# Purpose

To encourage a collaborative and sustained approach to emergency/disaster readiness among healthcare organizations and community partners located in Indiana District 2. Although individual stakeholder priorities may differ, the ultimate goal of the Coalition is consistency of preparation, response, and recovery efforts before, during, and after emergencies and other incidents which impact the public health of residents who reside in the district.

# HCC Geographical Boundaries

All of the District 2 counties and local municipalities within the following counties:

* Elkhart
* Fulton
* Kosciusko
* Marshall
* Pulaski
* Starke
* Saint Joseph

# HCC Membership

The District 2 Healthcare Coalition (herein referenced as HCC) consists of members who contribute to the planning, assessment, and response of operations related to an emergency/disaster within the district. Utilizing a variety of stakeholders to identify gaps and mitigation strategies, the HCC ensures that the community has the necessary medical equipment, supplies, real-time information, appropriate communication equipment and systems, and trained health care personnel to respond effectively to an emergency.

Stakeholders consist of Core HCC members and additional HCC members as outlined below and herein. The District 2 HCC specific membership is further identified by facility, organization and/or agency in Appendix A of the HCC Governance Document. Membership is limited to the geographical boundaries of the coalition; however, support is not.

## HCC Core Membership

At minimum, the District 2 Healthcare Coalition will include the following Core 4 Membership:

* Hospitals (a minimum of two acute care hospitals)
* EMS (including facility and other non-EMS patient transport systems)
* Emergency management organization(s)
* Public health agency(s)

## HCC Additional Membership

In cases where there are multiple entities of an HCC member type, there may be a sub-committee structure that establishes a lead entity to communicate common interests to the HCC.

These organizations include but not limited to:

* Behavioral health services and organizations
* Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
* Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks
* Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
* Home health agencies (including home and community-based services)
* Infrastructure companies (e.g., utility and communication companies)
* Jurisdictional partners, including cities, counties, and tribes
* Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
* Local public safety agencies (e.g., law enforcement and fire services)
* Medical and device manufacturers and distributors
* Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
* Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
* Primary care providers, including pediatric and women’s health care providers
* Schools and universities, including academic medical centers
* Skilled nursing, nursing, and long-term care facilities
* Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
* Other (e.g., childcare services, dental clinics, social work services, faith-based organizations)

# Organizational Structure

All members of the Executive Committee, General, Sub, and Special Committee(s) shall be HCC Members in Good Standing per the HCC Member Guidelines for Participation and Engagement outlined herein, Section: HCC Member Guidelines for Participation and Engagement.

## HCC EXECUTIVE COMMITTEE

The D2 HCC Executive Committee will consist of the following seven representatives:

* 2 Members - Hospital Representative (Chair and Co-Chair of HPP)
* Public Health Representative
* Emergency Management Representative
* Emergency Medical Services (EMS) Representative
* Member(s) at Large

These seven representatives shall be chosen from General or Sub-Committee representatives as appropriate (e.g., Hospital Representative is the Representative for the Hospital Committee).

The HCC Executive Committee will vote (one each) on all matters including but not limited to Healthcare Coalition Funding, Planning, Operations, Resource Allocations and Strategic Goals and Objectives.

HCC/D2HPPC Officers

HCC Officer Positions shall consist of Chair, 1st Vice Chair and 2nd Vice Chair, with the remaining four representatives as general committee members. The Administrative Assistant will record the minutes from the meetings but has no vote.

Election of the HCC Officer positions shall follow the procedures outlined in the D2HPPC Bylaws.

HCC/D2HPPC Officer Roles & Responsibilities

* Chair

– Shall serve 2-year term (even year elections)

* Establish the agenda for the D2 HCC and Executive Meetings
* Preside at the HCC and Executive Committee Meetings
* Call vote by committee outside of HCC governance document
* Co-Sign authorizations for payment to the 501c3 Fiscal Agent
* Leads the annual performance review of the HCC Contractors in conjunction with 1st Vice-Chair and Executive Committee members (if applicable)
  + 1st Vice-Chair
* Shall serve 2-year term (odd year elections)
* Perform the duties of the Chair in his/her absence.
* Be responsible for the program and arrangements at the HCC meetings in the absence of the chair.
* Ability to co-sign authorizations for payment to the 501c3 fiscal agent
* The Co-Chair has the option to ascend to the Chair position if desired
  + 2nd Vice-Chair

– Shall serve 1 year term

* Perform the duties of the Chair/1st Vice Chair in his/her absence.
* Be responsible for the program and arrangements at the HCC meetings in the absence of the chair/1st Vice Chair.
* District 2 PHEPCA Representative/LHD Liaison, is voted on by the LHD Group annually.

Executive Committee Quorum

For voting purposes, a quorum of 51% is required. In the event that any of the seven Executive Committee members are not available in person, the quorum will take place via tele/video conference.

## GENERAL, SUB-COMMITTEES, AND SPECIAL COMMITTEES

All committee representatives will be responsible for speaking on behalf of their constituents to the Executive Committee and HCC members including but not limited to planning, response, resource(s), policy formation, training and exercise, hazards & mitigation, and all other items as it pertains to the HCC. No one person shall become a committee representative of more than one committee at any time. It is permissible to hold these meetings via tele/video conference.

General Committees

The following General Committees shall exist within the HCC:

* Hospital Committee
* Public Health Committee
* Emergency Management Committee
* Emergency Medical Services Committee
* Member(s) at large

General committees reflect the core membership type of the HCC. They consist of members of their respective discipline to lead the committee. They shall, at least bi-annually, nominate one (1) representative of this committee who shall sit on the Executive Committee as the appropriate representative. Selection of Committee representation, and thus Executive Committee membership, shall be in place for two years – unless a majority vote is made by the committee to reselect a representative, which in turn will designate a new Executive Committee member.

Terms of Officers

* EMS (General)- July 1 through June 30 even years
* EMA (General)- July 1 through June 30 odd years
* Public Health (Executive 2nd Vice Chair)- July 1 through June 30 annually
* Hospital 1 (Executive Chair)- July 1 through June 30 even years
* Hospital 2 (Executive 1st Vice Chair)- July 1 through June 30 odd years
* Member at Large 1 (General)- July 1 through June 30 even years
* Member at Large 2 (General)- July 1 through June 30 odd years

Sub-Committees

The following Sub-Committees shall exist within the HCC as appropriate:

* Long Term Care Committee
* Home Health Committee
* Ambulatory Surgery Committee
* Etc., Other Additional Member Types

The additional Sub-Committees shall be formed as appropriate to represent the HCC members representing “Additional Member Type”. Each committee shall select one representative to lead the committee. The representative(s) are not eligible for Executive Committee Membership representing the four General Committees,

Sub-Committees may form or dissolve as appropriate based upon the number of individual member types. For example, very small membership from one membership type may not constitute the existence of a Sub-Committee, where large numbers of membership may require one.

Special Committees

Other committees may be formed as appropriate to better achieve common goals. These special committees may consist of multiple organization types, aligned at achieving particular functions. Examples are not limited to but may include; Planning and Response Committee, Mitigation and Risk Assessment Committee, Resource Coordination, and Information Sharing Committee, etc. As with other committees, each Special Committee formed shall annually select one representative to lead the committee and liaise with the Executive Committee. District 2 has three (5) Special Committee’s already formed which consist of the following;

* Planning Committee
* Finance and Administration Committee
* Training Committee
* IMT Committee
* Communications Committee

# Election Process

All elections shall be made at first regularly scheduled HCC meeting of the July 1- Jun 30th Fiscal year no later than August 15th of current year.

The General Committee representatives for Hospital, EMS, EMA, Public Health, and the Member(s) at Large shall be done by vote at the beginning of a new two-year term. Voting may take place virtually via survey, in person, or via absentee ballot submitted to Administrative Assistant or Readiness and Response Coordinator.

All Executive Committee Officer Elections shall be done by vote at the beginning of a new two-year term- excluding the PHEPCA Representative/LHD Liaison who holds a one-year term. Voting may be done virtually, in person, or by absentee ballot and if requested by any Executive Committee Member, secret ballot.

At any time, by a majority vote of the Executive Committee can call for re-election of any position.

All General Committee and Sub-Committee’s reserve the right at any time to call for re-election of representation. Re-election shall commence if majority vote indicates.

In the case of a vacated General Committee officer position, the remaining Executive Board officers shall appoint an appropriate interim member to finish the respective term until the next scheduled election.

# HCC Administrative Rule & Operational Functions

The HCC General Membership by and through its Executive Committee Representative(s) specific responsibilities include but are not limited to the following:

* + - 1. Advise HCC members directly on matters regarding their respective organization, agency and/or facility pertaining to healthcare preparedness.
      2. Develop Healthcare Preparedness and Response Plans
      3. Work to achieve Healthcare Preparedness Capabilities; performance measures and to maintain minimum levels of readiness.
      4. Participate in planning and exercise/trainings and workshops.
      5. Monitor progress for each capability as described by the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Indiana State Department of Health Division of Emergency Preparedness based on the terms agreed upon within the ASPR grant agreement.
      6. Develop, sustain and/or improve District Preparedness & Response projects related to the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Indiana State Department of Health Division of Emergency Preparedness based on the terms agreed upon with the ASPR Grant.
      7. Coordinate with local, regional, and state officials/jurisdictions in planning efforts for the healthcare community.
      8. Identify and determine gaps in planning, resources, education, and training.
      9. Develop action plans to support educational and process refinement.
      10. Facilitate integration with local, regional, and state response partners.
      11. Assist in development and execution of exercises and drills based on identified needs/issues, formulate corrective action plans, and perform follow-up measures to ensure best practices have been identified and instituted.
      12. Disseminate planning and response initiatives to District partners.
      13. Provide and receive guidance and recommendations to/from General and Sub-Committees, including ad-hoc committees on planning initiatives, program development and grant expenditures.

# Member Participation and Engagement

All core and additional member types must meet the following minimum requirements to be considered an HCC Member in Good Standing.

HCC Executive Committee Meetings

HCC Executive meetings shall be conducted by the Executive Committee on a regular basis. These meetings will be held prior to all regularly scheduled HCC meetings. HCC Executive meetings require the presence of the following:

* + - HCC Executive Committee
    - HCC Readiness and Response Coordinator
    - HCC Administrative Assistant/ Logistics Chief
    - Planning Chief
    - Clinical Advisor
    - Sub-Committee Representatives (as needed)
    - Special Committee Representatives (as needed)

HCC Committee Meetings

HCC General Membership meets monthly with the exception of December. Subcommittee meetings shall occur at least quarterly and be open to the respective committee members. Committee meetings shall also occur as requested by the Executive Committee. These meetings may occur as part of other regularly scheduled meetings so long as the membership is consistent with the committee membership.

Member Participation

All HCC Core Members must submit a signed Letter of Participation for their agency upon joining the coalition. The Letter of Participation will include the requirements to remain in good standing with the coalition. Only members in good standing may vote on committee votes and request funding for coalition-based projects. Either the primary or alternate member will receive only one (1) vote regardless of number of agencies they oversee.

**ISDH Requests for Funding and Reimbursement**

An annual budget (July 1 – June 30) will be created and approved by HCC Executive Committee and presented to HCC (Executive and General Committees). The ASPR/CDC HPP-PHEP HCC Budget will be submitted to the ISDH DEP for approval prior to HCC encumbering any funds.

All requesting agency(s) will be active members of the District 2 HCC. All requests for funding will be submitted to the Executive Committee for review and approval. Quarterly financial reports will be provided to the full HCC membership.

ASPR/CDC HPP-PHEP funding shall not be approved for items outlined in the 2017-2022 HPP-PHEP Cooperative Agreement Restricted Items https://www.cdc.gov/phpr/readiness/00\_docs/PHEP-Funding-CDC-RFA-TP17-1701.pdf and included herein, Appendix A.

Funding reimbursement shall follow accounting procedures established by the fiscal agent and as outlined in the FA-HCC MOU.

Requests for Training must be specific to emergency preparedness and linked to an HPP-PHP Capability. The training must not be available free of charge (i.e., online, CDP, State Dept. of Health, Dept. of Homeland Security, etc.) and/or benefit to one specific agency, organization, or facility. Further, the training must not be offered and/or conducted to meet CMS Preparedness Rule Requirements specifically.

ISDH Division of Emergency Preparedness Requirements

All HCC Members will provide necessary documentation and participation information to their respective Executive Committee Member(s) to assist in completion of grant required reports, requests for information and annual requirements.

# Policies and Procedures

Governance Change

Requested changes shall be presented to the membership through General and Sub-Committees for review and commentary to representatives. All proposed changes to the HCC Governance shall be evaluated and voted on during the HCC Executive Meetings.

Orders of Succession

In the event of succession, the following shall be used:

Chair -> Co-Chair ->Executive Board Members ->Other Committee Representative

Each General, Sub, and Special Committee shall designate one (1) backup person for continuity in the event of an emergency.

Delegations of Authority

Selection of representation for each General and Sub-Committee provides authority of that representative to make decisions representing the particular organization type.

# Local Integration

The HCC is responsible for ensuring coordination and collaboration within each public health jurisdiction, as the ESF-8 lead for emergency management. This may include multiple ESFs, as the HCC jurisdiction contains multiple public health jurisdictions. While Emergency Management in and of itself is integrated into the Healthcare Coalition, the appropriate incident management structure shall be followed during response whereas the HCC serves as a resource to each ESF-8. The HCC shall additionally follow all resource requests through the appropriate local jurisdictional channels, particularly with the local ESF-8 for healthcare related requests. In some instances, this may require working with multiple ESF-8 representatives simultaneously.

# Contracted Employees

* Readiness and Response Coordinator: handles the operations of the healthcare coalition.
* Administrative Assistant/Logistics Chief: Assist the Readiness and Response Coordinator as well as inventory of logistical supplies.
* Planning Chief: writes and reviews all healthcare coalition plans.
* Clinical Advisor: acts as District advisor from a hospital perspective.

The contracted employees answer to the Fiscal Agent.

# Fiscal Agent

The HCC shall select a Fiscal Agent(s) to serve at the discretion of the HCC. Fiscal Agent shall be responsible for compliance with any and all funding restrictions as appropriate. As approved by the HCC Executive Committee, the Fiscal Agent shall receive administrative funding from the HCC to perform duties of the Fiscal Agent as requested and approved by the HCC Executive Committee.

The HCC and Fiscal Agent(s) shall have a Memorandum of Understanding (MOU). The MOU will be reviewed, and updated if applicable, annually by both parties.

# Appendix A

**ASPR Grant Funding Restrictions**

Restrictions that must be considered while planning the programs and writing the budget are:

• Awardees may not use funds for research.

• Awardees may not use funds for clinical care except as allowed by law. For the purposes of this FOA, clinical care is defined as "directly managing the medical care and treatment of patients.”

• Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.

• Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

• Reimbursement of pre-award costs generally is not allowed unless the CDC provides written approval to the awardee.

• Other than for normal and recognized executive-legislative relationships, no funds may be used for:

o publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body

o the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

• The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

• Awardees may not use funds for construction or major renovations.

• Awardees may supplement but not supplant existing state or federal funds for activities described in the budget.

• Payment or reimbursement of backfilling costs for staff is not allowed.

• None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or $187, 000 per year.

• Awardees may use funds only for reasonable program purposes, including travel, supplies, and services.

• Awardees may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.

• HPP and PHEP funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts

• HPP and PHEP funds may not be used to purchase or support (feed) animals for labs, including mice. Any requests for such must receive prior approval of protocols from the Animal Control Office within CDC and subsequent approval from the CDC OGS.

• Recipients may not use funds to purchase a house or other living quarters for those under quarantine.

• HPP and PHEP awardees may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award.

• PHEP awardees cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.

• PHEP awardees can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas- driven motorized carts.

• PHEP awardees can (with prior approval) use funds to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.

• PHEP awardees can use funds to purchase caches of antibiotics for use by first responders and their families to ensure the health and safety of the public health workforce.

• PHEP awardees can use funds to support appropriate accreditation activities that meet the Public Health Accreditation Board’s preparedness-related standards.

• HPP awardees cannot use funds to support standalone, single-facility exercises.

• HPP awardees cannot spend HPP funds on training courses, exercises, and planning resources when similar offerings are available at no cost.

**HPP Vehicle Purchase**

• Non-public road vehicles: HPP grant funds **can** (with prior approval) be used to purchase health care coalition material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move health care coalition materials, supplies and equipment (such as forklifts, lift trucks, turret trucks, etc.). Vehicles must be of a type not licensed to travel on public roads.

**HPP Vehicle Leasing and Hauling Agreements**

Passenger road vehicles:

• HPP grant funds **cannot** be used to purchase over-the road passenger vehicles.

• HPP grant funds **can** (with prior approval) be used to procure leased or rental vehicles as means of transportation for carrying people (e.g., passenger cars or trucks) during times of need. Examples include transporting health care coalition leadership to planning meetings, to an exercise, or during a response.

Transportation of medical material**:**

• HPP grant funds **can** (with prior approval) be used to procure leased or rental vehicles for movement of materials, supplies and equipment by HCC members.

• Additionally, HPP grant funds **can** (with prior approval) be used for health care coalitions to make transportation agreements with commercial carriers for movement of health care coalition materials, supplies and equipment. There should be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum, the following elements:

o Type of vendor

o Number and type of vehicles, including vehicle load capacity and configuration

o Number and type of drivers, including certification of drivers

o Number and type of support personnel

o Vendor’s response time

o Vendor’s ability to maintain cold chain, if necessary to the incident

• This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meeting with the designated vendor. All documentation should be available to the FPO for review if requested.

**Deployment of HPP and PHEP Funded Personnel, Equipment, and Supplies during Emergencies via the Emergency Management Assistance Compact (EMAC)**

Deployment of HPP- and PHEP-funded equipment, supplies and personnel via the Emergency Management Assistance Compact (EMAC) for the purpose of mutual aid and assistance between states during a governor declared State of emergency or disaster is permitted, but is subject to the Federal provisions of 45 CFR 75. However, affected States must notify their CDC Grants Management Specialist within a 24-hour period of the personnel, services and/or equipment being loaned out for the emergency. Awardees should follow their state legislation which governs how they will operate during an emergency or when another state requests assistance via EMAC. Awardees may reference the EMAC website for detailed information via [www.emacweb.org](http://www.emacweb.org) . Additional guidance can be found in the 2017-2022 HPP-PHEP Supplemental Guidelines.

**Use of HPP Funds during a Declared Emergency**

Consistent with section 319C-2 of the PHS Act, HPP funds may only be used to support activities that prepare States for public health emergencies and to improve surge capacity. There are two situations when States (see definition) may use HPP funds during a State or locally declared emergency, disaster, or public health emergency (hereafter referred to as an “emergency”). These situations and related criteria are described below.

Situation 1: HPP Staff Conducting Activities Consistent with Approved Project Goals

Awardees may use HPP funds to support positions performing preparedness-related activities consistent with the awardee’s project goals and may utilize those positions within any phase of the disaster cycle, provided that the staff members in those positions continue to do work within statutory limitations, the notice of award, and the approved spending plan. For example, an employee’s salary may be permissible for response activities if that employee is carrying out the same responsibilities he or she would carry out as part of his or her preparedness responsibilities.

Situation 2: Using a Declared Emergency as a Training Exercise

Under certain conditions, HPP funds may, on a limited, case-by-case basis, be reallocated to support response activities to the extent they are used for purposes provided for in Section 319C-2 of the PHS Act (the program’s authorizing statute), applicable cost principles, the funding opportunity announcement, and the awardee’s application (including the jurisdiction’s all-hazards plan). Awardees should contact their assigned HPP project officer and grants management specialists for guidance on the process to make such a change. ASPR encourages awardees to develop criteria such as costs versus benefits for determining when to request a “scope-of-work” change to use a real incident as a required exercise.

The request to use an actual response as a required exercise and to pay salaries with HPP funds for up to seven days will be considered for approval under these conditions:

• A state or local declaration of an emergency, disaster, or public health emergency is in effect.

• No other funds are available for the cost.

• The awardee agrees to submit within 60 days (of the conclusion of the disaster or public health emergency) an after-action report, a corrective action plan, and other documentation that supports the actual dollar amount spent.

Note: A change in the scope of work is required to use an actual event as an exercise whether or not funds are needed to support salaries. Also, regardless of the amount of money used in response to an event, the State is still required to meet all the requirements of the original award.

**HPP General Funding Guidance**

HPP funding must primarily support strengthening health care system preparedness through the collaborative development of HCCs that prepare and respond as an entire regional health system, rather than individual health care organizations. HPP recognizes that, at the conclusion of the previous project period (2012-2017), some awardees only funded HCCs, some funded individual health care entities (with a requirement that they participate in regional preparedness efforts), and others funded a mixture of HCCs and individual health care entities.

During this project period (2017-2022), beginning in Budget Period 1, all awardees must allocate funding to HCCs. For Budget Period 1, ASPR still permits providing direct funding from the awardee to individual health care entities for regional preparedness efforts; however, ASPR expects that as the project period progresses, the awardee’s funding strategy will include allocating funding to HCCs in a graduated manner – such HCC funding should increase incrementally over the five-year project period.

As awardees allocate more funding to HCCs each year, individual health care entities can continue to receive HPP funding, through the HCC, to ensure regional coordination and collaboration. HCCs will determine the amount of funding for health care entities upon review of coalition projects, as well as health care entity projects, based on the funding priorities for each budget period. This process will ensure that HCC activities contribute to the overarching readiness, preparedness, and resilience of health care systems.

Awardees may retain direct costs for the management and monitoring of the HPP cooperative agreement during the 2017-2022 project period. Awardee-level direct costs are defined as personnel, fringe benefits, and travel. Because the goal is to support HCCs and their health care system partners, awardees must limit these direct costs to no more than 18 percent of the HPP cooperative agreement award.

By the end of Budget Period 5, awardees must limit these direct costs to no more than 15 percent of the HPP cooperative agreement award.

ASPR will consider requests for exemptions on a case-by-case basis. Requests for exemption must be submitted with the Budget Period 1 application. Requests for exemption will be strengthened by letters of support from the HCCs and the jurisdiction’s hospital association indicating these entities understand and agree with the amount the awardee is retaining for awardee-level direct costs. Please note that concurrence is not required, only recommended if an awardee is requesting an exemption.

Within the first 60 days of each budget period, all awardees must provide a detailed spend plan, including all budget line items, to all HCCs within their jurisdiction and any interested health care entity. This spend plan must also be sent to FPOs.

Awardees are not required to submit position descriptions for HPP funded-staff with the application. However, awardees may be required to submit this information to HPP if the roles and responsibilities of the employee(s), and how they support health care preparedness are not clear in the budget narrative section of the application.

**HPP Funding Limitations for Individual Healthcare Facilities**

HPP awardees and their sub recipients may provide funding to individual hospitals or other health care entities, as long as the funding is used for activities to advance regional, HCC, or health care system wide priorities, and are in line with ASPR’s four health care preparedness and response

capabilities. Funding to individual health care entities is not permitted to be used to meet Centers for Medicare and Medicaid Services (CMS) conditions of participation, including CMS-3178-F Medicare and Medicaid Programs: Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. CMS-3178-F requires providers and suppliers to the following conditions of participation.

• Development of an emergency plan: Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier. HPP funding may **not** be provided to individual health care entities to meet this requirement; however, ASPR encourages HCCs to provide technical assistance to their individual members to assist them with the development of their emergency plans. HCCs are permitted to use HPP funding to develop the staffing capacity and technical expertise to assist their members with this requirement.

• Develop policies and procedures: Develop and implement policies and procedures based on the plan and risk assessment. HPP funding may not be provided to individual health care entities to meet this requirement; however, ASPR encourages HCCs to provide technical assistance to their individual members to assist them with the development of policies and procedures. HCCs are permitted to use HPP funding to develop the staffing capacity and technical expertise to assist their members with this requirement.

• Develop and maintain a communication plan: Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems. HPP funding may not be provided to individual health care entities to meet this requirement; however, ASPR encourages HCCs to provide technical assistance to their individual members to assist them with the development a communication plan that integrates with the HCC’s communications policies and procedures. HCCs are permitted to use HPP funding for costs associated with adding new providers and suppliers to their HCC who are seeking to join coalitions to coordinate patient care across providers, public health departments, and emergency systems (e.g., hiring additional staff to coordinate with the new members, providing communications equipment and platforms to new members, conducting communications exercises, securing meeting spaces, etc.)

• Develop and maintain a training and testing program: Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan. HPP funding may not be provided to individual health care entities for individual health care organizations’ trainings and exercises. HPP funding may be used to plan and conduct trainings and exercises at the regional or HCC level.