



PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM

LOCAL HEALTH DEPARTMENT (LHD) WORK PLAN GUIDANCE DOCUMENT

2023-2024: BUDGET PERIOD 5



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Kansas Department of Health and Environment

Bureau of Community Health Systems

Preparedness Program

2023-2024

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1. Executive Summary

This guidance document is designed to serve as an implementation guide for the work plan and activity completion requirements for Budget Period 5, 2023-2024. Under the administrative authority of the Centers for Disease Control and Prevention (CDC), this budget period marks the fifth year of the project period. This budget period is also the fifth year the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness Program (PHEP) are separated fiscally but remain aligned programmatically. New reporting requirements for the PHEP Cooperative Agreement are not expected to impact the local public health department during this budget period despite the number of work plan activities presented.

The PHEP work plan has been adapted to fit the classification of small, medium and large counties. There are three (3) separate, but similar, work plans geared toward the size of the county.

Kansas PHEP will continue to focus on developing community partnerships, expanding networking and continuing to develop support frameworks within their communities. Kansas Department of Health and Environment (KDHE) will continue to make diligent efforts to help ensure work plan items for local public health departments are within the requirements of the cooperative agreement and aligned with local public health department activities and emergency management practices. The KDHE Preparedness Program will also review new reporting processes and procedures to reduce the reporting workload on the PHEP administrators.

The local health departments (LHDs) will ensure the continued involvement within their jurisdictions, with the Healthcare Coalitions (HCCs) and their work plan activities.

This guidance document is specific for Administrators of the LHDs and outlines the KDHE Preparedness Program expectations for the budget period. A listing of resources can be found at the end of this document, and any new or updated guidance from the CDC will be shared.

1.1 General Administrator Information

The following information is provided to all Preparedness Program participants. Please reference this information as needed.

Submitting deliverables and documentation:

- When submitting any documentation, ensure the submitting agency name and a point of contact are included on the document.
- Due dates are outlined in the work plans and will not be extended. The established due dates allow the maximum time needed to complete the activity by the LHD and allow KDHE Preparedness Program staff time to review, request revisions (if necessary) and meet the federal guidelines.
- Work plan deliverables may be submitted prior to the due date.
- Completed work plan items will be submitted via the Kansas Grant Management System (KGMS), unless otherwise noted. In some cases, items may need to be sent to KDHE.Preparedness@ks.gov. Please note the work plan activity item number and task being submitted and county name in the email subject line. All submitted documents must be dated.

1.2 Statement of Federal Support

All publications, coursework and documents that are created or generated by, or in relation to, this cooperative agreement must include a statement of Federal Support. This requirement applies to the following: documents, educational materials, deliverables and related supporting information. This also includes, within the body of, any courses created using preparedness funding. Sign-in sheets are excluded from this requirement.

Required statement for PHEP documents/publications:

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

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, all awardees receiving federal funds, including state, local governments and recipients of federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with federal money;
- dollar amount of federal funds for the project or program; and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Required statement for conferences/meetings and accompanying materials:

“Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

1.3 PHEP LHD Submission Requirements – Due Dates

Financial Status Reports (FSRs) and Work Plan Progress Reports are due:

- **Quarter 1** (July 1, 2023 – September 30, 2023) – due October 15, 2023
- **Quarter 2** (October 1, 2023 – December 31, 2023) – due January 15, 2024
- **Quarter 3** (January 1, 2024 – March 31, 2024) – due April 15, 2024
- **Quarter 4** (April 1, 2024 – June 30, 2024) – due July 15, 2024

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

1.4 PHEP LHD Submission Requirements – Deliverable Submission

Work plan deliverables are to be submitted via KGMS.

Emails should be sent per the following guidelines to KDHE.Preparedness@ks.gov to better facilitate timely responses to questions or concerns on work plans, exercises and/or trainings and FSRs.

- Send emails regarding work plan items with the email subject line: **County Name, Work plan: Q#** (quarter number) **or Item #**. Only submit work plan concerns and questions using this format. All attachments to the email should be work plan and/or work plan related deliverables.
- Send emails regarding Financial Status Report (FSR) or budget related questions with the email subject line: **County Name, FSR**. Only submit items relating to the FSR and budget changes on this email. All attachments should be financial in nature and not a work plan deliverable.
- Send emails regarding exercise or training related questions with the subject line: **County Name, Exercise or Training**.

This process will help to quickly route inquiries to the correct Preparedness Program staff member for follow-up.

1.5 Reporting: Formal Training and Informative Presentations Intended to Train

Course information should be provided to KDHE.Preparedness@ks.gov via the normal reporting process. The following information needs to be included when reporting:

- Attendee sign-in sheets – should be separate from meeting sign-in sheets and include attendee’s role and organization.
- Course information - title, description, capabilities addressed, and type of personnel to be trained.
- Finalized expenditure report and outcomes of training (course specific).

1.6 Compliance Statement

KDHE Preparedness Program Compliance will review all submitted progress reports, progress report documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and activity completion progress. The Compliance Coordinator will notify the administrator of the reviewed LHD of any findings discovered during these reviews, outline the nature of the finding, explain what action is needed to correct the finding, and the date the action needs to be completed by and then validated by KDHE Preparedness Program Compliance. Administrators will also be notified if no findings were discovered during their review.

KDHE Preparedness Program has been advised by the CDC that it is important all work plan activities, regardless of their type, need to be completed on or before the assigned deadlines. It is imperative any challenges or obstacles that will impede completion of these work plan activities, projected or otherwise, are addressed with the KDHE Preparedness Program as soon as possible. The KDHE Preparedness Program will work with the LHD to find viable solutions to those challenges. Please do not hesitate to contact the KDHE Preparedness Program at KDHE.Preparedness@ks.gov.

1.7 Contact Information

KDHE Preparedness (KDHE.Preparedness@ks.gov)

Healthcare Coalition (HCC) Readiness and Response Coordinators (RRC) represent the seven (7) [HCCs within the state](#)

Regional PHEP Coordinators represent the fifteen (15) [public health regions](#)

1.8 Budget Period Insights

This year marks the fifth budget year of the grant period. Four (4) years ago, the CDC released several resources that outline the new direction the PHEP Program is taking. These resources include the new Funding Opportunity

Announcement (FOA), a revised version of the PHEP Performance Measures, and a few supporting documents that explain how the various work plan activities contribute towards LHD preparedness progress. The LHDs will ensure the continued involvement within their jurisdictions, with the HCCs and their work plan activities.

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

2. PHEP Work Plan Guidance

The state PHEP program goals for this project period focus on the public health system developing strategies and activities to improve and then expand readiness at the local, state, and national levels. This will lead to a reduction of the impact of identified threats to public health and safety during emergency situations. There is the underlying emphasis of working to improve and exceed the day-to-day capacity and capabilities of the public health response systems in Kansas. This development process can be found in detail in the FOA, **2019-20 Public Health Emergency Preparedness (PHEP) Cooperative Agreement (CDC-RFA-TP19-1901)**. Additionally, further resources are available in **Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, October 2018**. Coupled with this guidance document, these sources will assist the administrator with the execution of the contracted work plan. (Please refer to the *Reference appendix* for details).

2.1 Work Plan Overview

Activity 1

A local health department (LHD) representative (or designee/proxy) will attend, in person, via conference call or webinar, the quarterly scheduled Healthcare Coalition (HCC) meetings for their region. Designees/Proxies are permitted, provided they are designated by the LHD Administrator, and the Designee/Proxy letter is received by KDHE.Preparedness@ks.gov and the HCC RRC prior to any meetings that will be missed. Letters received after a missed meeting will not be made retroactive. It is recommended that the letter be sent in at the beginning of the grant year to cover the entire year.

Justification

The purpose of this activity is to ensure inclusion and participation of the LHD with the HCCs. This activity supports the FOA requirements that the **LHD are one (1) of the four (4) core members of a coalition that must attend the meetings**, either in-person, virtually, or by Designee/Proxy.

Compliance Requirements

- Compliance will validate attendance of the meeting via the KS-TRAIN rosters verified by the HCC RRC from these meetings. It is the responsibility of the attendee to assure their attendance has been properly recorded by the HCC RRC.
- PHEP Compliance and the state HCC Program Manager will review the coalition meeting minutes to validate LHD inclusion and participation in coalition activities, especially in the joint activities.

If the LHD administrator or an LHD staff member/employee representative cannot attend the local HCC meeting, a Designee/Proxy would be applicable and appropriate.

Designee = an individual that the local health department administrator appoints/designates who will attend the local HCC meetings in the absence of a LHD representative (employee) and **cannot vote** for the local health department.

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

Who cannot be a Designee/Proxy: An HCC RRC, chairperson, secretary, treasurer, etc. is not an appropriate individual to appoint as this would be a conflict of interest.

Deliverables

Sample Designee and/or Proxy letters can be located on the Preparedness website at:

<https://www.kdhe.ks.gov/745/Grantee-Information>

LHD administrator must provide a copy of a Designee Letter or a Proxy Letter to KDHE.Preparedness@KS.Gov and to the HCC RRC **prior to the coalition meeting** that will be missed.

Letters remitted after a meeting is held will not be made retroactive.

Activity 2

The LHD, at its discretion, may send staff to preparedness conferences, preparedness meetings, trainings, or exercises to increase knowledge, skills and abilities to develop and maintain plans, conduct trainings and exercises and respond to public health threats and emergencies using a whole-community approach to preparedness management. (Examples include but are not limited to: National Preparedness Summit, Four Corners Emergency Management, Kansas Public Health Association.)

Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. See guidance documents below for instructions on pre-approval and budget requirements. Each attendee must submit a summary report of the learned knowledge/skill and must include course name, attendee name and date attended.

Justification

The intent of this activity is to officially provide support to the LHD administrators in expanding learning and networking opportunities for **multiple LHD staff**. Please note this only applies to major conferences and out-of-state training sessions, not local or regional trainings conducted during the budget period.

Compliance Requirements

Prior to attending an out-of-state conference or training event the LHD must obtain approval by the KDHE Preparedness Program. If not already documented in the approved current budget, submit a Conference/Training Approval Request via email to KDHE.Preparedness@ks.gov, containing the following information:

- Subject – *County Name*, Conference/Training Approval Request
- Title of the conference or training event.
- Date/s of the event
- Description of the conference or training event.
- Names and title of staff LHD attendees.
- How does attending this conference or training event impact each attendee?

- PHEP capabilities that will be addressed by attendance of the conference or training event.
- Cost

Deliverables

The event documentation will be due to KDHE Preparedness Program for review within **fifteen (15) business days** of attending the conference or training event **and reported on the progress report, via KGMS, for the Quarter attended.**

For in-state events:

- Event Name
- Event Date
- Name of attendees

For out-of-state events:

- Each LHD employee who attended the conference or training event must submit a one (1) page summary no later than fifteen (15) business days after the conference. Each summary document is to be uploaded in KGMS to the appropriate Progress Report Upload Tab. Make note that each uploaded summary will be date and time stamped in KGMS for compliance requirements.
- Event Name
- Event Date(s)
- Name of Attendee(s)

One page summary to include:

- Name of attendee.
- Name of the LHD being represented.
- What information was learned?
- How is this information being applied at the local level?
- How is this information being shared within the agency and/or across the region?

Activity 3

LHD will have a staff member attend at least three (3) webinars developed by the KDHE Preparedness Program for the PHEP grant.

- Attendance is required for the July 5, 2023 Work Plan Guidance session.
- The LHD can choose the other two (2) webinars from the approved SFY2024 KDHE Preparedness Program Webinar listing (found on KS Train) to complete this activity. Plan ID 6474

Justification

This activity will help build the knowledge base of the staff at the LHD in working with the requirements of the PHEP grant.

Compliance Requirements

- Must be an approved Budget Period 5 (BP5) KDHE Preparedness Program Webinar. Attendance of the Live presented webinar is preferred but viewing and completing a recorded session will suffice.
- KDHE Preparedness Program Compliance will review the KS-TRAIN rosters for attendance completion verification.

- All activities to meet the specified goals are to be reported within the quarter attended/watched and/or completed no later than June 30, 2024.

Deliverables

KS-TRAIN # and Name of attendee/s.

Activity 4

LHD representative will participate in a local Emergency Support Function 8 (ESF 8) or Local Emergency Planning Committee (LEPC) planning meeting at least once per BP to work with health and medical partners to strengthen community preparedness and response activities. The local ESF-8 or LEPC acts as an advisory committee of governmental and non-governmental partners to the LHD to integrate preparedness efforts across jurisdictions and to leverage funding streams.

Justification

This activity is an opportunity for the LHD to engage with other agencies and partners within the county on their preparedness plans and processes and allowing for coordination of efforts. This will ensure all parties are aligned with how the emergency manager, local law enforcement, etc. will respond in the event of an incident.

Compliance Requirements

- LHD representative will participate in a local ESF 8 or LEPC planning meeting at least once per BP.
- To validate attendance the LHD administrator will upload in KGMS to the appropriate quarter Progress Report Upload Tab at least one (1) of the following: sign-in attendance sheet, meeting minutes reflecting attendance or an email confirming attendance.
- All activities to meet the specified goals are due by June 30, 2024.

Deliverables

- Designate type of meeting/group: ESF-8 ☐ / LEPC ☐
- Date attended
- Attendee name
- Attendance sheet(s), meeting minutes or copy of e-mail confirming attendance uploaded in KGMS to the appropriate quarter Progress Report Upload Tab.

Activity 5

LHD **Administrator** will maintain their contact information in the Kansas Health Alert Network (KS-HAN) to ensure the ability of the LHD in receiving situational awareness information.

- Contact information should be checked no less than annually by the user. Users are expected to update their own user profiles.
- The KDHE Preparedness Program will send the LHD Administrator a KS-HAN registrant list, annually. The LHD will provide a list of changes (add/remove registrants) to the KDHE KS-HAN Administrator within the quarter the report was received.

Justification

To test the response capability of the respondents via the KS-HAN notification process to test the effectiveness of the current notification system as well as the current level of participation among the respondents.

Compliance Requirements

- LHD Administrator will maintain their contact information in the Kansas Health Alert Network (KS-HAN).
-For login issues LHDs can reach out to the KS-HAN Admin at KDHE.KSHANAdmin@ks.gov.
- The LHD Staff Registrant list from the KS-HAN Admin is due within the quarter received.
 - - A group of LHDs are emailed each month from Cynthia.Aspegren@ks.gov with instructions to complete this workplan task.
 - This LHD Staff Registrant list only needs to be reviewed by the LHD once per BP.
 - The KS-HAN Admin has a schedule for when these emails will be sent to each LHD. However, the LHD can email KDHE.KSHANAdmin@ks.gov at any time to request this list for review. If the LHD requests the KS-HAN Staff Registrant List, they can count that request as work plan compliant if the reviewed and updated list is returned to the KS-HAN Admin.
 - Due within the quarter received and no later than June 30, 2024.

Deliverables

- Enter in KGMS the Quarter and the date the LHD Staff Registrant List was updated.
- Note: The day you email the reviewed registrant list back to the KS-HAN Admin, is the date you enter into KGMS.

Activity 6

LHD staff registered on KS-HAN will respond to at a minimum of one (1) KS-HAN **drill** to ensure and demonstrate the ability to receive and respond to situational awareness updates and common operating picture information, and to ensure that communications equipment is appropriately receiving health alerts and situational information.

Justification

To test if recipients can receive and respond to alerts coming from KS-HAN. This provides a chance to review the effectiveness of the current communication platform. Compliance Requirements

- All LHD Staff will be contacted for this drill and are encouraged to respond. However, all LHD Admins are required to respond to at a minimum of one (1) of the four (4) drills conducted in the BP.
- A drill will take place once in each quarter of the BP. Report in KGMS the Quarter completed and the date you responded to the drill.
- The subject line of the KS-HAN Message will read as Quarter # Response Drill ##-##-20##.
- Note that the KS-HAN Drill can be sent to the registered user via work e-mail, cell phone text messaging, or mobile app. As a registered user at the LHD the platform for which the Drill is sent may be different for each user and will only be sent to the individual user via one (1) platform per quarterly performed drill **Deliverables**. Enter in KGMS the quarter completed and the date responded to the KS-HAN Drill.

Activity 7

LHD Administrator will ensure 24/7 epidemiological contact information is kept current and sent to the KDHE Bureau of Epidemiology & Public Health Informatics through KDHE's Contact Management Community System (KCOMS) (available at <https://kansasct.force.com/cms/s/>) at least quarterly.

Justification

This supports the public health system by having access to personnel trained to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems and support surge requirements in response to threats.

Compliance Requirements

- The LHD administrator will verify in KCOMS quarterly to ensure accurate data.
- Due quarterly.

Deliverables

In KGMS via the appropriate quarterly Progress Report the date KCOMS was reviewed and verified for accurate data will be entered in the appropriate quarter field.

Activity 8

LHD Administrators will ensure that priority communication services are available in an emergency. This should include maintaining an always-on, high-speed internet connection, email services, and a telephone and or cell phone that is available to LHD preparedness personnel.

Justification

Priority communications are a requirement for several capabilities. This work plan item allows the LHD to spend PHEP funds obtaining and/or maintaining related services.

Compliance Requirements

- Enter in KGMS on the Progress Report the date attesting that the LHD has the priority communications available 24/7.
- Due by September 30, 2023.

Deliverables

Enter in KGMS on the Progress Report the date attesting that the LHD has the priority communications available 24/7.

Activity 9

LHD will use community preparedness to build partnerships and address risks within their community. LHDs will aim to engage community partners who might otherwise not be involved with preparedness efforts.

LHD will participate in the National Preparedness Month campaign in September 2023 by posting:

- At least two (2) different posts on one (1) social media platform and/or website each week during the month of September 2023.
- Using the hashtag #KSPrepared to signify participation.

Justification

This ensures community engagement via social media.

Compliance Requirements

- At least two (2) different posts on one (1) social media platform and/or the county website each week during the month of September 2023.
- Using the hashtag #KSPrepared to signify participation. KDHE will track social media participation using #KSPrepared. If this hashtag is used, no documentation is needed
- **If posting on a website submit a screen shot of the post noting the date and time the post was made.**
- All social media campaigns and/or activities to meet the specified goals are due by September 30, 2023.

Deliverables

- Enter in KGMS on the Progress Report the Social media platform(s) (i.e., Twitter, Instagram, Facebook, etc.) and/or website used for posts during September 2023.
- Enter the website/social media address of where the posts are completed for the BP.

Activity 10

LHD will maintain a website where information can be posted and accessed by members of the public to promote awareness of LHD preparedness activities and actions the public can take to improve personal preparedness. The LHD will also make regular use of social media channels (for example, Facebook, Twitter and/or Instagram).

Justification

Community engagement and communications are crucial to community preparedness and recovery.

Compliance Requirements

- The LHD will maintain a web page that provides information to the public. The LHD will also provide a social media account as a primary website, if the county website is not accessible by the health department, or as a supplement to the web page.
- KDHE will review the presence of a department web page and/or social media account annually via online search and will review the web page to determine if the page is active and has basic contact information. The social media account will be reviewed for activity.
- All activities to meet the specified goals are due by December 31, 2023.

Deliverables

Enter in KGMS on the Progress Report the date(s) for website review, Facebook review, Twitter review, Instagram review, and any others.

Activity 11

New LHD administrators employed six (6) months or less, new to the administrator position or has not previously completed the New Administrator training in BP4, will complete the *Preparedness - New LHD Administrator Training, Modules 1 through 5*, on KS-TRAIN for administration of the PHEP grant. This is KS-TRAIN Training Plan # 4137.

Justification

This activity will help facilitate the knowledge base of the new administrators working with the requirements of the PHEP grant.

Compliance Requirements

- The administrator will enter the date and attendee name on the appropriate quarterly Progress Report in KGMS.
- If the new administrator training course is not applicable to the current administrator, the administrator will note this on the quarterly Progress Report in KGMS.
- All activities to meet the specified goals are due by December 31, 2023.

Deliverables

In KGMS, the following will be completed on the Progress Report:

- Select by dropdown selection:
 - ✓ Yes, if the LHD Administrator has been employed six (6) months or less at the LHD, new to the administrator position or has not previously completed the New Administrator training in BP4.
 - ✓ No, if the LHD Administrator has been employed and previously completed the New Administrator training in or prior to BP.
- If “No” is selected the LHD Administrator can then move to Activity Item # 12 without completing any other field in this section.
- If “Yes” has been selected, then entry of the first and last name of the Administrator will be entered and the date the final training module was completed.

Activity 12

LHD administrators will ensure designated* staff complete the following online training:

- FEMA IS-100: An Introduction to the Incident Command System (ICS)
- FEMA IS-200: Basic ICS
- FEMA IS-700: An Introduction to the National Incident Management System (NIMS)

*Designated staff is a staff member determined by the LHD Administrator. (Note that any employee performing PHEP activities should take the IS trainings to gain basic knowledge of NIMS and ICS.

*Training is only required once.

Justification

This activity represents the ongoing effort to bring all preparedness elements into alignment with NIMS and ICS. Any new staff members will need to complete the training required by their assigned ICS position (if they have one).

Compliance Requirements

- The administrator will need to verify via the Progress Report in KGMS that their staff have completed the ICS courses specific to their assigned ICS position.
- All training certificates must be maintained on site and may be requested by either the KDHE Preparedness Program or the PHEP Federal Project Officer (FPO).

- The deadline of this work plan activity is no later than December 31, 2023, for any employee employed longer than six (6) months. Any employee under six (6) months at the beginning of BP5 and cannot make the deadline will fall into the next BP.

Deliverables

In KGMS, the LHD Administrator will attest that all designated employees have completed the training by dropdown selection of “Yes” or “No”. If “No” is selected, then the LHD Administrator will provide a brief explanation of why the activity cannot be completed.

Activity 13

IMATS

LHD will ensure that a minimum of two (2) health department staff or volunteers are registered and active users of the Inventory Management Tracking System (IMATS) and:

- All new users have completed the appropriate training according to their designated role in IMATS.
- All users must login to IMATS a minimum of once every six (6) months to keep their account active and update their own user profiles.
- KDHE Preparedness Program will send LHD Administrators the list of IMATS registrants twice annually. LHD will provide a list of changes (add/remove registrants) back to the KDHE Preparedness Program within the quarter received.
- LHD will update Point of Dispensing (POD) location(s) and any other relevant POD information in IMATS, at least annually. If no updates are warranted, attest in KGMS verifying POD info is up-to-date and no updates are required this budget period.

Justification

IMATS is a system created by the CDC that can be used to track Strategic National Stockpile (SNS) materiel at the facility level. The LHD will provide dates that IMATS was updated to ensure up-to-date information and access is available in the event of IMATS being used in an emergency. All users must login at least once every six months to ensure continued access. Any new users and date of new user training must also be provided.

Compliance Requirements

- All users must login to IMATS a minimum of once every six (6) months to keep their account active and to update their own user profiles. Failure to login to IMATS once every six (6) months will result in the user account being closed by Secure Access Management Services (SAMS), requiring the user to re-establish access.
- The LHD administrator and PHEP point of contact will receive an email twice within each BP containing a list of users and the POD information contained in IMATS for their county. The LHD administrator or PHEP point of contact should ensure all listed users are able to login, respond with any changes, and ensure that the POD information is up to date. The table below indicates when health departments in each region can expect to receive the update reminder emails.

Region	1 st Update (activity 13-1)	2 nd Update (activity 13-2)
Central Kansas Region	July	January
East Central Kansas Public Health Coalition	July	January

Kansas City Area 15	July	January
Lower 8 of Southeast Kansas	August	February
North Central Kansas Public Health Initiative	August	February
Northeast Corner Regional Initiative	September	March
South Central Coalition	September	March
Southeast Kansas (SEK) Multi-County	September	March
Southwest Kansas Health Initiative	October	April
Southwest Surveillance	October	April
West Central Public Health Initiative	October	April
Western Pyramid Public Health Region	November	May
Wildcat Region	November	May
Kansas South-Central Metro	December	June
NW Bioterrorism	December	June

- IMATS logins and new user training should be completed by IMATS users no later than December 31, 2023, and June 30, 2024. Make note that the IMATS training is required one (1) time and does not need to be repeated unless the user needs a refresher or otherwise instructed differently.

Deliverables

In KGMS on the appropriate quarterly Progress Report there will be two (2) reporting periods within the BP. First reporting period is 07/01/2023 to 12/31/2023 and will be reported under Activity Item 13-1 on the Progress Report. The second reporting period is from 01/01/2024 to 06/30/2024 and will be reported on Activity Item 13-2 on the Progress Report.

The LHD Administrator will ensure registered IMATS users are able to login and will review the IMATS POD information and make necessary changes following the instruction within the biannual reminder e-mail for completion. The date the tasks in the IMATS reminder email are completed and the email is response is completed will be used for the date requested in KGMS. .

Report the name(s) of new IMATS user(s), if any, the KS-Train ID of the training completed and the date the new User(s) completed the training. This is for NEW Users only and do NOT list if the user re-took any trainings. Training is a one-time training where the user does not need to take again unless otherwise instructed to do so.

Check the "Yes" box below signifying the POD information was updated or check the "NO" box to indicate the POD information is up-to-date and no updates are required for this bi-annual reporting period in the dropdown box in KGMS notifying KDHE if there were changes made to the LHD POD information.

Activity 14

Using KS-TRAIN, LHD will ensure appropriate staff members take or renew certification every two (2) years for:

- Packing and Shipping Dangerous Goods: What the Laboratory Staff Must Know (1092665).
KDHE Compliance will verify completion of the training in KS-TRAIN

Justification

LHD will remain current on preparing specimens for the packaging and shipping requirements that may or may not be changed for the current budget period.

Compliance Requirements

- LHD will provide the dates and names of staff members who have completed the training requirements during the budget period.
- Compliance will pull the training certificates from KS-TRAIN for validation.
- Completion of this activity is due by June 30, 2024.

Deliverables

In KGMS on the appropriate quarterly Progress Report enter the first and last name(s) and the date the training was completed and passed in KS-Train by each individual. Make note that the completed and passed training is valid for two (2) years from the date of completion. The LHD must report those individuals for the BP that have a completed, passed and valid training certificate; including those who are still employed at the LHD that may have a valid training certificate from the previous BP.

Activity 15

Narrative: How has PHEP made a difference for your local health department or community?

Provide a written summary of how PHEP funds received in BP5 assisted/improved your county. Include success stories, activities or items purchased that you would not have been able to do without PHEP funding. Maximum length 1 page.

Justification

KDHE will compile data and share with the FPO how PHEP activities and PHEP funding directly impacts LHDs and the county communities they serve.

Compliance Requirements

Each LHD Administrator will provide a written summary of how PHEP funds assisted and/or improved the LHD and/or the local county community. Include success stories, activities or items purchased that would not have been possible without PHEP funding. A template can be obtained from the [Compliance Document Resources](#) webpage.

Completion of this activity is due March 31, 2024.

Deliverables

The Summary Template will be uploaded in KGMS to the Quarter 3 Progress Report Upload Tab and shall encompass PHEP Funding dates 07/01/2023 to 03/31/2024. Summary Narratives uploaded prior to the Quarter 3 Progress Report will not be accepted.

Activity 16

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

Justification

N95 respirators are required under OSHA to be fit-tested annually. This ensures the mask size still fits, as a face can change from year to year.

Annual training, in the case a PAPR is used, is designed to re-enforce the initial training each staff member had on how to on and off this type of PPE. A PAPR can substitute for an N95 respirator.

Compliance Requirements

- The administrator will confirm the date testing (or PAPR training) was completed.
- Completion of this activity is due by June 30, 2024.

Deliverables

In KGMS on the appropriate quarterly Progress Report the LHD will enter the date the required Fit Testing and/or PAPR training was completed.

Activity 17

LHD can purchase equipment and supplies to maintain PHEP readiness based on their county plans, risk assessments and After-Action Report and Improvement Plans (AAR/IPs). These items must be included in the KDHE approved PHEP KGMS budget. LHD Administrator or designee will:

- Use Comprehensive Resource Management and Credentialing System (CRMCS) for deployable/non-consumable items. (Items purchased with PHEP funds that cost \$5,000 or more are required to be in CRMCS). Track other items in any inventory tracking system(s).
- Complete a review of the actual inventory, removing expired items and adding new items to CRMCS or another inventory tracking system.
- Note the responsible person for the cache and how the expired items were disposed.

Justification

This work plan activity allows LHDs to purchase items needed to maintain PHEP readiness.

Compliance Requirements

- The administrator will note the requested information on the work plan.
 - Date items purchased and entered in appropriate tracking system.
 - Cache Manager Name.

- Items disposed and how.
- PHEP purchased deployable inventory items will be maintained in the CRMCS. All other PHEP purchased inventory items will be entered into a county tracking system (if CRMCS is not utilized).
- CRCMS uses the Salamander live program in partnership with KDEM, for access please contact your local Emergency Manager.
- All activities to meet the specified goals are due by June 30, 2024.

Deliverables

In KGMS on the appropriate quarterly Progress Report enter the first and last name(s) of the cache manager(s). Then enter the date supply/equipment items were purchased and entered in the appropriate inventory system utilized by the LHD for inventory tracking. Enter the date a complete review of the inventory of the tracking system was completed. List any non-consumable items purchased with PHEP funding that were disposed of and how the item(s) were disposed. Make note that non-consumable supply/equipment items purchased using any PHEP funding cannot be disposed of or transfer of ownership to another entity without prior approval from the KDHE Preparedness Program. Please remit an email to KDHE.Preparedness@ks.gov requesting the required forms for seeking approval from the KDHE Preparedness Program to dispose of or transfer ownership of any non-consumable supply/equipment item where PHEP funding was utilized in the purchase. The KDHE Preparedness Program will provide guidance through this process via email communication for each submitted request.

Activity 18

LHD will review and update the following plan and submit the completed plan to the KDHE Preparedness Program:

Infectious disease response plan or equivalent plan.

Justification

Over the last several years every department has had to respond and adapt to the COVID 19 pandemic. As we move forward to new threats, we must ensure that our lessons learned do not go to waste. The purpose of this activity is to ensure that all necessary changes to response plans for these threats are well polished and complete before being put on the shelf.

Deliverables

The above completed and updated document must be uploaded to KGMS to the appropriate quarterly Progress Report Uploaded Tab by June 30, 2024. On the Progress Report the LHD Administrator will enter the date the county plan was uploaded in KGMS.

Activity 19

Participate in an annual exercise during Budget Period 5 (2023-2024) **at the local level** as defined below:

Infectious disease response plan – (Workshop)

- At a minimum, exercise Capabilities 11-Nonpharmaceutical Interventions, 12-Public Health Laboratory Testing, and 14-Responder Safety and Health.
- Exercise must utilize the following local Plan
- Infectious Disease Response plan or equivalent plan

Exercise options:

- Hold a workshop to complete/update the required plan and assure it contains up-to-date information and discuss its strengths and weaknesses as well as identify any gaps in the plan.

OR

- Hold a tabletop exercise to test a local plan of the local health departments choice. Alternative PHEP capabilities may be identified for the exercise with this option.

Other Requirements:

- Plans/procedures for assisting at-risk/vulnerable populations specific to the jurisdiction must be documented or evidenced in all exercises. This must be included in the narrative of the AAR/IP.
- Exercise activity will be aligned with the Homeland Security Exercise Evaluation Program (HSEEP) principles and test/validate current local plans and procedures.
- Exercise AAR/IPs must be written using the KDHE approved AAR/IP Template and only reflect PHEP capabilities, not the capabilities or requirements outlined by other agencies (i.e., CMS, NPG, etc.).
- Ensure that specific exercise role(s)/responsibilities and improvement plan tasks are outlined for your individual health department.
- Each capability tested must outline at least one (1) strength and one (1) area for improvement.

Serving in an observer role does not meet the participation requirement.

Justification

The purpose of this activity is to shore up any gaps in the infectious disease response plan and allowing health departments to make final changes from lessons learned from the COVID 19 pandemic.

Compliance Requirements

- The LHD Administrator will upload the AAR/IP within **60 days** from the date of the exercise or June 30, 2024, (whichever date comes first) to the Regional Coordinator or Subject Matter Expert (SME) and to KDHE by uploading a copy in KGMS to the appropriate quarterly Progress Report Upload Tab. The submission of the AAR/IP to the Regional Coordinator/SME and uploading in KGMS should be done in tandem.
- It is recommended that an email be sent to KDHE.Preparedness@ks.gov alerting our office that this document was uploaded to KGMS and is ready for review.

Deliverables

- Document the date the exercise took place, upload the AAR/IP into KGMS to the appropriate quarterly Progress Report Upload Tab and then enter the date the upload was completed.

Activity 20 – Medium and Large Counties Only

To further build community preparedness, Medium and Large sized LHDs will participate in another month-long social media campaign conducted at a time and with the topic of the LHD's choosing. LHD will assure this second campaign is separate from the September National Preparedness Month campaign and will include at least two (2) different posts per week for the entire calendar month on at least one (1) social media platform and/or website (i.e., Twitter, Instagram, Facebook, etc.). The campaign can be on one (1) topic or cover a variety of topics, but all posts should be tagged with #KSPrepared.

Justification

This activity will further build and integrate the LHD into the community preparedness planning process by providing the community education and training they may not have otherwise had access too. By offering these educational and training posts to a social media platform, the LHD will help to broaden the knowledge base of their community partners and the community at-large.

Compliance Requirements

- KDHE Preparedness Program will verify via social media platform and/or website search for the #KSPrepared to validate the campaign.
- If #KSPrepared is not used on a social media post. Then, the administrator will provide documented proof of the department's community engagement with preparedness efforts.
- *If posting on a website submit a screen shot of the post noting the date and time the post was made.*
- This social media campaign is due by **June 30, 2024**.

Deliverables

- *In KGMS on the appropriate quarterly Progress Report the LHD Administrator will:*
 - ✓ *Identify the social media sites utilized,*
 - ✓ *Enter the social media website address,*
 - ✓ *Upload supporting deliverable screenshots (to include the date posted) for county websites and for those who did not use #KSPrepared in their postings.*
 - ✓ *Select by dropdown the month this social media campaign was held.*

Activity 21 – Medium and Large Counties Only

LHD administrators will ensure designated staff complete one (1) additional training to address gaps/needed improvements based on a BP4 exercise AAR/IP, real-world incident AAR/IP, or jurisdictional risk assessment for the LHD.

KDHE will verify training attendance and completion in KS-TRAIN. If the training was not completed in KS-TRAIN, then the certificate of completion must be remitted to KDHE for verification.

Justification

This activity will use the information revealed in a BP4 exercise AAR/IP, real-world incident AAR/IP, or jurisdictional risk assessment to further strengthen the preparedness gaps illustrated by the exercise or incident and recognized by the LHD as a training need.

Compliance Requirements

- The LHD Administrator will schedule training for the identified gaps.
- LHD Administrator will report KS-TRAIN training information.

- KDHE Preparedness Program Compliance will verify KS-TRAIN training completion, if completed in KS-Train.
- If the training is not completed in KS-TRAIN, then the LHD Administrator will need to submit attendee completed Training Certificates for each attendee with the quarterly reporting for verification of completion of this activity.
- Due by *June 30, 2024*.

Deliverables

In KGMS on the appropriate quarterly Progress Report the LHD Administrator will report the following:

- The training date(s),
- Training Course Name,
- KS-TRAIN ID# if completed in KS-Train,
- Upload supporting deliverable of the completed training certificate if the training was not completed in KS-Train, and
- List the attendee first and last name(s).

Activity 22 – Large Counties Only

LHD administrators will ensure designated staff complete a third additional training to address gaps/needed improvements based on a BP4 exercise AAR/IP, real-world incident AAR/IP, or jurisdictional risk assessment for the LHD.

KDHE will verify training attendance and completion in KS-TRAIN if the training was completed in KS-Train. If the training was not completed in KS-TRAIN, then the certificate of completion must be uploaded in KGMS to the appropriate Progress Report Upload Tab for verification by KDHE Compliance.

Justification

This activity will use the information revealed in the BP4 exercise AAR/IP, real-world incident AAR/IP, or jurisdictional risk assessment for the LHD to further strengthen the preparedness gaps illustrated by the exercise or incident and recognized by the LHD in the AAR/IP as a training need.

Compliance Requirements

- The LHD Administrator will schedule training for the identified gaps.
- LHD Administrator will report KS-TRAIN training information.
- KDHE Preparedness Program Compliance will verify KS-TRAIN training completion, if completed in KS-TRAIN.
- If the training is not completed in KS-TRAIN, then the LHD Administrator will need to submit attendee completed Training Certificates for each attendee with the quarterly reporting for verification of completion of this activity.
- This information is due by June 30, 2024.

Deliverables

In KGMS on the appropriate quarterly Progress Report the LHD Administrator will report the following:

- The training date(s),
- Training Course Name,
- KS-TRAIN ID# if completed in KS-Train,

- Upload supporting deliverable of the completed training certificate if the training was not completed in KS-Train, and
- List the attendee first and last name(s).

Activity 23 – Large Counties Only

Exercise # 2 - Tabletop, drill or functional exercise to address gaps/needed improvements identified in a BP4 exercise or real-world incident.

Other Requirements:

- Plans/procedures for assisting at-risk populations specific to the jurisdiction must be documented or evidenced in all exercises. Exercises must also include at-risk and vulnerable populations.
- Exercise activity will be aligned with the HSEEP principles and test/validate current plans and procedures.
- Exercise AAR/IPs must be written using the KDHE Preparedness Program approved AAR/IP Template and only reflect PHEP capabilities, not the capabilities or requirements outlined by other agencies (i.e., Centers for Medicare & Medicaid Services (CMS), Emergency Management, etc.).
- Ensure that specific exercise roles/responsibilities and improvement plan tasks are outlined for your individual health department.
- Each capability tested must outline at least one (1) strength and one (1) area for improvement.

Serving in an observer role does not meet the participation requirement.

Justification

The purpose of this activity is to test the agency's current capabilities targeting previously identified gaps with the intent to stress them to the point that crucial gaps can be identified allowing them the ability to evaluate and review their response to the incident of the exercise as approved by the KDHE Preparedness Program and allow updating of plans. This information can be used to update or change operating plans accordingly. It should be noted that the LHD can still participate in additional exercises if they so choose. As a reminder, all additional exercises need to be submitted using the KDHE AAR/IP format and written using appropriate PHEP capabilities.

Compliance Requirements

- The LHD Administrator will upload the AAR/IP and related appendices within **60 days** from the date of the exercise or **June 30, 2024** (whichever date comes first) to the Regional Coordinator or Subject Matter Expert (SME) and upload in KGMS to the appropriate quarterly Progress Report Upload Tab.
- It is recommended that an email be sent to KDHE.Preparedness@ks.gov
- alerting our office that this document was uploaded in KGMS and is ready for review.

Deliverables

- Document the date the exercise took place, upload the AAR/IP into KGMS to the appropriate quarterly Progress Report Upload Tab and then enter the date the upload was completed.

2.2 Budget Period Administrative Requirements Overview

Annual Administrative Requirements

The following administrative preparedness requirements can be requested at any time during the project period. Please maintain all documents on-site throughout the project period (2019 - 2024):

- Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness.
- Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period or at least five (5) years.
- Have available signed shared resource agreements, Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), and maintenance contracts relating to PHEP grant funds.
- LHD will provide to the KDHE Preparedness Program information pertaining to the performance measures, administrative requirements and/or any other requested information as related to the current Public Health Emergency Preparedness Cooperative Agreement.
- Retain copies of expenditure reports, including but not limited to, invoices for each capital equipment purchase for a period of at least five (5) years. Capital equipment includes purchases of \$5,000 and above (per item purchased) and/or a lifespan of greater than a year.
- All counties who are part of a larger CRI will ensure work plans for the LHD are completed as well as the CRI work plan items.

2.3 Budget Period Deadline Overview

Due dates are outlined in the work plans and will not be extended, except for certain special circumstances (i.e., COVID-19 Pandemic Response) where KDHE Preparedness program has provided notice of those changes. The established due dates allow the maximum time needed to complete the activity by the LHD and allow KDHE Preparedness Program staff time to review, request revisions if necessary, and meet the federal guidelines. Please be mindful of the scheduled due dates as the KDHE Preparedness Program has Federal Reporting deadlines to meet in order to remain inclusive of the Federal Grant without restrictions and/or penalties.

3. Summary

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

Keys points to remember:

- **Time management** – A majority of the work plan activities have due dates required by the federal project officers. Missing a deadline could result in punitive action being levied against the LHD.
- **Document retention** – All documents generated as part of the completion of these work plan activities are to be legitimate outcomes which can be requested for review or audit. It is important these documents be maintained either in a hard copy or digital form for the project period or no less than **five (5) years**. LHD will provide to the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements and/or any other requested information as related to the current Public Health Emergency Preparedness Cooperative Agreement.
- **Work plan instructions** – There is an increased burden of validation on the KDHE Preparedness Program to ensure the cooperative agreement funds are being spent to further preparedness. Instructions need to be carried out as outlined in the work plan and in this document because of this.
- **Communication** – LHD administrators are encouraged to contact their coordinator or the KDHE Preparedness Program if clarification is needed on an activity, or a question arises regarding procedure. All questions are

welcome and will be answered accordingly. If there is a question that can't be answered by the KDHE Preparedness Program, the federal project officer will be queried.

As always, the KDHE Preparedness Program stands ready to assist our local public health departments and outside agency stakeholders in understanding and interpreting the budget period requirements and the work plan activities.

3.1 Kansas Department of Health and Environment (KDHE) Preparedness Team

<u>Title</u>	<u>Name</u>	<u>Email Address</u>
Preparedness Program Director	Rebecca Adamson	Rebecca.Adamson@ks.gov
Deputy Preparedness Director	Edward Bell	Edward.Bell@ks.gov
Grant Manager Supervisor	Lisa Beebe	Lisa.Beebe@ks.gov
MRC State Coordinator	Jennifer Kraft	Jennifer.Kraft@ks.gov
Grant Manager	Tamara Wilkerson	Tamara.Wilkerson@ks.gov
Compliance Coordinator	Nancy Griffith	Nancy.K.Griffith@ks.gov
MCM/SNS/CRI Program Manager	Amber Kelly	Amber.Kelly@ks.gov
HCC Grant Coordinator	Peter Rafferty	Peter.P.Rafferty@ks.gov
Planning & Operations Specialist	Vacant	Edward.Bell@ks.gov
Public Information Officer	James Roberts	James.Roberts@ks.gov
Training and Exercise Coordinator	Luke Johnson	Luke.C.Johnson@ks.gov
Preparedness Systems and Outreach Specialist	Cynthia Aspegren	Cynthia.Aspegren@ks.gov
Operations Assistant	Katherine Wist	Katherine.Wist@ks.gov
Senior Administrative Specialist	Jackie Riggles	Jackie.Riggles@ks.gov
PHEP Grant Coordinator	Jennifer Bourquin	Jennifer.Bourquin@ks.gov

Appendix A

Guidance Document Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Progress Report –The Progress Report replaces the previously utilized Work Plan document that was submitted for quarterly work plan item compliance. Progress Reports are entered in KGMS.

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

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

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

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

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

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

Work Period – See *Budget Period*.

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

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

References and Resources

The Kansas Department of Health and Environment

kdhe.ks.gov/

KDHE Preparedness

kdhe.ks.gov/719/Preparedness

KDHE Preparedness: Exercise Library

kdhe.ks.gov/728/

KS-HAN: Everbridge member log on

member.everbridge.net/892807736724418/login

KS-TRAIN

train.org/ks/home

CRMCS Home page

kansas.responders.us/

SAMS Homepage (access to IMATS)

sams.cdc.gov/samsportal/default.aspx

KGMS

kgms.ks.gov/Default.aspx

From Federal Partners

CDC-RFA-TP19-1901

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) COOPERATIVE AGREEMENT

grants.gov/web/grants/view-opportunity.html?oppId=310318

The Centers for Disease Control and Prevention

cdc.gov

2019-2024 PHEP Cooperative Agreement CDC-RFA-TP19-1901 and subsequent budget period documents

cdc.gov/cpr/readiness/phep.htm

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