

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH (TDH)**



***PROGRAM GUIDANCE
FOR
HEALTHCARE COALITIONS***

Updated 11-22-2020



Table of Contents

Statement of Purpose	1
Healthcare Preparedness Program Reference Documents	1
Healthcare Preparedness Program Goal and Deliverables	2
Partnerships and Roles	3
Funding	3
Healthcare Coalition Funds	
Regional Medical Communications Center Funds	
Ebola Viral Disease Supplemental Funds	
Reporting and Compliance Verification	4
Restricted Expenditures	5
State of TN Procurement Manual	5

Statement of Purpose

The purpose of this guidance document is to provide a concise framework to assist Health Care Coalitions (HCCs) in Tennessee in:

- 1) Enhancing preparedness activities;
- 2) Refining operational plans for responding to and recovering from disasters and medical emergencies;
- 3) Being cognizant of timelines and reporting expectations; and
- 4) Recognizing specific accountability requirements that impact funding streams for the Healthcare Preparedness Program (HPP) through the Assistant Secretary for Preparedness and Response (ASPR) Cooperative Agreement.

Healthcare Preparedness Program Reference Documents

- 2017-2022 Health Care Preparedness and Response Capabilities and Performance Measures:



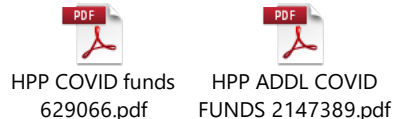
- July 1, 2020 – June 30, 2021: 1901-02 Base Funding ASPR HPP Funding Opportunity Announcement



- July 1, 2020 – June 30, 2021: 1901-01 Carryover Funding ASPR HPP Funding Opportunity Announcement



- March 29, 2020 – June 30, 2021 HPP COVID-19 Funding ASPR HPP COVID-19 Supplemental Funding Announcement



- May 18, 2020 – May 17, 2021 Ebola No-Cost Extension Funding HPP EVD Supplemental Funding Announcement and Performance Measures



Healthcare Preparedness Program Goal and Deliverables

The goal of the HPP is to promote safer and more resilient communities by preparing hospitals, healthcare systems, and healthcare system coalitions to meet four healthcare preparedness capabilities described in the 2017-2022 Health Care Preparedness and Response Capabilities.

The four healthcare preparedness capabilities are as follows:

- Capability 1 – Foundation for Health Care and Medical Readiness
- Capability 2 – Health Care and Medical Response Coordination
- Capability 3 – Continuity of Health Care Service Delivery
- Capability 4 – Medical Surge

Each State Regional and Metro Health Department has a Regional Hospital Coordinator (RHC) to provide guidance in assisting hospitals, healthcare systems, and healthcare coalitions (HCC) in building capacity toward the ASPR healthcare preparedness program capabilities and performance measures. Specific Tennessee HCC Objectives for July 1, 2020 – June 30, 2021 include:

- **Each HCC will submit a draft pediatric surge response plan by April 1, 2020 and have a final plan completed and approved by all of the core membership by June 30, 2020, Benchmark Measure 4. (This was extended to December 30, 2020 and then extended further to Jan. 8, 2021 per ASPR)**
- Every six months, each HCC will review HHS Empower data that will be provided by the State, *Performance Measure 6*
- Each HCC will review data from the Social Vulnerability Index at least annually, *Performance Measure 7*
- Each HCC will provide input into the State ESF 8 response plan, *Performance Measure 8*
- Each HCC will provide input into the TDH Jurisdictional Assessment, *Performance Measure 9*
- Each HCC will provide After Action Reports with Improvement Plans for response to exercises and real events within 120 days, *Performance Measure 10*
- Each HCC will adopt and review standards for care and allocation of scarce resources during crisis, *Performance Measure 11*
- Every six months, HCC members will participate in redundant communication drills, *Performance Measures 12 & 13*
- Within 30 days of funding each HCC will submit an annual work plan based on the current Hazard Vulnerability Analysis, *Benchmark 7*
- Each HCC will conduct an evacuation coalition surge test tabletop/functional exercise with executive after action review, *Performance Measures 14-21 (Waived per ASPR)*
- Each HCC will assist hospitals in developing/maintaining capacity to receive, stabilize, and manage pediatric medical emergencies, *Performance Measure 22*
- Within 30 days following funding each HCC will submit a final budget to the State and upload a copy into the Coalition Assessment Tool (CAT), *Benchmark 6*
- Within the first 90 days of the project period each HCC will upload pre-event Essential Elements of Information data into the CAT, *Benchmark 8 (Suspended until further notice per ASPR)*

- Each HCC will provide complete reporting into the ASPR Coalition Assessment Tool by June 30, 2021. HCCs must provide an update by January 31, 2021.
- Each HCC must submit a HCC Surge Estimator Tool by January 1, 2021. (Page 78, FOA)
- Each HCC will utilize a clinical advisor to provide consultation, leadership and to guide the development of plans. (Page 48, FOA)
- Each HCC will review, and update response and preparedness plans annually.

Partnerships and Roles

HCC advisory or executive committees will fulfill roles related to the selection of recipients and the projects for funding. It is the responsibility of the HCC advisory or executive committee to adopt bylaws to govern operations and to appoint certain individuals to request funding disbursement for approved purchases. The HCC advisory or executive committee is responsible for strategic planning and reporting for the expenditure of funds to improve community-wide preparedness. The HCC advisory or executive committee will ensure safeguards are in place to protect the HCC contracting entity from liability resulting from the purchase of inappropriate items. The roles of the contracting entity includes writing checks, preparing financial statements, and providing necessary financial tracking reports. The contracting entity may charge a predetermined reasonable service fee for administration and other services.

Funding

ASPR HPP Annual Cooperative Agreement Funds

Funding allocated for Healthcare Coalition use based on the State of Tennessee 2016 Joint Annual Report for Hospitals number of average staffed beds. Healthcare Coalitions may use HPP endowment grant funds for expenditures in categories as authorized by ASPR and TDH. Specific funding restrictions are listed on page 5 of this document.

HCC Name	Contracting Entity	Contract Amount
Northeast Tennessee Healthcare Coalition	Mountain States Health Alliance	\$250,000
Southeast/Hamilton Regional Healthcare Coalition	Tennessee Hospital Education and Research (THERF)	\$251,200
Knox/East Tennessee Healthcare Coalition		\$323,680
TN Highland Rim Healthcare Coalition		\$476,080
WATCH Healthcare Coalition		\$251,200
Mid South Emergency Planning Coalition		\$355,920
Upper Cumberland Healthcare Preparedness Coalition	Cookeville Regional Charitable Foundation	\$250,000
South Central Region Healthcare Coalition	South Central Region Healthcare Coalition	\$250,000

Regional Medical Communications Centers Funds

Funding is provided from TDH to Regional Medical Communications Centers (RMCCs) to support and sustain HCC capability to prepare for, response to, and recovery from large-scale all-hazard emergencies. Pediatric hospitals, Regional Hospitals, and RMCCs shall coordinate with their HCC to determine the priorities for spending funding to meet the four healthcare preparedness capabilities.

HPP COVID-19 Supplemental Funding

ASPR allocated additional funding to respond to the COVID-19 outbreak. Healthcare Coalitions may use HPP COVID-19 supplemental funds for expenditures in categories as authorized by ASPR and TDH. Expenditures of these funds should follow the supplemental funding announcement on page 1. Listed in the table below are the allocations to HCCs for for HPP COVID-19 supplemental funding to be completed during the period of March 29, 2020 to June 30, 2021.

HCC Name	Contracting Entity	Contract Amount
Northeast Tennessee Healthcare Coalition	Mountain States Health Alliance	\$272,957
Southeast/Hamilton Regional Healthcare Coalition	Tennessee Hospital Education and Research (THERF)	\$272,957
Knox/East Tennessee Healthcare Coalition		\$352,092
TN Highland Rim Healthcare Coalition		\$518,486
WATCH Healthcare Coalition		\$272,957
Mid South Emergency Planning Coalition		\$387,293
Upper Cumberland Healthcare Preparedness Coalition	Cookeville Regional Charitable Foundation	\$272,957
South Central Region Healthcare Coalition	South Central Region Healthcare Coalition	\$272,957

HCC COVID-19 expenditures – When allowable, during an Executive Emergency Declaration, Section Six (6) of the State of Tennessee’s procurement document identifies specific guidelines for purchases during an emergency. For these types of purchases the normal rules for purchasing are changed to require only the bid from the Vendor and an Emergency Justification document for the purchase being made. Expedited procurement processes can apply with appropriate emergency justification to TDH. TDH EP Program will inform HCCs as this situation evolves.

Ebola Viral Disease Supplemental Funds (No-Cost Extension)

ASPR allocated additional funding to be utilized to build lasting capacity for response to highly infectious diseases such as Ebola. Expenditures of these funds should follow the EVD FOA Guidelines and EVD Performance Measure documents on page 1. Listed in the table is the

current no-cost extension allocations to HCCs for preparedness for highly infectious diseases to be completed during the period of May 18, 2020 – May 17, 2021.

HCC Name	Contracting Entity	Contract Amount
WATCH Healthcare Coalition	Tennessee Hospital Education and Research (THERF)	\$222,584.60

General Guidance for Allocating Funding:

1. Project meets mission of HPP (regional focus, capability based); this has a regional ESF-8 impact for Emergency Operations Coordination
2. Project was developed from gap analysis / resource analysis / AAR / or planning deficiency
3. Project was prioritized by a multidisciplinary HCC body
4. Project was voted on by HCC (either representative or democracy)

Reporting and Compliance Verification

HCCs/RHCs must report expenditures and preparedness information in the TDH electronic system no later than July 31, 2021. Expenditures are to be documented at least monthly as they occur.

RHCs/HCCs will conduct compliance verifications of expenditures and report required data by September 1, 2021. RHCs perform physical checks to verify purchases and documentation of goods procured and services performed. Healthcare partners that accept funds must maintain reviewable documentation according to state and federal regulations for inventory, purchases, services performed, and performance measure compliance along with documentation of payments until a final audit has been performed. All expenditure information, data elements, and performance target data are required to be reported to TDH and must be available for state and federal reviews and audits.

Restricted Expenditures

- Expenditures requiring a MOA or another formal agreement for proper utilization must be pre-approved before spending the funds
- All expenditures must meet State procurement rules
- Expenditures more than \$10,000 for an item or items of the same type or equipment items for more than \$5,000 must be pre-approved at the State TDH EP level
- Funding cannot be spent on PPE without State TDH EP pre-approval, TDH maintains a state-level PPE surge cache
- Funding cannot be spent on emergency water treatment equipment or Stop the Bleed projects without prior approval at the State TDH EP level
- Expenditures for patient tracking, alerting, inventory, and volunteer management IT systems must be approved by TDH EP. TDH EP has allocated ASPR and CDC funding to develop and maintain statewide systems for these functions
- HPP funds may not be used to purchase clothing for promotional purposes, such as those items with recipient, 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.
- Awardees may not use funds for research
- Recipients may not generally use funding for the purchase of furniture. Any such proposed spending must be identified in the budget and pre-approved by TDH EP
- Awardees may not use funds for clinical care except as allowed by law. For the purposes of this FOA, clinical care is defined as "directly managing the medical care and treatment of patients"
- HPP awardees cannot use funds to support stand-alone, single-facility exercises
- Payment or reimbursement of backfilling costs for staff is not allowed
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body
- Funds cannot be used for construction or major renovations unless pre-approved by TDH EP
- Recipients cannot spend funds on training courses, exercises and planning resources when similar offerings are available at no cost.
- HCCs may provide funding to individual hospitals or other health care entities, as long as the funding is used for activities to advance regional, HCC, or health care system wide priorities, and are in line with ASPR's four health care preparedness and response capabilities. Funding to individual health care entities is not permitted to be used to meet Centers for Medicare & Medicaid Services (CMS) conditions of participation, conditions for coverage, or facility requirements (collectively called "CoPs") including the rules set out in "*Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*". (81 FR 63860, September 16, 2016).

All travel and meals paid for with State-provided funding must be reimbursed within the State travel regulation rates

State of Tennessee Procurement Manual:



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