



PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

AUGUST 25, 2020

Version 2

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

2020-2021: BUDGET PERIOD 2

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, 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 (LHD) during this budget period despite the number of work plan activities presented.

This year's PHEP work plan has 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. 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 workload on the PHEP administrators.

1.1 Local Health Department (LHD) 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 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. In the email subject, please note the work plan item number and task being submitted. 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 LHD 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 becomes the next business day.

1.21 LHD Email Requirements **(NEW in 2020-2021 BP2)**

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?, or Item #**. Only submit 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 question with the **email subject line: County Name, FSR**. 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.
- Submit exercise or training related questions with the **email subject line: County Name, Exercise or Training**.
- Note in the subject line whether the communication is in regard to COVID Supp grant. Otherwise, we’ll assume it’s concerning the regular PHEP award.

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

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 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, please send an email to KDHE.Preparedness@ks.gov with FSR in the email subject line. KDHE will then begin a review of the FSR.

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. 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 balance but it must be submitted to generate the next 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
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 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

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 LHD 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 LHD 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 an LHD budget, will require the submission of a complete revised budget. This requirement includes trainings, equipment purchases, and activities associated with the contracted work plan. Please contact KDHE Preparedness for complete instructions for re-submitting a new budget.

Example 1: The LHD 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 LHD 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 LHD now needs four (4) staff members to attend instead of three (3).

- **No need to submit a revised budget** - The LHD 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.

Activity 3 of the workplans now require submitting the name of the conference and the name of each person attending the conference, prior to going to 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 changes to conferences or attendees occur:

- 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. LHDs 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 local health department 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 LHD 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 LHD 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 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 budget. After approval from KDHE Preparedness Staff, a Budget Maintenance Request will be required in KGMS in order to make a budget modification.

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.

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.

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 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).

- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- 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 \$0.575 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 K.A.R. 1-16-18a*	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.*

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:

- Attendee sign-in sheets – should 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 Medium and Large Counties

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 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 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 Healthcare Coalition (HCC) Coordinators represent the seven HCCs within the state as of June 30, 2020:

Kansas City Metro Healthcare Coalition	Skye Paige	816-754-6774	metro@hccpkansas.com
North Central Healthcare Coalition	Beth Vallier	785-472-1247	nc@hccpkansas.com
Northeast Healthcare Coalition	Danielle Marten, MPA, CHES	316-304-5713	ne@hccpkansas.com
Northwest Healthcare Coalition	Tami Wood, BSN, RN	785639-0594	nw@hccpkansas.com
South Central Healthcare Coalition	DeAnn Konkell	316-641-6607	sc@hccpkansas.com
Southeast 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
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1.10 Regional PHEP Contact Information

The following Regional PHEP Coordinators represent the fifteen public health regions within the state as of June 30, 2020:

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 Karla Heble Emily Strange	785-421-3326 785-626-3968 785-460-4596	mbillips@grahamcountyhealth.com karlah@rawlinscounty.org estrange@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	Virginia Downing	620-243-2520	coats1960@gmail.com
West Central Public Health Initiative	Cindy Mullen	785-672-0099	cmullen@wcphe.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 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 (RRC) 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.

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 in person, via conference call, virtual or webinar healthcare coalition meetings. Designees are permitted provided they are a staff member of a local public health department or a contractor of the LHD. Participation will be validated through coalition meeting sign-in sheets provided to KDHE by the Healthcare Coalition Readiness and Response Coordinators.

Justification

The purpose of this activity remains the same from 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 proxy. The representative can attend either in person or virtually (conference call, Zoom, GoToWebinar, 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 meeting. Designees or proxies assigned by each of the local health departments (letter verifying the proxy or designee MUST be in the KDHE offices prior to the first meeting of the year) can be the LHD representative.

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, electronically 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 first coalition meeting.
- Compliance will rely on the HCC Readiness and Response Coordinator to provide the sign-in sheets 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, 2021**.

Activity 2

*LHD representative will participate in a local ESF 8 or LEPC planning meetings at least **once** per year to work with health and medical partners 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 please submit any of the following with your work plan: sign-in attendance sheet/meeting notes/or emails confirming attendance.
- All activities to meet the specified goals are due by **June 30, 2021**.

Activity 3

The LHD may send staff to attend preparedness related conference and trainings 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: the 2021 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 your 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 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 LHD 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

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
- TEEK Medical Countermeasures Awareness for Public Health Emergencies course, AWR314; course # 1050129
- FEMA IS-29: Public Information Officer Awareness;
 - KDHE strongly recommends that all **medium** counties ensure the correct staff have completed IS-29. However, this training activity is **optional** for **medium** counties.
 - All **large** counties must ensure that correct staff have completed IS-29 and that course certificates remain on file at the local health department.

Finally, KDHE Preparedness will request administrators validate that their staff is current on their 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 KDHE Preparedness or the PHEP Federal Project Office (FPO). The deadline of this work plan activity is no later than **September 30, 2020 for any employee employed longer than 6 months. Any employee under 6 months at the beginning of BP2 and cannot make the deadline will fall into the next BP year. This is extended to October 15th, when workplans are due.**

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 adds/deletions request to **KS-HAN** for implementation to **KDHE.KSHANADMIN@ks.gov**. Users are expected to update their own user profiles.*

Justification

CDC has placed more emphasis on communications 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.

Output

- LHD personnel shall update their information in KS-HAN as changes occur or verify profile information annually.

- 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 deletions 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.

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 on or before **October 15, 2020**. This validation was originally due by September 30, 2020, but has been **extended to October 15th, when workplans are due.**

Activity 6

LHD staff registered on KS-HAN will respond to KS-HAN drills 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

The purpose for this 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

- The completion of the four (4) quarterly communications system drills via KS-HAN.
- The identification of local challenges and gaps impacting the use of KS-HAN and respondent participation.

Compliance requirements

- The administrator will provide the date of the communications drills that are completed quarterly. These updates will be part of the work plan activity update for that quarter.
- LHD will report any issues with the drills on the quarterly report.
- KDHE Preparedness will advise the LHD on the drill performance and will share participation information with the administrators.
- All activities to meet the specified goals are due by **June 30, 2021.**

Activity 7

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

Justification

The LHD will provide staff members who will be responsible for managing the local IMATS for the department. It is recommended IMATS staff have longevity at the department 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 annually or as changes occur.
- A minimum of two staff members from each health department will be trained on how to access and maintain the department's IMATS account.

Compliance requirements

- Each health department administrator will need to provide the names of the staff members completing training as part of their quarterly reporting requirements.
- 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 workplan report that staff received training in previous budget year.
- The training will need to be completed by these staff member no later than **October 15, 2020**. This was originally due by September 30, 2020, but has been **extended to October 15th, when workplans are due.**

Activity 8

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 to maintain PHEP readiness.
- Administrators will provide a listing of items purchased throughout the budget period.

Compliance requirements

- The administrator will provide purchasing information (purchase requests, invoices, etc.) as part of the quarterly fiscal reporting to KDHE Preparedness.
- Send in screenshot of items entered in CRMCS during the quarter with the quarterly work plan.
- All activities to meet the specified goals are due by **June 30, 2021.**

Activity 9

LHD will work to support community involvement with preparedness efforts, including building partnerships, and assessing risk. Intent of this activity it to broaden the knowledge base of the 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 offering these trainings, the LHD will help to broaden the knowledge base of their community partners.

Output

- The administrator will provide reporting that outlines the department's support of community involvement with preparedness efforts.

Compliance requirements

- All social media campaigns or activities to meet the specified goals are due by **December 31, 2020.**

Small Counties may complete: (OPTIONAL)

- Participation in National Preparedness Month online social media campaign during September 2020, posting or sharing at least two different posts per week for the entire month on at least one social media platform on a variety of preparedness-related topics. Each post must be tagged with #KSPrepared.
- The social media campaign activity is **optional** for small counties.

Medium & Large Counties will complete:

- Participation in National Preparedness Month online social media campaign during September 2020, posting or sharing at least two different posts per week for the entire month on at least one social media platform on a variety of preparedness-related topics. Each post must be tagged with #KSPrepared

Activity 10

LHD will 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 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 was originally due by September 30, 2020, but has been **extended to October 15th, when workplans are due.**

Activity 11

*All counties will be required to submit an interim AAR/IP for the COVID-19 response, due **September 30, 2020**. The AAR/IP from COVID-19 BP1 response is useful for acquisition of items identified in the county IP, to update the county plans for the next surge, and for TEPW and planning purposes. The interim AAR/IP for the COVID-19 response in BP1 must include a minimum of **four PHEP capabilities**. KDHE will supply an AAR/IP template with prewritten objectives for all 15 PHEP capabilities. In addition, each objective will have suggested functions and tasks listed. The local health departments may decide which four capabilities to report. The counties may use the suggested objectives and related functions/tasks provided in the KDHE provided AAR template or provide their own.*

***SMALL counties** will not be required to hold an exercise in BP2. Small counties will be required to participate in an annual exercise in BP3. This does not restrict the small counties from participating in exercises they deem necessary for their LHD.*

Justification

The intent is to allow the local health departments to evaluate and review their response to COVID-19 incident as approved by KDHE. 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 wish. As a reminder, all additional exercises need to be submitted using the KDHE AAR/IP format and written using the appropriate PHEP capabilities.

Output

- LHD will review and update county plans as needed according to the findings and improvement plans from the COVID-19 incident.
- Each administrator will submit a COVID-19 incident AAR/IP to KDHE within the appropriate time frame.

Compliance requirements

- The AAR/IP must include a minimum of four capabilities reported.
- The AAR/IP and related appendices will be submitted to the Regional Coordinator or subject matter expert and KDHE Exercise Coordinator at KDHE.Preparedness@ks.gov by the LHD by **September 30, 2020**.

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 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.).*

Exercises for Medium and Large counties for BP2 (2020-2021) must be conducted by April 30, 2021.

MEDIUM and LARGE counties:

Participate in at least one annual exercise during BP2 (2020 – 2021) at the local level, as defined below:

Exercise #1 Tabletop Exercise or Real Event

Capabilities required for BP2 Exercise:

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

Exercises must be completed by April 30, 2021.

AAR/IP due within 60 days of exercise completion or June 11, 2021, whichever is first.

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. 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 wish. As a reminder, all additional exercises need to be submitted using the KDHE AAR/IP format and written using the appropriate PHEP capabilities.

Output

- Each LHD will participate as stated above for their county designation.
- Each administrator will submit an AAR/IP to KDHE, for all exercises, within the appropriate time frame.

Compliance requirements

AAR/IPs are due to KDHE Preparedness within 60 days of exercise completion. You must 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**.
- The LHD will submit all required documentation per their designation stated above.
- All exercise AAR/IPs and related appendices will be submitted to the Regional Coordinator or subject matter expert and KDHE Exercise Coordinator at KDHE.Preparedness@ks.gov by the LHD within **60 days of completion or June 11, 2021**, whichever comes first. This ensures enough time 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 Exercise Coordinator for credit to be awarded.
- Serving in an observer role does not meet the participation requirement.

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 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.).*

Activity 12

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 communications platform - a primary platform and a secondary platform. It is also recommended that these platforms are 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 was originally due by September 30, 2020, but has been **extended to October 15th**, when workplans are due.

Activity 13

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.

Justification

As with the last budget period, KDHE Preparedness will accept social media (i.e. Facebook, Instagram, Twitter, etc.) as a "website." KDHE Preparedness 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 Compliance will review the presence of a department web page and/or social media account annually via a Google web search.
- KDHE 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, 2020**.

Activity 14

LHD will ensure that appropriate staff members take or renew packaging and shipping certification class, available on KS-TRAIN, every two years [Packaging and Shipping Division 6.2 Materials 2016, Course # 1076398 & KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures, Course #1050287].

Justification

This work plan activity remains an annual requirement for the LHD to remain current on preparing specimens for shipping and the packaging and shipping requirements that may or may not have been 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 names and completion dates to KDHE Preparedness by **June 30, 2021**.

Activity 15 - ANNUAL REPORTING

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

Justification

This work plan activity is geared to cover two 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.

In the case of the Powered Air Purifying Respirators (PAPR), refresher training is designed to re-enforce the initial training each staff member had on how to don and doff this type of PPE. A PAPR can substitute for an N95 respirator.

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

Output

- Each LHD will complete fit-testing or PAPR training (if applicable) during the budget period.

Compliance requirements

- The administrator will confirm testing (or training) was complete by signing and dating the work plan. All training and testing documentation will be maintained on site for verification by KDHE through the project period and is due by **June 30, 2021**.

-
- B. LHD must annually review and submit any changes or updates to the Mass Dispensing SOG. If no updates are warranted, sign the work plan verifying no updates are required this budget period.*

Justification

Like other plans, the Mass Dispensing 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.

Output

- The administrator will review the Mass Dispensing SOG and update/change as needed.
- If no updates are needed after the review, the administrator will sign the work plan stating such.
- A copy of the Mass Dispensing 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 adopted.

Compliance requirements

- The administrator will provide KDHE Preparedness the following before **December 31, 2020**:
 - If changes are needed this budget period, the administrator will note what has been updated on the plan on a cover sheet. The cover sheet and the plan will be emailed to KDHE.Preparedness@ks.gov.
 - If no updates are needed, the work plan will be signed and dated, and the plan will be emailed to KDHE.Preparedness@ks.gov.

C. LHD must annually review and submit any changes or updates to the Health Department COOP SOG. If no updates are warranted, sign the work plan verifying no updates are required this budget period.

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.

Output

- The administrator will review the health department COOP SOG and update/change as needed.
- If no updates are needed after the review, the administrator will sign the work plan stating such.
- 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 adopted.

Compliance requirements

- The administrator will provide KDHE Preparedness the following before **December 31, 2020**:
 - If changes are needed this budget period, the administrator will note what has been update on the plan on a cover sheet. The cover sheet and the plan will be emailed to KDHE.Preparedness@ks.gov.
 - If no updates are needed, the work plan will be signed and dated, and the plan will be emailed to KDHE.Preparedness@ks.gov.

D. LHD will annually update Point of Dispensing (POD) location(s) and any other relevant POD information into IMATS. If no updates are warranted, sign the work plan verifying no updates are required this budget period.

Justification

Like the previous SOGs, the POD locations require periodic updates and changes. As they are exercised, gaps and challenges can become apparent. Location requirements can change during a budget period, requiring changes in the points of contact and subsequent position tasks. All changes will also need to be updated in IMATS. However, there will be times when changes are not needed or apparent.

Output

- The administrator will review the POD location listing and update/change as needed. The administrator will ensure any changes are updated in IMATS.
- If no updates are needed after the review, the administrator will sign the work plan stating such.
- A copy of the POD 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 adopted.

Compliance requirements

- The administrator will provide KDHE Preparedness the following before **December 31, 2020**:

- If changes are needed this budget period, the administrator will note what has been update on the plan on a cover sheet. The cover sheet and the plan will be emailed to KDHE.Preparedness@ks.gov.
- If no updates, the work plan will be signed and dated, and the plan will be emailed to KDHE.Preparedness@ks.gov.

E. LHD will review and update county plans as needed according to the findings and improvement plans 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.

Justification

This activity will ensure the LHD will review and update the county plans as needed.

Output

- The administrator will review all county preparedness plans from the lessons learned in the real-world incident when approved by KDHE.
- The administrator will ensure all improvement items from then IP have been completed by the due dates listed on the plan.

Compliance requirements

- The administrator will resubmit the IP signifying what Improvement Plan items have been completed before **June 30, 2020**.

Activity 16

New LHD administrators (employed 6 months or less or new to the administrator position) will take the New LHD Administrator Training Plan, Modules 1-6 on KS-TRAIN for administration of the PHEP grant, course # 4137.

Justification

This activity will help facilitate the knowledge base of the new administrators in 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 1-6.

Compliance requirements

- The administrator will note the date and who attended 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, 2020**.

Activity 17

LHD will have a designated staff member attend three (3) webinars developed by KDHE Preparedness for the PHEP grant. These webinars were created to enhance the knowledge base of the designated staff. Attendance is required for the July 8 – Work plan session. The LHD can choose the other two webinars from the KDHE Preparedness Webinar Wednesday listing to complete this activity. One KDHE webinar may be substituted for a COVID-19 Response Webinar.

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.
- All activities to meet the specified goals are due by **June 30, 2021**.

Activity 18

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 state wide. 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, sub-categories 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**.

Activity 19 (Medium and Large Counties)

LHD will developer have in place surge strategies to ensure scalable staffing plans adapt to changing requirements based on activation levels and triggers relating to incident size, scope and complexity. LHD will facilitate with local resources.

Justification

LHD will coordinate with local resources to develop agreements and/or contacts in the area who have the expertise to help with manpower during an incident. LHD will develop an activation levels and triggers plan related to incident scale that warrant moving to the next level in the incident and how the current plans will adapt, including a staffing matrix for all levels.

Output

- 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.

Compliance requirements

- LHD will develop or have in place a scalable strategy including activation levels and triggers along with staffing matrix and submit to KDHE for review by **June 30, 2021**.

Activity 20 (Medium Counties)

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

Justification

This activity will use the information revealed in the real-world incident when approved by KDHE or 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 risk assessment and develop a training schedule for their employees to resolve the gaps that were determined by the AAR/IP.

Compliance requirements

- The administrators schedule training for the gaps that were determined by the real-world incident as approved by KDHE.
- The administrators will send in a copy of the LHD Improvement Plan and a letter detailing the schedule training/s to meet the goals of the plan.
- This information is due by **March 31, 2021**.

Activity 20 (Large Counties)

LHD will send designated staff to FEMA ICS G290 basic Public Information Officer Training. This two-day course will consider the value of communication before, during and after an incident. It will help PIOs identify critical audiences, both internal and external.

Justification

In a public health emergency, LHDs will be responsible for communicating timely and sometimes life-saving information to the public in their community. In a decentralized public health state, LHDs should be ready to communicate clearly at a moment’s notice. ICS G290 (course # 1088556) provides an LHD staff member training and practice in communicating during an emergency.

Output

- Administrator will ensure the correct staff have completed the course.

Compliance requirements

- LHD will update the work plan with the date of the course and staff who attended the course. The certificates from the course will need to be kept on site at the LHD for the project period and available if requested. Due by **June 30, 2021**.

Activity 21 (Large Counties)

LHD administrators will ensure designated staff complete two (2) additional “gap” trainings as determined by the April 2020 Full Scale Exercise (FSE) or real-world incident when approved by KDHE, After Action Report and Improvement Plan (AAR/IP.)

Justification

This activity will use the information revealed in the real-world incident when approved by KDHE 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 develop a training schedule for their employees to resolve the gaps that were determined by the AAR/IP.

Compliance requirements

- The administrators schedule training for the gaps that were determined by the real-world incident as approved by KDHE AAR/IP plan.
- The administrators will send in a copy of the LHD Improvement Plan and a letter detailing the schedule trainings to meet the goals of the plan.
- This information is due by **March 31, 2021**.

Activity 22 (Large Counties)

LHD administrators will ensure designated staff complete mental health or psychological first aid training.

Justification

Mental health is a concern during and after an incident. Having staff trained in the detection of distressed individuals will benefit the community. The Mental Health First Aid is a course that teaches how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. Psychological first aid is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.

Output

- The LHD will have trained staff working who can help identify distressed persons and assist where needed.

Compliance requirements

- The administrator will supply the information requested on the work plan. The certificate from the course will be kept on site at the LHD for the project period and available if requested.
- This information is due by **March 31, 2021**.

Annual Administrative Requirements

- ❖ *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 5 years**.*
- ❖ *Have available signed shared resource agreements.*
- ❖ *LHD 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.*
- ❖ *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.*

3. Summary

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

Keys points to remember 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 **5 years**. LHD will provide to KDHE Preparedness

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 (PHEP).

- **Work plan instructions** – There is an increased burden of validation on KDHE Preparedness to ensure the cooperative agreement funds are being spent to further preparedness. Because of this, instructions need to be carried out as outlined in the work plan and in this document.
- **Communication** – LHD administrators are encouraged to contact their coordinator or KDHE Preparedness if clarification is needed on an activity or a question regarding procedure. All questions are welcome and will be answered accordingly. If there is a question that can't be answered by KDHE Preparedness, the field project officer will be queried.

As always, KDHE Preparedness 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.

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. 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.

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 – 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 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>

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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