

Public Health Emergency Preparedness (PHEP) Budget Period 2 – Supplemental Guidance and Resources

Modified Requirements for U.S. Territories and Freely Associated States

January 2020

CDC recognizes the unique infrastructure and geographic challenges faced by the U.S. territories and freely associated states. Public health preparedness efforts in those locations face many challenges. These include geographical isolation, supply, transportation, public health and health care system configuration, Internet availability, and other distinctive infrastructure capacities. Because of these differences, CDC has modified the 2019-2024 Public Health Emergency Preparedness (PHEP) cooperative agreement requirements for American Samoa, Commonwealth of the Northern Mariana Islands (CNMI), Guam, Federated States of Micronesia, Republic of the Marshall Islands, Republic of Palau and U.S. Virgin Islands (territories and freely associated states). These modified requirements do not apply to Puerto Rico.

Many of the PHEP requirements remain intact for these seven territories and freely associated states. However, CDC has modified PHEP Budget Period 2 (BP2) programmatic and financial requirements to account for differences in geography and infrastructure. For detailed information on each respective requirement, see the Strategies and Activities section of the [2019-2024 PHEP cooperative agreement notice of funding opportunity \(NOFO\)](#).

Financial Modifications

The HHS Grants Policy Statement (HHS GPS) provides the terms and conditions for all CDC grants and cooperative agreements. The policies contained in the HHS GPS apply to all PHEP recipients, including the requirements of 45 CFR part 74 or 45 CFR part 92. However, the seven territories and freely associated states are not required to comply with requirements for matching funds and maintaining state funding.

Territories and freely associated states must comply with the terms and conditions set forth in their Notices of Award.

Administrative Requirements

The following programmatic requirements apply to the seven territories and freely associated states. For complete details for each requirement, please refer to the Project Description section of the PHEP NOFO.

Participate in Program Monitoring Activities

Irrespective of technological and geographic challenges, recipients must ensure their participation in the following activities.

- Required regularly scheduled calls with PHEP specialists to provide updates on current work plan activities and unobligated program funding amounts.



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- Required quarterly calls with medical countermeasure (MCM) specialists to provide updates on current MCM activities and gaps.
- Identification and development of technical assistance needs that can bolster preparedness planning efforts.
- Site visits (including reverse visits) and other accountability processes at least once every 24 months to 36 months. Recipients are encouraged to invite CDC staff to attend or observe events such as scheduled exercises, regional meetings, jurisdictional conferences, senior advisory committee meetings, and coalition meetings supported by PHEP funding to gain insight on strengths and challenges in preparedness planning.
- Have fiscal and programmatic systems in place to document accountability and quality improvement.
- Maintain all program documentation for purposes of data verification and validation.
- Participation in regularly scheduled Pacific Islands Preparedness Emergency Response (PIPER) calls.
- Quarterly reconciliation of the PHEP program's financial records in the Payment Management System. Recipients must ensure accurate accounting and timely expenditures of funds. CDC suggests regular meetings between program and fiscal staff be held to ensure funds are being liquidated as program activities are being conducted.

Comply with Program Administration and Reporting Requirements

All PHEP recipients are required to submit mandatory programmatic documents and deliverables according to program instructions. All PHEP recipients also must comply with other requirements associated with statute and HHS GPS. Failure to submit required documentation or deliverables in a timely manner may adversely affect future funding. With consideration to the technological and geographic challenges territories and freely associated states face, the following concessions may be available upon request.

- If required documentation cannot be provided by the due date, the recipient must contact the CDC Office of Grants Services (OGS) 10 business days prior to the submission date to request an extension. This request must be submitted via email to the grants management officer and the PHEP specialist, including a reason for the requested extension and the new requested submission date.
- Only with prior approval from OGS and the PHEP specialists can recipients submit deliverables outside of the designated information technology (IT) system.
- Corrective action plans or financial penalties may be instituted for recipients that miss submission deadlines.
- Corrective action plans and financial penalties may be instituted for recipients that do not meet PHEP benchmarks.

Participate in Essential Meetings and Trainings

The following meetings are mandatory for the seven territories and freely associated states. Recipients should budget travel funds accordingly.

- Participation in the National Association of County and City Health Officials (NACCHO) Preparedness Summit and PHEP recipient meeting every other year.



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- Participation in the PIPER Summit every other year. This requirement must be met in the opposite year of the NACCHO Preparedness Summit.

Programmatic Requirements

The following information represents only the modifications made to the requirements. For complete details of each requirement, please refer to the Strategies and Activities section of the PHEP NOFO.

Domain 1: Community Resilience

Ensure ESF Cross-Discipline Coordination and Partner and Stakeholder Collaboration

Public health preparedness is achieved when component partners at the federal, state, local, tribal, territorial, and nongovernmental levels work in synergy to prepare for, respond to, and rapidly recover from health security incidents and emergencies. Because of their diverse private and public businesses and public health structure, territories and freely associated states have the flexibility to determine the types of cross-discipline partners and stakeholders. Suggested partners include health care entities, emergency management agencies, emergency medical service providers, mental health agencies (including the country's mental health authority and disaster behavioral health coordinator), community organizations, older adult-serving organizations, and educational agencies and state child care lead agencies. Territories and freely associated states are required to provide a list of applicable partners at the time of application. This list should be saved as "Cross-Discipline Partner and Stakeholder List" and uploaded into PERFORMS at the time of application.

Establish and Maintain Senior Advisory Committee

All PHEP recipients are required to establish and maintain advisory committees comprised of senior officials from governmental and nongovernmental organizations. Because of the diverse governmental structures, territories and freely associated states have flexibility to determine the types of community partners and stakeholders that will comprise their advisory committee. Territories and freely associated states are required to provide a list of applicable partners that will comprise the advisory committee at the time of application. This list should be saved as "Senior Advisory Committee List" and uploaded into PERFORMS at the time of application.

Coordinate with Community-based Organizations

Recipients must continue to build and sustain community partnerships to support preparedness and response to ensure activities have the widest possible reach with the strongest possible ties to the community. To meet this requirement, territories and freely associated states must provide a list of applicable community partners with established relationships with diverse, at-risk populations, such as social service organizations, at the time of application. This list should be saved as "Community-based Organizations List" and uploaded into PERFORMS at the time of application.

Plan for the Whole Community

Recipients must continue to build and sustain state and community partnerships to ensure that activities have the widest possible reach with the strongest possible ties to the community. Since first receiving PHEP funding, the U.S. territories and freely associated states in the Pacific have planned regionally with their island neighbors. Consistent regional planning is now considered an expectation of effective whole community planning for the seven territories and freely associated states. To meet this requirement, CDC recommends recipients identify community partners with established



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relationships with diverse at-risk populations and use available tools to better anticipate the potential access and functional needs of at-risk community members before, during, and after an emergency. All PHEP recipients are required to address the unique needs of at-risk populations in their plans, training, exercises, and responses. Recipients must continue to build and sustain community partnerships to ensure that activities have the widest possible reach with the strongest possible ties to the community.

In addition to the list of applicable partners listed in the 2019-2024 NOFO, whole community planning for the territories and freely associated states must include engagement with the following offices or organizations.

- State Unit on Aging or equivalent office
- Child and Youth Education and Child Care Organizations
- Persons with Disabilities
- Seniors
- Pregnant Women
- Tourism Industry
- Fishing Industry
- Office of Cultural Heritage or equivalent office
- Other at-risk populations as identified by jurisdictional risk assessment
- World Health Organization (WHO) and U.S. Department of State, when applicable

Strengthen and Implement Plans through Training and Exercising

In addition to requirements set forth for all PHEP recipients, territories and freely associated states have the following planning, training, and exercising requisites.

Prioritize development of comprehensive plans.

In accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) planning approach, every exercise program begins with the necessary assessment of a jurisdiction's threats, vulnerabilities, and capabilities. The completion of a jurisdictional risk assessment (JRA), the HHS Capabilities Planning Guide (CPG) self-assessment, and assessments of prior after-action reports (AARs), give recipients a clear pathway to identify strengths and areas of improvement. Plans should be developed with consideration to the gaps and risks identified in these assessments. Territories and freely associated states should prioritize completing or updating plans by the end of Budget Period 2 (BP2).

Develop gap-based training.

Territories and freely associated states should ensure that education and training opportunities exist to address gaps in capabilities and those that are prioritized by CPG and JRA data. Recipients are required to demonstrate gap-based trainings in their multiyear training and exercise plan (MYTEP). CDC encourages territories and freely associated states to consider joint training with partners to reduce costs and build relationships.

Use HSEEP framework for exercise program development.

CDC requires territories and freely associated states to adopt an HSEEP framework in their planning and exercising to ensure a consistent and interoperable approach to planning, exercise design and development, conduct, evaluation, and improvement planning. An effective exercise program helps

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jurisdictions maximize efficiency, resources, time, and funding by ensuring that exercises are part of a coordinated, integrated approach to building, sustaining, and delivering capabilities. This approach — often referred to as multiyear planning — begins when public health, emergency partners, key stakeholders, and community stakeholders identify and develop multiyear exercise priorities informed by existing assessments, strategies, and plans. These long-term priorities help exercise planners design and develop a progressive program of individual exercises to build, sustain, and deliver stronger public health capabilities.

CDC requires to build effective exercise programs that promote a multiyear approach to:

- Engaging key stakeholders and partners in the planning process, including regional PHEP recipients.
- Establishing multiyear exercise priorities to include the functional exercise with critical workforce groups
- Developing MYTEPs
- Maintaining rolling summaries of exercise outcomes and areas of improvements
- Managing exercise program resources

Recipients should develop these activities in consultation with their PHEP specialists.

Conduct evaluation and improvement planning.

The evaluation of exercises and training is vital to inform the corrective action process. Therefore, all PHEP recipients are required to develop evaluative processes to review, revise, and maintain plans based on the resulting priorities, needs, findings, and corrective actions of exercises, real incidents, trainings, or needs assessments of the jurisdiction. These processes must result in after-action reports (AARs) and improvement plans (IPs), redacted as necessary. An AAR must be completed within 120 days after every functional exercise (FE), full-scale exercise (FSE), or incident involving public health. AAR/IPs for required exercises and real incidents must be made available to CDC within 120 days of completion to satisfy exercise requirements.

Build sustainable exercise programs.

Irrespective of any geographic, technological, and resource challenges, improvement planning is a vital part in the preparedness cycle. CDC requires territories and freely associated states to develop sustainable exercise programs, wherein each exercise becomes a supporting component of a larger exercise program with overarching priorities.

To ensure sustainability of the preparedness cycle, CDC requires territories and freely associated states to have at least one staff member who has been trained in HSEEP methodology.

Domain 2: Incident Management

Conduct Training, Exercise, and Planning Workshop (TEPW) and Submit Annual MYTEPs.

All PHEP recipients must maintain a system of regular training and exercises with a focus on continual improvement to ensure staff, partners and other stakeholders are familiar with jurisdictional preparedness plans and operations, as well as designated preparedness roles. Territories and freely associated states must participate in the jurisdiction's training, exercise and planning workshop (TEPW) once every two years. Additionally, the MYTEP can cover three years of training and exercise plans,



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instead of two. AARs must be completed within 120 days after every FE, FSE, or incident involving public health.

Domain 3: Information Management

There are no modified requirements for Domain 3.

Domain 4: Countermeasures and Mitigation

Demonstrate Operational Readiness for Pandemic Influenza

Territories and freely associated states must ensure they can support MCM distribution and dispensing for all-hazards events.

To comply with statutory requirements and the priority resource planning and other elements specified in Capabilities 8 and 9, territories and freely associated states must have plans in place for demonstrating operational readiness to receive, stage, store, distribute, and dispense MCMs including medications and medical supplies received from the Strategic National Stockpile.

Like other PHEP recipients, territories and freely associated states must document a number of elements to demonstrate operational readiness for pandemic influenza.

To comply with statutory requirements and the priority resource planning and other elements specified in Capabilities 8 and 9, territories and freely associated states must have plans in place for demonstrating operational readiness to receive, stage, store, distribute, and dispense MCMs including medications and medical supplies received from the Strategic National Stockpile.

Conduct Inventory Management Tracking System and Data Exchange Annual Tests

All PHEP recipients must provide inventory counts to CDC during a public health emergency. To document compliance, territories and freely associated states may submit Excel spreadsheets (if CDC's Inventory Management and Tracking System is unavailable) to respond to CDC inventory requests.

Update Receipt, Stage, and Store (RSS) Site Surveys

Territories and freely associated states must maintain at least one RSS site, instead of two. However, two sites are encouraged. RSS sites must be validated every three years.

Submit Required MCM ORR Forms and Documentation

Territories and freely associated states must submit or update ORR forms and documentation according to the rhythm established for PHEP recipients, as described in CDC ORR guidance.

Domain 5: Surge Management

There are no modified Domain 5 requirements.

Domain 6: Biosurveillance

Territories and freely associated states do not have Laboratory Response Network-Biological or Laboratory Response Network-Chemical requirements.

For additional information, please refer to the 2019-2024 PHEP NOFO or contact the respective PHEP

specialist.

