

2019-2024 Public Health Emergency Preparedness (PHEP) Notice of Funding Opportunity – Supplemental Guidance and Resources

Modified Requirements for U.S.-Affiliated Pacific Islands (USAPI) and U.S. Virgin Islands (USVI)

March 2019



Modified Requirements for USAPI and USVI

CDC recognizes the unique infrastructure and geographic challenges faced by the U.S.-affiliated Pacific Islands (USAPI) and U.S. Virgin Islands (USVI). Public health preparedness efforts and challenges in the USAPI and USVI differ from the U.S. mainland due to several factors. 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 USVI. These modified requirements do not apply to Hawaii or Puerto Rico.

Modified Requirements for USAPI and USVI Recipients

Many of the PHEP requirements remain intact for USAPI and USVI. However, CDC has made modifications to account for differences in geography and infrastructure. Following are the modified USAPI and USVI programmatic and financial requirements. 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, USAPI and USVI recipients are not required to comply with requirements for matching funds and maintaining state funding. USAPI and USVI must comply with the terms and conditions set forth in their Notices of Grant Award.

Administrative Requirements

The following programmatic requirements apply to the seven USAPI and USVI recipients. For complete details for each requirement, please refer to the Project Description section of the NOFO.

Participate in Program Monitoring Activities

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

- Required monthly calls with PHEP specialists to provide updates on current work plan activities and unobligated program funding amounts.
- Required quarterly calls with medical countermeasure (MCM) specialists to provide updates on current MCM activities and addressing action plan gaps.
- Identification and development of technical assistance needs that can bolster preparedness planning efforts.
- Site 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



Modified Requirements for USAPI and USVI

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 participation in the 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 presented by USAPI and USVI, the following concessions may be available upon request.

- If required documentation cannot be provided by the due date, the recipient must contact the 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 submission date.
- Only with prior approval from OGS and the PHEP specialists can recipients submit deliverables outside of the designated IT system.
- Corrective action plans or financial penalties may be instituted for recipients that missed 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. 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.
- Biannual participation in the Pacific Islands Preparedness Emergency Response (PIPER) Summit. This USAPI-only requirement must be met in the opposite year of the NACCHO



Modified Requirements for USAPI and USVI

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 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, USAPI and USVI recipients 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. USAPI and USVI recipients 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, USAPI and USVI recipients have flexibility to determine the types of community partners and stakeholders that will comprise their advisory committee. USAPI and USVI recipients 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, USAPI and USVI recipients 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.



Modified Requirements for USAPI and USVI

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. To meet this requirement, CDC recommends recipients identify community partners with established 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 USAPI and USVI recipients 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

Strengthen and Implement Plans through Training and Exercising

In addition to requirements set forth for all PHEP recipients, USAPI and USVI recipients 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), gives 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. USAPI and USVI recipients should prioritize completing or updating plans by the end of Budget Period 2 (BP2).

Develop gap-based training.

USAPI and USVI recipients 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

Modified Requirements for USAPI and USVI

encourages USAPI and USVI to consider joint training with partners to reduce costs and build relationships.

Use HSEEP framework for exercise program development.

CDC requires USAPI and USVI recipients 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 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 USAPI and USVI recipients to build effective exercise programs that promote a multiyear approach to:

- Engaging key stakeholders and partners in the planning process
- Establishing multiyear exercise priorities
- Developing MYTEPs
- Maintaining rolling summaries of exercise outcomes and areas of improvements
- Managing exercise program resources

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 90 days after every functional exercise (FE), full-scale exercise (FSE), or incident involving public health. AAR/IPs must be made available to CDC for required exercises and real incidents within 90 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 USAPI and USVI recipients to develop sustainable exercise programs, wherein each exercise becomes a supporting component of a larger exercise program with overarching priorities.

Modified Requirements for USAPI and USVI

To ensure sustainability of the preparedness cycle, CDC requires USAPI and USVI recipients 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. USAPI and USVI recipients 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, instead of two. AARs must be completed within 90 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

USAPI and USVI recipients must ensure they can support MCM distribution and dispensing for all-hazards events; however, USAPI and USVI recipients need 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, USAPI and USVI recipients 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, USAPI and USVI 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

USAPI and USVI recipients must submit RSS site surveys for at least one RSS site, instead of two, every 12 months.

Modified Requirements for USAPI and USVI

Submit Required MCM ORR Forms and Documentation

The following forms must be submitted or updated as indicated.

Requirement	Modified USAPI/USVI Requirement	Submission Location
Submit Critical Contact Sheet (CCS)	Every 12 months (by June 30)	DCIPHER
Submit Receipt, Stage, and Store (RSS) Site Survey	Every 12 months (1 or more sites)	DCIPHER
Validate RSS Site	Every 3 years	DCIPHER
Submit Jurisdictional Data Sheet (JDS)	Every 12 months	DCIPHER
Submit Point of Dispensing (POD) Demographic Form	Every 2 years	DCIPHER
Conduct Facility Setup Drill	Once every other year, no later than June 30	DCIPHER
Conduct Staff Notification and Assembly Drill	Once annually, no later than June 30	DCIPHER
Conduct Site Activation Drill	Once annually, no later than June 30	DCIPHER
Conduct Successful IMATS or Information Data Exchange (IDE)	Once annually, no later than June 30	DCIPHER or Email excel spreadsheet to MCM specialist
Document TEPW through submission of Training and Exercise Planning Form	Once every 2 years	DCIPHER (Supporting Documents)
Document MYTEP through submission of Training and Exercise Planning Form	Once annually, no later than June 30	DCIPHER (Supporting Documents)

Modified Requirements for USAPI and USVI

Domain 5: Surge Management

There are no modified Domain 5 requirements.

Domain 6: Biosurveillance

USAPI and USVI recipients 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.

