### 2017 HPP COOPERATIVE AGREEMENT BUDGET PERIOD 1 AND BUDGET PERIOD 1 SUPPLEMENT

**AWARDEES AND HCC REQUIREMENTS**

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<th>Domain Strategy</th>
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<tr>
<td><strong>Domain 1 Strategy:</strong> Strengthen Community Resilience</td>
<td>Activity 1: Partner with stakeholders by developing and maturing health care coalitions</td>
<td>HPP REQUIREMENTS Establish a Health Care Coalition</td>
<td>All awardees must develop and/or mature their HCCs by the end of Budget Period 1.</td>
<td>Awardee</td>
<td>BP1</td>
<td>None</td>
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<td><strong>Domain 1 Strategy:</strong> Strengthen Community Resilience</td>
<td>Activity 1: Partner with stakeholders by developing and maturing health care coalitions</td>
<td>HPP REQUIREMENTS Establish a Health Care Coalition</td>
<td>With funding provided, HPP expects Awardees to refine and/or sustain HCCs throughout the period of performance.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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| **Domain 1 Strategy:** Strengthen Community Resilience | Activity 1: Partner with stakeholders by developing and maturing health care coalitions | HPP REQUIREMENTS Establish a Health Care Coalition | Awardee must work collaboratively with each HCC and its members including by defining all HCC boundaries in their jurisdictions by the end of Budget Period 1. The following are Budget Period 1 Requirements:  
  - Awardees and HCCs must consider daily health care delivery patterns, corporate health systems, and defined catchment areas, such as regional emergency medical services (EMS) councils, trauma regions, accountable care organizations, emergency management regions, etc.  
  - Awardees must ensure partnership and engagement with their local health departments within identified HCC boundaries.  
  - Awardees must ensure that there are no geographic gaps in HCC coverage and that all interested health care facilities, including independent facilities, are able to join an HCC, if desired.  
  The following are additional factors that awardees and their HCCs should consider when defining HCC boundaries for Budget Period 1 and the entire period of performance.  
  - HCC boundaries may span several jurisdictional or political boundaries. Please note that due to cooperative agreement restriction, funding must be limited HCCs within awardees’ jurisdictional boundary.  
  - HCC boundaries should encompass more than one of each member type, such as hospitals and EMS, to enable coordination and enhance the HCC’s ability to share the load during an emergency. | Awardee | BP1 | None |
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 1: Partner with stakeholders by developing and maturing health care coalitions</td>
<td>HPP REQUIREMENTS Establish a Health Care Coalition</td>
<td>HCCs must collaborate with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real-time information, communication systems, and trained and educated health care personnel to respond to an emergency.</td>
<td>HCC</td>
<td>BP1 SUPP</td>
<td>None</td>
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| Domain 1 Strategy: Strengthen Community Resilience | Activity 1: Partner with stakeholders by developing and maturing health care coalitions | HPP REQUIREMENTS Identify HCC Members | HCCs must ensure the following core membership:  
- Hospitals (minimum of 2 acute care hospitals)  
- EMS (including interfacility and other non EMS patient Transport Systems)  
- Emergency Management Organizations  
- Public Health Agencies  
Awardees are not permitted to use HPP funds to make subawards to any HCC that does not meet the core membership requirements. ASPR understands that urban and rural HCCs may have different membership compositions based on population characteristics, geography, and types of hazards, but each funded HCC must include, at least, the core members.  
More information about identifying HCC membership can be found in Capability 1, Objective 1, Activity 2 of the 2017-2022 Health Care Preparedness and Response Capabilities. | HCC | BP1 and BP1 SUPP | PM #3 |
<p>| Domain 1 Strategy: Strengthen Community Resilience | Activity 1: Partner with stakeholders by developing and maturing health care coalitions | HPP REQUIREMENTS Identify HCC Members | The awardee must make available a listing or provide access to a listing of additional coalition members as defined in the 2017-2022 Health Care Preparedness and Response Capabilities. | Awardee | BP1 SUPP | None |
| Domain 1 Strategy: Strengthen Community Resilience | Activity 1: Partner with stakeholders by developing and maturing health care coalitions | HPP REQUIREMENTS Establish HCC Governance | Each HCC funded by the awardee must define and implement a governance structure and necessary processes to execute activities related to health care delivery system readiness and coordination by the end of BP1. | Both | BP1 | None |</p>
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| **Domain 1 Strategy:** Strengthen Community Resilience | Activity 1: Partner with stakeholders by developing and maturing health care coalitions | HPP REQUIREMENTS Establish HCC Governance | The HCC must document the following information related to its governance and must be prepared to submit the documentation to an HPP field project officer (FPO) upon request:  
- HCC membership  
- An organizational structure to support HCC activities  
- Member guidelines for participation and engagement  
- Policies and procedures  
- Integration within existing state, local and member-specific incident management structures and specifies roles  
More information about establishing HCC governance can be found in Capability 1, Objective 1, Activity 3 of the 2017-2022 Health Care Preparedness and Response Capabilities. | HCC | BP1 and Submit to HPP FPO upon request | PM #3 |
| **Domain 1 Strategy:** Strengthen Community Resilience | Activity 1: Partner with stakeholders by developing and maturing health care coalitions | HPP REQUIREMENTS Develop a Preparedness Plan for Each HCC | Each HCC funded by the awardee must develop a preparedness plan and submit the plan to ASPR by the end of BP 1 with the annual progress report (APR).  
The HCC must develop its preparedness plan to include core HCC members and additional HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented. | HCC | BP1 and Submit with BP1 annual progress report | PM #4 and HPP Program #4 Benchmark |
| **Domain 1 Strategy:** Strengthen Community Resilience | Activity 1: Partner with stakeholders by developing and maturing health care coalitions | HPP REQUIREMENTS Develop a Preparedness Plan for Each HCC | The HCC must update the Preparedness Plan as necessary after exercises and real incidents.  
More information about the HCC Preparedness Plan can be found in Capability 1, Objective 3 of the 2017-2022 Health Care Preparedness and Response Capabilities. | HCC | BP1 and update after incident, exercises, or as needed | PM #10 |
<p>| <strong>Domain 1 Strategy:</strong> Strengthen Community Resilience | Activity 1: Partner with stakeholders by developing and maturing health care coalitions | HPP REQUIREMENTS Develop a Preparedness Plan for Each HCC | The final preparedness plan must be approved by all its core member organizations. All of the HCC’s additional member organizations must be given an opportunity to provide input into the preparedness plan, and all member organizations must receive a final copy of the plan. | HCC | BP1 | PM #4 |</p>
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| Domain 1 Strategy: Strengthen Community Resilience | Activity 1: Partner with stakeholders by developing and maturing health care coalitions | HPP REQUIREMENTS | Develop a Preparedness Plan for Each HCC | Each preparedness plan can be presented in various formats, including a subset of strategic documents, annexes, or a portion of the HCC’s concept of operations (CONOPS) plans; however, at a minimum the HCC preparedness plan must:  
• Incorporate the HCC’s and its associated members’ priorities for planning and coordination based on regional needs and gaps. Priorities will depend on multiple factors including perceived risk, emergencies occurring in the region, available funds, applicable laws and regulations, supporting personnel, HCC member facilities and organizations involved, and time constraints  
• Leverage HCC members’ existing facility preparedness plans that individual facilities must develop pursuant to the CMS Emergency Preparedness Rule: Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (81 FR 63860, September 16, 2016)  
• Be developed by HCC leadership with broad input from HCC members and other stakeholders  
• Outline strategic and operational objectives for the HCC as a whole and for each HCC member  
• Include short-term – within the year – and longer-term – three- to five-year – objectives  
• Include a recurring objective to develop and review the HCC response plan, which details the responsibilities and roles of the HCC and its members, including how they share information, coordinate activities and resources during an emergency, and plan for recovery  
• Inform training, exercise, and resource and supply management activities during the year  
• Include a checklist of each HCC member’s proposed activities, methods for members to report progress to the HCC, and processes to promote accountability and completion | HCC | BP1 | PM #4 |
<p>| Domain 1 Strategy: Strengthen Community Resilience | Activity 2: Characterize the probable risks to the jurisdiction and the HCC | JOINT (HPP/PHEP) REQUIREMENTS Jurisdictional Risk Assessment | All HPP and PHEP awardees must participate in or complete a jurisdictional risk assessment (JRA) at least once every 5 years. | Awardee | Every five years | None |
| Domain 1 Strategy: Strengthen Community Resilience | Activity 2: Characterize the probable risks to the jurisdiction and the HCC | JOINT (HPP/PHEP) REQUIREMENTS Jurisdictional Risk Assessment | Awardees must ensure that all their funded HCCs have the opportunity to provide input into the JRA for this project period. Awardees must provide their HCCs with the date the JRA was completed or is projected to be completed. | Both | Every five years | PM #9 |</p>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 2: Characterize the probable risks to the jurisdiction and the HCC</td>
<td>HPP REQUIREMENTS Assess Hazard Vulnerabilities and Risks</td>
<td>Each awardee-funded HCC must complete an annual hazard vulnerability analysis (HVA) to identify and plan for risks, in collaboration with the awardee. More information about identifying risks and needs, assessing hazard vulnerabilities, assessing regional health care resources, and prioritizing resource gaps and mitigation strategies can be found in Capability 1, Objective 2, Activities 1, 2, and 3 of the 2017-2022 Health Care Preparedness and Response Capabilities.</td>
<td>HCC</td>
<td>B1 and B1 SUPP</td>
<td>None</td>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 2: Characterize the probable risks to the jurisdiction and the HCC</td>
<td>HPP REQUIREMENTS Assess Regional Health Care Resources</td>
<td>HCC must be prepared to submit documentation about its HVA to HPP FPO upon request.</td>
<td>HCC</td>
<td>Submit to HPP FPO upon request</td>
<td>None</td>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 2: Characterize the probable risks to the jurisdiction and the HCC</td>
<td>HPP REQUIREMENTS Assess Regional Health Care Resources</td>
<td>Each HCC funded by awardees must complete a resource assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared. More information about identifying risks and needs, assessing hazard vulnerabilities, assessing regional health care resources, and prioritizing resource gaps and mitigation strategies can be found in Capability 1, Objective 2, Activities 1, 2, and 3 of the 2017-2022 Health Care Preparedness and Response Capabilities.</td>
<td>HCC</td>
<td>B1 and B1 SUPP</td>
<td>None</td>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 2: Characterize the probable risks to the jurisdiction and the HCC</td>
<td>HPP REQUIREMENTS Assess Regional Health Care Resources</td>
<td>HPP awardees must ensure that each HCC maintains visibility into their members’ resources and resource needs, such as personnel, facilities, equipment, and supplies.</td>
<td>Awardee</td>
<td>B1 and B1 SUPP</td>
<td>None</td>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 2: Characterize the probable risks to the jurisdiction and the HCC</td>
<td>HPP REQUIREMENTS Assess Regional Health Care Resources</td>
<td>HCCs must be capable of tracking this information and sharing it with all of their members by the end of Budget Period 1 Supplement. The HCC must be prepared to submit documentation about its resource assessment to the HPP FPO upon request.</td>
<td>HCC</td>
<td>B1 SUPP</td>
<td>Submit to HPP FPO upon request</td>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 3: Characterize populations at risk</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>Awardee must conduct inclusive risk planning for whole community including for children, pregnant women, senior citizens, individual with access and functional needs (AFN), including people with disabilities; individuals with pre-existing conditions; and others with unique needs throughout the period of performance.</td>
<td>Awardee</td>
<td>B1 and B1 SUPP</td>
<td>None</td>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 3: Characterize populations at risk</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>HPP and PHEP awardees must involve each funded HCC and its members in Risk Planning. In addition, HPP and PHEP awardees are encouraged to involve experts in non-infectious diseases (chronic conditions and maternal and child health experts) in risk planning.</td>
<td>Both</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 3: Characterize populations at risk</td>
<td>HPP REQUIREMENTS</td>
<td>HPP Awardees and HCCs must obtain de-identified data from US Department of HHS emPOWER map every six months to identify population with unique health care needs.</td>
<td>Both</td>
<td>Every six months</td>
<td>PM #6 (A&amp;B)</td>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 3: Characterize populations at risk</td>
<td>HPP REQUIREMENTS</td>
<td>ASPR strongly recommends that HPP awardees also use the Agency for Toxic Substances and Disease Registry (ASTDR)'s Social Vulnerability Index, which helps identify risk factors and at-risk populations by geographic area (once per year).</td>
<td>Both</td>
<td>BP and BP1 SUPP</td>
<td>PM #7 (A&amp;B)</td>
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</table>
| Domain 1 Strategy: Strengthen Community Resilience | Activity 3: Characterize populations at risk | HPP REQUIREMENTS | As part of inclusive planning for populations at risk conducted by HPP awardees, HPP-funded HCCs must:  
- Support public health agencies with situational awareness and information technology (IT) tools already in use that can help identify children, seniors, pregnant women, people with disabilities, and others with unique needs  
- Support public health agencies in developing or augmenting existing response plans for these populations, including mechanisms for family reunification  
- Identify potential health care delivery system support for these populations (pre- and post-event) that can prevent stress on hospitals during an emergency  
- Assess needs and contribute to medical planning that may enable individuals to remain in their residences during certain emergencies. When that is not possible, coordinate with the ESF-8 lead agency to support the ESF-6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead agency with inclusion of medical care at shelter sites  
- Coordinate with the ESF-8 lead agency to assess medical transport needs for these populations | HCC | BP1 and BP1 SUPP | None |

More information for HPP awardees and HCCs about assessing community planning for populations at risk can be found in Capability 1, Objective 2, Activity 4 of the 2017-2022 Health Care Preparedness and Response Capabilities.
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 4: Engage Communities and Health Care Systems</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>HPP and PHEP awardees must continue to build and sustain community partnerships to support health care preparedness and response to ensure that activities have the widest possible reach with the strongest possible ties to the community. Awardee must describe the structure or processes in place to integrate the access and functional needs of at-risk individuals: - Recommended strategies to integrate the access and functional needs of at-risk individuals involve inclusion in public health healthcare, and behavioral health response strategies within work plans. ASPR and CDC recommend awardees, subawardees, and HCCs identify community partners with established relationships with diverse at-risk populations.</td>
<td>Both</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<tr>
<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 4: Engage Communities and Health Care Systems</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS Local Health Department (LHD) Participation in HCC</td>
<td>HPP and PHEP awardees must ensure that LHDs participate in HCCs in their jurisdictions.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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| Domain 1 Strategy: Strengthen Community Resilience | Activity 4: Engage Communities and Health Care Systems | HPP REQUIREMENTS Sustainability and HCC Value | Sustainability planning is a critical component in HCC development as it helps form the foundation to continue HCC activities well into the future:  
- Strong governance mechanisms  
- Constant regional stakeholder engagement and sound financial planning  
**The HCC should:**  
- Offer HCC members technical assistance or consultative services in meeting the CMS Emergency Preparedness Rule: Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (81 FR 63860, September 16, 2016)  
- Develop materials that identify and articulate the benefits of HCC activities to its members and additional stakeholders and promote HCC preparedness efforts to health care executives, clinicians, community leaders, and other key audiences  
- Explore ways to meet individual member’s requirements for tax exemption through community benefit  
- Analyze critical functions to preserve and identify financial opportunities beyond federal funding, such as foundations and private funding, dues, and training fees to support or expand HCC functions  
- Develop a financing structure, and document the funding models that support HCC activities  
- Determine ways to cost share, such as coordinating required exercises with public health agencies, emergency management organizations with similar requirements  
- Incorporate leadership succession planning into the HCC governance structure  
- Leverage group buying power to obtain consistent equipment across a region and allow for sharing or emergency allocation of equipment | HCC | BP1 and BP1 SUPP | None |
<p>| Domain 1 Strategy: Strengthen Community Resilience | Activity 4: Engage Communities and Health Care Systems | HPP REQUIREMENTS: Executive, Clinician, and Community Leader Engagement | At a minimum, the HCC <strong>must</strong> engage its members’ health care executives in debriefs (&quot;hot washes&quot;) related to exercises, planned events, and real incidents. | HCC | BP1 and BP1 SUPP | PM #15 |</p>
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<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 4: Engage Communities and Health Care Systems</td>
<td>HPP REQUIREMENTS: Executive, Clinician, and Community Leader Engagement</td>
<td>ASPR encourages HCCs to engage health care delivery system clinical leaders to provide input, acknowledgement, and approval regarding strategic and operational planning. The HCC should identify and engage community members, businesses, charitable organizations, and the media in health care preparedness planning and exercises to promote the resilience of the entire community. More information about engaging health care executives and clinicians can be found in Capability 1, Objective 5, Activities 2 and 3 of the 2017-2022 Health Care Preparedness and Response Capabilities. More information about engaging community leaders can be found in Capability 1, Objective 5, Activity 4 of the 2017-2022 Health Care Preparedness and Response Capabilities.</td>
<td>HCC</td>
<td>Upon Request and available during site visit</td>
<td>None</td>
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<tr>
<td>Domain 1 Strategy: Strengthen Community Resilience</td>
<td>Activity 5: Operationalize Response Plans</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>HPP and PHEP awardees and each HCC, as part of a coordinated statewide effort, must conduct a joint statewide exercise (functional or full-scale exercise) once during the project period to test progress toward achieving the capabilities outlined in the 2017-2022 Health Care Preparedness and Response Capabilities and the Public Health Preparedness Capabilities: National Standards for State and Local Planning, and in collaboration with cross-border metropolitan statistical area (MSA)/Cities Readiness Initiative (CRI) regions. Exercise requirement details are provided in the 2017-2022 HPP-PHEP Supplemental Guidelines.</td>
<td>Both</td>
<td>Every five years</td>
<td>None</td>
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<tr>
<td>Domain 2 Strategy: Strengthen Incident Management</td>
<td>Activity 1: Coordinate Emergency Operations</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS All Hazard-Emergency Preparedness and Response Plan</td>
<td>HPP and PHEP awardees must maintain a current all-hazards public health and medical emergency preparedness and response plan. Awardees must submit their plans to ASPR and CDC when requested, and make it available for review during site visits.</td>
<td>Awardee</td>
<td>Upon Request and available during site visit</td>
<td>None</td>
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<td>Domain 2 Strategy: Strengthen Incident Management</td>
<td>Activity 1: Coordinate Emergency Operations</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS All Hazard-Emergency Preparedness and Response Plan</td>
<td>Awardees must provide an opportunity for each HCC in their jurisdictions to review and provide updates to their preparedness and response plans.</td>
<td>Awardee</td>
<td>Upon Request and available during site visit</td>
<td>PM #8</td>
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<td>Activity 1: Coordinate Emergency Operations</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS All Hazard-Emergency Preparedness and Response Plan</td>
<td>Awardees must obtain public comment and input on public health and medical emergency preparedness and response plans and their implementation using existing advisory committees or a similar mechanism to ensure continuous input from other state, local, and tribal stakeholders, the health care delivery system, and the general public, including members of at-risk populations and those with an expertise integrating the access and functional needs of at-risk individuals.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<td>Domain 2 Strategy: Strengthen Incident Management</td>
<td>Activity 1: Coordinate Emergency Operations</td>
<td>HPP REQUIREMENTS HCCs in Response</td>
<td>HCCs serve a communication and coordination role within their respective jurisdictions. This coordination ensures the integration of health care delivery into the broader community’s incident planning objectives and strategy development. It also ensures that resource needs that cannot be managed within the HCC itself are rapidly passed along to the ESF-8 lead agency. HCC coordination may occur at its own coordination center, the local EOC, or by virtual means – all of which are intended to interface with the ESF-8 lead agency. HCCs connect the medical response elements and provide the coordination mechanism among health care organizations, including hospitals and EMS, emergency management organizations, and public health agencies. Awardees must ensure the HCC is engaged when one or more health care organizations have lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation. More information about the HCC Response Plan can be found in Capability 2, Objective 1, Activity 2 of the 2017-2022 Health Care Preparedness and Response Capabilities.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<tr>
<td>Domain 2 Strategy: Strengthen Incident Management</td>
<td>Activity 1: Coordinate Emergency Operations</td>
<td>HPP REQUIREMENTS HCCs in Response</td>
<td>HPP awardees must ensure by the end of Budget Period 1 Supplement that their HCCs are engaged when an emergency with the potential to impact the public’s health occurs within their boundaries.</td>
<td>Awardee</td>
<td>BP1 SUPP</td>
<td>None</td>
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<tr>
<td>Domain 2 Strategy: Strengthen Incident Management</td>
<td>Activity 1: Coordinate Emergency Operations</td>
<td>HPP REQUIREMENTS HCCs in Response</td>
<td>The HCC and its members must, at a minimum, define and share essential elements of information (EEIs) to include elements of electronic health record and resource needs and availability.</td>
<td>HCC</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<tr>
<td>Domain Strategy: Strengthen Incident Management</td>
<td>Activity 3: Establish Incident Command Structures for Health Care Organizations and HCCs</td>
<td>HPP REQUIREMENTS National Incident Management System Implementation</td>
<td>HPP awardees must ensure that HCCs assist their members with NIMS implementation throughout the period of performance.</td>
<td>Awardee/HCC/Both</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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| Domain Strategy: Strengthen Incident Management | Activity 3: Establish Incident Command Structures for Health Care Organizations and HCCs | HPP REQUIREMENTS National Incident Management System Implementation | HCCs must:  
- Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education levels and need  
- Promote NIMS implementation among HCC members, including training and exercises, to facilitate operational coordination with public safety and emergency management organizations during an emergency using an incident command structure (ICS)  
- Assist HCC members with incorporating NIMS components into their emergency operations plans  
More information about NIMS implementation can be found in Capability 1, Objective 4, Activity 1 of the 2017-2022 Health Care Preparedness and Response Capabilities. | HCC | BP1 and BP1 SUPP | None |
| Domain Strategy: Strengthen Incident Management | Activity 4: Ensure HCC Integration and Collaboration with Emergency Support Function-8 (ESF-8) | HCC Response Plan | Each HCC funded by the awardee must develop a response plan that is informed by its members’ individual emergency operations plans and submit the plan to ASPR by the end of Budget Period 1 Supplement with annual progress reports.  
More information about the HCC Response Plan can be found in Capability 2, Objective 1, Activity 2 of the 2017-2022 Health Care Preparedness and Response Capabilities. | HCC | BP1 SUPP Submit with BP 1 Supplement APR | PM #5 |
<p>| Domain Strategy: Strengthen Incident Management | Activity 4: Ensure HCC Integration and Collaboration with Emergency Support Function-8 (ESF-8) | HCC Response Plan | Each HCC’s response plan must describe the HCC’s operations that support strategic planning, information sharing, and resource management. The plan must also describe the integration of these functions with the ESF-8 lead agency to ensure information is provided to local officials and to effectively communicate and address resource and other needs requiring ESF-8 assistance. In cases where the HCC serves as the ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. | HCC | BP1 SUPP | None |</p>
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<tr>
<td>Domain 2 Strategy: Strengthen Incident Management</td>
<td>Activity 4: Ensure HCC Integration and Collaboration with Emergency Support Function-8 (ESF-8)</td>
<td>HPP REQUIREMENTS HCC Response Plan</td>
<td>Each HCC must coordinate the development of its response plan by involving core members and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented in the plan. Each HCC must review and update its response plan regularly, and after exercises and real incidents.</td>
<td>HCC</td>
<td>BP1 SUPP</td>
<td>PM #5</td>
</tr>
</tbody>
</table>
| Domain 2 Strategy: Strengthen Incident Management | Activity 4: Ensure HCC Integration and Collaboration with Emergency Support Function-8 (ESF-8) | HPP REQUIREMENTS HCC Response Plan | The HCC response plan can be presented in various formats, including the placement of information described below in a supporting annex. Regardless of the format, each HCC’s response plan must clearly outline:  
• Individual HCC member organization and HCC contact information  
• Locations that may be used for multiagency coordination  
• Process for multiagency coordination if location is virtual  
• A brief summary of each individual member’s resources and responsibilities  
• Integration with appropriate ESF-8 lead agencies  
• Emergency activation thresholds and processes  
• Alert and notification procedures  
• EEs agreed to be shared, including information format, such as bed reporting, resource requests and allocation, and patient distribution, and tracking procedures  
• Communication and IT platforms and redundancies for information sharing  
• Support and mutual aid agreements  
• Evacuation and relocation processes  
• Additional HCC roles and responsibilities as determined by state or local plans and agreements such as staff sharing alternate care sites, and shelter support  
Activation and notification processes for initiating and implementing medical surge response coordination among HCC members and other topics related to medical surge, including:  
• Strategies to implement if the emergency overwhelms regional capacity or specialty care including trauma, burn, and pediatric capability  
• Strategies for patient tracking  
• Strategies for initial patient distribution (or redistribution) across the region among local hospitals in the event a facility becomes overwhelmed  
• Processes for joint decision making and engagement among the HCC, HCC members, state and local public health agencies, and emergency organizations to avoid crisis conditions based on proactive decisions about resource utilization. | HCC | BP1 SUPP | None |
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<td><strong>Domain 2 Strategy: Strengthen Incident Management</strong></td>
<td>Activity 5: Expedited Fiscal Procedures Are in Place for Ensuring Funding Reaches Impacted Public Health Departments, HCCs, and their Members during an Emergency Response</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>HPP and PHEP awardees must have expedited fiscal procedures that ensure the funding provided through the HPP and PHEP funding mechanisms reach the impacted communities in an expedited manner, especially during an emergency response.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<tr>
<td><strong>Domain 2 Strategy: Strengthen Incident Management</strong></td>
<td>Activity 5: Expedited Fiscal Procedures Are in Place for Ensuring Funding Reaches Impacted Public Health Departments, HCCs, and their Members during an Emergency Response</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>HPP and PHEP awardees must ensure that these systems are routinely tested.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<tr>
<td><strong>Domain 2 Strategy: Strengthen Incident Management</strong></td>
<td>Activity 5: Expedited Fiscal Procedures Are in Place for Ensuring Funding Reaches Impacted Public Health Departments, HCCs, and their Members during an Emergency Response</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>HPP and PHEP awardees must work with their local public health jurisdictions and HCCs to ensure that fiscal processes are in place to move funds efficiently between awardees and local public health departments and HCC fiscal entities (where they exist). <strong>ASPR has established a benchmark for awardees to execute subaward for routine grants within 90 days of the beginning of the budget period.</strong></td>
<td>Both</td>
<td>BP1 and BP1 SUPP</td>
<td>PM #2 and HPP Program Benchmark #1</td>
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| **Domain 2 Strategy: Strengthen Incident Management** | Activity 5: Expedited Fiscal Procedures Are in Place for Ensuring Funding Reaches Impacted Public Health Departments, HCCs, and their Members during an Emergency Response | JOINT (HPP/PHEP) REQUIREMENTS | **At the time of application, HPP and PHEP awardees must** identify whether their jurisdictions have:  
- Tested expedited procedures as identified in their plans for:  
  - Receiving emergency funds during a real incident or exercise and  
  - Reducing the cycle time for contracting and procurement during a real incident or exercise  
- Implemented internal controls related to sub recipient monitoring and any negative audit findings resulting from suboptimal internal controls  
- Tested emergency authorities and mechanisms as identified in their plans to reduce time for hiring or reassignment of staff (workforce surge). If they were tested, awardees must identify which procedures were tested and describe the average times for recruitment and hiring of staff in routine and emergency circumstances | Awardee | At the time of Application | None |
<p>| <strong>Domain 3 Strategy: Strengthen Information Management</strong> | Activity 1: Share Situational Awareness across the Health Care and Public Health Systems | JOINT (HPP/PHEP) REQUIREMENTS Common Operating Picture | HPP and PHEP awardees must work together to establish a common operating picture, or situational awareness tool, that facilitates coordinated information sharing among all public health, health care, HCCs, and relevant stakeholders. | Awardee | BP1 and BP1 SUPP | None |
| <strong>Domain 3 Strategy: Strengthen Information Management</strong> | Activity 1: Share Situational Awareness across the Health Care and Public Health Systems | JOINT (HPP/PHEP) REQUIREMENTS Common Operating Picture | HPP and PHEP awardees and HCCs must provide situational awareness data, including data on bed availability, to ASPR and CDC during emergency response operations and at other times, <strong>as requested.</strong> | Both | Submit to ASPR and CDC during emergency response operations; At other times, as requested | Joint HPP-PHEP PM J. |
| <strong>Domain 3 Strategy: Strengthen Information Management</strong> | Activity 1: Share Situational Awareness across the Health Care and Public Health Systems | JOINT (HPP/PHEP) REQUIREMENTS Common Operating Picture | HPP and PHEP awardees, the HCCs, and their members must agree to participate in current and future federal health care situational awareness initiatives for the <strong>duration of the period of performance.</strong> | Both | BP1 and BP1 SUPP | None |</p>
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<tr>
<td>Domain 3 Strategy: Strengthen Information Management</td>
<td>Activity 1: Share Situational Awareness across the Health Care and Public Health Systems</td>
<td>HPP REQUIREMENTS</td>
<td>HPP awardees must ensure that each HCC is able to access and collect timely, relevant, and actionable information about their members during emergencies.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<td>Health Care Situational Awareness and Sharing</td>
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<td>HPP requires all funded HCCs to share pertinent emergency information with their HCC members, the ESF-8 lead agency, and other stakeholders. Information sharing procedures must be documented in each HCC’s response plan by the end of Budget 1 Supplement.</td>
<td>HCC</td>
<td>BP1 SUPP</td>
<td>None</td>
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|                                 |                                                                            |                                                     | When documenting information sharing procedures in response plans, HCCs should:  
• Define communication methods, frequency of information sharing, and the communication systems and platforms available to share information during an emergency response and steady state  
• Identify triggers that activate alert and notification processes  
• Define the EEIs that HCC members should report to the HCC, and coordinate with other HCC members and with federal, state, local, and tribal response partners during an emergency to share information, such as the number of patients, severity and types of illnesses or injuries, operating status, resource needs and requests, and bed availability  
• Identify the platform and format for sharing each EEI to include elements of the HER.  
• Describe a process to validate health care organization status and requests during an emergency; this includes situations where reports are received outside of HCC communication systems and platform, such as media reports, no report when expected, rumors of distress, etc.  
More information about Health Care situational awareness and sharing can be found in Capability 2 of the 2017-2022 Health Care Preparedness and Response Capabilities. |                   |          |                                  |
|                                 |                                                                            |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |          |                                  |
| Domain 3 Strategy: Strengthen Information Management                     | Activity 2: Share Emergency Information and Warnings across Disciplines, Jurisdictions, and HCCs and their Members | JOINT (HPP/PHEP) REQUIREMENTS                                      | HPP and PHEP awardees must identify reliable, resilient, interoperable, and redundant information and communication systems and platforms, including those for bed availability, EMS data, and patient tracking, and provide access to HCC members and other stakeholders.                                                                                                                                                                                                                                                                                                         | Awardee           | BP1 SUPP | None                                           |
|                                 |                                                                            | Coordinate Emergency Information Sharing between Public Health and Health Care |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |          |                                  |

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<tr>
<td>Domain 3 Strategy: Strengthen Information Management</td>
<td>Activity 2: Share Emergency Information and Warnings across Disciplines, Jurisdictions, and HCCs and their Members</td>
<td>HPP REQUIREMENTS HCC Redundant Communications Systems and Platforms</td>
<td>To ensure the continuity of information flow and coordination activities, multiple employees from each HCC member organization must understand and have access to the HCC’s information sharing platforms. More information about strengthening information management during an emergency can be found in Capability 2, Objectives 2 and 3 of the 2017-2022 Health Care Preparedness and Response Capabilities.</td>
<td>HCC</td>
<td>BP1 SUPP</td>
<td>None</td>
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<tr>
<td>Domain 3 Strategy: Strengthen Information Management</td>
<td>Activity 3: Conduct External Communication with Public</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS Coordinate Public Messaging</td>
<td>By the end of Budget Period 1 Supplement, each HCC and its members, in collaboration with HPP and PHEP awardees, should agree upon and plan for the type of information that will be disseminated by either the HCC or its individual members to the public during an emergency.</td>
<td>HCC</td>
<td>BP1 SUPP</td>
<td>None</td>
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<tr>
<td>Domain 4 Strategy: Strengthen Countermeasures and Mitigation</td>
<td>Activity 1: Manage Access to and Administration of Pharmaceutical and Non-Pharmaceutical Interventions</td>
<td>HPP REQUIREMENTS Access Supply Chain Integrity</td>
<td>All HPP awardees, HCCs, or HCC members purchasing pharmaceuticals and other medical materiel with HPP funds must consider strategies for the acquisition, storage, rotation with day-to-day supplies to diminish waste due to expiring supplies, use including policies relating to the activation and deployment of their stockpile, and disposal. HPP awardees and HCCs must document such strategies and provide documentation to the FPO upon request.</td>
<td>Both</td>
<td>Submit to HPP FPO upon request</td>
<td>None</td>
</tr>
<tr>
<td>Domain 4 Strategy: Strengthen Countermeasures and Mitigation</td>
<td>Activity 2: Ensure the Safety and Health of Responders</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>HPP and PHEP awardees, HCCs, and their members must equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations. Personal protective equipment (PPE), MCMs, workplace violence training, psychological first aid training, and other interventions specific to an emergency are all necessary to protect responders and health care workers from illness or injury and should be readily available to the health care workforce.</td>
<td>Both</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
</tr>
<tr>
<td>Domain 4 Strategy: Strengthen Countermeasures and Mitigation</td>
<td>Activity 2: Ensure the Safety and Health of Responders</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS Personal Protective Equipment</td>
<td>Awardees and HCCs should manage PPE resources, including stockpiling considerations, vendor-managed inventory, and the potential reuse of equipment; this includes consistent policies regarding the type of PPE necessary for various infectious pathogens, and sharing information about PPE supplies across HCCs, EMS, public health agencies, and other members.</td>
<td>Both</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<td>Domain 4 Strategy: Strengthen Countermeasures and Mitigation</td>
<td>Activity 2: Ensure the Safety and Health of Responders</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS Protecting the Health Care Workforce</td>
<td>HPP awardee, HCC, or HCC member purchasing PPE with HPP funds must consider and document acquisition, storage, rotation, activation, use, and disposal decisions and provide this documentation to the FPO upon request. ASPR encourages, when possible, regional procurement of PPE. This procurement approach may offer significant advantages in pricing and consistency for staff, especially when PPE is shared across health care organizations in an emergency. Additionally, in circumstances where HCC members are part of a larger corporate health system, a balance between corporate procurement and regional procurement should be considered.</td>
<td>Both</td>
<td>Submit to HPP FPO upon request</td>
<td>None</td>
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<tr>
<td>Domain 4 Strategy: Strengthen Countermeasures and Mitigation</td>
<td>Activity 3: Operationalize Response Plans</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>Awardees must proactively integrate all components of their state and local governments in MCM response planning and consider inclusion of the following strategies in their MCM plans. • Consider using the National Guard as a potential resource for MCM distribution and dispensing operations and provide training for National Guard personnel designed to serve in this capacity. • Consider voluntary reassignment of state and local employees to participate in MCM mission areas. • In addition to state-funded personnel, the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPR) provides the Secretary of the Department of Health and Human Services (HHS) with discretion to authorize the temporary reassignment of federally funded state, tribal, and local personnel during a declared federal public health emergency upon request by a state or tribal organization; the temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. • Explore whether federal workers assigned to state or regional office may be eligible to serve temporary details to staff state and local MCM dispensing operations in their jurisdictions.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<tr>
<td>Domain 5 Strategy: Strengthen Surge Management</td>
<td>Management of Public Health Surge, Activity 1: Address Mass Care Needs</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS Address Health Needs in Congregate Locations</td>
<td>PHEP awardees must coordinate with health care coalitions and their members to address the public health, medical, and mental health needs of those impacted by an incident at congregate locations. HPP awardees should serve as subject matter experts to PHEP awardees on the health care needs of those impacted by an incident. HPP awardees, HCCs, and HCC members should serve as a planning resource to PHEP awardees and public health agencies as they develop mass shelters. In particular, HPP awardees and HCCs should provide their expertise on the inclusion of medical care at shelter sites.</td>
<td>Both</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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| Domain 5 Strategy: Strengthen Surge Management | Management of Public Health Surge, Activity 2: Address Surge Needs | JOINT (HPP/PHEP) REQUIREMENTS Family Reunification | HPP awardees and HCCs must serve as planning resources and subject matter experts to PHEP awardees and public health agencies as they develop or augment existing response plans for affected populations, including mechanisms for family reunification. These plans should give consideration to:  
  • Information needed to facilitate reunification of families  
  • Reunification considerations for children  
  • Family notification and initiation of reunification processes | Both | BP1 and BP1 SUPP | None |
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| Management of Public Health Surge, Activity 2: Address Surge Needs | JOINT (HPP/PHEP) REQUIREMENTS Infectious Diseases | During an infectious disease outbreak, ASPR and CDC require that awardees and HCCs coordinate the following activities to ensure the ability to surge to meet the demands during a highly infectious disease response:  
  - Establish a common operating picture that facilitates coordinated infectious disease information sharing among all HCC members and relevant stakeholders, including state, local, and territorial public health agencies and their respective preparedness programs, state public health laboratories, communicable disease programs, and health care-associated infections (HAI) programs.  
  - Develop or update plans to describe how jurisdictional public health departments will:  
    - Monitor known cases or exposed persons including how surveillance will be shared  
    - Conduct short- and long-term follow-up of known or suspected households  
    - Ensure the security of storage and retrieval of sensitive information  
  - Establish key indicators, critical information requirements, and EEI that will assist with timing of notifications, alerting, and coordinating responses to emerging or re-emerging infectious disease outbreaks of significant public health and health care importance, including novel or high-consequence pathogens.  
  - Provide real-time information through coordinated information sharing systems (see Capability 2, Objective 3, Activity 4 of the *2017-2022 Health Care Preparedness and Response Capabilities* and Capability 6: Public Health Preparedness Capabilities: National Standards for State and Local Planning) and ensure that information is directed to the public and to the many disciplines that comprise the responder community.  
  - Coordinate public messaging and information sharing, including information related to monitoring and tracking of persons under investigation (PUIs), among PIOs for jurisdictional public health agencies, as well as PIOs at HCCs and health care organizations.  
  - Ensure infectious disease response planning includes state and local emergency management, transportation, public safety, and other relevant agencies and community partners.  
  - Continue planning with health care organizations and other stakeholders such as mortuary, autopsy personnel, and medical examiners, to coordinate the management of the deceased when bodies are considered infectious, including addressing the provision of body bags and other supplies, defining assistance, and developing relationships with crematoriums, funeral directors, and other partners to effectively plan for managing the deceased when bodies are considered infectious.  
  - Identify, leverage, and share leading practices to optimize infectious disease preparedness and response activities. | Both | During an infectious disease outbreak | None |
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<td>Domain 5 Strategy:</td>
<td>Management of Public Health Surge, Activity 2:</td>
<td>ASPR and CDC also RECOMMEND the following joint activities:</td>
<td>Both</td>
<td>During an infectious disease outbreak</td>
<td>None</td>
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</table>
| Strengthen Surge Management        | Address Surge Needs                                                      | - HCCs and state HAI multidisciplinary advisory groups or similar infection control groups within the state should partner to develop a statewide plan for improving infection control within health care organizations.  
- Jurisdictional public health infection control and prevention programs including HAI programs and HCC members should jointly develop infectious disease response plans for managing individual cases and larger emerging infectious disease outbreaks.  
- HPP and PHEP awardees, HCCs, and their members should collaborate on informatics initiatives to include but are not limited to electronic laboratory reporting, electronic test ordering, electronic case reporting, electronic death reporting, and syndromic surveillance.  
- HPP and PHEP awardees and HCCs should engage with the community to improve understanding of issues related to infection prevention measures, such as changes in hospital visitation policies, social distancing.  
- Infection control practices in hospitals, such as PPE use, hand hygiene, source control, and isolation of patients.  
- HPP and PHEP awardees, HCCs, and their members should promote coordinated training and maintenance of competencies among public health first responders, health care providers, EMS, and others as appropriate, on the use of PPE, environmental decontamination, and management of infectious waste. Training should follow OSHA and state regulations.  
- HPP and PHEP awardees, HCCs and their members should collaborate to develop and implement strategies to ensure availability of effective supplies of PPE, including:  
  - Working with suppliers and coalitions to develop plans for caching or redistribution and sharing  
  - Informing each other and integrating plans for purchasing, caching, and distributing PPE  
- HPP and PHEP awardees, HCCs, and their members should sustain planning for the management of PUIs to:  
  - Monitor health care personnel who may have had a risk exposure to a PUI by directly treating or caring for a PUI in a health care setting  
  - Clarify roles and responsibilities for key response activities related to the monitoring of PUIs, to include:  
  - Assisting or assessing readiness of health care organizations in the event of a PUI and  
  - Conducting AARs and testing plans for PUI management to identify opportunities to improve local, state, and national response activities  
More information about addressing specialty medical surge for infectious diseases can be found in Capability 4, Objective 9 of the 2017-2022 Health Care Preparedness and Response Capabilities. |
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<td><strong>Domain 5 Strategy: Strengthen Surge Management</strong></td>
<td>Management of Public Health Surge, Activity 3: Coordinate Volunteers</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>HPP and PHEP awardees must coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction’s response to incidents.</td>
<td>Awardee</td>
<td></td>
<td>Joint HPP-PHEP PM J.2</td>
</tr>
<tr>
<td><strong>Domain 5 Strategy: Strengthen Surge Management</strong></td>
<td>Management of Public Health Surge, Activity 3: Coordinate Volunteers</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>To develop competency in implementing plans involving volunteers, awardees should ensure volunteers are included in training, drills, and exercises throughout the period of performance.</td>
<td>Awardee</td>
<td></td>
<td>None</td>
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<tr>
<td><strong>Domain 5 Strategy: Strengthen Surge Management</strong></td>
<td>Management of Public Health Surge, Activity 3: Coordinate Volunteers</td>
<td>JOINT (HPP/PHEP) REQUIREMENTS</td>
<td>HPP awardees, including HCCs and their members, should work to manage volunteers in the hospital or other health care setting. This includes:</td>
<td>Both</td>
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<td>• Identifying situations that would require volunteers in hospitals. Leverage existing hospital volunteer services and staffing resource mechanisms</td>
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<td>• Identifying processes to assist with volunteer coordination, including protocols to handle walk-up volunteers and others who cannot participate due to state regulations</td>
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<td>• Estimating the anticipated number of volunteers and health professional roles based on identified situations and resource needs of the facility</td>
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<td>• Identifying and addressing volunteer liability, licensure, workers compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use</td>
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<td>• Leveraging existing government and nongovernmental volunteer registration programs, such as Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and Medical Reserve Corps (MRC)</td>
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<td>• Developing rapid credential verification processes to facilitate emergency response</td>
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<tr>
<td><strong>Domain 5 Strategy: Strengthen Surge Management</strong></td>
<td>Management of Medical Surge, Activity 3: Conduct Health Care Facility Evacuation Planning and Execute Evacuations</td>
<td>HPP REQUIREMENTS</td>
<td>HPP awardees, HCCs, and HCC members must sustain or further develop their evacuation planning and response activities throughout the period of performance.</td>
<td>Both</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Domain Strategy</td>
<td>Activity</td>
<td>HPP/Joint Requirements</td>
<td>Requirement Description</td>
<td>Awardee/H CC/both</td>
<td>Deadline</td>
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| Domain 5 Strategy: Strengthen Surge Management | Management of Medical Surge, Activity 1: Conduct Health Care Facility Evacuation Planning and Execute Evacuations | HPP REQUIREMENTS Coalition Surge Test Hospital Surge Test | To test the ability of the HCC to perform components of the 2017-2022 Health Care Preparedness and Response Capabilities:  
- Each HCC must conduct an exercise using the Coalition Surge Test once each budget period.  
- The Hospital Surge Test will be required for the select U.S. Territories and Freely Associated States annually.  
- Additional information on HPP exercise requirements and the Coalition Surge Test and Hospital Surge Test are provided in the 2017-2022 HPP-PHEP Supplemental Guidelines. | HCC | BP1 and BP1 SUPP | See 2017-2022 HPP Performance Measure Implementation Guidance for applicable CST and HST measures PM #14-28 |
| Domain 5 Strategy: Strengthen Surge Management | Management of Medical Surge, Activity 2: Address Emergency Department and Inpatient Surge | HPP REQUIREMENTS Immediate Bed Availability | HCCs and their members must plan and respond together to address emergency department and inpatient surge with the goal of ensuring Immediate Bed Availability (IBA) throughout the period of performance. HCCs and their members should focus their hospital medical surge capability and IBA activities in these areas:  
- Emergency department beds  
- General medical, general surgical, and monitored beds  
- Critical care beds  
- Surgical intervention units  
- Clinical laboratory and radiology services  
- Health care volunteer management  
- Equipment and supplies  
- Staffing  
- Coordination of ambulance transport with EMS System  
More information about addressing emergency department and inpatient medical surge can be found in Capability 4, Objective 2, Activity 1 of the 2017-2022 Health Care Preparedness and Response Capabilities. | HCC | BP1 and BP1 SUPP | Associated PMs for this activity are embedded in CST and HST |
<p>| Domain 5 Strategy: Strengthen Surge Management | Management of Medical Surge, Activity 2: Address Emergency Department and Inpatient Surge | HPP REQUIREMENTS Pediatric Care | HPP awardees must collaborate with the Emergency Medical Services for Children (EMSC) program within its jurisdiction to better meet the needs of children receiving emergency medical care. | Awardee | BP1 and BP1 SUPP | None |</p>
<table>
<thead>
<tr>
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<tr>
<td>Domain 5 Strategy: Strengthen Surge Management</td>
<td>Management of Medical Surge, Activity 2: Address Emergency Department and Inpatient Surge</td>
<td>HPP REQUIREMENTS Pediatric Care</td>
<td>HPP awardees and the EMSC program awardees within their jurisdictions must provide a joint letter of support indicating that EMSC and HPP are linked at the awardee level. HPP awardees must provide the initial letter of support with their funding applications at the beginning of each budget period throughout the period of performance.</td>
<td>Awardee</td>
<td>At the beginning of BP1 and BP1 SUPP</td>
<td>None</td>
</tr>
<tr>
<td>Domain 5 Strategy: Strengthen Surge Management</td>
<td>Management of Medical Surge, Activity 2: Address Emergency Department and Inpatient Surge</td>
<td>HPP REQUIREMENTS Pediatric Care</td>
<td>HPP awardees must work with HCCs and EMSC to ensure that all hospitals are prepared to receive, stabilize, and manage pediatric patients.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>PM #22 (data will be collected by EMSC)</td>
</tr>
<tr>
<td>Domain 5 Strategy: Strengthen Surge Management</td>
<td>Management of Medical Surge, Activity 2: Address Emergency Department and Inpatient Surge</td>
<td>HPP REQUIREMENTS Burn and Trauma Care</td>
<td>HPP awardees, their HCCs, and HCC members must plan to coordinate a response to large burn and trauma emergencies in collaboration with all burn and trauma systems within their jurisdictions, boundaries, or that may partner with them. This must be noted in the HCC response plan by the end of BP1 Supplement. HPP awardees must also be prepared to submit this documentation to an FPO upon request.</td>
<td>Both</td>
<td>Submit to HPP FPO upon request</td>
<td>None</td>
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## 2017 HPP COOPERATIVE AGREEMENT BUDGET PERIOD 1 AND BUDGET PERIOD 1 SUPPLEMENT

### FEDERAL REQUIREMENTS

<table>
<thead>
<tr>
<th>Joint (HPP/PHEP) Requirements</th>
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<th>Deadline</th>
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<tbody>
<tr>
<td>1. Coordinate Exercise Planning and Implementation</td>
<td>Awardees must develop and update multiyear training and exercise plans (MYTEPs) to reflect planned activities. <strong>Updated MYTEPs must be submitted at the time of application.</strong></td>
<td>Awardee</td>
<td>At the time of application</td>
<td>HPP Program #3 Benchmark</td>
</tr>
<tr>
<td>1. Coordinate Exercise Planning and Implementation</td>
<td>Awardees must conduct one joint statewide or regional full-scale exercise <strong>every five years</strong> to test public health and health care preparedness capabilities.</td>
<td>Awardee</td>
<td>Every five years</td>
<td>None</td>
</tr>
<tr>
<td>1. Coordinate Exercise Planning and Implementation</td>
<td>Awardees must conduct an annual public health and medical preparedness exercise that specifically addresses the needs of people with disabilities and other at-risk individuals or populations and report in the following year’s funding application on the strengths and weaknesses identified and corrective actions taken to address weaknesses. HPP awardees should consider the access and functional needs of at-risk individuals and engage these populations as they plan the budget period’s HCC-based exercises.</td>
<td>Awardee</td>
<td>Report due with the following year’s funding application</td>
<td>None</td>
</tr>
<tr>
<td>1. Coordinate Exercise Planning and Implementation</td>
<td>Awardees must complete and submit AAR/IPs for all responses to real incidents and planned events and for exercises conducted to demonstrate compliance with HPP and PHEP program requirements. HPP and PHEP awardees should provide an AAR/IPs in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for each qualifying exercise <strong>within 120 days.</strong></td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
</tr>
<tr>
<td>2. Submit pandemic influenza preparedness plans</td>
<td>Awardees are <strong>required</strong> to have updated plans describing activities they will conduct with respect to pandemic influenza as <strong>required by Sections 319C-1 and 319C-2 of the PHS Act.</strong> HPP awardees can <strong>satisfy the annual requirement through the submission of required program data</strong> such as the capability self-assessment and program measures that provide information on the status of state and local pandemic response readiness, barriers and challenges to preparedness and operational readiness, and efforts to address the needs of at-risk individuals.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>HPP Program #5 Benchmark</td>
</tr>
</tbody>
</table>
| 3. Describe progress on capability development | Awardees must:  
- Describe their top jurisdictional strategic priorities for the period of performance  
- Develop strategies and activities based on the HPP-PHEP Logic Model  
- Identify the data sources used to inform their strategic priorities. Sources include but are not limited to jurisdictional risk assessments, capability self-assessments, NHSPI, and AAR/IPs  
- List challenges or barriers that are anticipated for the project period, including any budgetary issues that might hinder the success or completion of the project as originally proposed and approved | Awardee | BP1 and BP1 SUPP | None |
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<tr>
<td>4. All-Hazards Public Health Emergency Preparedness And Response Plans</td>
<td><strong>Maintain</strong> a current all-hazards public health emergency preparedness and response plan and submit to ASPR or CDC when requested and make available for review during site visits.</td>
<td>Awardee</td>
<td>Submit upon request or during site visit</td>
<td>None</td>
</tr>
<tr>
<td>5. Establish and maintain senior advisory committees</td>
<td><strong>Awardees must</strong> establish and maintain advisory committees or similar mechanisms of senior officials from governmental and nongovernmental organizations involved in homeland security, health care, public health, EMS, and behavioral health to help integrate preparedness efforts across jurisdictions and to maximize funding streams.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<tr>
<td>6. Obtain public comment and input on public health emergency preparedness and response plans and their implementation</td>
<td><strong>Awardees must</strong> obtain public comment and input on public health emergency preparedness and response plans and their implementation using existing advisory committees or a similar mechanism to ensure continuous input from other state, local, and tribal stakeholders and the general public, including members of at-risk populations and those with expertise at integrating the access and functional needs of at-risk individuals.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
</tr>
<tr>
<td>7. Coordinate emergency public health and health care preparedness and response plans with educational agencies and state child care lead agencies</td>
<td>Awardees must ensure emergency preparedness and response coordination with designated educational agencies and lead child care agencies in their jurisdictions.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
</tr>
<tr>
<td>8. Engage State Unit on Aging or Equivalent Office</td>
<td>HPP and PHEP awardees must engage the State Unit on Aging, Area Agency on Aging, or an equivalent office in addressing the public health emergency preparedness, response, and recovery needs of older adults.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<tr>
<td>9. Meet Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) compliance requirements</td>
<td>The ESAR-VHP compliance requirements identify capabilities and procedures that state ESAR-VHP programs must have in place to ensure effective management and inter jurisdictional movement of volunteer health personnel in emergencies. <strong>Awardees must</strong> coordinate with volunteer health professional entities and are encouraged to collaborate with the Medical Reserve Corps (MRC) to facilitate the integration of MRC units with the local, state, and regional infrastructure to help ensure an efficient response to a public health emergency.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<td>10. Ensure cross-discipline coordination</td>
<td>Awardees may use HPP and PHEP funding to support coordination activities, such as local health departments planning with health care coalitions, but must track accomplishments. Awardees should coordinate activities with state emergency management agencies, EMS providers (including the State Office of Emergency Medical Services), mental health agencies (including the State Mental Health Authority and the Disaster Behavioral Health coordinator), HCCs, and educational agencies and state child care lead agencies.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
</tr>
<tr>
<td>11. Comply with SAFECOM requirements</td>
<td>Awardees and subawardees that use federal preparedness grant funds to support emergency communications activities must comply with current SAFECOM Guidance on Emergency Communications Grants.</td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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<td>12. Ensure compliance with the following cooperative agreement administrative requirements</td>
<td>Submit <strong>required progress reports and program and financial data</strong> including budgets and work plans, progress in achieving evidence-based benchmarks and objective standards, performance measures data including data from local health departments, outcomes of annual preparedness exercises including strengths, weaknesses and associated corrective actions, accomplishments highlighting the impact and value of the HPP and PHEP programs in their jurisdictions. Inform and educate hospitals and health care coalitions within the jurisdiction on their role in public health emergency preparedness and response. Submit an independent audit report every two years to the Federal Audit Clearinghouse within 30 days of receipt of the report. Provide situational awareness data during emergency response operations and other times as requested. Document Maintenance of Funding and Matching Funds. Have in place fiscal and programmatic systems to document accountability and improvement. <strong>The following are accountability processes designed to generate programmatic improvements:</strong></td>
<td>Awardee</td>
<td>BP1 and BP1 SUPP</td>
<td>None</td>
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