



**New Jersey Department of Health (NJDOH)
Public Health Infrastructure, Laboratories and Emergency Preparedness (PHILEP)
Office of Disaster Resilience (ODR)**

**Request for Application and Grant Application Instructions
Title: NJ Hospital Preparedness Program (HPP) Cooperative Agreement**

In a cooperative agreement, the state government is substantially involved in the program noted throughout the grant cycle in a manner beyond routine grant monitoring. During the project period, NJDOH will monitor and evaluate the defined activities within the agreement and recipient progress in meeting work plan priorities. The recipient must ensure reasonable access by NJDOH or their designees to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HPP funds under this agreement.

Glossary

Below are terms used throughout the document. Definitions are provided to clarify these terms.

HPP recipient refers to NJDOH as the primary ASPR awardee of these funds.

Third Party Fiduciary Agent (TPFA) refers to the eligible organization who will be awarded this cooperative agreement.

HCC(s) is the acronym for Health Care Coalition, sometimes referenced as coalition.

NJDOH HPP Team – consists of the NJDOH HPP Coordinator and the HPP Program Manager.

Executive Summary

New Jersey Department of Health (NJDOH) with guidance from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) is responsible for ensuring New Jersey can build acute care medical surge through the creation, maintenance, and growth of strong and fiscally sound health care coalitions (HCCs). HCC(s) incentivize and support diverse and often competitive health care organizations with differing priorities and objectives to work together to save lives during disasters and emergencies that exceed the day-to-day capacity and capability of individual health care and emergency response systems.

ASPR recognizes that the entirety of the [2017-2022 Health Care Preparedness and Response Capabilities](#) will not be achieved solely with funding provided to the Hospital Preparedness Program (HPP) recipients and sub-recipients (including HCC(s) and health care organizations) through the HPP Cooperative Agreement. This Cooperative Agreement describes NJDOH's expectations, priorities and lists performance measures for assessing progress toward building the capabilities.

The goals of the four (4) health care preparedness and response capabilities are as follows:

Capability 1: Foundation for Health Care and Medical Readiness

The community's health care organizations and other stakeholders – coordinated through a sustainable HCC – have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Health Care and Medical Response Coordination

Health care organizations, the HCC, their jurisdiction(s), and the state's/jurisdiction's ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Health care organizations, with support from the HCC and the state's/jurisdiction's ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge

Health care organizations deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the State's/jurisdiction's ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

The overall goal of this NJDOH cooperative agreement is to fund an organization to build acute care medical surge capacity through the development, maintenance and growth of strong HCC(s).

Background

Beginning July 1, 2018, NJDOH condensed five regional health care coalitions into one coalition, called the Health Care and Public Health Collaborative, with the option of having local partnerships.

The mission of the Collaborative is to bolster the State's health care and public health sector emergency management system and enhance the Health Care Preparedness and Response capabilities through engaged local partnerships. The Collaborative is made up of twelve specialty workgroups that represent key health care, public health and emergency management stakeholders throughout New Jersey, who share local initiatives, identify gaps, and discuss best practices associated with their specific entity type. The current workgroups consist of the following:

- Local Public Health Representation
- County Public Health Representation
- Acute Care Hospital Representation
- County Emergency Medical Services Representation
- County Emergency Management Representation
- Long Term Care Facility Representation
- Emergency Medical Services Taskforce Representation
- Federally Qualified Health Centers Representation
- Homecare Agency Representation
- Dialysis Center Representation
- Mental Health Representation
- Medical Coordination Centers (MCCs) Representation

The Collaborative has been facilitated by NJDOH since its introduction and has not substantially satisfied the goals of ASPR guidance due to limited paid staff, solely focused on HCC(s) activities/development. After considerable research, analysis, and consultation with federal and local stakeholders, the Office of Disaster Resilience (ODR) has developed a framework that will re-establish coalitions while integrating health care and public health stakeholders within New Jersey.

Purpose:

NJDOH will award grant funding to one (1) eligible organization to serve as the third-party fiduciary agent (TPFA). This TPFA will manage and lead HCC(s) development in New Jersey.

Planning Assumptions

1. NJDOH assumes that eligible organization has consulted with County and Local stakeholders regarding Implementation Requirements prior to application submission.
2. NJDOH recognizes that all HPP activities must ultimately establish, strengthen, and/or enhance surge capabilities within and among acute care hospitals within the grant cycle.
3. NJDOH assumes that the eligible organization has carefully read the ASPR Hospital Preparedness Program Cooperative Agreement (Funding Opportunity # EP-U3R-19-001) prior to application submission. (Link is provided below under Related Documents)
4. NJDOH assumes that the eligible organization has carefully read and will adhere to the NJDOH Terms and Conditions for Administration of Grants. (Link is provided below under Related Documents)
5. NJDOH recognizes that the TPFA will have a representative on the Healthcare and Public Health (HPH) Sector Working Group/Advisory Panel, which will serve as the HPP required Senior Advisory Committee (SAC).
6. NJDOH recognizes that County OEM/EMS Coordinators are integral in the coordination between mobile health care providers and acute care hospitals.
7. NJDOH strongly suggests that HCC(s) will participate in trainings offered through the National Domestic Preparedness Consortium (NDPC).
8. NJDOH strongly suggests that once coalition structure has been developed, HCCs will participate in the Health Care Coalition Response Leadership Course sponsored by the Center for Domestic Preparedness in Anniston, Alabama.

Administrative Requirements (30 Points Total)

1. Eligible organization must work with NJ stakeholders and identify which planning framework will be used to develop and implement HCC(s) in NJ. All planning frameworks will be considered. Additional points will be awarded for aligning HCC(s) with **one** of the existing planning frameworks:
 - a. NJ Office of Emergency Management (NJOEM) – 3 regions;
 - b. NJ Office of Homeland Security Preparedness (NJOHSP) – 4 regions;
 - c. NJDOH – 5 Public Health regions; and
 - d. Other - Maintain one coalition with regional subdivisions.
2. Eligible organization must have an established infrastructure, financial systems, accounting practices, and a verifiable history of fiscal responsibility to manage a multi-million-dollar grant budget.

3. Eligible organization must also have flexible procurement processes as the TPFAs may be responsible for securing necessary equipment, supplies, and contractual services on behalf of the coalition(s).
4. Eligible organization must hire outright, or otherwise contract with paid coalition staff to satisfy objectives of the funding that are outlined in the Implementation Requirements – Attachment B.
5. Eligible organization must have the ability to handle multiple funding sources, including potential funding from other state entities as it is the intent of NJDOH to utilize the established TPFAs to support future HCC(s) initiatives/other funding opportunities.
6. Eligible organization must utilize ASPR tools that are available through the Technical Resources, Assistance Center, and Information Exchange (TRACIE).
7. Eligible organization must include NJDOH as an integral part of the planning and interview process for staff identified in the Implementation Requirements (Attachment – B).
8. Eligible organization must submit required programmatic and financial data by mandated deadlines. This includes but is not limited to:
 - a. HCC(s) budgets and work plans;
 - b. Evidence-based benchmarks and objectives;
 - c. Performance measures data;
 - d. Homeland Security Exercise and Evaluation Program (HSEEP) compliant After-Action Reports (AARs)/Improvement Plans (IPs) from funded HPP exercises;
 - e. Coalition Assessment Tool (CAT); and
 - f. HCC(s) accomplishments highlighting the impact and value of the HPP activities in their jurisdictions.
9. Eligible organization, in coordination with the NJDOH HPP Team, must plan and participate in Federal HPP/PHEP joint site visits at least once every 12-24 months, as determined by CDC and ASPR.
10. Eligible organization will comply with NJDOH site visits as a means of direct contact and monitoring of grant compliance.
11. Eligible organization and the HCC(s) representatives must attend State sponsored Training and Exercise Planning Workshop, tentatively scheduled for July 2019.
12. Eligible organization must notify and invite NJDOH HPP Team, to attend or observe HPP events.
13. Eligible organization should invite ASPR HPP field project officer (FPO), when appropriate, to attend or observe HPP events.

14. Eligible organization, once awarded, must attend a one-day working session with NJDOH to review all templates, ASPR documents, etc., tentatively scheduled for July 16th or July 17th, 2019.
15. Eligible organization should include in application budget for HCC(s) representatives to attend the National Health Care Coalition Preparedness Conference, as specified by ASPR held usually in Fall.
16. Eligible organization must participate in the following meetings and recipients should budget travel funds accordingly:
 - a. Annual Preparedness Summit sponsored by the National Association of County and City Health Officials (NACCHO);
 - b. Directors of Public Health Preparedness annual meeting sponsored by the Association of State and Territorial Health Officials (ASTHO);
 - c. HPH Sector Working Group Meetings/Advisory Panel (monthly); and
 - d. Other mandatory NJDOH training sessions that may be conducted via webinar or other remote meeting venues.

Implementation Requirements (80 Points Total) See Attachment B

Throughout the project period, NJDOH expects eligible organization and HCC(s) to develop and strengthen the four-health care preparedness and response capabilities through the implementation of objectives and activities.

Please refer to Attachment B for explicit guidance on objectives and activities required for this Cooperative Agreement.

Each HCC, as ultimately determined by the TFPA and HPH Sector Working Group/Advisory Panel, will be responsible for submitting the full set of HPP deliverables.

Related Documents

- **ASPR Hospital Preparedness Program Cooperative Agreement 2019**
<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=63163>
- **NJDOH Terms and Conditions for Administration of Grants**
https://nj.gov/health/grants/documents/terms_conditions.pdf
- **2017-2022 Health Care Preparedness and Response Capabilities**
<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>
- **ASPR TRACIE**
<https://asprtracie.hhs.gov/>

Award Information:

This is a competitive application to be selected as the TPFA for a five-year project period (2019-2024). Once awarded, the TPFA will be required to complete a continuation grant annually with identified yearly deliverables, and budget.

Funding is contingent upon the receipt of federal funds by NJDOH and no matching funds are required from the TPFA during this project period.

Awardee may request reimbursement for costs incurred beginning July 1, 2019.

Eligibility:

- New Jersey based academic medical institutions;
- New Jersey based non-profit health care or public health professional associations or societies with statewide jurisdiction and membership;
- New Jersey based institutions of higher education with public health programs accredited by the Council on Education for Public Health (CEPH);
- New Jersey based institutions of higher education with Master of Science in Nursing Programs.

Total Amount - Year 1: \$3,100,000

IMPORTANT – Grant funded purchases must be obligated (Purchase Orders issued) by June 30, 2020 and fully liquidated by July 30, 2020.

Funding Restrictions

- The NJDOH must review and approve all consultant service agreements before contracts are executed. All consultants used for the sole purpose of auditing compliance with the grant/or expenditures funded by the grant are exempt from this restriction.
- Awardees may not make purchases until the grant period has begun (July 1, 2019).
- All HCC Readiness and Response Coordinator positions must be directly employed or directly contracted by the TPFA.

Funding Exclusions/Limitations

- Awardees may not use funds for research or clinical care.
- Awardees may not use funds to purchase furniture.
- Awardees may not purchase equipment without prior approval.
- Awardees may not purchase clothing for promotional purposes, such as those items with recipient, Health Care Coalition (HCC), and/or health care organization names/logos, as HPP funding is intended to address acute care patient surge. Clothing that can be used for personal protective equipment (PPE) and/or response purposes, and can be re-issued, may be purchased.
- Reimbursement of pre-award costs are not permitted.

- Awardees may not use funds for construction or major renovations.
- Awardees may supplement but not supplant existing state or federal funds for activities described in the budget.
- Awardees may not use funds on training courses, exercises, and planning resources when similar offerings are available at no cost.
- Release time for funded staff to attend professional/corporate trainings, drills, and exercises is allowed, however, the funding of salaries for any backfill of personnel is not allowed.
- Awardees cannot use funds to purchase or lease vehicles.
- Awardees cannot use funds to support individual health care organizations' trainings or exercises.
- Funding will not be permitted to support individual health care entities to meet the conditions of participation set out in "*Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*". (81 FR 63860, September 16, 2016).

Application and Submission Information

1. Eligible applicants must provide a Letter of Interest (LOI) by 12:00 pm on **May 21, 2019** in electronic format as a single PDF document emailed to RegionalPMO@doh.nj.gov with the subject of the email: LOI for NJ HPP Cooperative Agreement.
 - a. LOI should include: Name of the Organization, contact name & email address, and organization Federal Employer Identification Number (FEIN) signed by one of the following authorities:
 - Dean
 - President
 - CEO

2. Attend a mandatory, in-person Technical Assistance Meeting on **May 22, 2019** at 10:00 am. Meeting location will be in Trenton.
 - a. Applicants who submit a LOI will be furnished exact meeting location for the Technical Assistance Meeting. During the Technical Assistance Meeting, instructions for applying through the System for Administering Grants Electronically (SAGE) will be provided.
 - b. It is **recommended** that prior to the Technical Assistance Meeting, interested parties if not already created, should create an account in SAGE. See SAGE links below:

<https://nj.gov/health/grants/resources/>
https://nj.gov/health/grants/documents/SAGE_registration_form.pdf

3. SAGE will open for this application on **May 23, 2019** at 12:00 am. Completed applications must be received no later than **June 27, 2019 11:59 pm**, via SAGE. Any request received after this date and time will not be accepted.
4. Applications will be reviewed and scored based on completeness, accuracy, and detail of information submitted. Applications should:
 - a. Provide a detailed narrative describing how the Administrative Requirements will be accomplished:
 - i. Include information on existing partnerships and how they were engaged in the application process
 - ii. Include organizational work chart
 - iii. Include a five year vision
 - b. Provide detailed documentation for plans/processes describing how the Implementation Requirements will be accomplished (Attachment B); and
 - c. Include a detailed budget including required travel:
 - i. Include tentative procurement procedures for HCCs (details on how HCCs will receive money from TPFA)

Post Award Grant Reporting Requirements

Reporting documents (Expenditure and Progress reports) must be submitted on or before the due dates listed below:

Important: Timely submissions are used as a performance measure/indicator that may have an impact on future grant awards if reporting requirement due dates are not met. Failure to submit timely reports will delay payments to grantee. In addition, late reporting may result in an overall 5% reduction of the grant. If necessary, reporting extensions must be submitted with a justification, via email, to the DOH PMO/GMO. DOH PMO/GMO must approve the request for the extension to be valid.

Grant Progress Reporting Periods	Report Number	Due Date
July 1, 2019 – July 31, 2019	1	August 10, 2019
August 1, 2019 – August 31, 2019	2	September 10, 2019
September 1, 2019 – September 30, 2019	3	October 10, 2019
October 1, 2019 – October 31, 2019	4	November 10, 2019
November 1, 2019 – November 30, 2019	5	December 10, 2019
December 1, 2019 – December 31, 2019	6	January 10, 2020
January 1, 2020 – January 31, 2020	7	February 10, 2020
February 1, 2020 – February 29, 2020	8	March 10, 2020
March 1, 2020 – March 31, 2020	9	April 10, 2020
April 1, 2020 – April 30, 2020	10	May 10, 2020
May 1, 2020 – May 31, 2020	11	June 10, 2020
June 1, 2020 – June 30, 2020	12 / (Final)	July 10, 2020 / July 30, 2020

****For the first year of the award progress reports are required to be submitted monthly. The frequency of progress reports may be changed in future grant years.**

Grant Expenditure Reporting Periods	Report Number	Due Date
July 1, 2019 – September 30, 2019	1	October 10, 2019
October 1, 2019 – December 31, 2019	2	January 10, 2020
January 1, 2020 – March 31, 2020	3	April 10, 2020
April 1, 2020 – June 30, 2020	*4 / (Final)	July 10, 2020 / July 30, 2020

*The 4th quarter report must be submitted on or before July 10, 2020. **IF** the 4th quarter report will *also* serve as the final report, *be sure to check the “Final Report” box in SAGE*. If additional time is needed to complete grant paperwork, *in addition to the 4th quarter report*, a **final** report must be submitted on or before July 30, 2020.

IMPORTANT: Final Expenditure reports **MUST** be submitted no later than **July 30, 2020**. If a Final Expenditure Report is not received by July 30, 2020, the grant may be closed out based on the last Expenditure report submitted.

Grant Amendment & Budget Revision Requests: Upon approval by NJDOH of a Grant Amendment or Budget Revision Request (Step 1), a revised grant budget (Step 2) must be completed & submitted within ten (10) business days.

NOTE: Applicant is permitted a maximum of two (2) Budget Revision Requests during the budget period.

Last date to initiate a Grant Amendment in SAGE is April 1, 2020.

Last date to initiate a Budget Revision in SAGE is May 1, 2020.

Please note: NJDOH may nullify the Grant Amendment/Budget Revision request(s), if not submitted by the designated due date.

Assistance:

To obtain technical assistance during the application phase, please contact the SAGE Help Desk: 609-633-8009 or sage.unit@doh.nj.gov .

To obtain general or technical assistance after the applications have been submitted and scored, contact your Program Management Officer (PMO) and/or Grant Management Officer (GMO):

HPP Team	GMO
<p>Danielle Herring HPP Program Manager New Jersey Department of Health 609-802-2530 Danielle.Herring@doh.nj.gov</p> <p>Karen Pawlak HPP Coordinator New Jersey Department of Health 609-306-0268 Karen.Fox@doh.nj.gov</p>	<p>Marina Siefker New Jersey Department of Health 609-943-3016 Marina.Siefker@doh.nj.gov</p>

Attachment A – Application Guidance

APPLICATION GUIDANCE

Preparing a budget and working with SAGE (System for Administering Grants Electronically) can be one of the most confusing aspects of applying for a grant. All forms within the grant application should be completed as per the instructions on each page and saved. This document provides guidance and additional information for some of the forms. A power point is also provided with FAQs and instructions to assist applicants specifically with navigating through SAGE.

ORGANIZATION PROFILE

- Note item 3 in the instructions directs applicants to make any changes to this form via the Organization link. Click on “Details” under “Document Information” at the top of the page in order to expose the Organization.
- Ensure changes made under the Organization link populate correctly by re-saving the forms.
- Provide the most recent Officers and Directors list and revise the “Last Updated” date.
- Accounting Systems on Cash basis are challenged, so please double-check with your accounting staff if the current basis shows Cash.
- Upload your agency’s most current Annual Audit Report.
- IRS Determination and NJ Charities Registration Letters are required for not-for-profit 501(c)3 designated organizations only.
- A current Tax Clearance Certificate is required. Expired certificates may be e-mailed to the NJ Department of Treasury at businessassistancetc.taxation@treas.nj.gov in order to obtain a current certificate. The valid Tax Clearance Certificate must be shown on Organization Profile page and is not accepted as an upload on Attachment page. Expiration date must be updated to show the correct date for the current certificate. Neither an application nor an expired certificate is accepted.

GRANT PERIOD & PAYMENT

- Both the Project Period and Budget Period are “From: 07/01/2019 Through: 06/30/2020”.
- Cost Reimbursement is the preferred payment method. Requests for Advance Payment require strong justification and supporting documentation showing the need for advanced funding.

ACTIVITY CODES

- Select “20 HPP HCC – Health Care Coalitions”
 - To be used for base HPP Coalition funding
- Select “20 HPP EVD - Ebola Virus Disease”
 - To be used for EVD/EID – HAI deliverables (as mentioned in Implementation Requirements; will be discussed at Technical Assistance Meeting)

NEEDS AND OBJECTIVES and METHOD AND EVALUATION

- Refer to the Implementation Requirements – Attachment B for programmatic requirements when completing these forms.
 - Additional pages/documents may be uploaded to the Attachments page.
- Estimated completion date must not exceed the last day of the budget/project period (06/30/2020).

SCHEDULE A PART I – PERSONNEL COSTS

- Complete one Schedule A per Activity Code.
- If the same position is repeated on another Schedule A, the Position Title should be consistent.
- Legal First Name, Legal Last Name – The Department gathers statistics from these fields, so they must be shown correctly and consistently across all Activities. Typos will be returned for correction.
- Annual Salary – Enter the individual’s actual annual salary. Do not use a modified salary which is solely to produce a desired result. The individual’s annual salary should be the same across all Activities.
- Percent of Time on Project – Enter the individual’s actual time spent on that Activity. Do not use a modified percentage solely to produce a desired result. An individual’s time commitment should not exceed 100% across all Activities and should not be duplicated on other grant programs.
- Fringe Benefit Rate – upload your agency’s fringe benefit breakdown. Fringe benefit rates beyond the State’s 49.05% may require additional justification as instructed by PMO and GMO. If there are different rates for individuals, please include a justification with the uploaded fringe breakdown.
- There is no cost sharing or match required.

SCHEDULE A PART II – PERSONNEL JUSTIFICATION

- Ensure Position Titles have populated correctly from Schedule A Part I.
- Weekly Work Hours – Enter the number of hours per week the individual works as per the reported Percentage of Time on Project from Schedule A Part I.
- Role & Responsibilities – State the role and responsibilities of the position, not the incumbent.
- Minimum Qualifications – State the minimum qualifications of the position, not the incumbent. Briefly stated education/degree, years’ experience, license/certification, etc. fulfills the requirement of this field.
- Names, personal qualifications, statements such as “see attached resume, on file, previously submitted” are not accepted.

SCHEDULE B – OTHER DIRECT COSTS

- Complete one Schedule B per Activity Code.
- Justification/Basis for Cost Estimate – Narrative justification is required for each line item.

- Supplies category is for items related to administrative functions of the agency, specifically associated with office use resulting from grant program objectives, generally ~\$250 per person. General office supplies may be shown by an estimated amount per month x number of months for grant-funded staff. All other supplies, materials, or services must be itemized.
- Other category is for costs associated directly with program activities or outcomes, including materials, services, or supplies specifically needed to deliver grant program objectives.
- Use the “If other, specify:” field to describe items which are specifically delineated by the RFA to be shown separately.
- The Training category is for grant-funded staff training only. Training of others (such as volunteers) is to be categorized as Other.
- Travel category must show basis of cost estimate. For each travel event, clearly indicate name of conference/event, dates/location, attendee(s), and estimated itemized costs. For mileage, indicate the estimated number of trips planned, by whom, number of miles and cost per mile.
- Equipment – applicants must follow their organizations’ equipment policy. If a written policy does not exist, non-profit organizations, excluding government and hospitals, shall capitalize equipment with an acquisition cost of \$500 or more per unit and a life expectancy of one (1) year or greater
- Facility costs – as applicable, upload lease/maintenance agreements under “Supporting Documents” column.
- Professional Services – Agreements must be reviewed and approved by NJDOH prior to its execution, with the exception of auditing. Basis for cost estimate must be clearly stated. Upload agreements under “Supporting Documents” column.

GRANT-SPECIFIC REQUIREMENTS FOR SCHEDULE B

- Separate OTHER line – cost for communications, including devices and services, must be itemized. Upload a list of devices and to whom they are assigned under “Supporting Documents” column.

COST SUMMARY

- If applicable, verify direct costs have populated correctly by Activity Code and that Activity Code totals match the allocation amounts in the RFA for your agency.

In-Direct Rate Costs

Applicant may apply for in-direct costs. If in-direct costs are requested, a current in-direct cost Health & Human Services (HHS) agreement must be uploaded in SAGE under the Cost Summary. In-direct costs will be capped at 10%.

If a current in-direct cost agreement does not exist, applicant may request a flat de minimis rate of 10% of Modified Total Direct Costs (MTDC). MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental

costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs. (2 C.F.R. §200.68)

- Some indirect cost exclusions may be captured as direct costs provided the costs are applicable and allowable to the grant.

FFATA CERTIFICATION

- Both questions must be answered.
- Additional information can be found at www.fsr.gov

ATTACHMENTS

Required attachments:

- Lease/Maintenance Agreements – if applicable, upload directly to Schedule B
- Professional Services Agreement – if applicable, upload directly to Schedule B
- Subgrant Agreement – if applicable upload directly to Schedule B

Attachment B – Implementation Requirement Chart

Note – Implementation Requirements will be discussed in depth at the Technical Assistance Meeting on May 22, 2019.

Validation Method is For Information Only and will be discussed with the awardee at the one day working session.

Implementation Requirements (70 Points Total)

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
PHASE 1: Plan and Prepare					Application Due: Must be addressed in SAGE by June 27, 2019 Workplan Due: If awarded due 90 days after award is issued Requirement: Must be addressed throughout budget period; must be noted in application on how this will tentatively be accomplished	Must describe detailed process for completion in SAGE
Objective 1: Establish and Operationalize a Health Care Coalition (HCC)						
Activity 2: Identify Health Care Coalition Members						
Boundaries	X	X			Application	Boundaries clearly defined Stakeholder involvement # of proposed HCCs

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
The HCC(s), must make available a listing or provide access to a listing of all core members and additional coalition members as defined in the 2017-2022 Health Care Preparedness and Response Capabilities to NJDOH for submission into PERFORMS.	X	X	All 5	Upload into SAGE	Requirement	Does not need to be included with application
Core members should be represented at all HCC meetings, virtually or in-person. Core members should also sign all HCC-related documentation, such as governance, preparedness plans, response plans and recovery plans. Additionally, core members should participate in ALL HCC exercises.	X	X	All 5	Verify during Site Visit	Application	Procedure for core members' approval on all related HCC documentation
<p>Representation from additional functional entities is essential for the purpose of supporting acute health care service delivery. HCCs should recruit and incorporate these entities in their membership. These entities include, but are not limited to the following:</p> <ul style="list-style-type: none"> • Medical Supply Chain Organizations • Pharmacies • Blood Banks • Clinical Labs • Federal Health Care Organizations • Outpatient Care Centers • Long Term Care Organizations <p>In addition, all HCC inpatient facilities not providing definitive specialty care should demonstrate transfer agreements with at least one receiving facility for:</p> <ul style="list-style-type: none"> • Pediatric Centers • Trauma and Burn Center 	X	X	All 5	Upload in Coalition Assessment Tool (CAT) (Transfer agreements with pediatric, trauma, and burn centers should be incorporated into the corresponding specialty surge annex)	Requirement	Does not need to be included with application
Activity 3: Establish Health Care Coalition Governance						

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>The HCC must update and maintain the following information related to its governance:</p> <ul style="list-style-type: none"> • HCC membership • HCC should be led or co-led by hospitals or health care organization • An organizational structure capable of supporting HCC activities • Member guidelines for participation and engagement • Policies and procedures focused on supporting acute health care service delivery through communication and coordination • HCC integration with existing state, local, and member-specific incident management structures and roles. 	X	X	All 5	Upload in CAT	Application	<p>Plan to obtain a lead or co-lead hospital Plan for creation of governance and membership Plan for remaining bullets</p>
<p>All HCCs must fund at least 1.0 full-time equivalent (FTE) (combined and may include in-kind support of dedicated time) to support the following two staffing requirements:</p> <ul style="list-style-type: none"> • Clinical Advisor: individual(s) should be a physician, advanced practice provider, or registered nurse and should be from a lead or co-lead hospital or health care organization and be clinically active (i.e., works shifts/sees patients). Involvement in emergency services or response activities is preferred and knowledge of medical surge issues and basic familiarity with chemical, biological, radiological, nuclear, and explosives (CBRNE), trauma, burn, and pediatric emergency response principles is required. Role of the clinical advisor(s) is to: <ol style="list-style-type: none"> 1. Provide clinical leadership to the coalition and serve 	X		All 5	<p>Include in each HCC's Scope of Work</p> <p>Submit with the HCC Budget Requirement or Recipient Budget with Application</p> <p>Budget line should</p>	<p>Application</p> <p>Detail of hired staff in Workplan</p>	<p>Hiring plan of all mandated HCC staff Interview plan Timeline for completion (Regional staffing plan should be included and documented in Schedule B of the SAGE application)</p> <p>Plan for Clinical Staff</p> <p>Note – TPFA should directly employ or directly contract with HCC staff</p>

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities (e.g., blood banks), and EMS agencies.</p> <ol style="list-style-type: none"> 2. Review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance. 3. Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities. 4. Assure that the coalition mass casualty/surge plans provide for appropriate distribution (and re-distribution) of trauma patients to avoid overloading single centers whenever possible and work with health care facilities to understand their capabilities and capacity. 5. Assure that subject matter experts are available and a process exists to support secondary transfer prioritization in specialty surge (e.g., burn, pediatric) mass casualty situations (i.e., identify which patients are a priority to transfer to specialty care centers when adequate transportation or inpatient resources are unavailable). <ul style="list-style-type: none"> • HCC Readiness and Response Coordinator: role of the coordinator is to facilitate the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC as well as to lead, participate in, and support the response 				<p>contain: Name, Position Title, Salary, Percentage of Time, and Parent Organization.</p>		

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>activities of the coalition according to their plans.</p> <p>ASPR recognizes this may require some HCCs to shift priorities to personnel rather than supplies/equipment in their budgets; however, ASPR believes that the value gained through the clinical and operational guidance, coordination, training, and exercise coordination these FTEs can provide is ESSENTIAL to an HCC's ongoing readiness and ability to respond. In the event the HCC has insufficient funds, recipients and HCCs should consider various funding solutions that include, but are not limited to, the following options:</p> <ul style="list-style-type: none"> • Reevaluation of the existing HCC funding formula or boundaries • Formal agreement with the parent organization to utilize in-kind funding for a portion of the FTE • Partner with a neighboring HCC to recruit and cost-share a clinical advisor when geographically and logistically appropriate 						
Objective 2: Identify Risks and Needs						
Activity 1: Assess Hazard Vulnerability and Risks						
Each funded HCC, in collaboration with the recipient, must annually update and maintain their HVA to identify risks and impacts.	X	X	All 5	Upload in CAT	Application	Tentative plan and timeline
All HCC-funded projects must be tied to a hazard or risk from the HCC's HVA, an identified capability gap, or an activity identified during a corrective action process.		X	All 5	Verified through HCC work plan and budget.	Workplan	Does not need to be included with application
Activity 2: Assess Regional Health Care Resources						

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>Each funded HCC must update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency.</p> <p>The TPFA should ensure that each HCC maintains visibility on their members' resources and resource needs, such as personnel, facilities, equipment, and supplies.</p>	X	X	All 5	Verify during Site Visit	Application Requirement	<p>Plan to work with current sub awardees to get previous data if collected</p> <p>HCCs should work with current sub awardees to gather existing information (NJDOH will provide during Technical Meeting)</p>
Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, People with Disabilities, and Others with Unique Needs						
<p>(Joint HPP/PHEP Activity) HPP and PHEP recipients should involve each funded HCC and its members in risk planning. In addition, HPP and PHEP recipients are encouraged to involve experts in chronic conditions and maternal and child health in risk planning.</p>		X	All 5	Verify during Site Visit	Application Workplan	Outline the plan to include at risk populations in HCCs
<p>As part of inclusive planning for populations at risk conducted by HPP recipients, HPP-funded HCCs should:</p> <ul style="list-style-type: none"> • Support HCC members with situational awareness and information technology (IT) tools already in use that can help identify children, seniors, pregnant women, people with disabilities, and others with unique needs. • Support HCC member agencies in developing or augmenting existing response plans for these populations, including mechanisms for family reunification. • Identify potential health care delivery system support for these populations (pre- and post-event) that can prevent stress on hospitals during a medical surge event. • Assess needs and contribute to medical planning that may enable individuals to remain in their residences 	X	X	All 5	Verify during Site Visit	Application Workplan	Outline the plan to include at risk populations in HCCs

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>during certain emergencies. When that is not possible, coordinate with the jurisdiction’s ESF-8 lead agency to support the jurisdiction’s ESF-6 (Mass Care, Emergency Assistance, Housing, and Human Services) lead agency with access to medical care including at shelter sites.</p> <ul style="list-style-type: none"> Coordinate with the jurisdiction’s ESF-8 lead agency to assess medical transport needs for these populations. 						
Objective 3: Develop a Health Care Coalition Preparedness Plan						
Activity 1: Develop a Health Care Coalition Preparedness Plan						
<p>The HCC must update and maintain their preparedness plan annually and following major incidents or large-scale exercises. The plan must be approved by all its core member organizations. All of the HCC’s additional member organizations should be given an opportunity to provide input into the preparedness plan, and all member organizations must receive a final copy of the plan.</p>	X	X	All 5	Upload in CAT	Application Requirement	Identification of how the HCCs will update existing plans Plan for completion
Objective 5: Ensure Preparedness is Sustainable						
Activity 3: Engage Clinicians						
<p>The HCC clinical advisor must engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning to include CBRNE, trauma, burn, and pediatric readiness and response. Additionally, they should gain an understanding of the scope of specialized clinical expertise throughout the HCC and include clinicians from a wide range of specialties in HCC activities on a regular basis to validate medical surge plans and to provide subject matter expertise to ensure realistic training and exercises.</p>	X	X	All 5	Verify during Site Visit	Application Requirement	Tentative plan for engagement
Activity 4: Engage Community Leaders						

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
The HCC Readiness and Response Coordinator must identify and engage community leaders including businesses, charitable organizations, and the media, in health care preparedness planning and exercises to promote the resilience of the entire community.	X	X	All 5	Verify during Site Visit	Requirement	Tentative plan for engagement
Activity 5: Promote Sustainability of Health Care Coalitions						
<p>Sustainability planning is a critical component in HCC development. Strong governance, regional stakeholder engagement, and sound financial planning help to strengthen the HCC foundation and ensure future viability. HCCs should:</p> <ul style="list-style-type: none"> • Offer HCC members TA or consultative services in meeting the CMS Emergency Preparedness Rule: Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers • Develop materials that identify and articulate the benefits of HCC activities and promote preparedness efforts to both members and additional stakeholders such as health care executives, clinicians, community leaders, and other key audiences • Explore ways to meet member’s requirements for tax exemption through community benefit • Analyze critical functions to preserve and identify financial opportunities (such as foundations and private funding, dues, and training fees) to support or expand HCC functions in case of decreased federal funding • Develop a financing structure and document the funding sources that support HCC activities • Determine ways to cost share with other organizations with similar requirements (such as coordinating required 	X	X	All 5	Verify during Site Visit	<p>Requirement</p> <p>Application</p>	<p>Does not need to be included in application but should be noted throughout 1st year progress reports</p> <p>Financial structure of HCCs</p> <p>Description of eligible organization buying power</p> <p>Description of eligible organization financial policies and procedures in order to oversee a multimillion-dollar grant</p>

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>risk assessments or exercises with public health agencies and emergency management organizations)</p> <ul style="list-style-type: none"> • Incorporate leadership succession planning into the HCC governance and structure • Leverage group buying power to promote consistent equipment across a region to facilitate sharing or emergency allocation 						
PHASE 2: Train and Equip						
Objective 4: Train and Prepare the Health Care and Medical Workforce						
Activity 1: Promote Role-Appropriate NIMS Implementation						
<p>HPP recipients should ensure that HCCs assist their members with NIMS implementation throughout the project period. HCCs must:</p> <ul style="list-style-type: none"> • Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education levels and need • Promote NIMS implementation among HCC members, including training and exercises, to facilitate operational coordination with public safety and emergency management organizations during an emergency using an incident command structure • Assist HCC members with incorporating NIMS components into their emergency operations plans 	X	X	All 5	Verify during Site Visit	Application Requirement	Tentative plan for NIMS compliance
Activity 2: Educate and Train on Identified Preparedness and Response Gaps						

CAPABILITY 1: Foundation for Health Care and Medical Readiness (30 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
HCCs must submit, with their annual work plan, a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents. Training activities may include but are not limited to initial education, continuing education, appropriate certifications, and just-in-time training. Awareness and operational level training on all aspects of HCC functions focused on preparedness, response, and recovery should be conducted.		X	All 5	Upload to CAT	Workplan	Does not need to be included in application
PHASE 3: Exercise and Respond						
Objective 4: Train and Prepare the Health Care and Medical Workforce						
Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations						
(Joint HPP/PHEP Activity) HPP and PHEP recipients, and all HCCs, as part of a coordinated statewide effort, should conduct a joint statewide exercise (functional or full-scale exercise) once during the project period to test progress toward achieving the capabilities outlined in the 2017-2022 Health Care Preparedness and Response Capabilities and the Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, and in collaboration with cross-border metropolitan statistical area/Cities Readiness Initiative regions. All joint HPP and PHEP exercises, including MCM exercises, must include a surge of patients into the health care system.	X	X	Once during project period	AAR/IP Info submitted in PERFORMS with APR	Requirement – Eligible Organization that receives award must work with NJ State Department of Health on all required HPP/PHEP exercises.	Does not need to be included in application
Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements						
PHASE 4: Evaluate and Share Lessons Learned						

CAPABILITY 2: Health Care and Medical Response Coordination (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
PHASE 1: Plan and Prepare					Application Due: Must be addressed in SAGE by June 27, 2019 Workplan Due: If awarded due 90 days after award is issued Requirement: Must be addressed throughout budget period; must be noted in application on how this will tentatively be accomplished	Must describe detailed process for completion in SAGE
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans						
Activity 2: Develop a Health Care Coalition Response Plan						
(Joint HPP/PHEP Activity) Each HCC must coordinate the development of its response plan by involving core members and other HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented in the plan. Each HCC should review and update its response plan annually and following major incidents or large-scale exercises. The updated plan must be approved by all its core members. All of the HCC's additional member organizations should be given an opportunity to provide input into the response plan, and all member organizations must receive a final copy of the plan.	X	X	All 5	Upload in CAT and submit updates to recipient	Application Requirement	Plan to work with current sub awardees to get previous data if collected HCCs should work with current sub awardees to gather existing information (NJDOH will provide during Technical Meeting)

CAPABILITY 2: Health Care and Medical Response Coordination (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>(Joint HPP/PHEP Activity) Each HCC's response plan must describe the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management. This includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> • HCC integration with the jurisdiction's ESF-8 lead agency to ensure information is provided to local, state, and federal officials. • The HCC's ability to effectively communicate and address resource needs requiring ESF-8 assistance. In cases where the HCC serves as the jurisdiction's ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. • The HCC's ability to support the increase of emergency and inpatient services to meet the demands of a medical surge event (with or without warning; short or long duration). All communities should be prepared to respond to conventional and mass violence trauma. • The HCC's ability to determine bed, staffing, and resource availability; identify patient movement requirements; support acute care patient management and throughput; initiate and support crisis care plans. • The provision of behavioral health support and services to patients, families, responders, and staff. • The incorporation of available resources for management of mass fatalities through ESF-8. 		X	All 5	Upload in CAT	Requirement	Does not need to be included in application
Objective 2: Utilize Information Sharing Processes and Platforms						
Activity 1: Develop Information Sharing Procedures						
The HCC and its members must , at a minimum, define and integrate into their response plans procedures for sharing EEs. This includes but is not		X	All 5	Upload in CAT	Requirement	Does not need to be included in application

CAPABILITY 2: Health Care and Medical Response Coordination (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
limited to the current operational status of facilities, elements of electronic health records, and resource needs and availability. ASPR will provide coordinated pre-event, post-event, and special event-specific EEIs required for integration and submission by recipients and sub-recipients by the end of the first quarter of FY 2019/budget period 1.				Included in Response Plans		
(Joint HPP/PHEP Activity) HPP and PHEP recipients should work together to establish a common operating picture/situational awareness tool that facilitates coordinated information sharing among all public health, health care, HCCs, and relevant stakeholders.	X	X	All 5	Verify during Site Visit	Requirement	Does not need to be included in application but eligible organization needs to work with NJDOH to establish tool for HCCs
(Joint HPP/PHEP Activity) The HCC, in coordination with its public health agency members and HPP and PHEP recipients must develop processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses.		X	2020	Verify during Site Visit	Application Requirement	Does not need to be included in application
Activity 2: Identify Information Access and Data Protection Procedures						
HPP recipients should verify that each HCC is able to access and collect timely, relevant, and actionable information about their members during emergencies.	X		All 5	Verify during Site Visit	Requirement	Does not need to be included in application
Activity 3: Utilize Communications Systems and Platforms						
(Joint HPP/PHEP Activity) HPP recipients should identify reliable, resilient, interoperable, and redundant information and communication systems and platforms, including those for bed availability, EMS data, and patient tracking, and provide access to HCC members and other stakeholders.	X	X	All 5	Verify during Site Visit; Included in Response Plans	Application Workplan	Plan to identify communication systems for HCCs Plan to include NJDOH in discussion
PHASE 2: Train and Equip						
Objective 3: Coordinate Response Strategy, Resources, and Communications						
Activity 4: Communicate with the Public During an Emergency						

CAPABILITY 2: Health Care and Medical Response Coordination (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
(Joint HPP/PHEP Activity) The HCC, in collaboration with HPP and PHEP recipients, must provide public information officer (PIO) training to those who are designated to act in that capacity during an emergency for HCC members and are in need of such training. This training should include Crisis and Emergency Risk communication training.	X	X	2021	Verify during Site Visit	Requirement	Does not need to be included in application
PHASE 3: Exercise and Respond						
Objective 3: Coordinate Response Strategy, Resources, and Communications						
Activity 1: Identify and Coordinate Resource Needs during an Emergency						
To ensure the continuity of information flow and coordination activities, multiple employees from each HCC member organization must understand and have access to the HCC’s information sharing platforms.		X	All 5	Verify during Site Visit	Requirement	Does not need to be included in application
Activity 2: Coordinate Incident Action Planning During an Emergency						
(Joint HPP/PHEP Activity) HCCs must provide a communication and coordination role within their respective jurisdictions. This coordination ensures the integration of health care delivery into the broader community incident planning objectives and strategy development. It also ensures that resource needs that cannot be managed within the HCC itself are rapidly passed along to the jurisdiction’s ESF-8 lead agency. HCC coordination may occur at its own coordination center, the local EOC, or by virtual means – all of which are intended to interface with the jurisdiction’s ESF-8 lead agency. HCCs should connect the medical response elements and provide the coordination mechanism among health care organizations, including hospitals and EMS, emergency management organizations, and public health agencies.		X	All 5	Demonstrate during site visit; Included in Response Plans	Requirement	Does not need to be included in application
Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors During an Emergency						

CAPABILITY 2: Health Care and Medical Response Coordination (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
By FY 2021, each HCC should assist members with developing the ability to rapidly alert and notify their employees, patients, and visitors to provide situational awareness, protect their health and safety, and facilitate provider-to-provider communication	X	X	2021	Demonstrate during site visit; Included in Response Plans	Application Requirement	Tentative plan for communication flow between TPFA, HCCs, and NJDOH. Rapid notification etc. can be addressed at later time
PHASE 4: Evaluate and Share Lessons Learned						

CAPABILITY 3: Continuity of Health Care Service Delivery (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
PHASE 1: Plan and Prepare					Application Due: Must be addressed in SAGE by June 27, 2019 Workplan Due: If awarded due 90 days after award is issued Requirement: Must be addressed throughout budget period; must be noted in application on how this will tentatively be accomplished	Must describe detailed process for completion in SAGE
Objective 2: Plan for Continuity of Operations						
Activity 2: Develop a Health Care Coalition Continuity of Operations Plan						
Each funded HCC must develop an HCC continuity of operations (COOP) plan that is informed by its members' COOP plans and, at a minimum, includes the following elements: <ul style="list-style-type: none"> Activation and response functions 		X	2021	Upload in CAT	Requirement	Does not need to be included in year one application

CAPABILITY 3: Continuity of Health Care Service Delivery (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<ul style="list-style-type: none"> • Multiple points of contact for each HCC member • Orders of succession and delegations of authority for leadership continuity • Immediate actions and assessments to be performed in case of disruptions • Safety assessment and resource inventory to determine ongoing HCC operations • Redundant, replacement, or supplemental resources, including communications systems • Strategies and priorities for addressing disruptions to mission critical systems such as electricity, water, and medical gases. • List of essential records and forms, including locations of electronic and hard copies of each <p>HCC COOP plans may be stand-alone plans or incorporated into the HCC response plan as an annex.</p>						
Objective 3: Maintain Access to Non-Personnel Resources During an Emergency						
Activity 1: Assess Supply Chain Integrity						

CAPABILITY 3: Continuity of Health Care Service Delivery (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>HPP recipients and HCCs must conduct a supply chain integrity assessment to evaluate equipment and supplies that will be in demand during emergencies and develop mitigation strategies to address potential shortfalls.</p> <p>Each individual HCC member should examine its supply chain vulnerabilities by collaborating with health care organizations, manufacturers, and distributors to determine access to critical supplies, amounts available in regional systems, and potential alternate delivery options in case access or infrastructure is compromised. HCCs should utilize this information to effectively coordinate with their jurisdiction’s ESF-8 lead agency and across the region.</p> <p>Elements of a supply chain integrity assessment include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Blood banks • Medical gas suppliers • Fuel suppliers • Nutrition suppliers and food vendors • Pharmaceutical vendors • Leasing entities for biomedical and durable medical equipment • Manufacturers and distributors for disposable supplies • Manufacturers and distributors for PPE • Hazardous waste removal services • Laundry, linen, and housekeeping services and suppliers 	X	X	2021	Submit with APR; Upload in CAT	Requirement	Does not need to be included in year one application
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements						

CAPABILITY 3: Continuity of Health Care Service Delivery (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>All HPP recipients, HCCs, or HCC members purchasing pharmaceuticals and other medical material or supplies (e.g., PPE) with HPP funds must document the following:</p> <ul style="list-style-type: none"> Strategies for acquisition, storage, rotation with day-to-day supplies, and use Inventory Management Program Protocols for all cached material Policies relating to the activation and deployment of their stockpile Policies relating to the disposal of expired materials <p>ASPR encourages, when possible, regional procurement of PPE. This procurement approach may offer significant advantages in pricing and consistency for staff, especially when PPE is shared across healthcare organizations in an emergency. Additionally, in circumstances where HCC members are part of a larger corporate health system, a balance between corporate procurement and regional procurement should be considered.</p>		X	All 5	Should be included in purchaser's (recipient and HCC) work plan. Protocol required if purchasing material. Recipient protocol submitted in PERFORMS. HCC protocol submitted in the CAT.	Requirement	<p>Not applicable in first year</p> <p>Does not need to be included in application</p>
Objective 6: Plan for Healthcare Evacuation and Relocation						
Activity 1: Develop and Implement Evacuation and Relocation Plans						
HPP recipients, HCCs, and HCC members should sustain or further develop their evacuation planning and response activities throughout the remainder of the five-year project period.	X	X	All 5	Verify during Site Visit	Requirement	Does not need to be included in application
Objective 7: Coordinate Healthcare Delivery System Recovery						
Activity 1: Plan for Healthcare Delivery System Recovery						

CAPABILITY 3: Continuity of Health Care Service Delivery (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>Each recipient, in collaboration with their HCCs, must develop a health care system recovery plan and submit it to ASPR by the end of fiscal year 2022. Recovery processes may be integrated into recipients’ existing plans, such as an annex to their emergency operations plan, or developed as a separate standalone plan. Each recipient should review their recovery plan after exercises and major incidents to update the following:</p> <ul style="list-style-type: none"> • Coordinated goals and strategic priorities for the continued delivery of essential health care services, including behavioral health services and case management. • HCC integration with the Health and Social Services Recovery Support Function lead agency to advocate for the needs of healthcare, ensure information sharing, and manage resource availability within and between disciplines and coalition stakeholders. • Prioritization of critical infrastructure dependencies necessary for the recovery of health service delivery in the following sectors: Communications, Emergency Services, Energy, Food and Agriculture, Information Technology, Transportation Systems, and Water and Wastewater Systems. • Impact assessment process including the collection of information, issues related to current operational trends and themes, and the process for relaying requests for assistance based on emerging or persistent needs. • Stakeholder process to connect with recovery assistance programs including support with initial disaster cost estimation and assistance with state and federal disaster recovery funding application (if available). 	X	X	2022	Submit with APR	Requirement – Eligible Organization that receives award must work with NJDOH	Does not need to be included in year one application
PHASE 2: Train and Equip						

CAPABILITY 3: Continuity of Health Care Service Delivery (10 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
Objective 5: Protect Responder Safety and Health						
Activity 1: Distribute Resources Required to Protect the Health Care Workforce						
HCCs should support and promote regional PPE procurement that could offer significant advantages in pricing and consistency for staff, especially when PPE is shared across multiple health care organizations in an emergency.	X		All 5	Include in Preparedness Plan	Application	Procurement plan and processes for reimbursement and or bulk purchasing (whichever is decided by eligible organization)
Activity 2: Train and Exercise to Promote Responder Safety and Health						
(Joint HPP/PHEP Activity) HPP and PHEP recipients, and HCCs, should equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations. PPE, MCMs, workplace violence training, psychological first aid training, and other interventions specific to an emergency are all necessary to protect responders and health care workers from illness or injury and should be readily available to the entire health care workforce.	X	X	All 5	Include in HCC Training Plan; Verify during Site Visit	Requirement – Eligible Organization that receives award must work with NJDOH Workplan	Does not need to be included in application Should be included in Training Plan
(Joint HPP/PHEP Activity) Recipients and HCCs should educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens, and the availability of PPE resources, to include stockpiling considerations, vendor-managed inventories, and the potential for reuse of equipment.	X	X	All 5	Include in HCC Training Plan; Verify during Site Visit	Requirement – Eligible Organization that receives award must work with NJDOH Workplan	Does not need to be included in application Should be included in Training Plan
PHASE 3: Exercise and Respond						
PHASE 4: Evaluate and Share Lessons Learned						

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>PHASE 1: Plan and Prepare</p>					<p>Application Due: Must be addressed in SAGE by Workplan Due: If awarded due 90 days after award is issued Requirement: Must be addressed throughout budget period; must be noted in application on how this will tentatively be accomplished</p>	<p>Must describe detailed process for completion in SAGE</p>
<p>Objective 1: Plan for a Medical Surge</p>						
<p>Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan</p>						
<p>(Joint HPP/PHEP Activity) HPP recipients, HCCs, and their members, must work together to manage staffing resources, including volunteers, within hospitals and other health care settings. This includes:</p> <ul style="list-style-type: none"> Identifying situations that would require supplemental staffing in hospitals and leverage existing hospital and health system staff sharing agreements and resources, to include volunteers. Developing rapid credential verification processes to facilitate emergency response. Identifying and addressing to the extent possible volunteer liability, licensure, workers compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use. Leveraging existing government and non-governmental volunteer registration programs, such as ESAR-VHP and MRC 		<p>X</p>	<p>All 5</p>	<p>Include in Preparedness and Response Plans; Verify during Site Visit</p>	<p>Requirement</p>	<p>Does not need to be included in application</p>

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>personnel, to identify and staff health care-centric roles during acute care medical surge response events. Examples of MRC health care-specific duties that can be funded by HPP include:</p> <ol style="list-style-type: none"> 1. Triage support staff 2. Emergency Department staff 3. Medical Shelter clinical staff 4. Search and Rescue Medical staff 5. Field hospital clinical staff <ul style="list-style-type: none"> • Incorporating hospital, HCC, jurisdictional, or state-based medical assistance teams into medical surge planning and response. 						
<p>Hospitals that are members of HPP-funded HCCs and meet the eligibility criteria for participation in NDMS should enter into formal agreements with the NDMS. This is intended to improve the recipient's and HCC's surge capacity and enhance hospital preparedness in response to a medical surge event.</p> <p>NDMS enrollment efforts should target local general acute care inpatient medical facilities if they express a desire to participate or possess key specialty beds. Other hospitals may be considered based on the locally available resources. NDMS participating medical facilities should be within a reasonable distance for patient transportation given the local road network and relevant traffic conditions, generally within a 75-mile radius of the managing Federal Coordination Center (FCC). Medical facilities beyond this distance may be accepted for enrollment at the discretion of the FCC Director.</p>	X	X	All 5	Verify during Site Visit	Application Requirement	Document relationship with FCC Director or identify plan for coordination if not already established

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>In partnership with the NDMS Hospital Readiness Initiative, HPP-funded HCCs that have an FCC or NDMS receiving facilities within their established boundaries should prepare to receive and treat patients during a NDMS activation.</p> <p>HCCs can invest HPP resources in the following areas:</p> <ul style="list-style-type: none"> • NDMS partner engagement activities • Patient reception planning • Patient reception training • NDMS exercises that include coalition coordination • Medical surge systems • Decontamination resources • PPE • CBRN monitoring devices 	X	X	All 5	Verify during Site Visit	Application Requirement	Does not need to be included in application unless using monies for the bullets
Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan						
EMS plans should incorporate disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies, and equipment. HPP funding is not authorized to support routine EMS administrative and operational requirements (e.g., certifications, state EMS medical director).	X	X	All 5	Verify during Site Visit	Application Requirement	Tentative plans to include EMS in HCC(s)
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan						

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>HCCs should serve as planning resources and subject matter experts to PHEP recipients and public health agencies as they develop or augment existing response plans for affected populations, including mechanisms for family reunification. These plans should give consideration to:</p> <ul style="list-style-type: none"> • Information needs and a process to reunify families (e.g., Health Insurance Portability and Accountability Act of 1996 exemptions) • Reunification considerations for children • Family notification and initiation of reunification processes. 		X	All 5	Verify during Site Visit	Requirement	Does not need to be included in application
<p>HCCs must develop complementary coalition-level annexes to their base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs. Recipients should incorporate the HCC annexes into their jurisdiction's plan for awareness and to support coordination of state resources. In addition to the usual information management and resource coordination functions, each specialty surge annex framework should be similarly formatted and emphasize the following core elements:</p> <ul style="list-style-type: none"> • Indicators/triggers and alerting/notifications of a specialty event • Initial coordination mechanism and information gathering to determine impact and specialty needs • Documentation of available local, state, and interstate 	X	X	All 5	Submit with APR; Upload in CAT	Application	Process identified to coordinate and collaborate with NJDOH for incorporation into ESF-8 and other relevant documentation Timeframe for completion

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>resources that can support the specialty response and key resource gaps that may require external support (including inpatient and outpatient resources)</p> <ul style="list-style-type: none"> • Access to subject matter experts – local, regional, and national • Prioritization method for specialty patient transfers (e.g., which patients are most suited for transfer to a specialty facility) • Relevant baseline or just-in-time training to support specialty care • Evaluation and exercise plan for the specialty function 						
<p>Pediatric – in addition to the above consider:</p> <ul style="list-style-type: none"> • Local risks for pediatric-specific mass casualty events (e.g., schools, transportation accidents) • Age-appropriate medical supplies • Mental health and age-appropriate support resources • Pediatric/Neonatal Intensive Care Unit (NICU) evacuation resources and coalition plan • Coordination mechanisms with dedicated children’s hospital(s) 	X	X	2019		Application Requirement	Plan and process for a pediatric surge plan Timeframe for completion

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>Burn – in addition to the above consider:</p> <ul style="list-style-type: none"> Local risks for mass burn events (e.g., pipelines, industrial, terrorist, transportation accidents) Burn-specific medical supplies Coordination mechanisms with American Burn Association (ABA) centers/region Incorporation of critical care air/ground assets suitable for burn patient transfer 	X	X	2020		Requirement	Does not need to be included in year one application If tentative plan is addressed, additional points will be granted

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>Infectious disease – in addition to the above consider:</p> <ul style="list-style-type: none"> • Expanding existing Ebola concept of operations plans (CONOPs) to enhance preparedness and response for all novel/high consequence infectious diseases • Developing coalition-level anthrax response plans • Developing coalition-level pandemic response plans • Including healthcare-associated infection (HAI) professionals at the health care facility and jurisdictional levels in planning, training, and exercises/drills • Developing a continuous screening process for acute care patients and integrate information with electronic health records (EHRs) where possible in HCC member facilities and organizations • Coordinating visitor policies for infectious disease emergencies at member facilities to ensure uniformity • Coordinating MCM distribution and use by health care facilities for prophylaxis and acute patient treatment • Developing and exercising plans to coordinate patient distribution for highly pathogenic respiratory viruses and other highly transmissible infections, including complicated and critically ill infectious disease patients, when tertiary care facilities or designated facilities are not available 	X	X	2021			<p>Does not need to be included in year one application If tentative plan is addressed, additional points will be granted</p>

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>Radiation – in addition to the above consider:</p> <ul style="list-style-type: none"> Local risks for radiation mass casualty events (e.g., power plant, industrial/research, radiological dispersal device, nuclear detonation) Detection and dosimetry equipment for EMS/hospitals Decontamination protocols On-scene triage/screening, assembly center, and community reception center activities Treatment protocols/information Coordination mechanisms with hematology/oncology centers and Radiation Injury Treatment Network (RITN) 	X	X	2022			<p>Does not need to be included in year one application If tentative plan is addressed, additional points will be granted</p>

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>Chemical – in addition to the above consider:</p> <ul style="list-style-type: none"> • Determine risks for community chemical events (e.g., industrial, terrorist, transportation-related) • Decontamination assets and throughput (pre-hospital and hospital) including capacity for dry decontamination • Determine EMS and hospital PPE for HAZMAT events • Review and update Chempack (and/or other chemical countermeasure) mobilization and distribution plan • Coordinate training for their members on the provision of wet and dry decontamination and screening to differentiate exposed from unexposed patients • Ensure involvement and coordination with regional HAZMAT resources (where available) including EMS, fire service, health care organizations, and public health agencies (for public messaging) • Develop plans for a community reception center with public health partners 	X		2023			<p>Does not need to be included in year one application If tentative plan is addressed, additional points will be granted</p>

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>Each funded HCC must collaborate with the recipient to integrate the following crisis care elements into their response plan.</p> <ul style="list-style-type: none"> • Integration with state-level efforts • Management of crisis conditions through regional coordination, including resource sharing and patient distribution • Management of information and policy decisions with the assistance of the coalition partners during a protracted event • Management of resource requests and scarce resource allocation decisions when the demand cannot currently be met • Support EMS agency planning for indicators, triggers, and response strategies during crisis conditions • Support hospital planning for indicators, triggers, and response strategies during crisis conditions • Transition to contingency care by requesting resources or moving patients to other facilities. • Integration of crisis care/crisis standards of care conditions into exercises 	X	X	2021	Upload in CAT		Does not need to be included in year one application
PHASE 2: Train and Equip (No associated HPP requirements)						
PHASE 3: Exercise and Respond						
Objective 1: Plan for a Medical Surge						
Activity 3. Incorporate Medical Surge into a Health Care Coalition (HCC) Response Plan						

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
By FY 2021, the recipient's Crisis Standards of Care CONOPS Plan must be incorporated and validated in an HCC-level exercise. Principal focus should be on policy and scarce resource coordination.	X	X	2021	Submit with APR	Requirement	Does not need to be included in year one application
Objective 2: Respond to a Medical Surge						
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response						
(Joint HHP/PHEP Activity) HPP and PHEP recipients should coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction's response to incidents. HPP recipients and HCC should incorporate the use of volunteers to support acute care medical surge response training, drills, and exercises throughout the five-year project period.	X		All 5	Verify during Site Visit	Requirement – Eligible Organization that receives award must work with NJDOH	Does not need to be included in year one application
At least once during the project period, HCCs with a Federal Coordinating Center (FCC) must participate in the NDMS patient movement exercise.		X	Once in the project period	Upload in CAT; Roles should be included in HCC Response Plan	Application Requirement	Does not need to be included in year one application

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>HCCs must complete the HCC Surge Estimator Tool by January 1, 2020, to support determination of their surge capacity. Only hospitals that provide emergency services will be included. HCCs will <i>NOT</i> submit individual hospital metric information to ASPR. Information will be aggregated at the coalition level. There are three distinct variables that vary significantly between hospitals and drive rapid development of surge capacity:</p> <ol style="list-style-type: none"> 1) Use of all available “staffed” beds – including closed units that could be rapidly re-opened with appropriate staff (but are otherwise equipped and appropriate for inpatient care) 2) Use of pre-induction, post-anesthesia, and procedural area beds – can be used for temporary inpatient boarding/care usually at an intermediate care (telemetry) or higher level 3) Surge discharge – the ability to generate space or reduce the numbers of patients requiring evacuation by early discharge of appropriate current inpatients. <p>HCCs will review and update their HCC Surge Estimator Tool data at a minimum of every 2 years but are encouraged to update upon any major changes in their HCC membership.</p>		X	January 1, 2020/ 2022/ 2024	Upload in CAT	Application Requirement	<p>Process on inclusion of acute care involvement</p> <p>(NJDOH will provide more information during Technical Meeting)</p>
Activity 3: Develop an Alternate Care System						
<p>HPP recipient and HCC response plans should coordinate the use of alternate care systems, in collaboration with state and local public health agencies and emergency management organizations, prior to the conclusion of FY 2021. HPP recipients and HCCs should incorporate additional factors in their alternate care system activities prior to the conclusion of FY 2021:</p> <ul style="list-style-type: none"> • Establishment of telemedicine or virtual medicine capabilities • Establishment of assessment and screening centers for early treatment 		X	2021	Upload in CAT; Verify during Site Visit		Does not need to be included in year one application

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<ul style="list-style-type: none"> Assisting with the selection and operation of alternate care sites 						
<p>(Joint HPP/PHEP Activity) The coordination and planning for shelter medical care may be a primary responsibility of public health agencies based on the incident and their jurisdictional role. PHEP recipients should coordinate with HCCs and their members to address the public health, medical, and mental health needs of those impacted by an incident at congregate locations. HPP recipients should serve as subject matter experts to PHEP recipients on the health care needs of those impacted by an incident.</p>	X	X	All 5	Verify during Site Visit	Application	Identify plan for incorporating PHEP recipients into overall planning efforts (NJDOH will provide more information during Technical Meeting)
Activity 4: Provide Pediatric Care During a Medical Surge Response						
Recipient and HCCs must validate their Pediatric Care Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	2019	Submit with APR; Upload in CAT	Requirement — Eligible Organization that receives award must work with NJDOH	Does not need to be included in year one application
Activity 5: Provide Surge Management During a Chemical or Radiation Emergency Event						
Recipient and HCCs must validate their Radiation Emergency Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	2022	Submit with APR; Upload in CAT	Requirement	Does not need to be included in year one application
Recipient and HCCs must validate their Chemical Emergency Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	2023	Submit with APR; Upload in CAT	Requirement	Does not need to be included in year one application
Activity 6: Provide Burn Care During a Medical Surge Response						
Recipient and HCCs must validate their Burn Care Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	2020	Submit with APR; Upload in CAT	Requirement	Does not need to be included in year one application
Activity 9: Enhance Infectious Disease Preparedness and Surge Response						

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
Recipient and HCCs must validate their Infectious Disease Preparedness and Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR.	X	X	2021	Submit with APR; Upload in CAT	Requirement	Does not need to be included in year one application
<p>(Joint HPP/PHEP Activity) ASPR and CDC recommend the following joint activities:</p> <ul style="list-style-type: none"> • HCCs and state HAI multidisciplinary advisory groups or similar infection control groups within the state should partner to develop a statewide plan for improving infection control within health care organizations. • Jurisdictional public health infection control and prevention programs including HAI programs and HCC members should jointly develop infectious disease response plans for managing individual cases and larger emerging infectious disease outbreaks. • HPP and PHEP recipients, HCCs, and their members should collaborate on informatics initiatives such as electronic laboratory reporting, electronic test ordering, electronic case reporting, electronic death reporting, and syndromic surveillance. • HPP and PHEP recipients and HCCs should engage with the community to improve understanding of issues related to infection prevention measures, such as changes in hospital visitation policies, social distancing, and infection control practices in hospitals, such as PPE use, hand hygiene, source control, and isolation of patients. • HPP and PHEP recipients, HCCs, and their members should promote coordinated training and maintenance of competencies among public health first responders, health 	X	X		Verify during an infectious disease outbreak	Application Requirement	<p>Detailed budget to include breakdown for this function. Must use “20 HPP EVD -Ebola Virus Disease” activity code for these functions</p> <p>(NJDOH will provide more information during Technical Meeting)</p>

CAPABILITY 4: Medical Surge (20 points)	TPFA	HCC	Fiscal Year	Validation Method	Addressed in Application Addressed in Workplan Requirement	What should be included in Application
<p>care providers, EMS, and others as appropriate, on the use of PPE, environmental decontamination, and management of infectious waste. Training should follow OSHA and state regulations.</p> <ul style="list-style-type: none"> • HPP and PHEP recipients, HCCs and their members should collaborate to develop and implement strategies to ensure availability of effective supplies of PPE, including: <ol style="list-style-type: none"> 1. Working with suppliers and coalitions to develop plans for caching or redistribution and sharing 2. Informing each other and integrating plans for purchasing, caching, and distributing PPE • HPP and PHEP recipients, HCCs, and their members should sustain planning for the management of Persons Under Investigation (PUIs) to: <ol style="list-style-type: none"> 1. Monitor health care personnel who may have had an exposure to a PUI by directly treating or caring for a PUI in a health care setting 2. Clarify roles and responsibilities for key response activities related to the monitoring of PUIs 3. Assisting or assessing readiness of health care organizations in the event of a PUI and 4. Conducting AARs and testing plans for PUI management to identify opportunities to improve local, state, and national response activities. 						
PHASE 4: Evaluate and Share Lessons Learned (No associated HPP requirements)						

Attachment C - NJ Healthcare and Public Health Collaborative

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