ASPR Hospital Preparedness Program Recipient Webinar
July 31, 2024
Call Transcript

00:00:02.580 --> 00:00:05.670

Megan Wassef: I will now pass it over to Jennifer Hannah, who will open today's call.

00:00:11.280 --> 00:12:18.109

Jennifer Hannah: Thank you all for joining us today. As Megan already stated, my name is Jennifer Hannah, and I am the Director of the Office of Health Care Readiness, or OHCR. I will start by walking through our agenda. Next slide, please.

First, I will provide a few HPP recipient updates regarding end of year data collection as well as addressing the letter that you may have received from the ASPR around the funding decisions, just in case anyone didn't see that letter. I will then go over conditions of award relating to the new HPP period of performance. Next, Captain Paul Link will go over the Fiscal Year, or FY, 2024/ Budget Period, or BP, 1 Work Plan and Budget Narrative Template. We will then pause to answer any questions you might have. Afterwards, Dave Csernak, the Acting Regional Staff Supervisor and Region 10 Field Project Officer, will share a few updates about the Medical Response and Surge Exercise, or MRSE. Finally, we will have time at the end to answer any additional questions. Next slide, please.

So this year, ASPR will use the Cooperative Agreement Accountability and Management Platform, or CAAMP. That is the ASPR CAAMP (not to be confused with CDC's Ready CAAMP) for HPP Budget Period Five end of year data collection. CAAMP is a Salesforce-based platform that ASPR developed to support administering cooperative agreements and funding supplements. HPP end of year data collection for Budget Period Five will start on Thursday, August 1, 2024. The CAAMP data collection module will remain open for data submission until end of day Monday, September 30, 2024. ASPR has repurposed the HPP COVID-19 CAAMP community to collect HPP Budget Period Five end of year data.

ASPR is in the process of creating accounts for HPP recipient points of contact that are not currently in the CAAMP system. Recipients should receive a welcome email with instructions once their account is created. Please note, there may be instances where the welcome email is not delivered to the appropriate point of contact. Our HPP CAAMP support team is on standby to provide access to personnel who need access to the system.

We will host the first of two CAAMP training sessions next Wednesday, August 7, from 1:00 - 2:30 PM ET. Please note, registration is required for this training, and you will find a link to register in the next ASPR Health Care Readiness Bulletin. We will also schedule a second training session and weekly office hours to support recipients as they complete the end of year performance measure forms. You can learn more about future trainings in the ASPR Health Care Readiness Bulletin.

Similar to past data collection periods, ASPR will use an Excel form to collect additional performance measure data from recipients. For Budget Period Five data collection, the Excel form will be used for recipients to review, verify, and/or update organization membership details, county information, and health care coalition-to-county alignment data. These forms will be distributed via the SHARPER mailbox on Wednesday, August 7. Please contact the SHARPER mailbox with your Field Project Officer copied if you do not receive the form by August 7. If you

have any CAAMP-related questions or issues, please contact the HPP CAAMP Support Team mailbox using the email address listed on this slide. Next slide.

Regarding updates to the funding decisions: as you know, on July 11, ASPR awarded $240 million through the HPP cooperative agreement. We understand how critical these awards are to all recipients. After careful consideration, the Assistant Secretary for Preparedness and Response, Dawn O'Connell decided to keep the awards at the fiscal year, or FY, 2023 level for one additional year. While this decision-making process led to the delay, we want to ensure this funding is allocated based on a transparent and accountable system. ASPR will soon begin a rigorous process to evaluate what modifications should be made to the funding formula for FY 2025. Our goal is to ensure awardees continue to progress on preparedness efforts and strengthen communities for public health and medical threats. We want this effort to be transparent and collaborative so we will seek your input throughout this process. As a first step, we will soon release a Request for Information, or RFI, to better understand how existing data sources and information should be changed to reflect our current reality. Next slide, please.

Now, we will shift our focus to discussing the conditions of your HPP awards. OHCR is excited to kick off the FY 2024 – 2028 period of performance. I'm getting a little ahead of myself regarding the period of performance. Recipients must address and submit the following by September 3, 2024:

- A revised SF-424A Budget Information for Non-Construction Programs form based on the final federal award amount,
- A detailed Fiscal Year 2024/Budget Period 1, or BP 1, Work Plan, and
- A detailed Fiscal Year 2024/BP 1 Budget Narrative based on the final federal award amount.

We recommend that you use the ASPR HPP Work Plan and budget template posted in CAAMP. We have updated that template and as I stated, Captain Paul Link will walk through the updated template. We do encourage you to use the template which has now been posted in CAAMP, in the resources section under HPP community. In addition to what I've already stated for submission, please also submit:

- The partner engagement component of the project narrative,
- The evaluation and performance measure plan component of the project narrative,
- The Emergency Medical Services for Children, or EMSC, support letter, if not submitted with initial application,
- A Recipient Level Direct Costs, or RLDC, waiver request if applicable, and
- A Memorandum of Agreement or Understanding, if applicable.

Recipients may refer to the initial technical review posted in a Grant Note in GrantSolutions for additional reference. Our regional staff posted those technical reviews or sent those to the recipients for that initial submission that was provided on June 18. The technical review includes your Field Project Officer's programmatic recommendations and conditions of award. As a part of that response, just as a reminder, it should address all programmatic and budget conditions of awards, any identified weaknesses, recommendations, and requests for information.

Once again, please submit all documentation as a Grant Note in GrantSolutions by September 3, 2024. If you have any questions or further details, please contact your Field Project Officer. Next slide, please.

Many of you, certainly due to the delay of the Notice of Award, probably have questions about the Budget Period 1 deadlines. Given that we released the awards later than planned, and we know that it will take time to complete the required activities, we have shifted several of the activity deadlines for Budget Period 1, shown on this slide. And please note that these slides will be shared with you so that you can review each activity.

As you know, there were a number of activities that were due and that are due by December 31. We have adjusted those dates to January 31. Specifically, the Health Care Coalition Governance Document, Jurisdiction, Information, the Hazard Vulnerability Assessment, the Readiness Assessment, as well as the Training and Exercise Plan. *Note: The Training and Exercise Plan due date has been adjusted to March 31.*

We have adjusted the dates for the Strategic Plan for FY 2024 – 2028 for recipients, and the Health Care Coalition Readiness Plans. Those dates have moved to the right and are now due March 31, 2025, for both of those versus the original December 31 deadline. Just want to be mindful that although we have adjusted the dates for Budget Period 1, as noted with the activity deadlines, for those out years or subsequent years, those activities that require updated information, those deadlines will remain on December 31 for those subsequent years after Budget Period 1. But these are the current adjusted dates for some of the activities, as we said, for those that were due December 31 that we are now shifting to January 31 and for the Strategic Plan and Readiness Plan, we were adjusting and are moving those deadlines to March 31. Next slide, please.

I'll now pass it over to Captain Paul Link who will provide an overview of the FY 2024/BP 1 Work Plan & Budget Narrative template.

00:12:18.440 --> 00:27:50.729

CAPT Paul Link: Thank you, Jennifer and I'm going to go ahead and share my screen here. Alright, thanks everybody for joining us today. Hope everyone's having a wonderful day. We had office hours last week about this Work Plan and Budget and it went very well. We made some changes on it so if you have your document open or you've been working on your document, the version we want you to use if you haven't started is the document that's currently in CAAMP. It should have a signifier of July 26, 2024, on it, and you'll see certain things that are not in the original template sent out on June 11. You might have a document version that was sent out on June 18 by the FPOs and put in CAAMP, or you might have a document that you started that was delivered on July 22 from hpp@hhs.gov, and the morning message that came out from HPP. Either one of those versions will work, but you're going to have to listen for the instruction changes on that if you're already well into that. Once again we encourage the document that is currently listed in CAAMP. So let's go ahead and talk about this document real quick.

First and foremost, this is for Budget Period 1. The Work Plan and Budget are for Budget Period 1. Multiple question came in during the office hours asking "Is this a five-year budget? Is this a five-year Work Plan?" It is not. You're going to be addressing future priorities and things such as a Strategic Plan. And in the Readiness Plan and upcoming requirements. However, for this year, as you can see on the first page in the overview, this is the first-year Budget and Work Plan. So please work on the activities that are due in the first year and provide your Work Plan activities and your budget activities based on those requirements. One thing you will notice is that on the second tab, past overview, called "activity requirements," you'll notice the due dates listed in this document. Please understand that they have changed, but we're going to keep the due dates as they were in this document, because it's going to be a multiyear document. After this year's

3

extensions, the dates are going to be reverted back to the December 31 timeframe. If they're December 31 or whatever's listed in this timeline, because we're going to be using this document for the next five years, possibly with some minor revisions. But the slide that Jennifer showed with the new dates, please use those as the new dates for the requirements.

I do want to talk a little bit about the changes that were made in the document that was sent out on July 22. And it's very important that if you've already started and are using that, there's some things that you want to cover. Then I'll do a quick walkthrough of a section of the Work Plan a section of the budget, so you understand how to fill it out. But most importantly, the first major change that we found was in the administrative oversight. Some of the dropdowns weren't working. So we fixed those dropdowns. Then within some of the Budget tabs, more importantly the Budget Summary tab. You should be looking at a document, that if you're looking at the screen, has the RLDC table on it. The original document did not have this extensive an RLDC table and the formulas were a little bit off, so you weren't getting the accurate numbers. So the version you should have should at a minimum have this table on the Budget Summary. Another item that we found was in the personnel line item. Because we added a line in that July 22 version, and that would have been Line K, and that's the RLDC calculation, you may have that document, but what wasn't added in that July 22 version was the actual instruction on line 12. So for the version that's in CAAMP now, it does have the instruction on line 12, indicating column K RLDC calculation is generated from previous input. And then the following instructions, go up by one letter. So if you're using the version that was sent out on July 22, you won't have that line unless you've added it in during the work hours.

On the Budget Travel tab, we found two errors, a document that was sent on July 22, under column I, what we found was that it was not calculating if you were putting the number of miles in per trip or total mileage, as it said previously, you were multiplying it by multiple trips, you were getting a number that far exceeded what you were planning on doing. For example, if you had a total mileage from three trips of 100 and they're worth and you were putting in a hundred. You were getting 300 total miles. I mean, if the total mileage was 300 for the 3 trips, you were exceeding the mileage rate when you when it calculated out. So you should be averaging and out and put 33.3 officially in that document. So you're taking basically the total mileage of all trips in that line item and dividing it by the number of trips. And that's the number that should go in the box in line-item A.

Additionally, we found an error in the total airfare. Previously said total airfare per person and if you were putting in it a person, you were getting a multiplication factor that was busting your budget to the higher end. So what we're asking you to do in this box is to, instead of putting airfare per person, put total airfare of all travelers on that trip, including taxes and fees, and totaling it up and put it in this box. We adjusted the line-item instructions on line 10 for column I and column 12 in the version that's in CAAMP now. So if you're using the one that's in CAAMP now, you're okay to go. If you're using the one from the July 22, please understand that you need to look at the total mileage per trip, and then just the total airfare overall. And if you have any questions about that afterwards, just please ask me.

And the last thing we found that was in the Match tab. Excuse me for clicking through these so fast. But in the Match tab, we were having a dropdown error where we weren't getting to one of the dropdowns. But we fixed that on the support organization. So if you're using the one from July 22, you're not going to have these dropdowns that say which recipient to use. So what we are just asking you to do is you might get a validation error if you try to put a term in there, so you might have to go into the document, hit format cells, and under the protection unlock it. So

check off the lock box. Hit "Ok," and then you'll be able to type in whatever. But most of you are not getting that validation here so you're good to go. In the new version you'll have the dropdown in the old version, you will not have the dropdown. So just type it in, but you're going to have to unlock it, so you don't get a validation error.

Alright. So, let's go quickly over some of how to do this. I'm going to start with the established governance tab. And I'm just going to do one tab on each in both the Work Plan and Budget to give you an idea of what we're looking for. So for this requirement, you're looking at a dropdown of one of the two requirements that are under the established governance activity area. So, you select one of those governance documents, if you have a Work Plan activity, you provide a detailed activity. So, you're talking about what it is, when it's going to happen, how you're looking to involve... So basically, pretty much a smart activity. You're trying to be as comprehensive as possible, tell us what the activity is. And then you'll move over and type in the intended output. Specifically, you don't have to go into great length for these but be specific enough, so we understand exactly what you're looking for. Quantitative outputs are much better than qualitative. If you have quantitative, if you're trying to reach 100 people in a training, or you're trying to reach all 8 of your coalitions, please put that type of intended output in there, and just don't be too general on the intended output. Put your point of contact in, the expected completion date, you could use the requirements deadline if you want to do that. And then come over to the association core function and select your association to one of the nine core functions, to the best of your ability, and then scroll over to the "supported HPP outcome" and select that. And that's going to be one of your activities for your Work Plan for this section. Do as many as you need. We have a total of 30, I believe, available per worksheet. So, if you have more than that you might need to add a column and that's just basically dropping in a column, I mean a row, somewhere along the sheet So that's your Work Plan coverage, and how you want to do that.

When you get to the budget, and you come into the personnel and all the different categorical tabs that we have listed here: Just follow the instructions as they're listed up top and I'll start off with, for example, the personnel. The personnel should be fairly simple. Everybody should probably have this done. Put in your position title, the name, annual salary of that position. Not what you're paying them, but what the position's annual salary is, and the annual fringe benefits. And then, if they're a full-time employee working the full 12 months, put in 12 months. If they're not working the full 12 months, put in whatever month number that is going to be there. This is a very important column "percentage of full-time equivalent FTE dedicated HPP," so if you're split funding this with PHEP or this person is getting paid from some other organization and only part of their salary that's listed in column D is being paid by HPP, just mark the percentage there.

Moving on to the next column that is going to help us determine your RLDC. So, if you have a Coalition Coordinator that's working in the region, and they spend all their time with the coalition, and their whole salary should be 100% dedicated to HPP, you will put 0% here. Okay, because they are not dedicated to administration and management. However, if you have the HPP Coordinator, what you would want to do, and they're overseeing the whole program, and they're doing all the activities that are required, making sure everything's getting done. That is administration and management. Their salary would be 100%. So whatever percentage is dedicated to the administration management side of things, you want to put that percentage in there. For example, your financial people would be 100% dedicated to the to the administration and management, those would be 100 percenters. But then your regional folks would be 0%, or if they are doing some administrative work for you, just percentage it out appropriately. This is going to populate two columns. Once those numbers are put in there, you're going to populate

column I and column J, and there's nothing you need to put in there, and it's going to also populate with the RLDC calculation. Once this totals up, it's all going to carry over to the summary page and provide us with the appropriate amount on the front page, including your RLDC percentage and show us what your cap is.

The last couple columns here are your supported organization, cost justification, and association to Work Plan. Let me quickly go over this. This is fairly self-explanatory for the supported organization, and these are on all sheets. You would just need to put "health care coalition recipient multiple" meaning if it's the coalition and the recipient involved or "other," if for some reason some other organization that this funding is kind of leaning towards. The cost justification, please be specific. There's a 750-character max in this. You will get a validation error, for if you go over top of that. But please provide a detailed justification of what, for example, this is personnel, what their job description is, what they're doing for HPP. In the association to the Work Plan, if they are fully covering a single item, for example, if they are doing program management or administrative oversight, you can go ahead and put administrative oversight in there. If they're doing specifically one item, for example, your financial folks might be just financial administration. But, if you have folks that are doing multiple tasks, what we've done here is given you the opportunity to put in multiple associations to your Work Plan. The easiest way to do this is at some point in time, take your activity requirements, document and print it up. It should be able to print up for you. And they have all the different numbers related to that specific activity, including our administrative oversight. And then you could line up in your personnel, or whatever it is, which specific activities. You can just type it in. And you don't have to type out the words or anything like that. Just please type it in. That gives us an idea of what you see that line-item association to the Work Plan and the Work Plan requirements. So, you're able to type that in, or you're able to select a single option out of the dropdown list.

I'm going to go over one other one. Everything else is pretty self-explanatory. I talked about the travel, but everything else is really self-explanatory. You just type in the description of whatever it is, whether a piece of equipment, a supply, a contractual line item, and then you just follow the prompts in each of the areas. When it adds up, it's going to put the sum on the summary page, and you'll have a total that you can work with. So back to that summary page, the only thing you need to add on the summary page when you start off, is the name that's get that's on your NoA, your grant number, the U3240… whatever the last 3 numbers of your grant is, and then put that in there,. and then the funding award amount that you received on your NoA. That's all you need to put on the summary page. Everything else will calculate. Alright, so I tried to get through that fairly quickly. I said a lot of stuff in a short period of time. Does anybody have any questions? I know Jennifer had a Q&A section for this. So, any questions or anything else you want me to cover in this document?

00:28:00.740 --> 00:28:23.049

Megan Wassef: Paul, I believe we got a few questions through the Q&A that I'll go over right now. The first question as I'm pulling it up here is. Sorry. Just one moment. "Should we not include items due in future budget years in the Work Plan like the Workforce Assessment, should it not be included in the Work Plan, as it is due in BP 3?"

00:28:23.050 --> 00:28:29.069

Paul Link: Not unless you're doing it in BP 1. If it's not done in BP 1, don't address it.

00:28:30.590 --> 00:28:31.060

Megan Wassef: Great.

00:28:31.060 --> 00:28:33.540

Paul Link: This is the Budget Period 1 Work Plan and Budget.

00:28:37.790 --> 00:29:00.689

Megan Wassef: Wonderful. Our next question says "Regarding the RLDC calculation, the NOFO tells us we can calculate as just a portion of staff time if certain staff are not fully administrative and are doing HCC-based work. Can we revise the way the formula is calculated in the template to reflect this or submit something separate describing how we calculated our RLDC?"

00:29:01.120 --> 00:30:03.340

Paul Link: No, you don't. There's no need for that. Let me just repeat the question, and if I'm interpreting it wrong let me know. If a person's doing a portion of RLDC work that's going to be part of the cap, and they're doing other work that's not related to that, that's already built into the personnel tab under the column letter H. What you would do, for example, if you have personnel working 30% on administrative activities and 70% on other program activities, not related to administration management, you would put 30 in here, and that would calculate in the RLDC column, which is column K, and carry over to the front page into the table and provide us with the with the correct RLDC percentage and amount. So, there's no need to provide it other than in this column H, to put the percentage that they're working for administration and management. Hopefully that answered the question.

00:30:03.770 --> 00:30:25.159

Megan Wassef: Thank you. The next question asks "If our total request by budget category breakdown differs from our submission in June that was approved in the NoA. Does that require a redirection? For example, if we requested $400,000 for personnel and $600,000 for contractual but need to submit our final budget at $500,000 for personnel, and $500,000 for contractual."

00:30:25.340 --> 00:30:55.169

Paul Link: Well, that's going to be a discussion with your Field Project Officer. But this is what this period is for. To provide your final budget. Provide that budget. Your Field Project Officer is going to review it. It's going to go up through HPP leadership, and if there's any questions they'll get in touch with you. So, if you have to make changes, this is the opportunity to do it. This is what this period is for. So, by September 3rd make sure you have a budget that is based on your needs. And then if there's going to be something that needs to be addressed, you can have that discussion with your Field Project Officer.

00:30:56.760 --> 00:31:02.469

Megan Wassef: Great. The next question is "Can you go over what expenses go into RDLC specifically?"

00:31:04.580 --> 00:31:58.060

Paul Link: So, RLDC is administration management. So, your financial people that are working on your contracts, invoicing, they're doing other types of basically monitoring these types of things, that is administration and management. Performance evaluation, these types of activities are administration. Program oversight is administration. I know that our HPP Coordinators do a lot with their coalitions but unless they're out there doing the work for them, then you're going to have to determine that on your own. What you feel is a part program versus what's part administration and management. And that's an easy discussion that you can have with your Field Project Officer on a phone call. Say "hey look, I'm thinking this." And that's where the communication is opened up, and you can just talk to them, and get come to some type of agreement of what you should put in that column.

00:32:01.840 --> 00:32:39.569

Megan Wassef: Perfect. Next question. Can we add an "Other" to the HPP requirements column if the activity does not fall under the current selections?

00:32:11.140 --> 00:32:12.140

Paul Link: Yes, and I'm having a tough time thinking of an activity that wouldn't fall under one of the selections. So you're talking about in the activity sections? I mean, it's pretty comprehensive that you can fit it somewhere. But I would need to hear an example. But yes, which column was that again, Megan? What you're talking about in column B?

00:32:40.824 --> 00:33:04.159

Megan Wassef: Let me double check and see if they indicated which column. I'm going back in here. Looks like it is in the activity requirements column.

00:33:04.670 --> 00:33:53.679

Paul Link: The activity. Do your best and that's one where I'm having a tough time thinking of something that would be "other" in this column that wouldn't fit into one of the activities that we have listed throughout the four work tabs. So that would be a basically a message to your Field Project Officer to ask if that activity is appropriate to be put into our budget. However, everything that we're really working and planning for and everything budget it needs to fit into our requirements. So therefore, what we're looking at is a Budget and Work Plan for HPP. So if it's other, just talk with your Field Project Officer, get in touch with them. If you, if you want to come off mute and give an example of what you're talking about I might be able to address a little bit better, but right now I'm having a tough time thinking of anything that would not be there.

00:33:57.210 --> 00:34:02.190

Megan Wassef: Next question: "When should we expect to receive the HCC Budget Template? Has the deadline changed?"

00:34:04.680 --> 00:35:20.980

Paul Link: I'll let Jennifer address that question, but the things that we do have in the works right now are that we do have a Readiness Assessment that's under review, we have an HCC Budget that's under review, and we have a Readiness Plan that's under review. They're all under various stages of review. Hopefully we'll get those to you as soon as they're out, and as soon as they are approved, however, as far as the change of date for the HCC Budget, I'll have to let Jennifer take that back and discuss that. We can discuss that and see if there's going to

be a date for that. So you're saying, basically, if funding has been awarded, this is how I understand this question, if funding has been awarded to the coalitions already, and we have no budget template, and now the 30-day window has opened up for it to get done, will that be extended? That's a good question. So that that's how I'm going to phrase that. And if you mean something different, please let us know for those who have not administered their funding to their coalitions yet, and you do have an HCC budget in pocket. The date should not be extended because once you have the budget, and your funding is extended, then you'll be able to do it. But that's a future state, for now, for those of you had funded your coalitions, and you're waiting for a budget. We'll take that back for a discussion. Another question.

00:35:21.540 --> 00:35:26.769

Megan Wassef: Another question that came through: "Where would we put our communications, drills, and other trainings?"

00:35:27.190 --> 00:36:41.619

Paul Link: Okay. So, for the for the scheduling of the trainings, that's going to go in the Training and Exercise Plan, which is going to come out with the Readiness Plan That's for the scheduling of it. When they're completed. What we've asked you to do, well, we haven't asked you to do this yet, but what I've asked folks to do is to talk with your Field Project Officer about setting up some type of sharing platform within your state and give access to your Field Project Officer, so that when things are available to be done you can notify them. And then the Field Project Officer can go pull those down, and then we can file them. Right now, we do not have a system for filing like we did with the CAT. The CAT is closing on September 30 and it's not reopening. So at this point in time, work with your Field Project Officers to set up some type of sharing mechanism or sharing process with them, and then a process for notify them when deliverables are completed, so that they can be pulled down, and then we can pull those in. So that's going to be at the recipient level, the sharing platform, not at the coalition level, please. We want one platform at the recipient level for all your coalitions. Access with the FPO. And then we can work from that point forward. Any other questions?

00:36:41.900 --> 00:36:47.020

Megan Wassef: One final question. Someone asked, "If we didn't receive this document, who should we reach out to?"

00:36:47.630 --> 00:37:16.349

Paul Link: The one that's on the screen. It is in the CAAMP system. So, each of your HPP recipients should have access to the CAAMP. So, reach out to your primary CAAMP person at the recipient level. They should have it. And if you're having trouble getting into the CAAMP system. You can email CAAMP support, or you can contact your Field Project Officer.

00:37:18.450 --> 00:37:39.250

Megan Wassef: Great. Thank you. We have a couple more minutes before our next section, where we'll answer some more questions. Jennifer. I'll direct a couple to you here. The first question is: "Will HPP CAAMP be the new system of record for HPP documentation, replacing PERFORMS?"

00:37:40.220 --> 00:38:00.249

Jennifer Hannah: So, we haven't finalized our decision about what our system of record will be going forward. We've been using CAAMP, as you've seen by us posting the template there, and also collecting the BP 5 performance measures. So please stand by for more information. It certainly will be forthcoming soon.

00:38:02.860 --> 00:38:15.889

Megan Wassef: Great. The next question we have here reads: "Does ASPR expect recipients to submit the entire project narrative, with components now added? Or each component, partner engagement and eval/performance measure plan, on their own?"

00:38:17.680 --> 00:38:49.630

Jennifer Hannah: At this point we only expect you to submit the partner engagement component, as well as the Program Measures and Evaluation section those get as standalone components. We felt that when we asked you to submit the other components of the Project Narrative on June 18, that those would pretty much be in good shape, and would stand when you submitted them initially, so that we would not be requiring you to resubmit those as part of the Notice of Award response.

00:38:50.650 --> 00:39:13.909

Megan Wassef: Great. And one final question before we move forward: "What will the exercise requirements for the five-year cycle, in addition to the annual MRSE and Downtime Cyber/Downtime Non-Cyber exercise, patient movement. Will coalitions be required to conduct exercises in Peds, Burn, Infection Diseases, Radiation and Chemical as in the previous five-year cycle?"

00:39:14.430 --> 00:39:40.710

Jennifer Hannah: No, we are not requiring exercises for the specialty annexes this time around. However, within the period of performance, if you do want to exercise those, you can certainly incorporate them into other exercises as part of your exercise scenario that you would be using. But we are not requesting you to exercise those individual annexes for this period of performance.

00:39:43.490 --> 00:39:49.670

Megan Wassef: Great, and that'll stop our questions for right now, as we move to the next section, and Jennifer we will resume these afterwards.

00:39:50.380 --> 00:40:34.370

Jennifer Hannah: Great. Thank you. And thank you, Paul, for doing that great walkthrough of the of the Work Plan and Budget Narrative Template. And thank you all for your questions. Please continue to enter those questions into the Q&A and we can certainly use the time that we have allotted to answer more, during General Q&A. Great thanks for moving to the next slide. I will now pass it to Dave Csernak, as I stated he is the Acting Regional Staff Supervisor and Region 10 Field Project Officer, to provide an update regarding the Medical Response and Surge Exercise, Dave.

00:40:35.600 --> 00:50:06.360

Dave Csernak: Thank you, Jennifer, and good afternoon everyone. Thank you for allowing me a few minutes to provide you with a brief update on the medical response and surge exercise or, as we like to refer to it, the MRSE. we'll start by reviewing what constitutes a successful exercise, and then we'll walk through some key updates specific to recipient-level requirements and conducting the exercise for the FY 2024 – 2028 HPP period of performance. This will then be followed by a brief Q&A if time allows. So, with that next slide, please.

As you are all aware, the MRSE is designed to mimic the extreme stress placed on the local health care system while at the same time challenge HCCs to respond to a realistic scenario within their jurisdiction. The MRSE provides flexibility by allowing HCCs to tailor the exercise to address their top jurisdictional priorities, validate various plans and corrective actions, and strengthen new and existing partnerships. It also allows HCCs the opportunity to demonstrate and evaluate their current response capabilities safely within a controlled exercise environment. Over the last two years quite a few HCCs have self-reported low success rates or, in some cases reported exercise "failures," based solely on their ability to execute their plans without issue or difficulty. Because of this we'd like to quickly review what we believe constitutes a successful exercise. Spoiler alert, it's more than just evaluating the few short hours spent exercising your plans. So, what we did is we broke it down into three major categories. First, taking the appropriate amount of time needed to plan, execute, evaluate, and report the findings and outcomes of a realistic medical surge exercise with the purpose of improving the response readiness of HCC and health care partners in your jurisdiction. Second, or the next area, is thoroughly documenting actions or activities that did not go according to plan to identify areas of improvement and develop meaningful corrective actions. Finally, striving to build new partnerships and strengthen existing ones with organizations across the health care, ESF-8, and emergency response communities to improve communication and coordination during future emergencies and disasters. By keeping this in mind, we're reminded that sometimes we have to fall before we can stand up, and success should be measured by the knowledge and experience gained from the exercise, and not simply by the ability to execute a plan. Next slide, please.

Okay, now, we'll look at some high-level updates to the MRSE exercise itself as well as some of the supporting materials. Over the past year the MRSE support team has continued to collect feedback from HCCs and from recipients on what works well and ways to improve the MRSE and its supporting materials. With the release of the FY 2024 - 2028 HPP NOFO, we've updated the MRSE based on the strategic direction and language of that document, along with the feedback you've provided. It's our hope that these updates will carry us through the next five years, improve our ability to collect and analyze data, and provide more meaningful information back to recipients, HCCs, and health care partners. So here's a summary of the high-level updates we've made. As you read through the bullet points on this slide, let me to call your attention to several key updates. First, just like with every other required activity in the NOFO, the MRSE has specific roles and responsibilities for both recipients and HCCs. As per the NOFO, you must support your HCCs in planning for and conducting at least one operations-based functional or full scale MRSE, every budget period. So don't worry. I'll walk through these requirements in a little bit more detail on the next slide. Second, this is the reduction of the current surge threshold. While I'm sure this will be a welcome update by many HCCs, let me briefly explain this change and how it's not simply a 10% reduction in patients. Based on feedback, we realized that many HCCs are spending an excessive amount of time and energy on calculating the number of patients needed for their exercise. So much time, in some cases, that it negatively impacts their ability to effectively plan or execute the remainder of the exercise.

As a result, we reached out to several HCCs and recipients for recommendations as well as looked at AARs from real world responses to improve this requirement. What we decided, based on this information, was to overhaul the entire requirement. For the new period of performance, the new 10% surge requirement will be based solely on the total number of licensed general medical/general medical surge beds, depending on how your state classifies this type of bed, within the HCC's jurisdiction. We will no longer be looking at five different types of beds or requiring HCCs to survey their current operating facilities for their current capacities. In some jurisdiction, this resulted in excessively high numbers that didn't align with real world figures, or it shifted too much focus away from other aspects of the exercise. Some coalitions actually got so hung up on just trying to manage the number of surge patients, that they lost sight of any other response aspect of their exercise. Additionally, because we are now using license bed numbers, the task or requirement of calculating this number will fall to the recipients and be provided to each HCC during the planning phase of the exercise. This should improve both the accuracy and consistency of the patient surge number, and reduce the burden previously placed on the health care coalitions. This is one way in which recipients will support health care coalitions in the planning of their exercise. I can elaborate further if time allows otherwise, more details will be available on the updated Exercise Guidebook and during future MRSE office hours. Lastly, as previously mentioned, a successful Medical Response and Surge Exercise provides the opportunity for HCCs and recipients to demonstrate and evaluate their current response capabilities. The exercise reporting tool has been updated to align with and incorporate many of the new elements and terms of the HPP NOFO, as well as streamlined to collect data that is relevant to evaluating the performance and improvement of health care coalitions and recipients. Examples of this include a simplified patient tracking table, the addition of a corrective actions tab, and the elimination of a separate reporting tool simply for real-world responses. Again, more information on these items will be available in the updated MRSE Exercise Guidebook. We'll be scheduling an additional MRSE webinar in the coming weeks to conduct a deeper dive and a walkthrough of all these materials and updates. We also intend to roll out additional resources and supporting materials over time based on feedback provided and additional requests from coalitions and recipients. Updates will be provided in the ASPR Health Care Readiness Bulletin as they become available. Next slide, please.

And lastly, as I previously mentioned, the FY 2024 – 2028 HPP NOFO stipulates recipients must support their HCC's annual MRSE exercise. In addition to simply reviewing each HCC's MRSE Exercise Reporting Tool prior to final submission, moving forward, recipients will play a much greater role throughout the entire exercise cycle. As you can see on this slide, this is done in several different ways. As mentioned, the calculation in the new 10% surge requirement will fall to the recipients. Additionally, we expect recipients to provide assistance, as needed and appropriate, to their HCCs throughout the planning, execution, evaluation, and documentation phases of the exercises. Recipients must ensure that the exercise scenarios align with and support the recipient's strategic priorities and goals, as well as the health care coalition's. If the HCC's have questions on their assigned roles, their responsibilities, capabilities (locally or statewide), resource availability, etc. that are needed to conduct the final exercise, you must provide that assistance to your health care coalitions.

Lastly, before any HCC finalizes and submits their Exercise Reporting Tool, you need to review it for completeness and accuracy. Remember, completion of the MRSE is a program benchmark, and it is also tied to nine separate performance measures. So, we're no longer going to accept incomplete submissions or reporting tools that contain obviously inaccurate or incorrect information. As part of the HPP NOFO these new requirements will be made available

on the MRSE website. This includes all the documentation and links to additional tools and resources as they become available. Additionally, all of this information will be contained and updated in the MRSE Guidebook as an ongoing reference. So with that, thank you for your time and attention, and I'll now pass it back to Jennifer Hannah for additional Q&A.

00:50:09.780 --> 00:50:46.620

Jennifer Hannah: Thanks, Dave. So in our remaining time that we have, we will answer any additional questions that all of you have. As a reminder, you may submit written questions via the Q&A feature located on the bottom of the taskbar. Please type your questions in the Q&A and we will do our best to answer as many questions as possible, within the time that we have. Please note that you can upvote questions that you would like to see answered. As questions are answered, either written or verbally, they may be moved to the answered column.

00:50:49.970 --> 00:50:59.630

Megan Wassef: Starting out with a couple of MRSE questions here. The first question is, "Will the MRSE tool be designed to be able to use an evacuation scenario?"

00:51:01.460 --> 00:51:49.719

Dave Csernak: Great question, and the answer is absolutely. As we refreshed and looked at the tool, we really tried to work through its ability to take on any scenario that the coalition or recipient really wants to exercise. This includes not just a natural disaster, but also potentially an evacuation scenario as well. In addition to that, part of it is removing the need to have a separate tool for a real-world response. So, in the event a real-world event does occur that meets the qualifications for the MRSE, the same tool can be used to complete and submit that information. So, the tool really is designed to have enough flexibility to take on any scenario, both exercises or if need be, a real world real world response.

00:51:51.640 --> 00:52:05.639

Megan Wassef: Great. Thank you. Moving to our next question here. "For the MRSE, licensed beds is an overstatement of beds within a region. I assume it will be okay if recipients change how this is determined to meet the intent of the exercise?"

00:52:07.160 --> 00:53:41.159

Dave Csernak: So, the reason we went with licensed beds is because well, for several factors, but primarily because of the control over that number. The state, being the licensing authority, does have information and access to the total number of beds licensed in that state, and when we looked at numerous states, I think we evaluated over a dozen different states, the way that the beds are licensed and broken down, you can very easily pull out those general medical beds or general med surge beds, or, however the state, you know, classifies that basic general type of bed, that inpatient bed. Just looking at that one single category of single licensed beds gave us a much more consistent number, and then, lowering the threshold to 10% brought us in a much closer alignment with many of the real-world responses and AARs that we evaluated to look at the total number of patients that were actually either evaluated or managed during those responses. Examples were mass shooting events, wildfires, hurricanes, I mean, we looked east coast, west coast. We looked all over. By bringing it down to 10% and focusing just on that licensed inpatient number, that brought us much more into a realistic alignment as far as the total number of patients go. But, if you have additional questions on that, please join the office

hours, we can discuss it further during the upcoming webinar. Or, you can just even send an email to the MRSE inbox. I know this is going to be an area of topic and of ongoing conversation and discussion. So more than happy to get into it a little bit more detail later. But I hope that answered your question now.

00:53:42.750 --> 00:53:49.789

Megan Wassef: Thank you, Dave. Another question. When can we expect a new MRSE Planning and Evaluation Tool or new MRSE Exercise Templates?

00:53:50.590 --> 00:54:50.649

Dave Csernak: So we have those documents right now updated. We're going through our final review to make sure that you know we've dotted all the i's and crossed all the t's, but also just to make sure that there aren't any oversights on any missing information. And also, in the tool itself, to make sure that some of the formulas and calculations are functioning properly. So, we anticipate having those out in the next few weeks, but very shortly. Look in the ASPR Health Care Readiness Bulletin. We're going to be looking to schedule the rollout webinar for later in August. So, those documents will be made available. The documents themselves will be posted up on the MRSE webpage on the ASPR website. The link to that is in the NOFO. Additionally, the tool itself, we'll be sending out to coalitions individually via email, but also looking to get that posted up with the Work Plan and Budget Narrative, potentially up on the CAAMP website. So, that reporting tool will be available for download.

00:54:52.600 --> 00:55:16.930

Megan Wassef: Thank you, Dave. And just another question here: "What is the rationale behind requiring the MRSE be a functional or full-scale exercise? This greatly limits the type of exercises HCCs can hold if their budget only allows for one functional/full-scale a year and places an extreme burden on HCCs to complete other ASPR required exercise while also completing the functional/full-scale MRSE yearly?"

00:55:18.880 --> 00:57:31.129

Dave Csernak: So, when it comes to an actual kind of operations-based exercise as opposed to a discussion-based exercise, like a tabletop or seminar workshop, the operations-based exercises you're really looking at drills, functional exercises, and full-scale exercises. The functional exercise allows the coalition, its partners, its members, the recipient to get together and walk through the plans without necessitating the need for real-world movement of resources or patients. So, the functional exercise provides the greatest opportunity to thoroughly evaluate and, more importantly, demonstrate your ability to conduct these different capabilities that you're going to focus on during the exercise itself. So, we felt that the functional exercise was the best fit for the MRSE. Additionally, because of the flexibility that the MRSE platform provides, the additional exercise requirements, or potentially additional exercise priorities that the coalitions or recipients may have, can easily be folded into the MRSE. The MRSE can be used to meet multiple HPP exercise requirements. At the same time, exercises do not have to be conducted individually of one another in order to meet a program requirement. So, if you have a priority that says, "This year, we want to focus on a burn scenario to validate our burn plans and we want to do it using the MRSE, and, at the same time, we're going to do this as a statewide exercise and have statewide patient movement" - you can do all those things at the same time during one exercise and check off several requirements along the way. So, if you have questions or you're looking for ways to integrate multiple exercises and meet multiple

requirements simultaneously, using the MRSE, please reach out to our team, join our office hours, let us know and we will be more than happy to help you logistically work that out. Additionally, coalitions have questions from their partners about "how can I meet joint commission requirements? How can I meet CMS requirements?" Those two can also be met using the MRSE. So, it really is a very flexible platform. Happy to answer more questions in-depth offline, but I hope that answered your question.

00:57:32.390 --> 00:57:45.950

Megan Wassef: Thank you, Dave. And one final question, Jennifer, I'll direct this one to you. "Will the FY 2024 – 2028 HPP cooperative agreement have performance measures as the FY 2019 – 2023 cooperative agreement did?"

00:57:47.100 --> 00:58:48.090

Jennifer Hannah: Yes, we are well on our way to developing those and finalizing those performance measures. We're working through our internal review process, as well as doing some additional vetting of those performance measures, because we want to ensure that those measures really are indicators of readiness, versus just being processed or checking the box of measures. So, those will be forthcoming, hopefully within the next few months, hopefully sooner rather than later. But we are well underway with finalizing the measures, and we will have new measures for this new period of performance. Megan, I believe that there was one question that I think we should direct to Virginia Simmons, our Chief Grants Management Officer, regarding the SF-424A budget form.

00:58:50.740 --> 00:59:33.259

Megan Wassef: Yes, let me pull that question up. Virginia, the question was, "If we did not have a change in funding, is it necessary to resubmit an SF-424A budget form?"

I think Virginia might be having some technical issues. Looks like she's having trouble coming off mute.

00:59:40.470 --> 01:03:08.800

Jennifer Hannah: Thanks, Megan. We can always follow up with Grants Management and make sure that everyone receives the response to that particular question. I do see that we are at the top of the hour, and there were a number of questions. What we will do is that we'll make sure that we capture those questions and provide responses to those questions in our follow-up as well. Just a reminder for any questions that you may have in the interim, before you submit your responses to the Notice of Award conditions, please reach out to your Field Project Officers with any questions. For questions that are specific to Grants Management, please reach out to the Grants Management Specialist that was listed on the Notice of Award.

Just a latebreaker, I just got a response from Virginia regarding that question about the resubmission of the SF-424A. No, you do not need to submit a new SF-424A if you do not have any changes to that form. So thank you, Virginia, for providing that response to that question. So that's the SF-424A. If you don't have any changes to it, that's the budget form, then you do not need to submit a revised one if it is the is the same.

But, as I said, now we're two minutes over the top of the hour. So just in closing, certainly want to thank everyone for participating today. Similar to the office hours we held related to the Work Plan and Budget Narrative Template, we are looking to replicate that particular activity for some

of these other activities that are part of the new HPP period of performance. So, as we roll out other templates, we certainly want to set up time to conduct in services as well as to provide office hours to answer any questions that you may have regarding any of those templates, and also regarding any of the activities that are included in the period of performance. Just a reminder on this particular side that you have many ways in which you can stay connected with ASPR.

Also we have the HPP Recipient, or rather resource mailbox, if you have questions more general/broader questions that can't be answered by your assigned Field Project Officer, please feel free to submit those questions to the HPP mailbox, and that's hpp@hhs.gov. But again, thank you everyone for joining today's call. Thank you for the questions. Thank you to all of our presenters that provided really thorough walkthroughs of some very critical components of the of this year's period of performance, the MRSE, namely, as well as the Work Plan and Budget Narrative Template. We will certainly be following up with materials as well as the as the recording, and we'll keep all of you abreast of any adjustments that we make to any of the requirements as well as any of the deadlines. But with that again, thanks so much for everyone for joining and have a wonderful day. Thank you.

End of Webinar Transcript

Additional Q&A from July HPP Recipient Webinar

When will the Readiness Assessment template be made available?

The Readiness Assessment template will be available in the coming weeks.

When will we receive more detailed information on the requirements for the Cyber Assessment?

A Cybersecurity Assessment template will be available in the coming weeks.

Appreciate the updates to the MRSE and making changes based on feedback. I missed where you said we can we find the updated MRSE/SITMAN?

The updated versions of the MRSE documents are currently under review and are expected to be published at the end of August.

When are the updated performance measures to be released? It was noted during the 5/22/24 briefing that a number of items (like the interoperable communications drill) have and will be adjusted. Knowing how this looks is very important and are needed to inform many activities."

ASPR is in the process of finalizing performance measures for the FY 2024– 2028 HPP period of performance. ASPR is currently conducting additional reviews and information will be forthcoming.

What is the status on the upcoming *National Health Care Preparedness and Response Capabilities*? What is the expectation for cross documentation between those, the previous/current capabilities, and the core functions outlined in May?

The forthcoming National Health Care Preparedness and Response Capabilities will be strategic guidance for health care entities that builds upon, but does not replace, the Health Care Preparedness and Response Capabilities for Health Care Coalitions (formerly the 2017 – 2022 Health Care Preparedness and Response Capabilities), which remain active.

The National Health Care Preparedness and Response Capabilities provide strategic guidance for health care to save lives and maintain function in advance of, during, and after disasters. The National Health Care Preparedness and Response Capabilities document expands from HCCs to the broader health care delivery system to focus on what is most critical to saving lives and ensuring health care can maintain function in a disaster. Please note that the Capabilities document does not represent federal requirements.

Additionally, the forthcoming National Health Care Preparedness and Response Capabilities will provide strategic guidance for the health care delivery system as a whole, and the activities laid out in the HPP cooperative agreement support recipients and their HCC(s) in achieving them. ASPR tailored the FY 2024 – 2028 HPP NOFO to be specific to the outcomes and core functions of this specific cooperative agreement. Recipients and their HCC(s) will use the National Health Care Preparedness and Response Capabilities as a guide for how they may work with partners across the health care delivery system to prepare for, respond to, and recover from emergencies and disasters.

Will a template or additional guidance be provided for the Strategic Plan?

No, there will not be supplemental guidance for Activity 3.1 Strategic Plan for FY 2024 – 2028. ASPR plans to release supplemental guidance for many other BP 1 activities to support recipients and their HCCs in this period of performance.

To confirm, you are looking for 10% above the licensed beds capacity? This might be a challenge since many hospitals are already operating below license beds due to staffing shortages?

Yes, the new surge requirement for the MRSE is equal to or more than 10% of the HCC's general medical/surgical licensed bed capacity.

When can we expect all BP 1 templates, documents, resources, etc.?

BP 1 supplemental materials – including templates, documents, and additional resources – will be available in the coming weeks.

Would you repeat the frequency and deadlines for the MSRE, once per BP?

Yes, the MRSE and all accompanying materials are due June 30 of every Budget Period.

If the Performance Measures are only released a month before the end of BP 1, how will we be obligated to report out on them?

ASPR will provide additional guidance on performance measures once they are released.

When should we expect to receive the HCC Budget Template? Has the deadline changed?

ASPR will release templates and supplemental guidance for BP 1 activities and deadlines in the coming weeks.