

Centers for Disease Control and Prevention

PHEPCA 2008-2009 Guidance

Highlights

Compiled for the Senior Advisory Committee Meeting 6/2/08

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Background:

- ✓ PAHPA (Pandemic and All Hazards Preparedness Act) P.L.109-417 requires that applications for funding include a description of activities to meet the following goals:
 - a. Integrating public health and public and private medical capabilities with other first responder systems;
 - b. Developing and sustaining essential state, local, and tribal public health security capabilities, including disease situational awareness, disease containment, risk communication and public preparedness, and the rapid distribution and administration of medical countermeasures;
 - c. Addressing the public health and medical needs of at-risk individuals¹ in the event of a public health emergency;
 - d. Minimizing duplication and assuring coordination among state, local, and tribal planning, preparedness, and response activities (including Emergency Management Assistance Compact). Such planning shall be consistent with the National Response Framework or any successor plan, the National Incident Management System, and the National Preparedness Goal;
 - e. Maintaining vital public health and medical services to allow for optimal federal, state, local, and tribal operations in the event of a public health emergency; and
 - f. Developing and testing an effective plan for responding to pandemic influenza.
- ✓ BP9 continuation guidance provides opportunities to update progress in meeting requirements and pursuing priority projects and also to describe new or to refine existing priorities. This approach is designed to capture what awardees are doing to improve public health preparedness so CDC can answer inquiries about preparedness activities and progress and direct technical assistance where it is most needed.
- ✓ CDC expects no major changes in priority projects for BP9. While awardees are free to make adjustments to or add new priority projects they believe are needed, CDC expects BP9 to represent a period of continued progress on priorities and maintenance of essential public health emergency response and recovery infrastructure.

Allocated Funding:

VERMONT	Base+population Funding	Cities Readiness Initiative (CRI)	Level 1 Chemical Lab Funding	RTDD Funding	EWIDS funding	Pan Flu Funding	Total allocation
2007-2008	\$4,717,515	\$200,000	0	\$82,489	\$39,717	\$803,941	\$5,843,658
2008-2009	\$4,800,000	\$200,000	0	0	\$41,316	0	\$5,041,316

New Requirement: Maintenance of Funding (MOF)

MOF is defined as ensuring that the amount contributed by the entity that receives the award to support public health security does not fall below the average of the amount provided annually during the previous two years.

New Requirement: Matching Requirements for 2009-2010

PHEP cooperative agreement funding must be matched by nonfederal contributions beginning with the distribution of federal Fiscal Year (FY) 2009 funds (BP10). Awardees will be required to provide matching funds as described:

- a. For FY 2009, not less than 5% of such costs (\$1 for each \$20 of federal funds provided in the cooperative agreement); and
- b. For any subsequent fiscal year of such cooperative agreement, not less than 10% of such costs (\$1 for each \$10 of federal funds provided in the cooperative agreement).

New Requirement: Evidence-Based Benchmarks and Objective Standards

Demonstrated capability to notify primary, secondary, and tertiary staff to cover all incident management functional roles during a complex incident.

- a. Confirm the accuracy of the primary, secondary, and tertiary contact information for all eight ICS functional roles at least once every six months.
- b. Test the notification system twice a year, with at least one test being unannounced and occurring outside of regular hours. The test can be a drill or an exercise, or it may be demonstrated by a response to a real incident.

Demonstrated capability to receive, stage, store, distribute, and dispense material during a public health emergency. Health departments must be able to provide countermeasures to 100% of their identified population within 48 hours after the decision to do so. To be able to achieve this standard, health departments must maintain the capability to plan and execute the receipt, staging, storage, distribution, and dispensing of material during a public health emergency.

- a. Obtain a score of 69 or higher on the Division of Strategic National Stockpile (DSNS) State Technical Assistance Review by December 31, 2008.
- b. Each planning/local jurisdiction within each Cities Readiness Initiative (CRI) metropolitan statistical area (MSA) conducts a minimum of three DSNS drills by August 10, 2009.
- c. To comply with the PAHPA legislation and for purposes of guiding funding decisions for 2009, the planning/local jurisdiction(s) that comprises the 25% most populous within a CRI MSA conducts at least one of the three DSNS drills prior to December 31, 2008 (with the remaining two drills conducted by August 10, 2009).
- d. *Failure to comply could result in withholding of FY2009-2010 funds.*

New Requirement: Maximum Amount of Carryover

CDC shall determine the maximum percentage amount of an award that a recipient may carry over to the succeeding fiscal year. It is likely to be somewhere near 6% (the national average for the last few years). *N.B. Just last year, after carrying forward funds from the previous year, Vermont had 31% of Base funds, 86% of CRI funds, and 74% of Pan Flu funds that remained unobligated at end of grant cycle.*

New requirement: Pan Flu Operations Plans

Pandemic influenza operations plans must meet national standards. On July 9, 2008, awardees will submit a second version of their pandemic influenza operations plans. Two scores (Comprehensive and Operational Readiness) for each of the seven elements in the “Health and Medical” category will be used to determine the extent to which criteria have been met:

Comprehensiveness Score:

No Major Gaps
A Few Major Gaps
Many Major Gaps
Inadequate Preparedness

Operational Readiness Score:

Substantial Evidence of Operational Readiness
Significant Evidence of Operational Readiness
Little Evidence of Operational Readiness

Failure to comply could result in withholding of FY2009-2010 funds. CDC has assured states that they will have an opportunity to correct scores in a revised document, prior to withholding funds for non-compliance.

New Requirement: Audit Requirements

Each entity receiving funds shall, not less than once every two years, audit its expenditures from amounts received from the PHEP cooperative agreement. Failure to conduct an audit, or expenditures made not in accordance with PHEP cooperative agreement guidance and grants management policy may result in a requirement to repay funds to the federal treasury or the withholding of future funds.

Components of the 2007-2008 Interim Progress Report

Budget Period 8 (BP8) Progress Report

This is the progress report for the current grant period

Cross-Cutting Requirements & CDC Preparedness Goal-related Updates

Awardees are required to update those areas in the BP8 progress report. We are also encouraged to update other cross-cutting areas in which progress has been made that might not be reflected in the priority project updates. *In addition, CDC has identified the following areas of strengths and weaknesses for Vermont. See the Consultation Plan for details.*

- Strengths:
 - ✓ Pandemic Influenza program has a functioning Pan Flu Committee.
 - ✓ Vermont has been commended for proposing an Eastern Border Health Initiative laboratory sub-committee with membership from Vermont, New York, New Hampshire, Maine and Quebec.
- Challenges:
 - ✓ Vermont needs to better document activities that can be attributed to a Level 3 Chemical Lab.
 - ✓ Vermont needs to re-establish a Senior Advisory Committee and engage the partners in activities useful to the mission of the committee.
 - ✓ Vermont should choose a Priority Project that will fill an existing gap already identified in the Pan Flu Operations Plan review. (one proposed priority project is Altered Standards of Care in situations where resources are scarce)
 - ✓ Vermont appears to confuse Public Health vs. EMS as relates to the PHEP grant. Vermont needs to delineate the PHEP grant from the ASPR (HPP) grant and DHS grants.
 - ✓ Vermont needs to increase work with special populations, and ensure that published information is culturally appropriate.

Progress on Requirements

- NIMS (National Incident Management System) Compliance
- PHIN (Public Health Information Network) Compliance
- Work with DAIL (Department of Disabilities, Aging and Independent Living).
- EMERGENCY PREPAREDNESS PLANS PUBLIC COMMENT *a.k.a The SAC*
- HOSPITAL ENGAGEMENT
- CRI (Cities Readiness Initiative)
- RTDD (Real Time Disease Detection)
- EWIDS (Early Warning Infectious Disease Surveillance)
- CPHP (Centers for Public Health Preparedness)
- LOCAL HEALTH DEP'T / TRIBAL CONCURRENCE – Does not apply:

Updates must be provided on the above cross cutting activities/requirements: highlight successes, describe barriers overcome and/or those yet to be addressed, and request assistance where needed. **NEW:** MOF amount for BP8 will be collected in this section of the progress report.

Updates on Priority Projects

Review our BP8 priority projects: describe progress to date, making sure to highlight successes, describe barriers we have overcome and/or those yet to be addressed, and request assistance where needed. Pay particular attention to updating outputs, which may be rewritten at this time.

Performance Measures

Performance measures are an important tool for awardees to stress their routine urgent response systems, thereby demonstrating they are building the capabilities necessary to respond to larger-scale incidents. New performance measures have been added for upcoming year. See “**Evidence-Based Benchmarks and Objective Standards**” on page 2.

Current Budget Period Financial Progress

Provide an estimated financial status report (FSR) for BP8.

Components of the 2008-2009 Application

Budget Period 9 (BP9)

Requirements, Priority Projects, and Budget

A. Reporting Requirements:

by April 30, 2009, progress report from 8/10/08 – 2/28/09

by Nov 9, 2009, an end of year report, program data and final FSR

B. Program Requirements:

Requirements 1 and 2 are new for BP9 (2008-2009). Compliance with #3 ESAR-VHP (see below) is required for BP10. Vermont will already have provided updates in our BP8 progress report for requirements **3 through 10**. This is our opportunity to describe plans to further address those requirements during the upcoming year.



1. Maintenance of Funding (MOF). Please complete the MOF requirement that will calculate the amount of MOF you should be prepared to document during BP9. According to PL 109-417, any funds withheld from the PHEP cooperative agreement program or the Hospital Preparedness Program will be reallocated to the Healthcare Facilities Partnership program in the same state.



2. Match. Documentation of a plan to identify and accumulate the 5% match required to obtain a BP10 award will be a component of your IPR submission in spring 2009.

3. Compliance with Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) guidelines. PHEP awardees are required to describe how they work with their state Hospital Preparedness Program to continue adopting and implementing the *2008 Interim ESAR-VHP Technical and Policy Guidelines, Standards, and Definitions (ESAR-VHP Guidelines)*.

4. Implement interoperable systems / Public Health Information Network (PHIN).

5. Engage the State Office for Aging or equivalent.

6. SAC:

7. Mass Prophylaxis and Countermeasure Distribution and Dispensing. We've been told that special emphasis will be placed on SNS activities this year. Existing plans and procedures must be tested to demonstrate state and local operational capability.

a) Statewide

- medical countermeasures can be rapidly dispensed to the affected population.
- Ensure that critical medical supplies and equipment are appropriately secured, managed, distributed, and restocked in a timeframe appropriate to the incident.

b) Cities Readiness Initiative (CRI)

• Describe the actions to:

1. achieve the point of dispensing (POD) standards provided by DSNS;
2. ensure that each jurisdiction within a CRI metropolitan statistical area (MSA) conducts at least three DSNS POD drills.
3. conduct at least one full-scale or functional mass prophylaxis dispensing exercise.

c) Non-CRI Venues

- Describe plans to ensure that a number of non-CRI local jurisdictions equal to the number of CRI MSAs located in the state conduct at least one POD drill each.

8. Early Warning Infectious Disease Surveillance (EWIDS).

9. Level 1 Chemical Laboratory Surge Capacity. Does not apply. VT has no Level 1 Lab.

10. Centers for Public Health Preparedness (CPHP)

11. Assurances.

12. Local Health Department and Tribal Concurrence. VT has no local gov't or tribes.



13. Biosurveillance Exercises. Using information collected through a sample of seasonal influenza vaccination clinics, each grantee will report to CDC data on vaccination doses administered.

C. Awardee-Determined Priority Projects

If a state is unable to complete a priority project by the end of BP8, it may be carried into BP9. In addition, states may propose new priority projects for BP9 to build upon and complement BP8 activities described in the progress report.

D. Detailed Line Item Budget and Justification

Budget

Provide a detailed line item budget (include form 424A) and justification of the funding amount requested to support program activities for the upcoming budget period. Awardees should submit a budget reflective of a 12-month budget period. Refer to PHEP Program Announcement AA154 as well as all amendments for component-specific information.

The prospective documentation of your MOF amount for BP9 will be collected as described in Section IIB: Program Requirements. According to PL 109-417, any funds withheld from the PHEP cooperative agreement program or the Hospital Preparedness Program will be reallocated to the Healthcare Facilities Partnership program in the same state.