



PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

AUGUST 25, 2020

Version 2

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM: REGIONAL PHEP COORDINATOR WORK PLAN GUIDANCE DOCUMENT

2020-2021: BUDGET PERIOD 2

PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, BUREAU OF COMMUNITY HEALTH SYSTEMS,
PREPAREDNESS PROGRAM
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*Kansas Department of Health and Environment
Bureau of Community Health Systems, Preparedness Program
2020-2021*

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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 2 for the period of 2020 - 2021. Under the administrative authority of the Centers for Disease Control and Prevention (CDC), this budget period marks the second year of the project period. This budget period is the second year the HPP and PHEP programs are separated fiscally but remain aligned programmatically. New reporting requirements for the PHEP cooperative agreement are not expected to impact the local public health department (REGIONAL) during this budget period despite the number of work plan activities presented.

This year's Regional PHEP work plan is similar to last year's work plan and has a total of 12 activities. The most significant change is this year's Regional PHEP work plan has been adapted to fit the classification of small, medium and large counties. Some regions have different work plans depending on their classification. The Regional Coordinator or subject matter expert for the region will need to know and understand all 3 plans if applicable for their members.

Kansas PHEP will continue to focus on developing community partnerships, expanding networking and developing a support framework within communities. 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. KDHE Preparedness will also review new reporting processes and procedures to reduce the reporting work load on the PHEP administrators.

1.1 Regional 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 in a single email, provide the information noted above for each entity and include the agency's name in attached documents.
- 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 region 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. In the email header, please note the work plan item number and task being submitted or indicate specifics in the email. 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 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 Regional Submission Requirements

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

- **Quarter 1** (July 1, 2020 – September 30, 2020) – due October 15, 2020
- **Quarter 2** (October 1, 2020 – December 31, 2020) – due January 15, 2021
- **Quarter 3** (January 1, 2021 – March 31, 2021) – due April 15, 2021
- **Quarter 4** (April 1, 2021 – June 30, 2021) – due July 15, 2021

Note: If the quarterly due date falls on a State of Kansas observed holiday or a weekend, the due date will then become the next business day immediately following.

1.21 Regional Email Requirements (NEW in 2020-2021 BP 2)

Emails will now be sent per the following guidelines to KDHE.Preparedness@ks.gov to better facilitate timely responses to questions, concerns, work plans, exercise and/or training and FSRs.

- Send emails regarding work plan items with the **email subject line: Region Name, Work plan: Q?, or Item #**. Only send in work plan concerns, questions, deliverables using this format. All attachments to this email should be work plan deliverables.
- Send emails regarding FSR or budget-related questions with the **email subject line: Region Name, FSR**. Only send in items relating to the FSR and budget changes with 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 **email subject line: Region Name, Exercise or Training**.
- Note in the subject line if the communication is regarding the COVID Supp grant. Otherwise we’ll assume it concerns the regular PHEP award.

Using this format will help to quickly route your questions to the correct Preparedness staff.

1.3 Financial Status Reports (FSRs) – Reimbursement Requests

The Regional Coordinator will be required to submit their 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 and requested to enter as an FSR in KGMS. Please refer to the KGMS user guides for instructions on how to maneuver through the KGMS system. The KGMS user guides can be found on the *Help* button in KGMS. KGMS can be accessed at the following link, which requires a user ID and password to access the system:

<https://khap2.kdhe.state.ks.us/KGMS/Default.aspx?to=0>

If assistance is needed in KGMS, please submit an email to KDHE.ATL@ks.gov. For KGMS technical difficulties, submit an email to Karen Kelley at Karen.Kelley@ks.gov.

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.

Once the FSR has been entered and the supporting documentation uploaded in KGMS, KDHE will begin a review after being notified by email the FSR has been submitted. Email the notification to KDHE.Preparedness@ks.gov with FSR in the email subject line.

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 Preparedness Program staff verify the quarterly work plan progress 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 progress reports and deliverables have been approved.

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

For example: Quarter 1 FSR is remitted but in Quarter 2 there is not an expense to report. KGMS will continue to generate a Quarter 2 FSR even though there was no expense for that quarter. 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 balance, but it must be submitted to generate the next FSR.

If funding has been exhausted before the fourth reporting quarter, the Regional Coordinator 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
Quarter 4 FSR expenditure is	<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
Quarter 4 FSR expenditure is	<u>-2,000.00</u>
	\$ 1,500.00

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
Quarter 4 FSR expenditure is	<u>-2,000.00</u>
	\$ 1,000.00

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

The KDHE Preparedness Program wants the Regional Coordinator 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

For the financial supporting documentation, please do the following:

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

Tip: Do not utilize codes (e.g. 12345, EM501, etc.), as this requires Preparedness Program staff to figure out what the codes mean and therefore slows down 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.: \$300.00 = PHEP, \$200.00 = MCH, and \$100.00 = Immunization).

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.

1.4 Budgetary Information

The Regional Coordinator will receive notification from KGMS of when to submit an application and preliminary budget. This normally occurs in January or February of each year. The Regional Coordinator will receive a final allocation award amount and will be required to update their budgets in KGMS within 30 days after the notification of the allocation of the final award amount.

All changes to the approved FY2021 budget must be approved by KDHE Preparedness Program staff *before* the expenditure can be made.

To approve a change, KDHE Preparedness Program will need the following information:

- A description of the expense;
- The amount of the expenditure and what percentage of change was made to the total budget;
- The justification for the expenditure (must be tied to a capability or multiple capabilities and a work plan activity or multiple work plan activities); and
- Projected date of the expenditure (trainings and equipment).

Budgetary changes of **25% or greater**, or the **addition of any new activity** to a Regional Coordinator budget, will require the submission of a complete revised budget. This requirement includes trainings, equipment purchasing, and activities associated with the contracted work plan. Please contact KDHE Preparedness for complete instructions for re-submitting a new budget.

Example 1: The Regional Coordinator wants to employ a contractor to assist with unforeseen services. The current submitted budget did not include any contracted services.

- **Submit a revised budget** - The Regional Coordinator would need to submit a revised budget because the activity was not in the original budget.

Example 2: The budget included training for three (3) staff members. The location for the training was changed, and the Regional Coordinator now needs four (4) staff members to attend instead of three (3).

- **No need to submit a revised budget** - The Regional Coordinator does not need to submit a revised budget because the activity was included in the original budget.

If the accumulative change to the budget remains **under 25%**, a budget revision is not required. Please submit the *Supporting Budget Form* for any changes to the budget. Any changes **must be** submitted to **KDHE.Preparedness@ks.gov** as soon as the change is known, but not less than two (2) weeks in advance. Note that some authorizations may take longer to obtain.

All work plan progress reports and all reporting deliverables are to be submitted via email to **KDHE.Preparedness@ks.gov**. All PHEP resources and documents are located on the KDHE Preparedness Program website at: http://www.kdheks.gov/cphp/lhd_resources.htm.

Below is a list of allowable and unallowable expenses. Please refer to this list 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**.

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 \$189,600 per year.
- Recipients cannot use funds for the following:
 - Fundraising activities or lobbying
 - Funds for research
 - Funds for construction or major renovations
 - Funds for clinical care
 - Funds for reimbursement of pre-award costs
 - Funds for response activities
- 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, including healthcare personnel for exercises, is not allowed.

- The Regional Coordinator 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).
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- The Regional Coordinator 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 Regional Coordinator 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 \$0.5750 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%	\$ 6.19
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 KDHE Preparedness.

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 to fill the place of the cancelling individual.*

(NEW in 2020-2021 BP2) Activity 3 of the work plan now requires submitting the name of the conference and the name of each person attending the conference prior to attending the conference. This information can be submitted on the initial budget narrative in KGMS. Reimbursements for conferences or people must be approved by KDHE in order to be reimbursed. Follow the instructions below if this information was not initially submitted, or if there are changes to conferences or attendees:

- The conference and number of staff are included in the KGMS budget, but the individual names of those attending are not known during initial budget submission.
 - a. The PHEP region will send an email to KDHE Preparedness with the names of the attendees so that KDHE has the information when the FSR is submitted in KGMS and is able to match that information on the FSR.
- The PHEP region chooses a different conference than what is listed, or the conference is not specified in the initial budget.
 - a. KDHE needs to know prior to the conference, which conference and staff are attending. If there is not a change in the budgeted amount, then the PHEP region will send an email to KDHE Preparedness with the name of the conference and attendees. If the budgeted amount is going to change, then a Budget Maintenance Request in KGMS is needed so that the Regional PHEP KGMS budget can be modified.
- The number of persons attending increases or decreases.
 - a. KDHE needs to know via email that the information has changed and who is the new attendees or individuals that will be attending. If their budgeted amount is going to change, then a Budget Maintenance Request in KGMS is required.
- The PHEP region 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 budget. After approval from KDHE Preparedness Staff, a Budget Maintenance Request will be required in KGMS in order to make a budget modification.

1.6 Training

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.

To better track trainings conducted by our partners (the LHD, CRI Regional level) **Kansas Online Learning Management System, Kansas Training finder Realtime Integrated Network (KS-TRAIN)** should be utilized. 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:

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

1.7 Exercise Reporting Requirements

All exercises can be submitted, regardless of exercise type. To receive credit for a public health exercise, the KDHE After Action Report (AAR) template must be used to reflect PHEP capabilities. The PHEP capabilities required for BP2 are:

- 4 – Emergency Public Information & Warning
- 8 – Medical Countermeasure Dispensing and Administration
- 13 – Public Health Surveillance and Epidemiological Investigation
- 15 – Volunteer Management

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. CMS, Emergency Management, etc.).

Compliance requirements:

AAR/IP deadline: AAR/IPs are due to KDHE Preparedness within 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 by **April 30, 2021**.
- 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.
- All exercise AAR/IPs and related appendices will be submitted to the Regional Coordinator or subject matter expert and KDHE Training & Exercise Coordinator at KDHE.Preparedness@ks.gov by the LHD within **60 days** of completion or June 11, 2021, whichever comes first. This ensures that time is given to conduct a final review and remit back to the LHD if there are corrections or clarifications that need to be addressed.

- The submitted AAR/IP must be approved by the KDHE Training & Exercise Coordinator for credit to be awarded.
- Serving in an observer role does not meet the participation requirement.

1.8 Compliance Statement

KDHE Preparedness Compliance will review all submitted 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 every quarter. The Compliance Coordinator will notify the administrators of the audited LHD of any findings discovered during these reviews, outlining the nature of the finding, explaining what action is needed to correct the finding, and the date the action needs to be completed and then validated by KDHE Preparedness Compliance. Administrators will also be notified if no findings were discovered during their audit. The 2020-2021 BP2 work plans allow for certain items to be validated by the LHD Administrator’s signature on the work plan. KDHE Preparedness 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, need to be addressed with KDHE Preparedness as soon as possible - staff cannot address a challenge if they are unaware there is a challenge in the first place. KDHE Preparedness will work with the LHD to find viable solutions to those challenges. Please do not hesitate to contact KDHE Preparedness at KDHE.Preparedness@ks.gov.

1.9 HCC Contact Information

The following Health Care Coalition (HCC) Coordinators represent the seven HCCs within the state:

Kansas City Metro Healthcare Coalition	Skye Paige	816-754-6774	metro@hccpkansas.com
North Central Kansas Healthcare Coalition	Beth Vallier	785-472-1247	nc@hccpkansas.com
North East Kansas Healthcare Coalition	Danielle Marten, MPA, CHES	316-304-5713	ne@hccpkansas.com
North West Kansas Healthcare Coalition	Tami Wood, BSN, RN	785-639-0594	nw@hccpkansas.com
South Central Kansas Healthcare Coalition	DeAnn Konkel	316-641-6607	sc@hccpkansas.com
South East Kansas Healthcare Coalition	Fred Rinne, KCEM, CHEP	620-332-7538	se@hccpkansas.com
Southwest Healthcare Emergency Resource Team (SHERT) Coalition	Mike Filley Mindi Bremer	785-639-2879 620-375-2233	sw@hccpkansas.com

1.10 Regional PHEP Contact Information

The following Regional PHEP Coordinators represent the fifteen public health regions within the state:

Central Kansas Region	Shelly Schneider	620-923-5618	centralksphep@gmail.com
East Central Kansas Public Health Coalition	Carl Lee	620-364-8631	clee@coffeycountyks.org
Kansas City Area Coalition 15	Stephen Maheux, MPH	913-477-8318	stephen.maheux@jocogov.org
Kansas South-Central Metro	Thomas Langer	620-221-1430	tlanger@cowleycounty.org
Lower 8 of Southeast Kansas	Lee Miller	620-313-0831	ltkamiller@gmail.com
North Central Kansas Public Health Initiative	Lacey Miller	785-738-2218	lbmiller@nckcn.com
North West 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
Northeast Corner Regional Initiative	Skye Reid	785-251-5661	Skye.Reid@snco.us
South Central Coalition	Virginia Downing	620-243-2520	coats1960@gmail.com
Southeast Kansas Multi-County (SEKMC)	Susan Belt	785-640-3633	Susan@SEKMCHD.Com
Southwest Kansas Health Initiative	Richard Everett	620-492-2320	richard@swkhi.org

Southwest Surveillance Region	Virginia Downing	620-243-2520	coats1960@gmail.com
West Central Public Health Initiative	Cindy Mullen	785-672-0099	cmullen@wcphi.onmicrosoft.com
Western Pyramid Public Health Region	Richard Everett	620-492-2320	richard@swkhi.org
Wildcat Region	Andrew Adams	785-776-4779	aadams@rileycountyks.gov

1.11 Budget Period Insights

This year marks the second budget year of the project period. Last year, CDC released several resources that outline the new direction the PHEP Program is taking over this project period. 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 a LHD preparedness progress. The LHD will ensure the continued involvement within their jurisdictions and with the healthcare coalitions and their work plan activities.

While the PHEP Program and the HPP portions of the cooperative agreement have separate application processes, the two programs remain actively aligned to 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 Response and Readiness Coordinator (CRRC) in completing these activities.

This guidance document is specific for Administrators of the LHD and outlines KDHE Preparedness expectations for the budget period. A listing of resources can be found at the end of this document, and more guidance will be made available as it becomes available from the CDC.

1.12 Carry-over Activities

The Regional PHEP Coordinators may be called upon to assist with the collection of related additional information supporting the work plan activities of the previous budget period. This information will be used to develop the responses for the *Annual Progress Report (APR)*, the *End of the Budget Period Report*, the *End of the Project Period Report*, and the *Capability Progress Guides (CPGs)* for PHEP. These reports, as well as several tie-in reports (programmatic and fiscal), are used by the federal partners of KDHE Preparedness to assess the state's overall PHEP preparedness progress. The more information the creators of these reports have, the easier it will be to provide that level of support on the state's progress.

2. Regional PHEP Coordinator 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 are for the public health system to develop 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

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:

- A. Assist local health department staff in the development, review, and updating of all local plans
- B. Provide general technical assistance and training to local health departments
- C. Work with local health departments and KDHE staff to identify training gaps at the local level
- D. Provide suggestions and/or feedback to KDHE regarding local priorities, issues, etc.

Note: All TA visits/assistance **must** be recorded on the KDHE Technical Assistance/Visit (TA/V) Report Template and submitted with the work plan on a quarterly basis. If technical assistance was not provided during the quarter, a report stating “**No assistance provided**” **must** be submitted with the quarterly reporting.

Justification

As with previous years, the Regional PHEP Coordinator remains responsible for facilitating meetings, setting up reviews for local plans, helping the local health departments identify training gaps and challenges that would be unique to each department, and acting as one of the primary sources of feedback to KDHE Preparedness. This role has not changed, nor has the method for tracking each coordinator’s level of engagement on a quarterly basis.

This activity will be reported on the **KDHE Technical Assistance/Visit (TA/V)** Report template which will be provided by KDHE Preparedness. Per the instructions of the work plan activity and for the TA/V, the Regional PHEP Coordinators will need to provide an accurate record of the assistance they have rendered during the quarter.

Output

1. Regional PHEP Coordinators will provide to KDHE Preparedness updated **Technical Assistance/Visit (TA/V)** report templates with each quarterly update.

Compliance requirements

1. All TA/V templates need to be provided to KDHE Preparedness with each quarterly reporting. The more information provided, the better performance picture KDHE Preparedness and the state’s federal partners will have regarding programmatic progress.
2. If the coordinator did not provide any assistance during the quarter, a report stating “**No assistance required**” needs to be included with the quarterly reporting to be compliant with this contracted work plan activity. It is strongly recommended that this report be on the **KDHE TA Visit Report** as a single-entry report.

Activity 2

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:

*A. Convene, at a minimum, quarterly meetings of all the local health departments within the region and maintain minutes of the meetings and attendee lists using the **KDHE Meeting Report Form** (or a format containing the same information). Meetings must be set up in KS-Train at least **30 days prior** to the scheduled date so that the required registration requirement can be met.*

- *Within **10 business days**, following the date of the meeting, a draft of the meeting minutes **must** be provided to all members and KDHE.*
- *Retain a copy of all meeting minutes for **five years**.*

Note- *provide the KS-TRAIN course number and include KDHE on all of the draft minute’s emails. KDHE **must** be notified of any changes to meetings dates or formats as they occur.*

Justification

This work plan activity remains unchanged from the previous budget period. Quarterly meetings will still need to be conducted by the regional membership. To assist the Regional PHEP Coordinators with their reporting burden, KDHE Preparedness has made changes to the reporting requirements. While the meetings are still required to be set up at least 30

days prior to the meeting, coordinators now have 10 business days to provide the draft meeting minutes to the regional members rather than the 7 days outlined in previous budget periods.

Outputs

1. All regional PHEP meetings are required to be set up **30 days** prior to the scheduled date. This stipulation will continue to satisfy the registration requirement. Meeting date or format changes will require KDHE Preparedness notification ahead of time.
2. The coordinator has **10 business days** following the date of the meeting to submit draft meeting minutes to the regional membership.

Compliance requirements

1. The Regional PHEP Coordinator will ensure that KDHE Preparedness is included on all draft email traffic between the coordinator and members. As a compliance requirement, this allows KDHE Preparedness to monitor the regions without requiring a second email confirmation of this activity.
2. The Regional PHEP Coordinator will need to ensure the draft minutes are provided to the members no later than **10 business days** after then meeting date. Minutes provided after this window will require a statement of lateness to Compliance.
3. To remain compliant with required annual housekeeping activities found at the end of the section, all records of the meetings (meeting agenda, draft meeting minutes, final minutes, etc.) need to be retained by the coordinator for **no less than 5 years**.

Activity 3

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator may send staff from their region to attend preparedness-related conferences, trainings or exercises to increase knowledge, skills and abilities to develop and maintain plans, conduct training 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: 2021 Preparedness Summit, Four Corners Emergency Management, Kansas Public Health Association.)

Conferences and out of state training events must be pre-approved by KDHE.

Justification

The intent of this activity is to officially provide support to the Regional Coordinators or designated subject matter expert(s) 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 your annual budget. **The intent of this activity is to train multiple region 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 of the need for staff members to attend various preparedness-related conferences, meetings, and trainings throughout the budget period.
- LHD understand the request process for these types of training and network 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 KDHE Preparedness, 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 region will be required to provide to 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 for review within **fifteen (15) days** of returning from the conference or training event.
 - What information was learned?
 - How is this information being applied at the local level?
 - How is this information shared within the agency or across the region?
- All activities to meet the specified goals are due by **June 30, 2021**.

Activity 4

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will attend in person or virtually a healthcare coalition meeting(s) at least quarterly. Regional Coordinators or designated subject matter expert(s) for regions without a coordinator, whose region supports multiple HCCs, must attend each HCC meeting within their region (be it in person or virtually), or send a representative.

Participation will be validated through coalition meeting sign-in sheets provided to KDHE by the Healthcare Coalition Coordinator

Note: Register for the Meeting on KS-Train

Justification

Activity 3 explains the coordinator's requirement to attend all Healthcare Coalition (HCC) meetings that occur throughout the budget period. The Regional PHEP Coordinator is also permitted to act as either a designee or a proxy of one or more health departments within that public health region. As stated, should there be more than one coalition within the region's boundaries, the Regional PHEP Coordinator will need to attend, either in person or virtually, both to receive the proper credit for completion. Validation will be made through the provided sign-in sheets that will be provided by either the HCC Coordinator or the Regional PHEP Coordinator.

Outputs

1. The Regional PHEP Coordinator will attend all appropriate HCC meetings, at least one quarterly, to provide coalition information back to PHEP region to maintain proper regional awareness.

Compliance requirements

1. The Regional PHEP Coordinator will need to attend all HCC meetings. In the case of the PHEP region being in more than one coalition area, the Regional PHEP Coordinator will need to attend all meetings for that coalition.
2. The Regional PHEP Coordinator will ensure they register on KS-TRAIN to remain compliant with the registration requirement.
3. The Regional PHEP Coordinator will need to provide sign-in sheets quarterly to provide validation of attendance.

Activity 5

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will ensure that each HCC Coordinator has up to date email addresses for each member of your PHEP Region so that the HCC Coordinator can include them in the email distribution list for the HCC meeting minutes.

Justification

This activity ensures the membership of the PHEP region has the most up-to-date contact information available. The format for this contact roster can be at the coordinator's discretion, but should include name, agency and current email address. It is recommended that this activity be completed within the first quarter of the budget period and then shared with KDHE Preparedness, which will validate that this activity was completed and gives all levels of the public health spectrum updated contact information. Updates to this list should be made periodically based on changes within the region's public health departments and then shared accordingly.

Outputs

1. The Regional PHEP Coordinator will provide to the **Healthcare Coalition Readiness and Response Coordinator (RRC)** an updated email contact listing for the points of contact within their local public health departments periodically during the budget period.

Compliance requirements

1. The Regional PHEP Coordinator will need to provide a template to the region members that they can update and return to the coordinator.
2. Regional PHEP Coordinator will share these updates with KDHE Preparedness when the Regional PHEP Coordinator provides this update to the RRC. Regional PHEP Coordinators will then update the RRC and KDHE Preparedness as needed.

Activity 6

*Regional Coordinators or designated subject matter expert(s) for regions without a coordinator must attend the annual **Training and Exercise Planning Workshop** to update the KDHE Multi-Year Training and Exercise Plan (MYTEP) for inclusion in the Grant Application for the upcoming budget period.*

Justification

The MYTEP for this year has been scheduled for November 16th, 2020 so KDHE Preparedness and the various PHEP partners can plan training for the following budget period. All Regional PHEP Coordinators are required to attend this event and need to plan accordingly. This event will be conducted at KDHE in Topeka. Attendance will be validated with sign-in sheets. This will be the opportunity for the Regional PHEP Coordinators to speak with the KDHE Preparedness staff regarding training opportunities, training plans, and received updated exercise information. This meeting will be developed by the Training Coordinator and the Exercise Coordinator and has been scheduled for November 16th, 2020. Regional PHEP Coordinators are instructed to sign up for this course on KS-TRAIN using course number 1092294.

Output

Regional PHEP Coordinator will attend the TEPW that is scheduled for November 16, 2020 12:30-4:30, Course ID: 1092294

1. The Regional PHEP Coordinator will provide planning inputs for the following budget period.

Compliance requirements

1. The Regional PHEP Coordinator must attend this event to be compliant with this work plan activity.
2. The coordinators will need to ensure that they sign up for this meeting on KS-Train (*Course #1092294*) to receive full credit for attending this event.

3. Regional PHEP Coordinators must have their training and exercise discussions and their gap analysis completed prior to attending so training planning can be completed correctly.

Activity 7

Dates TBD, Regional Coordinators or designated subject matter expert(s) for regions without a coordinator must attend the Preparedness Regional Coordinator Training. One (1) of the meetings will be located in Salina, KS and two (2) virtual meetings. KDHE Preparedness will have further meetings with the coordinator telephonically as needed.

Justification

This activity ensures that KDHE Preparedness and the PHEP regions are properly aligned in their work plan objectives, conduct any training the coordinators might need, create opportunities of the state to provide technical assistance on work plan items, and to provide any critical information the coordinators will need to take back to their regions. The Regional PHEP Coordinators will need to ensure they are registered for each event once they are available on KS-TRAIN.

Output

1. The Regional PHEP Coordinators will need to attend the coordinator meetings. One will be conducted in-person in Salina and two will be presented virtually.

Compliance requirements

1. KDHE Preparedness will review the sign-in sheets from these meetings to validate the Regional PHEP Coordinator's attendance.
2. The Regional PHEP Coordinator will need to ensure they sign up for these events on KS-TRAIN once they are announced.

Activity 8

*Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will participate in at least one **annual** exercise (e.g., FSE) as a facilitator, player, or evaluator no later than **May 31, 2021**. Serving in an observer role **does not** meet the participation requirement. (Capability 3: Emergency Operations Coordination)*

Justification

This work plan activity is a carry-over from the previous budget period. It was initially designed to incorporate the Regional PHEP Coordinators into a role for one of the available exercises that are conducted throughout the budget period. This activity has evolved into a way to have the Regional PHEP Coordinators actively involved in the exercise process across the state. As in the previous budget period, the exercise will not count if the Regional PHEP Coordinator is an observer.

Output

1. The Regional PHEP Coordinators will participate as a facilitator, player, or evaluator for one exercise during the budget period.

Compliance requirements

1. The coordinator will need to provide validation of attending an exercise either as a facilitator, player, or evaluator. Confirmation of this activity can be validated by providing the sign-in sheets from the attended exercise.
2. Exercises that the Regional PHEP Coordinator participates in as an observer will not count as participating in the exercise.
3. The coordinator will need to complete this requirement on or before **May 31, 2021**.

Activity 9

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will:

Maintain accurate information for a 24/7 calling tree and an updated Activation Protocol, which describes who will be called and the events that will trigger activation levels for the region.

Justification

This activity will ensure the various internal PHEP and external community partners can contact the region members when the need arises. The Regional PHEP Coordinators may use whatever calling tree format they desire, if the Activation Protocols are updated and available to the regional local public health department.

Output

The Regional PHEP Coordinator will need to periodically update the PHEP region's calling tree and ensure the regional Activation Protocols are current during the budget period.

Compliance requirements

- The Regional PHEP Coordinator will note on the work plan the date the calling tree was updated. This information will be provided on the appropriate quarterly update.
- The Regional PHEP Coordinator will note the date the Activation Protocols were reviewed and updated on the work plan. This information will be provided with the quarterly updates.

Activity 10

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will attend and/or monitor minutes of the regional Homeland Security Council meetings. This information will be discussed in the regional meetings for situational awareness.

Justification

The regional Homeland Security Council meetings minutes are critical for situational awareness in the region. The Regional PHEP Coordinators are instructed to be certain this information is shared with the region's local public health department. The Regional PHEP Coordinator will ensure this shared information is also outlined in the meeting minutes.

Output

The Regional PHEP Coordinator will share the information from the Regional Homeland Security Council meetings with their region PHEP members.

Compliance requirements

The Regional PHEP Coordinator will ensure that the regional Homeland Security Council meeting overview are placed in the meeting minutes. These dates will also be notated on the work plan quarterly.

Activity 11

Regional coordinators or designated subject matter expert(s) for regions without a coordinator will develop a summary report of their counties health department's needs and improvements from the April 2020 full-scale exercise (FSE) or real-world incident when approved by KDHE. This summary report will include a plan to meet the gaps revealed in the AAR/IP from the FSE or real-world incident approved by KDHE.

Justification

The Regional PHEP Coordinators will work closely with the region members to develop a summary plan to move forward from the COVID-19 pandemic. Working with the regions to develop a plan for future outbreaks is critical. This summary will include the gaps witnessed and areas that need improvement.

Output

The Regional PHEP Coordinator will develop a summary report of areas of improvement with the region members and facilitate the completion of training needed per the report.

Compliance requirements

The Regional PHEP Coordinator send in the summary report for review by the Training and Exercise Coordinator.

Activity 12

PHEP-purchased inventory items will be maintained in the Comprehensive Resource Management and Credentialing System (CRMCS).

Justification

This activity will facilitate the continued input of deployable supply information into the CRMCS system. This will be crucial information during an incident and items are needed to be deployed county or statewide. The Authorized Equipment List is a list of approved equipment types allowed under FEMA's preparedness grant programs. The intended audience of this tool is emergency managers, first responders, and other homeland security professionals. The list consists of 21 equipment categories divided into categories, subcategories and then individual equipment items. NOTE: There are no commercially available products listed; it only consists of equipment types. <https://www.fema.gov/authorized-equipment-list>

Output

- Complete a review of the actual deployable inventory, removing expired items and adding new items to the hard copy and CRMCS database.
- All items purchase with PHEP funding will be marked as deployable.
- Note the responsible person for the cache, location of the items, and how the expired items were disposed of.
- Send in screenshot of items entered with quarterly work plan.
 - a. Region will send screenshot of items entered regardless of whether ownership was given to county after purchase or kept by region.

Compliance requirements

- The administrator will note the requested information on the work plan.
- The administrator will send in screen shots validating the items purchased have been placed in the CRMCS system.
- Or mark no entry required

All activities to meet the specified goals are due by **May 31, 2021**.

Administrative Requirements

1. *Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness.*
2. *Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period for at least 5 years.*
3. *Have available signed shared resource agreements.*

4. *Regional Coordinators will provide to KDHE Preparedness information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to the BPI Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement.*
5. *Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least five years. Capital equipment includes purchases of \$5,000 and above and/or with a lifespan of greater than a year.*

Justification

These work plan items represent the various annual or “housekeeping” activities that each Regional PHEP Coordinator must complete every budget period. Some of the original activities from previous budget periods are now their own work plan activity. In all cases, these activities must be completed on or before **June 30, 2021**. In all cases, completion dates will be needed once each housekeeping activity is completed. These completion dates can be recorded on the work plan as part of the quarterly updates.

Output

1. The Regional PHEP Coordinator will complete Housekeeping Work Plan Administrative Requirements 1 through 6 before **June 30, 2021**.

Compliance requirements

1. The Regional PHEP Coordinator will ensure that PHEP-funded staff job descriptions and employee time and effort records are maintained by the local public health department.
 - a. The Regional PHEP Coordinator will record the date this was completed as part of the quarterly work plan updates.
2. The Regional PHEP Coordinator will ensure that all attendance records or course certifications for Preparedness-related (PHEP-related) courses are maintained on-site (recommend electronically) throughout the budget period for no less than 5 years.
 - a. The Regional PHEP Coordinator will notate the date this was completed.
 - b. Only those deliverables asked for in previous work plan activities need to be provided to KDHE Preparedness.
3. The Regional PHEP Coordinator will notate the date resource agreements were updated during the budget period.
4. The Regional PHEP Coordinator will ensure that all items purchased with Preparedness funding is correctly recorded in CRMCS.
 - a. This information is to include the storage location and the contact information for the responsible party.
5. The Regional PHEP Coordinator will provide any additional information related to the PHEP cooperative agreement if asked for by either KDHE Preparedness or the CDC.
 - a. Additional information requests will be fully explained, and templates provided if required.
6. The Regional PHEP Coordinator will ensure that all fiscal documentation is retained for no less than 5 years.
 - a. This includes any records for capital equipment, as defined in the work plan activity.

3. Summary

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

The 2020 - 2021 KDHE Preparedness Team

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Appendix A

Guidance Document Glossary

Affidavit of Expenditure (AOE) – A template that indicates the partner’s intention to spend grant funds and in what manner. These are usually followed up on with invoices to prove that the monies were spent.

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.

Budget Period (BP) – A 1-year period that goes from July 1st to June 30th. Five 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 Administrator’s adherence to the programmatic requirements of the work plan and fiscal accountability, as defined by the HPP and 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/region during an incident for use.

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.

External Partners – Any entity that accepts federal funding under the HPP and 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 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.

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 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.

Kansas Department of Health and Environment (KDHE) – The Kansas agency that is the designated pass-through agency for the cooperative agreement. KDHE, as the awardee, 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.

New Employee – In this document “new” is defined as an employee of the health department employed 6 months or less, or is new to the administrator position, 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 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 (PP) – Typically a five-year period of work plan covered by the requirements of a single FOA.

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, and 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.

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 Log on
<https://manager.everbridge.net/login>

KS-TRAIN
<https://www.train.org/ks/home>

CRMCS Home page
<http://kansas.responders.us/>

KGMS
<https://kchap2.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>

2020-2021 PHEP Cooperative Agreement CDC-RFA-TP19-1901(PDF) and additional supporting documentation
<https://www.cdc.gov/cpr/readiness/phep.htm>

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