRAIN course ID number and the attendee(s) name(s) on the work plan. KDHE Preparedness Program Compliance will pull the training certificates from KS-TRAIN for verification. If the training is not in

KS-TRAIN, then the LHD Administrator will also need to remit the Training Certificate with the quarterly reporting for verification of completion on this activity.

This information is due by **June 30, 2022**.

Activity 22 – Large Counties Only

Exercise # 2: Tabletop, drill or functional exercise to address gaps and/or needed improvements as identified in a BP2 exercise or real-world incident. The LHD will determine the capabilities to be addressed based on the gaps and/or improvements needed, but they must be PHEP capabilities and clearly identified in the AAR/IP.

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.
- All exercises, regardless of type, need to be conducted **and AAR/IPs submitted by June 30, 2022**.
- 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.

Output

- LHD will review and update county plans as needed according to the findings and improvement plans from the Drill, Tabletop Exercise or Functional Exercise.
- Each administrator will submit an AAR/IP to KDHE within the appropriate time frame for this Drill, Tabletop Exercise or Functional Exercise.

Compliance Requirements

AAR/IPs are due to KDHE Preparedness within sixty (60) days of exercise completion. LHD must 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.

- All exercises, regardless of type, need to be conducted **and AAR/IPs submitted by June 30, 2022**.
- The LHD will submit all required documentation to KDHE.Preparedness@KS.Gov.
- The AAR/IP must include PHEP capabilities.
- The submitted AAR/IP must be approved by the KDHE Training and Exercise Coordinator for credit to be awarded.

- Serving in an observer role does not meet the participation requirement.
- Plans/procedures for assisting at-risk/vulnerable populations specific to the jurisdiction must be documented or evidenced in all exercises. At-risk/vulnerable populations may have access or functional needs and can include those with communication limitations, medical needs, independence issues, behavioral health needs, transportation needs or even temporary needs such as for pregnant women.
- Exercise activity should be aligned with the HSEEP principles and test or 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.).
- The AAR/IP and related appendices will be submitted to the local Regional Coordinator or SME at their respective email address and to the KDHE Training and Exercise Coordinator at KDHE.Preparedness@ks.gov by the LHD within **sixty (60) days of the exercise date** or no later than **June 30, 2022**, based on whichever comes first.

2.2 Budget Period Benchmark Overview

Annual Administrative Requirements

The following represent administrative preparedness requirements that 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, benchmark 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 will provide 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.

All work plans and work plan reporting deliverables are to be submitted via email to KDHE.Preparedness@ks.gov.

Keys points to remember are:

- **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.

Kansas Department of Health and Environment (KDHE) Preparedness Team

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Appendix A

Guidance Document Glossary

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.

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

<http://www.kdheks.gov/>

KDHE Preparedness

<http://www.KSPrepared.org>

KDHE Preparedness: Exercise Library

<http://www.kdhe-exercises.org/ExerciseLibrary.htm>

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://khap2.kdhe.state.ks.us/KGMS/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>

Revisions

Date	Page Number	Section	Item	Change
07/28/2021	21	Work Plan Overview, Activity 5, Output, Bullet 6	The identification of local challenges and gaps impacting the use of KS-HAN and respondent participation.	Bullet removed.
07/28/2021	22	Work Plan Overview, Activity 8, Output, Bullet 1	The administrator will provide reporting that outlines the department’s community engagement with preparedness efforts.	Replaced with: By engaging the community through social media, the community will receive training and/or education that may not have otherwise been obtained. If the administrator utilizes the #KSPrepared on the posts to the social media accounts, there will not be the need to provide additional reporting outside of the Work Plan. If not using the #KSPrepared on the social media posts the administrator will provide documentation of the department’s community engagement with preparedness efforts.
07/28/2021	29	Work Plan Overview, Activity 19, Output, Bullet 1 and 2	The LHD Administrator will provide reporting that outlines the department’s support of community involvement with preparedness efforts. The LHD Administrator will assure the posts contain #KSPrepared.	Replaced with: By engaging the community through social media, the community will receive training and/or education that may not have otherwise been obtained. If the administrator utilizes the #KSPrepared on the posts to the social media accounts, there will not be the need to provide additional reporting outside of

				the Work Plan. If not using the #KSPrepared on the social media posts the administrator will provide documentation of the department’s community engagement with preparedness efforts.

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