

**CORONAVIRUS  
PREPAREDNESS AND RESPONSE  
SUPPLEMENTAL APPROPRIATIONS ACT, 2020  
(COVID-19)**

**GUIDANCE DOCUMENT**

**AWARD PERIOD IS  
JANUARY 20, 2020 – FEBRUARY 28, 2021**

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## SUMMARY

The Kansas Department of Health and Environment [KDHE] through its Bureau of Community Health Systems desires to partner with the local health departments and tribes to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19). This funding is part of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) (Coronavirus Supplemental). This act provides funding to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19).

This guidance document is designed to serve as an implementation guide for the Coronavirus Disease 2019 Supplemental Funding Award given to the Local Health Departments and Tribes in Kansas.

## GENERAL LOCAL COUNTY HEALTH DEPARTMENT INFORMATION

### BUDGETARY INFORMATION

Each local county health department is required to submit a Budget Form and Budget Narrative via email to [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) by **May 31, 2020**. Place in subject line **(COUNTY NAME) COVID-19 BUDGET**. These documents were sent earlier via an email.

All funds will be expended in accordance with KDHE's guidance and within the budget detail and budget narrative submitted by the Fiscal Agent and approved by KDHE. All new budget line items and changes of 25% or more in the allocation of funds across line items in the budget must be approved in advance by KDHE.

The local county health departments are required to maintain such documents as job descriptions and employee time and attendance records for all staff members paid with COVID-19 Supplemental funds and performing activities related to COVID-19 pandemic.

Each local county health department is required to submit AOE's with documentation and progress reports for each Period to [KDHE.preparedness@ks.gov](mailto:KDHE.preparedness@ks.gov), subject line: **(COUNTY NAME) COVID-19 RESPONSE AOE and PROGRESS REPORT**, according to the Period submission schedule listed later in this guidance document. All submitted documents must be dated.

An example of Allowable Work Activities is included at the end of this guidance document and taken from the CDC interim guidance documents. The local county health departments may use discretion to allocate this funding for their **highest priority response needs** within the PHEP six domains, consistent with applicable grant regulations and this guidance.

***The COVID-19 supplemental funding is separate from your PHEP award and must be tracked separately.***

## LOCAL COUNTY HEALTH DEPARTMENT SUBMISSION REQUIREMENTS

Affidavit of Expenditures (AOEs) and Progress Reports are due:

- **Period 1:** Jan 20, 2020 – June 30, 2020 — Invoice and Progress Report due July 15, 2020.
- **Period 2:** July 1, 2020 – September 30, 2020 – Invoice and Progress Report due October 15, 2020.
- **Period 3:** October 1, 2020, through December 31, 2020 — Invoice and Progress Report due January 15, 2021.
- **Period 4:** January 1, 2021, through Feb 28, 2021 — Invoice and Progress Report due March 15, 2021.

**Note:** *If the period due date falls on a State of Kansas observed holiday or a weekend (i.e., Saturday or Sunday) the due date will then become the next business day immediately following.*

### AFFIDAVIT OF EXPENDITURES (AOEs) REIMBURSEMENT REQUESTS

Supporting documentation should be included for each item submitted on the AOE (i.e., receipts, invoices, purchase orders, etc.). Expenses listed in the AOE must either be a budgeted item or have prior approval from the KDHE Preparedness Program.

Preparedness Program staff will review the AOE's to ensure items and or services remitted is allowable using COVID-19 supplemental funds. KDHE Fiscal Management will review and verify funding is being utilized as allocated. Payments will be made by either electronic funds transfer (EFT) or a paper check (via mail) once AOE and the progress report have been approved.

Once funding has been used no further AOE's or progress report are required to be submitted. All expenditures must be incurred within the budget period and no later than **February 28, 2021**.

### INSTRUCTIONS SPECIFIC TO SUBMISSION OF THE AFFIDAVIT OF EXPENDITURE(AOE) SUPPORTING DOCUMENTATION

- Ensure all expenditures for the period are listed correctly on the AOE.

- Ensure that the proper abbreviations are used clearly indicate what is being paid by COVID-19. Do not utilize codes (i.e., 12345, EM501, etc.), as this requires Preparedness Program staff to figure out what the codes mean and therefore slows down the approval process.
  - **Example:** The invoice is for Internet Services and the total bill is \$600.00, but COVID-19 is only paying a portion. Indicate on the invoice how much each funding source will be paying (e.g. - \$300.00 = COVID-19).
- Ensure each of the AOE expenditures and accompanying receipts, invoices, purchase orders, etc. add up correctly.
  - **Example:** The AOE indicates a total of \$500.00 spent on office supplies. Accompanying receipts, invoices, purchase orders, etc. need to total to \$500.00.

**DO NOT** submit supporting documentation that is not listed on the Period AOE being remitted.

The AOE and Progress Report must be submitted to the [KDHE.Preparedness@ks.gov](mailto:KDHE.Preparedness@ks.gov) email address. When submitting documentation state **(COUNTY NAME) COVID-19 RESPONSE AOE and PROGRESS REPORT** in the subject line for tracking. Enter all items purchased with this funding into CRMCS, for inventory tracking.

## COVID-19 Progress Report Guidance

The guidance for this budget period contains activities to complete the COVID-19 Supplemental funding goals. This funding is part of the ***Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) (Coronavirus Supplemental)***. This act provides funding to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19). Coupled with this guidance document, these sources will assist the administrator with the execution of the contracted work plan.

**Allowable work activities:** local health departments may use discretion to allocate this funding for their highest priority response as needed within the PHEP six domains, consistent with applicable grant regulations and this guidance

Examples include:

- Contract funds (e.g., temporary worker)
- Salary/wage funds (overtime) This must be tracked separately from the PHEP funds
- Testing supplies (swabs, medium etc.)
- Cleaning supplies (e.g. disinfectant)
- PPE (masks, face shields, gloves, etc.) and related equipment
- Supplies related to long term care
- Shipping/transport costs for tests (e.g. courier fees)
- Planning activities

- Funds to cover the costs of test (COVID-19 and if recommended to cover test for things like the flu that often are recommended to rule out first)

The progress report is a simple excel spreadsheet with the CDC Domain listed on the left with the corresponding category and a column for activities on the right. Fill out the top information and the date you are submitting it. In 2 or 3 sentences, under the description of activities completed, explain what you are doing regarding the COVID-19 effort under the domain you are working in and mark and "X" in the month the task was accomplished. The first report, due July 15, should have the months from Jan to June marked and items in the appropriate Domain boxes describing activities completed during that period. Once you have spent your award, send in a final progress report and mark the box stating all funds has been expended under the date on the right-hand corner to complete this grant.

*The allowable activities below are from CDC interim guidance and does not match the PHEP domain wording exactly. If you have a specific activity or expense not listed, please get with the Preparedness program staff for approval. The CDC allowable activities are geared toward state activities and not local health departments. They are attached for guidance only and any question please call the Preparedness program staff.*

### CDC Examples of Allowable Activities

Domain	Activity Category	Allowable Activities
<p><b>Incident Management for Early Crisis Response</b></p>	<p>Emergency Operations and Coordination</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Conduct jurisdictional COVID-19 risk assessment.                             <ul style="list-style-type: none"> <li>● Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders.</li> <li>● Implement public health actions designed to mitigate risks in accordance with CDC guidance.</li> </ul> </li> <li>○ Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial, and Tribal Public Health Agencies.</li> <li>○ Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance.</li> <li>○ Activate the jurisdiction’s emergency operations center (EOC) at a level appropriate to meet the needs of the response.                             <ul style="list-style-type: none"> <li>● Staff the EOC with the numbers and skills necessary to support the response, assure worker safety, and continually monitor absenteeism.</li> <li>● Use established systems to ensure continuity of operations (COOP) and implement COOP plans as needed.</li> </ul> </li> <li>○ Establish call centers or other communication capacity for information sharing, public information, and directing residents to available resources.</li> <li>○ Activate emergency hiring authorities and expedited contracting processes.</li> <li>○ Assess the jurisdiction’s public health and healthcare system training needs.                             <ul style="list-style-type: none"> <li>● Provide materials and facilitate training designed to improve the jurisdiction’s public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care.</li> <li>● Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls.</li> </ul> </li> <li>○ Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.</li> </ul>

Domain	Activity Category	Allowable Activities
	Responder Safety and Health	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Assure the health and safety of the jurisdiction’s workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, and responder mental health support. Determine gaps and implement corrective actions.</li> <li>○ Implement personal protective equipment (PPE)- sparing strategies for public health/healthcare system workforce in accordance with federal guidelines.</li> <li>○ Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions, and gather lessons learned.</li> <li>○ Establish a team of communicators who can interpret CDC guidance and assist with implementation of worker safety and health strategies.</li> <li>○ Create tools to assist and anticipate supply chain shortages, track PPE inventory.</li> <li>○ Develop PPE strategies consistent with CDC guidance for hospitals, outpatient clinics, long-term care facilities, and other health facilities; work with suppliers and coalitions to develop statewide plans for caching or redistributing/sharing. This strategy should be integrated with health care coalitions’ system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile.</li> <li>○ Purchase required PPE (if available).</li> </ul>
	Identification of vulnerable populations	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.</li> <li>○ Update response and recovery plans to include populations at risk.</li> <li>○ Enlist other governmental and nongovernmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them with available social services.</li> <li>○ Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA).</li> <li>○ Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to COVID-19 prevention.</li> </ul> <p>Identify gaps and implement strategies that encourage risk-reduction behaviors.</p>

Domain	Activity Category	Allowable Activities
<b>Jurisdictional Recovery</b>	Jurisdictional Recovery	Examples of allowable activities: <ul style="list-style-type: none"> <li>○ Recovery efforts to restore to pre-event functioning.</li> <li>○ Conduct a hot wash/after-action review and develop an improvement plan.</li> </ul>
<b>Information Management</b>	Information Sharing	Examples of allowable activities: <ul style="list-style-type: none"> <li>○ Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, emergency medical services (EMS) providers, and the public.</li> <li>○ Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and incident management responders.</li> <li>○ Develop new systems or utilize existing systems to rapidly report public health data.</li> <li>○ Develop community messages that are accurate, timely, and reach at-risk populations</li> </ul>
	Emergency Public Information and Warning and Risk Communication	<ul style="list-style-type: none"> <li>○ Examples of allowable activities:</li> <li>○ Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures.</li> <li>○ Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus.</li> <li>○ Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications).</li> <li>○ Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed.</li> <li>○ Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to COVID-19 prevention.</li> <li>○ Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and adjust communications as needed.</li> <li>○ Contract with local vendors for translation (as necessary), printing, signage, and audiovisual/public service announcement development and dissemination.</li> <li>○ Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors.</li> <li>○ Develop a COVID-19-specific media relations strategy, including identification of key</li> </ul>



		<ul style="list-style-type: none"> <li>○ Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors.</li> <li>○ Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach.</li> <li>○ Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging.</li> <li>○ Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance).</li> </ul>
Domain	Activity Category	Allowable Activities
<b>Countermeasures and Mitigation</b>	Nonpharmaceutical Interventions	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Develop plans and triggers for the implementation of community interventions, including:                             <ul style="list-style-type: none"> <li>● Activating emergency operations plans for schools, higher education, and mass gatherings;</li> <li>● Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and</li> <li>● Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations.</li> </ul> </li> <li>○ Anticipate disruption caused by community spread and interventions to prevent further spread.                             <ul style="list-style-type: none"> <li>● Planning for school dismissal including continuity of education and other school-based services (e.g., meals);</li> <li>● Ensuring systems are active to provide guidance on closure of businesses, government offices, and social services agencies;</li> <li>● Ensuring systems are in place to monitor social disruption (e.g., school closures); and</li> <li>● Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.</li> </ul> </li> </ul>

<p>Quarantine and Isolation Support</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible for payment by another source.</li> <li>○ Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials</li> <li>○ Identify and secure safe housing for persons subject to restricted movement and other public health orders.</li> </ul> <p>Develop and implement behavioral health strategies to support affected populations</p>
<p>Distribution and Use of Medical Material</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including: <ul style="list-style-type: none"> <li>● Enhancement of immunization information systems</li> <li>● Maintaining ability for vaccine-specific cold chain management</li> <li>● Coordinating mass vaccination clinics for emergency response</li> <li>● Assessing and tracking vaccination coverage</li> <li>● Rapidly identifying high-risk persons requiring vaccine</li> <li>● Planning to prioritize limited medical countermeasures (MCM) based on guidance from CDC and the Department of Health and Human Services (HHS)</li> </ul> </li> <li>○ Ensure jurisdictional capacity for distribution of MCM and supplies.</li> </ul>

Domain	Activity Category	Allowable Activities
<p><b>Surge Management</b></p>	<p>Surge Staffing</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Activate mechanisms for surging public health responder staff.</li> <li>○ Activate volunteer organizations including but not limited to Medical Reserve Corps.</li> </ul>
	<p>Public Health Coordination with Healthcare Systems</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care.</li> <li>○ Coordinate with Hospital Preparedness Program (HPP) entities, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.</li> <li>○ Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs.</li> <li>○ Train hospitals, long-term care facilities and other high-risk facilities on infection prevention and control.</li> <li>○ Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources.</li> <li>○ Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards of care.</li> </ul>
	<p>Infection Control</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Follow updated CDC guidance on infection control and prevention and PPE.</li> <li>○ Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as:                             <ul style="list-style-type: none"> <li>● Changes in hospital/healthcare facility visitation policies,</li> <li>● Social distancing, and</li> <li>● Infection control practices in hospitals and long-term care facilities, such as:                                     <ul style="list-style-type: none"> <li>▪ PPE use,</li> <li>▪ Hand hygiene,</li> <li>▪ Source control, and</li> <li>▪ Isolation of patients.</li> </ul> </li> </ul> </li> </ul>

Domain	Activity Category	Allowable Activities
<b>Biosurveillance</b>	Public Health Surveillance and Real-time Reporting	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up).</li> <li>○ Assess risk of travelers and other persons with potential COVID-19 exposures.</li> <li>○ Enhance surveillance systems to provide case-based and aggregate epidemiological data.</li> <li>○ Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites.</li> <li>○ Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations.</li> <li>○ Enhance systems to track outcomes of pregnancies affected by COVID-19.</li> <li>○ Develop models for anticipating disease progression within the community.</li> </ul>
	Public Health Laboratory Testing, Equipment, Supplies, and Shipping	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Assess commercial and public health capacity for lab testing.</li> <li>○ Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public.</li> <li>○ Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to Laboratory Response Network (LRN) or CDC laboratories designated for testing.</li> <li>○ Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations.</li> <li>○ Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19.</li> <li>○ Enhance laboratory surge capacity plans.</li> <li>○ Determine maximum lab testing capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached.</li> <li>○ Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired.</li> <li>○ Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing.</li> <li>○ Provide testing for impacted individuals.</li> </ul>

	<p>Public Health Laboratory Testing, Equipment, Supplies, and Shipping</p>	<ul style="list-style-type: none"> <li>○ Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following:                             <ul style="list-style-type: none"> <li>● Report weekly percent positive COVID-19 outpatient visits by age group.</li> <li>● Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10-confirmed ILI patients.                                     <ul style="list-style-type: none"> <li>▪ This allowable activity is similar to “Sentinel COVID-19 Surveillance, March 2020, and ILINet Enhancements in 2019.” It may include, but is not limited to the following:   <ul style="list-style-type: none"> <li>– Conduct testing at public health laboratories</li> <li>– Describe modification of protocols and validation of specimen type other than NP/OP swabs, including validation of different swab types and self-swabbing for COVID-19</li> </ul> </li> </ul> </li> </ul> </li> </ul>
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Domain	Activity Category	Allowable Activities
	<p>Data Management</p>	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> <li>○ Ensure data management systems are in place and meet the needs of the jurisdiction.</li> <li>○ Implement analysis, visualization, and reporting for surveillance and other available data to support understanding of the outbreak, transmission, and impact of interventions.</li> <li>○ Ensure efficient and timely data collection.</li> <li>○ Ensure ability to rapidly exchange data with public health partners (including CDC) and other relevant partners.</li> <li>○ Coordinate data systems for epidemiological and laboratory surveillance.</li> </ul>