



# PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Published: July 22, 2021

Version 1

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

**2021-2022: BUDGET PERIOD 3**



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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*.

*Kansas Department of Health and Environment  
Bureau of Community Health Systems  
Preparedness Program  
2021-2022*

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## 1. Executive Summary

This guidance document is designed to serve as an implementation guide for the work plan and activity completion requirements for Budget Period 3 for the period of 2021-2022. Under the administrative authority of the Centers for Disease Control and Prevention (CDC), this budget period marks the third year of the project period. This budget period is the third 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 budget period the Regional PHEP work plan is similar to last year's work plan and has a total of thirteen (13) activities. The Regional Coordinator or subject matter expert (SME) for the region will need to know that again this budget period the Local Public Health Departments have been broken into three (3) work plans, Small, Medium and Large, depending on the county size. The Regional Coordinator or SME will need to be familiar and understand all three (3) plans in order to provide technical assistance by the member county health department of the region, plus have a full understanding of the Regional work plan.

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 and the region are within the requirements of the cooperative agreement and aligned with local public health department activities, regional activities and emergency management practices. KDHE Preparedness Program will also review reporting processes and procedures to reduce the reporting workload on the PHEP administrators and Regional Coordinators.

### 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](mailto:KDHE.Preparedness@ks.gov). Please note the work plan item number and task being submitted or indicate specifics in the email subject line. All submitted documents must be dated.
- The following statement must appear on **ALL** publications that are created or generated by or in relation to this cooperative agreement. This requirement applies to the following: documents, educational materials, deliverables and related supporting information. This also includes within the body of any courses created using preparedness funding. Sign-in sheets are excluded from this requirement. This statement is as follows:

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

The reasoning behind this statement is two-fold:

First, the statement acknowledges federal support. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, all

awardees receiving federal funds, including state, local governments and recipients of federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with federal money;
- dollar amount of federal funds for the project or 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, 2021 – September 30, 2021) – due October 15, 2021
- **Quarter 2** (October 1, 2021 – December 31, 2021) – due January 15, 2022
- **Quarter 3** (January 1, 2022 – March 31, 2022) – due April 15, 2022
- **Quarter 4** (April 1, 2022 – June 30, 2022) – due July 15, 2022

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

### 1.21 Regional Email Requirements

Emails should be sent per the following guidelines to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) to better facilitate timely responses to questions, 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#** (quarter number), **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 subject line: **Region Name, Exercise or Training**.

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

## 1.3 Financial Status Reports (FSRs) – Reimbursement Requests

The Regional Coordinator or the Fiscal Agent for the Region 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](mailto: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

by clicking the *Help* button in KGMS. KGMS can be accessed at <https://khap2.kdhe.state.ks.us/KGMS/Default.aspx> and requires a user ID and password for access.

*Please submit an email to [KDHE.ATL@ks.gov](mailto:KDHE.ATL@ks.gov) if assistance is needed with any KGMS system issues. Submit questions related to the PHEP Grant to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov). For all other Aid-To-Local Grants in KGMS submit the inquiry to that specific programs Grant Manager.*

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

**With “FSR” in the email subject line, please send a message to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov), that the “FSR” has been uploaded in KGMS. KDHE will then begin a review of the FSR.**

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

An FSR is **required** for each quarter, even if no funding has been spent in that quarter. FSRs must be remitted in chronological order in KGMS. Failure to remit a quarterly FSR in KGMS, will result that the next quarter FSR 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 to report for that quarter. The Quarter 3 FSR will not be generated until the Quarter 2 FSR has been submitted and approved by KDHE. The Quarter 2 FSR can be a zero expenditure, but it must be submitted to generate the next quarter FSR.*

*If funding has been exhausted before the fourth reporting quarter, the Regional Coordinator or Fiscal Agent 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>
	<b>\$ 0.00</b>

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>
	<b>\$ 1,500.00</b>

**underspent**

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

- **Example 3. Overspending award:**

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

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

The KDHE Preparedness Program wants the 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 KDHE Preparedness Program staff to figure out what the codes mean and can delay the approval process.*

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

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

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

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

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

### 1.4 Budgetary Information

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

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

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

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

- Activity Item #13 of the work plan now requires submitting the name of the conference and the name of each person attending the conference with their specific role at the LHD, prior to going to the conference. This information can be submitted on the initial budget narrative in KGMS. Reimbursement for conferences and/or people attending must be approved by the KDHE Preparedness Program in order to be reimbursed with PHEP funding. Follow the instructions below if this information was not initially submitted, or if changes to conferences or attendees occur:
  - a. The conference and number of attendees are included in the KGMS budget, but the individual names of those attending are not known during initial budget submission.
- The Regional Coordinator, SME (for a region without a coordinator) or the Fiscal Agent for the region will send an email to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) with the names of the attendees with their specific role at the LHD so that KDHE has the information when the FSR is submitted in KGMS.
- A different conference than what is listed has been chosen, or the conference is not specified in the initial budget.
  - a. KDHE Preparedness Program needs to know prior to the conference, which conference and staff are attending as well as their specific role at the LHD. If there is not a change in the budgeted amount, then the Regional Coordinator, SME (for a region without a coordinator) or the Fiscal Agent for the region will send an email to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) with the name of the conference and attendees with their specific role at the LHD. If the budgeted amount is going to change, then a BMR in KGMS is required to allow the PHEP Region KGMS budget to be modified for accuracy.
- The number of persons attending increases or decreases.
  - a. KDHE Preparedness Program needs to know via email that the information has changed and any new attendee(s) as well as their specific role at the LHD who will be attending. If the budgeted amount is going to change, then a BMR 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 approved budget to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) and include the name of the conference, the agenda and the name of the attendee(s) as well as their specific role at the LHD. A BMR will be required in KGMS in order to make the budget modification after approval from the KDHE Preparedness Program.



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

All PHEP resources and documents are located on the KDHE Preparedness Program website at: [http://www.kdheks.gov/cphp/lhd\\_resources.htm](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](mailto:KDHE.Preparedness@ks.gov) for approval of the purchase if PHEP funding will be utilized.

### **Allowable**

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

### **Unallowable**

- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate more than Executive Level II or \$199,300 per year.
- Recipients cannot use funds for the following:
  - Fundraising activities or lobbying.
  - Research.
  - Construction or major renovations.
  - Clinical care (e.g., syringes, band-aids, gowns, etc.).
  - Reimbursement of pre-award costs.
  - Response activities.
  - Purchasing clothing such as polo shirts, sweatshirts, T-shirts, etc.
  - Generally, funds may not be used to purchase food.
  - Vaccines.
- Recipients may supplement, but not replace, existing state, local, or agency funds with federal funds for activities described in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Payment or reimbursement of backfilling cost for staff is not allowed.
- The Regional Coordinator and/or PHEP Region and/or Fiscal Agent cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods (e.g., passenger cars or trucks and electrical or gas-driven motorized carts).
- Recipients may not use funds to purchase furniture.
- Proposed equipment purchases must have KDHE approval prior to purchase.

- The Regional Coordinator and/or PHEP Region and/or Fiscal Agent cannot use PHEP funds to send individuals to or support conference travel (including registrations) for persons not employed by the regions member local health departments.

### 1.5 Meals, Travel and Lodging Information

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

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

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

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

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

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

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

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

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

Activity 13 of the work plan requires submitting the name of the conference, agenda and the name of each person attending the conference prior to attending. This information can be submitted on the initial budget narrative in KGMS. Reimbursement for conferences or attendees must be approved by the KDHE Preparedness Program in order to be

reimbursed. Follow the instructions below if this information was not initially submitted on the original budget or if there are changes to conferences or attendees:

- The conference name, agenda and number of attendees are included in the KGMS budget, but the individual names of those attending are not known during initial budget submission.
  - a. The PHEP region will send an email to the KDHE Preparedness Program with the names of the attendee(s) so 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 on the budget, or the conference is not specified in the initial budget.
  - a. The KDHE Preparedness Program needs to know prior to the conference, which conference and the name(s) of attendee(s). If there is not a change in the budgeted amount, the PHEP region will send an email to the KDHE Preparedness Program with the name of the conference, agenda and attendee(s) names. ABMR in KGMS is needed so that the Regional PHEP KGMS budget can be modified if the budgeted amount is going to change.
- The number of persons attending increases or decreases.
  - a. The KDHE Preparedness Program needs to be notified via email that the information has changed and the new attendees or individuals who will be attending. A BMR in KGMS is required if the budgeted amount is going to change.
- The PHEP region wants to add a conference.
  - a. Submit a written request for approval of individuals to attend a conference or workshop that was not previously submitted on the budget to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov). A BMR will be required in KGMS in order to make a budget modification after approval from the KDHE Preparedness Program.

## 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 the KDHE Preparedness Program can identify areas of improvement statewide to design and develop future trainings and exercises.

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

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

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

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

### 1.6.1 Reporting Formal Training and Informative Presentations Intended to Train

Course information should be provided to [KDHE.Preparedness@ks.gov](mailto: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 and Improvement Plan (AAR/IP) template must be used to reflect PHEP capabilities. The PHEP capabilities required for BP3 are:

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

### Other Requirements

- Plans/procedures for assisting at-risk/vulnerable populations specific to the jurisdiction must be documented or evidenced in all exercises. At-risk/vulnerable populations may have access or functional needs and can include those with communication limitations, medical needs, independence issues, behavioral health needs, transportation needs or even temporary needs such as pregnant women.
- Exercise activity should be aligned with the Homeland Security Exercise and Evaluation Program (HSEEP) principles and test or validate current plans and procedures.
- Exercise AAR/IPs must be written using the KDHE approved AAR/IP Template and only reflect PHEP capabilities, not the capabilities or requirements outlined by other agencies (i.e. Centers for Medicare & Medicaid Services (CMS), Emergency Management, etc.).

### Compliance requirements:

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

- All exercises, regardless of type, need to be conducted **and AAR/IPs submitted by June 30, 2022.**
- All 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 SME and the KDHE Training and Exercise Coordinator at [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) by the LHD within **sixty (60) days of completion or June 30, 2022**, whichever comes first.
- The submitted AAR/IP must be approved by the KDHE Training and Exercise Coordinator for credit to be awarded.
- Serving in an observer role does not meet the participation requirement.

## 1.8 Compliance Statement

KDHE Preparedness Program Compliance will review all submitted work plans, work plan documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and activity completion progress. However, only 25% of the reviewed agencies will receive notification of being audited each quarter. The Compliance Coordinator will notify the administrators of the audited LHD of any findings discovered during these

reviews, outline the nature of the finding, explain what action is needed to correct the finding, and the date the action needs to be completed by and then validated by KDHE Preparedness Program Compliance. Administrators will also be notified if no findings were discovered during their audit. The 2021-2022 BP3 work plans allow for certain items to be validated by the LHD Administrator's signature on the work plan. KDHE Preparedness Program has been advised by the CDC it is important all work plan activities, regardless of their type, need to be completed on or before the assigned deadlines. It is imperative any challenges or obstacles that will impede completion of these work plan activities, projected or otherwise, are addressed with the KDHE Preparedness Program as soon as possible. KDHE Preparedness Program staff cannot address a challenge if they are unaware there is a challenge in the first place. The KDHE Preparedness Program will work with the LHD to find viable solutions to those challenges. The same aforementioned information will apply to the PHEP Regions. Please do not hesitate to contact the KDHE Preparedness Program at [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov).

## 1.9 HCC Contact Information

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

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

## 1.10 Regional PHEP Contact Information

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

Region	Coordinator Name	Phone	Email
Central Kansas Region	Jason Tiller, Interim	785-826-6600 Ext. 7313	<a href="mailto:centralksphep@gmail.com">centralksphep@gmail.com</a>
East Central Kansas Public Health Initiative	Jennifer Millbern	620-342-4864	<a href="mailto:jmillbern@flinthealth.org">jmillbern@flinthealth.org</a>
Kansas City Area Region 15	Stephen Maheux, MPH	913-477-8318	<a href="mailto:stephen.maheux@jocogov.org">stephen.maheux@jocogov.org</a>
Lower 8 of Southeast Kansas	Lee Miller	620-313-0831	<a href="mailto:ltkamiller@MGCountyKS.Org">ltkamiller@MGCountyKS.Org</a>
North Central Kansas Public Health Initiative	Lacey Miller	785-738-2218	<a href="mailto:Burks809@gmail.com">Burks809@gmail.com</a>
Northeast Corner Regionalization Initiative	Skye Reid	785-251-5661	<a href="mailto:Skye.Reid@sncu.us">Skye.Reid@sncu.us</a>
Northwest Bioterrorism Region	Michelle Billips, RN	785-421-3326	<a href="mailto:mbillips@grahamcountyhealth.com">mbillips@grahamcountyhealth.com</a>
	Karla Heble	785-626-3968	<a href="mailto:karlah@rawlinscounty.org">karlah@rawlinscounty.org</a>
	Emily Strange	785-460-4596	<a href="mailto:estrange@thomascountyks.gov">estrange@thomascountyks.gov</a>
South Central Coalition	Virginia Downing	620-243-2520	<a href="mailto:coats1960@gmail.com">coats1960@gmail.com</a>
South Central Metro Region	Thomas Langer	620-221-1430	<a href="mailto:tlanger@cowleycounty.org">tlanger@cowleycounty.org</a>
Southeast Kansas Multi-County (SEKMCHD) Health Department PHEP Region	Susan Belt	785-640-3633	<a href="mailto:Susan@SEKMCHD.Com">Susan@SEKMCHD.Com</a>
Southwest Kansas Health Initiative	Richard Everett	620-492-1930	<a href="mailto:richard@swkhi.org">richard@swkhi.org</a>
Southwest Surveillance and Regional Response	Virginia Downing	620-243-2520	<a href="mailto:coats1960@gmail.com">coats1960@gmail.com</a>
West Central Public Health Initiative	Cindy Mullen	785-672-2304	<a href="mailto:cmullen@wcphi.onmicrosoft.com">cmullen@wcphi.onmicrosoft.com</a>
Western Pyramid Regional Initiative	Richard Everett	620-492-1930	<a href="mailto:richard@swkhi.org">richard@swkhi.org</a>
Wildcat Region	Renee Lucas	785-776-4779 Ext. 7633	<a href="mailto:BLucas@rileycountyks.gov">BLucas@rileycountyks.gov</a>

## 1.11 Budget Period Insights

This year marks the third budget year of the grant period. Two (2) years ago the CDC released several resources that outline the new direction the PHEP Program is taking. These resources include the new Funding Opportunity Announcement (FOA), a revised version of the PHEP Performance Measures, and a few supporting documents that explain how the various work plan activities contribute towards LHD preparedness progress. The LHD will ensure the continued involvement within their jurisdictions, with the HCCs and their work plan activities.

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

This guidance document is specific for Regional Coordinators and their respective Fiscal Agents and outlines KDHE Preparedness Program expectations for the budget period. A listing of resources can be found at the end of this document, and more guidance will be shared as it becomes available from the CDC.

## 1.12 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

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*Regional Coordinators or SME for regions without a coordinator will:*

*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 thirty (30) days prior to the scheduled date so that the required registration requirement can be met.*

- Within **ten (10) business days** following the date of the meeting, a draft of the meeting minutes **must** be provided to all members at their respective email addresses and include the KDHE Preparedness Program at [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) to allow the KDHE Preparedness Program Compliance the ability to verify the sending of the draft minutes as required.
- Retain a copy of all meeting minutes for five (5) years.

**Note:** Provide KDHE Preparedness Program a listing of the scheduled meetings for the Budget Period with the KS-TRAIN ID Number and remit to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) as soon as the meetings have been scheduled in KS-TRAIN.

## **Justification**

This work plan activity remains unchanged from the previous budget period. Quarterly meetings still need to be conducted by the Regional Coordinator for the regional membership. The only change is the request to provide a listing of the meetings scheduled for the budget period to KDHE Preparedness Program as soon as possible after the beginning of the budget period or as soon as they have been set-up in KS-TRAIN.

## **Outputs**

1. All regional PHEP meetings are required to be set up thirty (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 Program notification in advance of the scheduled meeting.
2. The coordinator has ten (10) business days following the date of the meeting to submit draft meeting minutes to the regional membership and the KDHE Preparedness Program.

## **Compliance requirements**

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

## **Activity 2**

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*Regional Coordinators or SME for regions without a coordinator will attend in person or virtually healthcare coalition meeting(s) at least quarterly. Regional Coordinators or SME 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 designated representative. When sending a designated representative, a designee letter must be remitted to KDHE Preparedness Program and the HCC RRC, signed by the Regional Coordinator, in advance of the meeting that will be missed. Make note that the HCC RRC, HCC chairperson, HCC secretary or treasurer, etc. would not be an appropriate designated representative as this would be a conflict of interest. If the Regional Coordinator or SME is acting as a Designee/Proxy for a LHD, there must be an approval agreement that the individual selected by the Regional Coordinator/SME to attend a missed meeting on their behalf may attend as the Designee/Proxy for the LHD.*

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

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



*Designee and/or Proxy letters are valid for the budget period at the time and may be submitted and/or updated at any time throughout the budget period. Designee/Proxy letters must be submitted to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) and to the local HCC Regional Readiness and Response Coordinator (RRC) prior to any meeting that may be missed. **Letters remitted after a meeting is missed will not be retroactive.***

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

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

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

***Note: Register for the Meeting on KS-TRAIN.***

### **Justification**

Activity 2 explains the coordinator's requirement to attend all HCC meetings that occur throughout the budget period. The Regional PHEP Coordinator is 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.

### **Outputs**

1. The Regional PHEP Coordinator will attend all appropriate HCC meetings, at least one (1) quarterly or more, per HCC Region affected, to provide coalition information back to the PHEP region to maintain proper regional awareness.
2. Make note that it will be important to make sure the HCC RRC for that HCC Region knows who is in attendance and whom the Regional Coordinator may be attending for as a Designee and/or Proxy. The HCC RRC then accounts for the attendance on the KS-TRAIN Roster and KDHE Preparedness Program will use the KS-TRAIN Roster to validate attendance.

### **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 HCC coalition area, the Regional PHEP Coordinator will need to attend all HCC meetings for each coalition.
2. The Regional PHEP Coordinator will ensure they register on KS-TRAIN to remain compliant with the registration requirement.
3. The KDHE Preparedness Program will pull the meeting rosters from KS-TRAIN to validate attendance. The Regional Coordinator is also required to keep copies of the sign-in sheets and may, from time-to-time, be requested to remit a copy of a sign-in sheet.

### Activity 3

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*Regional Coordinators or SME for regions without a coordinator will ensure that each Readiness and Response Coordinator (RRC), formerly the HCC Coordinator, has up-to-date email addresses for each member of your PHEP Region so that the RRC 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 to the HCC's. 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 the KDHE Preparedness Program, which will validate that this activity was completed and provides all levels of the public health spectrum with 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 RRC** an updated email contact listing for the points of contact within their local public health departments periodically during the budget period.
2. For the Regional Coordinators whose PHEP Region is in more than one HCC Region, each HCC Region is to be provided an updated contact list to meet the requirement.

#### **Compliance requirements**

1. The Regional PHEP Coordinator needs to provide a template to the region members that they can update and return to the coordinator.
2. The Regional PHEP Coordinator will share updates with the KDHE Preparedness Program when the Regional PHEP Coordinator provides this update to the RRC. Regional PHEP Coordinators will then update the RRC and KDHE Preparedness Program, as needed.
3. Regional PHEP Coordinators whose PHEP Region is in more than one HCC Region will remit an updated listing of PHEP region members of that HCC to each HCC Region and the KDHE Preparedness Program.

### Activity 4

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*Dates TBD, Regional Coordinators or SME for regions without a coordinator must attend the Preparedness Regional Coordinator Training. One (1) of the meetings will be in Salina, KS and two (2) will be virtual meetings. The KDHE Preparedness Program will have further meetings with the coordinator via telephone, as needed.*

#### **Justification**

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

#### **Output**

1. The Regional PHEP Coordinators needs to attend the coordinator meetings. One (1) will be conducted in-person in Salina and two (2) will be presented virtually.
2. Register for the events on KS-TRAIN as soon as registration is open and available.

#### **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 needs to ensure they sign-up for these events on KS-TRAIN once meetings are announced.

## **Activity 5**

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*Regional Coordinators or SME 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 PHEP meetings for situational awareness.*

### **Justification**

The regional Homeland Security Council meeting minutes are critical for situational awareness in the region. The Regional PHEP Coordinators are instructed to share this information with the region's local public health departments. 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 overviews are placed in the meeting minutes or notated in the minutes that this was discussed, highlighting the major topics of the meeting(s). These dates will also be noted on the work plan quarterly

## **Activity 6**

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*Regional Coordinators or SME 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 departments.

### **Output**

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

### **Compliance requirements**

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 reporting updates and remitted to [KDHE.Preparedness@KS.Gov](mailto:KDHE.Preparedness@KS.Gov).

## **Activity 7**

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*Regional Coordinators or SME for regions without a coordinator will develop a summary report of their county's health department's needs and improvements from the exercise or real-world incident in Budget Period 2, when approved by the KDHE Preparedness Program Training and Exercise Coordinator. This summary report will include a plan to meet the gaps revealed in the AAR/IP from the exercise or real-world incident approved by the KDHE Preparedness Program Training and Exercise Coordinator.*

### **Justification**

The Regional PHEP Coordinators will work closely with their 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 will send in the summary report for review by the KDHE Preparedness Program Training and Exercise Coordinator and Compliance Coordinator.

## **Activity 8**

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

### **Justification**

The TEPW for this year will be held November 3, 2021. The purpose of the TEPW is to allow the KDHE Preparedness Program staff and the various PHEP partners the opportunity to 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 in Salina, Kansas. Attendance will be validated with sign-in sheets. This will be the opportunity for the Regional PHEP Coordinators to speak with the KDHE Preparedness Program staff regarding training opportunities, training plans, and receive updated exercise information. This meeting will be developed by the KDHE Preparedness Program Training and Exercise Coordinator. Regional PHEP Coordinators are instructed to sign up for this course on KS-TRAIN #1097608.

### **Output**

The Regional PHEP Coordinator will attend the TEPW that is scheduled for November 3, 2021.

- The Regional PHEP Coordinator will participate and 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. Coordinators need to ensure they sign up for this meeting on KS-TRAIN, once it is available, 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 plans can be completed correctly.

## **Activity 9**

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*Regional Coordinators or SME for regions without a coordinator will assist the local health department staff in the development, review and update of all local plans as needed, provide technical assistance (TA) and training to the local health department staffing. Coordinators will provide suggestions and/or feedback to the KDHE Preparedness Program regarding local priorities, issues, etc. and provide a year-end, written summary of how PHEP funds assisted and/or improved their region with the year-end summary report. These can include success stories, activities participated in or items purchased for the region that would not have been possible without PHEP funding.*

### **Justification**

Through the summary report this will reflect how the PHEP Grants have made it possible for the local health departments and the PHEP Regions to work together with all levels of community and state partners through emergency preparedness activities and purchases to better prepare for emergencies and disasters locally, within the state and nationally.

### **Output**

The Regional PHEP Coordinator will remit by the end of the budget period a written summary report to the KDHE Preparedness Program to include the following:

- Assistance provided to local health department staff in the development, review and updating of all local plans as needed,
- Technical Assistance (TA) and training provided to local health department staff,
- Suggestions and/or feedback provided to the KDHE Preparedness Program regarding local priorities, issues, etc.,
- Provide a year-end, written summary of how PHEP funds assisted/improved the region to the KDHE Preparedness Program, and may include success stories, activities or items purchased that would not have been possible without PHEP funding. The summary is required to be a maximum of one (1) page in length and include the Region Name, submitter name and date.

### **Compliance requirements**

The Regional PHEP Coordinator will remit a written year-end summary report to the KDHE Preparedness Program to be compliant with this work plan activity.

Written summary must include the **PHEP Region Name**, **Date** and the **Regional Coordinator Name** and be kept to a maximum of (1) page in length. If a Coordinator would like to remit a larger summary report, they must have at least one (1) full page report.

## **Activity 10**

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*Regional Coordinators or SME for regions without a coordinator will participate in at least one (1) annual exercise (e.g., Tabletop (TTX), Functional (FE), Full Scale (FSE)) as a facilitator, player, or evaluator no later than **June 30, 2022**. Serving in an observer role **does not** meet the participation requirement. (Capability 3: Emergency Operations Coordination).*

### **Justification**

This work plan activity is designed to incorporate the Regional PHEP Coordinators into a role for one (1) 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. The exercise will not count if the Regional PHEP Coordinator is an observer.

## **Output**

The Regional PHEP Coordinators will participate as a facilitator, player, or evaluator for one (1) 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.

This requirement is due on or before **June 30, 2022**.

## **Activity 11**

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*Regional Coordinators or SME for regions without a coordinator will review the local health department's updates to their agency Continuity of Operations plan (COOP) and ensure it includes the Essential Components.*

## **Justification**

This work plan activity is designed to incorporate the Regional PHEP Coordinators into a role to provide direct technical assistance to the local health departments within their region.

## **Output**

The Regional PHEP Coordinators will participate by reviewing the local health departments COOP plans and providing feedback and assistance as needed to assure their plans are updated with necessary plans, contacts, processes, etc.

## **Compliance requirements**

The coordinator will utilize the checklist and template provided by the KDHE Preparedness Program for reviewing the COOP plans.

The completed checklists and templates will be remitted to the KDHE Preparedness Program to validate completion of the reviews and assistance provided quarterly to local health departments.

This requirement is due on or before **June 30, 2022**.

## **Activity 12**

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

## **Justification**

This activity will facilitate the continued input of deployable, non-consumable supply information into the CRMCS system. This is 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 twenty-one (21) equipment categories divided into categories, subcategories and then individual equipment items. Make note there are no commercially available products listed; it only consists of equipment types. This referenced list can be located at: <https://www.fema.gov/authorized-equipment-list>.

## **Output**

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

## **Compliance requirements**

- The administrator will note the requested information on the work plan.
  - Date items were purchased and entered in tracking system.
  - Cache Manager Name.
  - Items disposed of and how.
  - Complete and remit appropriate paperwork to the KDHE Preparedness Program for approval for any item transferred to a county.
- The administrator will send screenshots 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 **June 30, 2022.**

## **Activity 13**

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*Regional Coordinators or SME 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: National Preparedness Summit, Four Corners Emergency Management, Kansas Public Health Association.)*

*Conferences and out of state training events must be pre-approved by the KDHE Preparedness Program.*

## **Justification**

The intent of this activity is to officially provide support to the Regional Coordinators or SME in expanding learning and networking opportunities amongst their peers. As the KDHE Preparedness Program is required to have all training and event information as part of the budget submission, information regarding conferences and training opportunities will be provided to the KDHE Preparedness Program 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 understands 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 with the KDHE Preparedness Program and the region members.

## **Compliance requirements**

- Prior to attending an out of state conference or training event, the following prerequisites are based on PHEP requirements and needed for final approval by KDHE Preparedness:
  - Title of the conference or training event.
  - Description and/or agenda 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 the KDHE Preparedness Program how the knowledge gained will be applied to the department's own preparedness efforts and share with the region's members.
  - The event documentation is due to the KDHE Preparedness Program for review within **fifteen (15) days** of returning from the conference or training event by each attendee.
    - 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, 2022**.

## **Administrative Requirements**

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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 and/or proof of attendance for trainings completed during the entire project period for at least five (5) years.*
3. *Have available signed shared resource agreements Memorandum of Agreement (MOA), Memorandum of Understanding (MOU) and any maintenance contracts relating to PHEP grant funds.*
4. *Regional Coordinators will provide to the KDHE Preparedness Program information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to the Hospital Preparedness Program (HPP) and/or the Public Health Emergency Preparedness (PHEP) Cooperative Agreement.*
5. *Retain copies of expenditure reports, including but not limited to, invoices for each capital equipment purchase for a period of at least five (5) years. Capital equipment includes purchases of \$5,000.00 and above and/or with a lifespan of greater than a year.*
6. *Regional Coordinators within a Cities Readiness Initiative (CRI) footprint will ensure work plans for the local health departments are completed as well as the CRI work plan items.*

## **Justification**

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, 2022** and completion dates are needed once each activity is completed. Completion dates can be recorded on the work plan as part of the quarterly updates.

## **Output**

The Regional PHEP Coordinator will complete the Work Plan Administrative Requirements 1 through 6 by **June 30, 2022**.



### **Compliance requirements**

1. The Regional PHEP Coordinator will ensure 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 and/or course certifications for Preparedness-related (PHEP-related) courses are maintained on-site (recommend electronically) throughout the budget period and for no less than five (5) years.
  - a. The Regional PHEP Coordinator will note the date this was completed on the quarterly work plan.
  - b. Only deliverables requested in previous work plan activities need to be provided to the KDHE Preparedness Program.
3. The Regional PHEP Coordinator will note the date resource agreements were updated during the budget period on the quarterly work plan.
4. The Regional PHEP Coordinator will ensure that all items purchased with Preparedness funding is correctly recorded in CRMCS.
  - a. Information to include storage location as well as the contact name and 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 the KDHE Preparedness Program and/or designated staffing at the CDC.
  - a. Additional information requests will be fully explained,
  - b. Templates will be provided (if required).
6. The Regional PHEP Coordinator will ensure all fiscal documentation is retained for no less than five (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.*

All work plan progress reports and all reporting deliverables are to be submitted via email to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov).

## The 2021 - 2022 KDHE Preparedness Team

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## Appendix A: Guidance Document Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## References and Resources

The Kansas Department of Health and Environment  
<http://www.kdheks.gov/>

KDHE Preparedness  
<http://www.KSPrepared.org>

KDHE Preparedness: Exercise Library  
<http://www.kdhe-exercises.org/ExerciseLibrary.htm>

KS-HAN: Everbridge member log on  
<https://member.everbridge.net/892807736724418/login>

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

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

KGMS  
<https://khap2.kdhe.state.ks.us/KGMS/Default.aspx>

## From Federal Partners

CDC-RFA-TP19-1901  
PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT  
<https://www.grants.gov/web/grants/view-opportunity.html?oppId=310318>

The Centers for Disease Control and Prevention  
<https://www.cdc.gov>

2019-2024 PHEP Cooperative Agreement CDC-RFA-TP19-1901(PDF) and subsequent budget period documents  
<https://www.cdc.gov/cpr/readiness/phep.htm>

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.