Health and Human Services Hospital Preparedness Program

FY 2014-2015 Grant

Round I Workshop

September 2014

Joint Hospital & EMS Session

FY 2014-2015 Round 1 Workshop Agenda

Welcome & Introduction — **Regional DRCs**

Regional Updates & Announcements — **Regional DRCs**

- Regional COOP Plan Status
- Regional Training & Exercises
- Statewide Training & Exercises Status (CHEMPACK, HAVBED)

Hospital Preparedness Program (HPP) — **HPP Staff**

- Benefits of Healthcare Coalitions
- Future Focus for Hospital Preparedness
- FY 2014-2015 HHS Grant Overview

EMS Preparedness Program — **Bureau of EMS**

- Review of EMS Emergency Preparedness Program
- All Hazards Information Flow

Public Health Preparedness Program (PHEP) — **PHEP Staff**

- ORR Tool Assessment of the Strategic National Stockpile (SNS) Program
- Jurisdictional Risk Assessment for Community Preparedness & Recovery
- Volunteer Management Planning

Regional Updates & Announcements

- Regional Continuity of Operations Plan (COOP) Status
- Regional Training & Exercises
- Statewide Training & Exercises Status (CHEMPACK, HAVBED – Bed Poll)

Hospital Preparedness Program (HPP)

- Purpose of HPP is to "**Improve surge capacity and enhance … preparedness for public health emergencies**."

  Regional healthcare coalitions are key to achieving the program purpose.

- **Are Louisiana's regional coalitions effective?** **Yes!**

  American College of Emergency Physicians (2013) ranks **Louisiana #**3 in the nation.

  HPP Federal Site Visit (2014) noted **excellent progress** toward strengthening **healthcare system recovery** and the development of **Crisis Standards of Care protocols**

  Best practice plans vetted through real life events. Successful response to chemical plant accidents, Mass Casualty Incidents and vulnerable citizen evacuation

Healthcare Coalition Membership

- Benefits of Participation:
  - Opportunity to develop relationships that may help sustain your organization in a disaster
  - Resource to support regulatory compliance

    (The Joint Commission, CMS - Medicare)
  - Access to resources to support facility and regional planning.
  - Access to community-wide exercises to test facility emergency operations plans
  - Resource to support facility training needs

Hospital Preparedness Program (HPP) Future Focus

- Identify points of alignment to support regulatory compliance and operational efficiency for coalition partners.
- Create opportunities for training and engagement to expand and enhance regional healthcare coalitions.
- Develop a strategy to support the Louisiana response network and coalitions in the future.

Hospital Preparedness Program (HPP) FY 2014-2015 Grant Overview

- Review the Louisiana Grant Award amount and distribution split between Hospital and EMS sections.
- Describe the approach to allocating funds within the State.
- Discuss the process for distributing funds to providers.

FY 2014-2015: Louisiana's HPP Grant Award

Distribution of Louisiana's HPP Grant

Louisiana received **$ 1,762,334.00** for FY 2014-2015 grant period.

- This is a 35% reduction from the FY 2013-2014 grant period.
- **Expect grant funds to decrease in the next grant period.**
- Funds in administrative budget covers support for the ESF-8 portal, Bureau of EMS and Office of Behavioral Health, response trailer maintenance, education/training, and grant staff.

Distribution to Hospital and EMS Providers

	FY 2014-2015	FY 2013-2014	DIFFERENCE LAST YEAR	SPLIT
Distribution	$ 1,762,334.00	$ 2,734,679.00	$ (972,345.00)	
- EMS	$ 449,571.40	$ 697,616.61	$ (248,045.21)	0.2551
- Hospitals	$ 1,312,762.60	$ 2,037,062.39	$ (724,299.79)	0.7449

FY 2014-2015: Approach to Allocation of Funds

- All licensed and operating hospitals are offered an opportunity to receive grant funds.
- **Primary Goal: Preserve the ESF8 Regional Response Network**

HOSPITAL MODEL

- Funds for ESF8 Infrastructure allocated first.
  - ADRC role, Volunteer DRCs
- Variables applied to distribute remaining funds to participating facilities.
  - Participation in grant activities
  - Parish Population
  - Hospital Pressure Factor: Number of Hospitals, ED Volume
  - Size of Hospital (Licensed Beds)

FY 2014-2015: Approach to Allocation of Funds

- All licensed and operating EMS providers are offered an opportunity to receive grant funds.
- **Primary Goal: Preserve the ESF8 Regional Response Network**

EMS MODEL

- Funds for ESF8 Infrastructure allocated first.
  - CHEMPACK Host Site, Volunteer DRC, LRAA Project
- Variables applied to distribute remaining funds to participating facilities.
  - Participation in grant activities, i.e., Needs Assessment Survey
  - Provider Support (10%)
  - Unit Support (90%)

Process to Accept HPP Grant Funds

- Step 1. Communicate intent, complete compliance documentation and attend mandatory rounds meeting.
  - Letter of Intent, NIMS Compliance Checklist
- Step 2. Submit a participation agreement and proposed budget.
- Step 3. Submit acceptable proof of purchase and proof of payment.
  - A 10% Match of Reimbursable Amount is required!
- Step 4. Participate in a site visit.*

Step 1: Submit Initial Documentation & Attend Round 1 Workshop

1. Complete and submit **Letter of Intent** and **NIMS Compliance Checklist.**
   - Both must be signed by Hospital CEO or EMS Director
   - Both must be returned by **September 30, 2014.**

2. Attend **Round 1 Workshop**.
   - Sign-in by your facility name on the attendance list.
     - If you represent more than one facility, sign-in by both facilities.
     - If a representative does not attend the Round 1 Workshop and sign-in, facility will NOT be included in allocation model.

Step 1: Letter of Intent

- Letter that must be signed by CEO/Director AND returned by **September 30, 2014**.
  - Options: Accept or Decline funds.
  - Facilities that choose to "accept" funds are included in the allocation model IF:
    - Are currently licensed to operate.
    - Are compliant with State and Federal Audit Requirements
    - Attest to NIMS Compliance (see the Checklist)

IMPORTANT!

Accepting HPP Grant Funds is NOT required for membership in the regional coalition.

- All healthcare partners are encouraged to participate in planning activities and exercises.

Audit Requirements

Louisiana State Requirement (LA R.S. 24:513)

The following entities must submit an annual financial report to the Legislative Auditor no later than six months after their fiscal year ends.

- **Any not-for-profit recipients** that receive or expend any (from the first dollar) local or state assistance **including grants,** loans, transfers of property, awards, and direct appropriations from state or local public funds; and
- **Any organization, either for-profit or not-for-profit recipients** that are subject to the open meeting laws and derives any portion of its income from payments received from any public agency or body.

For a list of non-compliant entities, please visit

www.app1.lla.state.la.us/LLANon-ComplianceList.nsf.

If you have any questions and/or need further guidance, contact the Legislative Auditor's office at (225) 339-3800.

Audit Requirements

Federal (A-133 Audit) Requirement (OMB Circular A-133)

Non-Federal entities that expend or receive $500,000 or more in a year in Federal funds (excluding Medicare and Medicaid Awards) shall have a single or program-specific audit conducted for that year.

For a list of non-compliant entities, please visit

www.harvester.census.gov/sac/dissem/asp/download.asp.

For information about submitting the A-133 audit, refer to FAQ that was mailed along with the grant participation agreement. The FAQ list is also available at www.lhaonline.org.

Step 1: NIMS Compliance Checklist

- Checklist form that must be signed by CEO/Director AND returned by **September 30, 2014**.
  - By signing this form, the facility attests to compliance with 11 NIMS implementation activities.

- Why is this important?
  - Implementing NIMS is a federal requirement connected to HHS funds.
  - Steps taken to implement NIMS should be documented and available for verification during a site visit.

Step 2: Submit Facility Spending Agreement & Budget Proposal

- Submit signed **Facility Spending Agreement** and **Budget Proposal**.
- Agreement document includes amount facility will be reimbursed, allowable expenses and contract time frames.
- Facility Agreements are designed to ensure compliance with grant guidelines.
- Your CEO / Director's signature indicates s/he has reviewed and accepts the terms of this agreement.

Step 2: Budget Proposal

Health and Human Services (HHS) Grant
FY 2013-2014 Budget Proposal

Organization Name:	Title/Department:
Contact Person:	Phone Number:
Email Address:	Fax Number:
Reimbursable Limit:	
Match Amount (10%):	
TOTAL OBLIGATION AMOUNT:	

A. CASH EXPENDITURES

Spending Guideline Category	Description	Amount
	TOTAL CASH EXPENDITURES	$

Page 1

1. Review the facility agreement for allowable purchases.
2. List proposed items, approximate cost and identify spending category.

Example

Category: CPG 10, Medical Surge
Description: Cots (Qty. 50)
Amount: $500.00

3. Budget Proposal must be signed by CEO/Director.

Capability Planning Guides (CPGs)

- CPGs are decision-support tools to help focus planning and to enhance development of regional healthcare coalitions.
- Purchases must be in-line with a planning area defined by the CPG.

CAPABILITY PLANNING GUIDES (CPGS)	
1	**Healthcare System Preparedness**
2	**Healthcare System Recovery**
3	**Emergency Operations Coordination**
5	**Fatality Management**
6	**Information Sharing**
10	**Medical Surge**
14	**Responder Health & Safety**
15	**Volunteer Management**

Step 2: Grant Management System

- Signed Facility Spending Agreement and Budget Proposal must be loaded into the Grant Management System and returned to the HPP Grant Staff within **30 days** after documents are issued.

- Access the Grant Management System on the ESF8 Portal through either the Louisiana Hospital Association or Department of Health & Hospitals website.

- Review and update facility information in ESF-8 Portal for
  - Grant Manager
  - CEO / Director
  - Emergency Preparedness Coordinator

Step 3: Spend & Document

- Spending must be completed within the 2014-2015 grant period beginning July 1, 2014.

  - Our goal is to provide organizations a reasonable amount of time to complete spending and documentation.

  - Spending and Documentation Deadlines will be announced as soon as a final decision has been made.

- Documentation of purchase and payment must be uploaded into the Grant Management System and a hard copy provided to LHA.

Step 3: Submit Acceptable Documentation

- **Acceptable Documentation** showing **Proof of Payment** includes the following:
  - Receipts stamped "Paid" along with the "check number" and "date paid".
  - Copies of the corresponding check(s) used to pay invoice/receipt.
  - Invoice(s) indicating items have been paid with a credit card.

    ★ **Credit card payments must be accompanied by the credit card statement <u>and</u> proof of payment of the credit card statement**.
  - If claiming sales taxes <u>not</u> listed on the invoice/receipt, documentation supporting your tax percentage must be submitted.

Step 3: The 10% Match

- All facilities receiving HHS Grant Funds must demonstrate a 10% match of the reimbursable amount.

- Either Cash or In-Kind expenses may be used to demonstrate the 10% match.

- **IMPORTANT!** Per 42 CFR 74.23 Matching Expenses must be
  - Allowable per grant guidelines
  - Documented and verifiable
  - Included in the approved budget
  - NOT included in any other federally assisted program

Contact the HPP Grant Staff with questions!

Step 3: Match Examples

- **Staff Time attending Emergency Preparedness meetings or exercises.**

  Must submit Sign-in sheets, meeting agenda, minutes and/or AAR and documentation showing the value of the time.

- **Mileage for travel to/from Emergency Preparedness meetings:**

  Map quest directions calculating the mileage, the travel authorization or vehicle request form, and the participant's reimbursement check should be submitted.

- **On-Campus Meeting Space:**

  Must provide documentation to show the value of the space.

  Example: A written quote from a privately-owned building within the same locality.

- **On-campus Storage Space:**

  Must provide documentation to show value of the space, include square footage, cost per square foot, and total cost.

  Example: A written quote from a privately-owned building within the same locality.

Step 4: Site Visits

- **Purpose of the Site Visit**
  - Review inventory of equipment/supplies purchased with grant funds during the defined grant cycle.
  - Verify data submitted on the annual needs assessment (survey).
  - Assess status of NIMS implementation activities.
  - Asses status of Surge Planning – i.e. Beds, pharmaceuticals, PPE.

- **Approximately 20% of facilities (Hospital and EMS) are scheduled for site visits each year.**
  - Facility will be notified before the site visit is scheduled.
  - Every hospital and EMS provider will be visited, regardless of whether they received funds in the last grant cycle.

- **What if a facility did not receive funds during the defined grant cycle?**
  - The site visit will assess compliance items, the status of planning and provide consultation.

Step 4. Site Visits

- **What happens if a "red flag" is found in site visit?**

  Corrective action will be required.
  - No longer eligible to receive grant funds until action plan has been completed.
  - Return a portion grant funds received.
  - Provide justification as to why action plan cannot be completed.

Equipment, PPE and Pharmaceutical Caches

- **What about equipment/supplies/medications that have been used, discarded or are at "end of life"?**
  - Must document when items are used, destroyed or discarded.
  - See FAQs for more information about decommissioning / disposing equipment purchased with HPP Grant Funds.
  - We are working to clarify the requirement for organizational pharmaceutical caches.

Resources & Reference Material

- www.LHAonline.org
  - Sample Forms and Grant Documents
  - Grant FAQs and Policies
  - Current Events Information
  - **Round 1 Workshop Minutes will be posted here!**

- www.DHH.LA.gov

  Go to Public Documents to find
  - ESF8 Plans
  - Grant Management System Documents
  - Region-specific Information

Things to do <u>before</u> September 30, 2014:

- [x] Attend Round 1 Workshop
- [ ] Update information in the ESF8 Portal including Grant Manager, CEO and Facility Point of Contact roles.
- [ ] Meet with CEO/Director to review and complete the Letter of Intent and NIMS Compliance Checklist.
- [ ] Fax, scan, email *or* mail the completed Letter of Intent and NIMS Compliance Checklist to the HHS Grant Staff before **September 30, 2014**.

Louisiana Bureau of EMS Preparedness Program

FY 2014-2015 Grant

Round I Workshop

September 2014

Joint Hospital & EMS Session

Introductions

The Louisiana Bureau of EMS is comprised of the following staff:

- Donnie Woodyard Jr., Director of EMS
- Steve Phillipe, Deputy Director and Chief Investigator
- Rose Johnson, EMS for Children Program Manager
- Bob Brankline, EMS Training
- Fabian Blache III, EMS Certifications and Workforce Development
- Liz Fiato, EMS Disaster Preparedness and Response
- Rochelle Grayer, Administrative Assistant
- Janet Merritt, Administrative Assistant

Terminology

In order to be compliant with Presidential Directives HSPD 5 and HSPD 8, the Bureau of EMS has adopted the **NIMS mandated terminology** to ensure seamless integration of response assets during an all-hazards event. These will be outlined in the forthcoming, updated EMS plans

- Examples:
  - **Tactical Operations Center (TOC)** will now be the BEMS **Multi-Agency Coordination Center (MACC)**
  - Incident Management Group will now be an **Incident Management Team (IMT)**

Participation

- Participation in the State EMS Preparedness and Response system does not require acceptance of HPP funding.
  - This funding is meant to be an aid in building agency capabilities.
  - It is the goal of BEMS to have **all 64 ground and flight EMS agencies engaged and active** in State EMS Response

Engagement

- How do you become engaged in Statewide Response?
  - Participate in the Regional Healthcare Coalitions
  - Attend the upcoming EMS regional meetings
  - Designate an EMS Disaster Point of Contact (POC) for your agency
  - Integrate into your local and regional response system

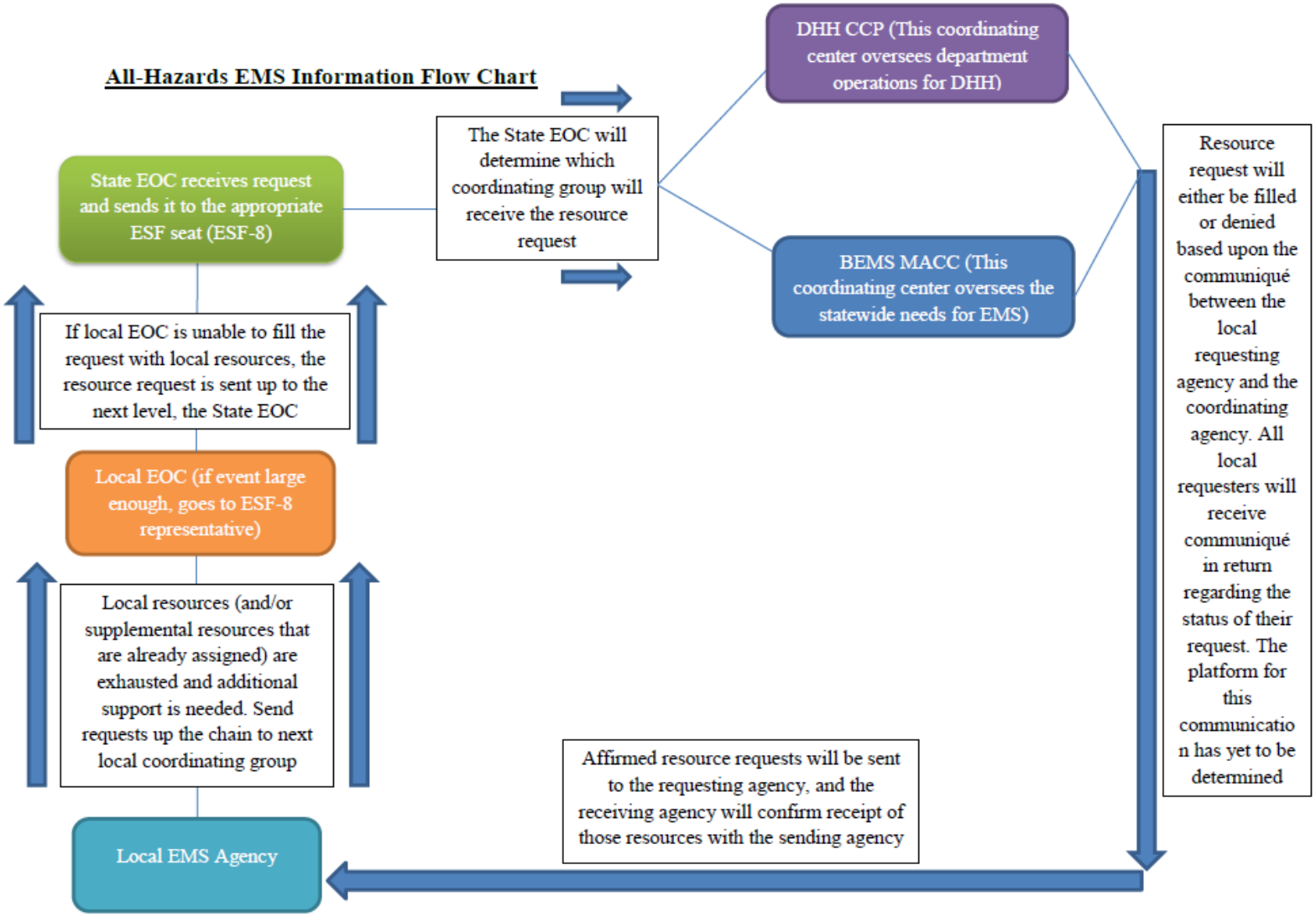
Integration

- Integrating into your local system is key. Each parish and region has a multitude of processes that are not always the same across locations.

- We encourage you all to meet regularly with your local Office of Homeland Security and Emergency Preparedness to discuss how EMS will fit into the overall response as well as the Unified Command for an all-hazards event

  - See a BEMS staff member if you need assistance reaching these contacts!

EMS Flow of Information



More to Come

This is only the start of expanding our current EMS capabilities. Without the support and involvement of your agencies and personnel, we will never be able to reach our full response potential.

★ Please stay for an **EMS focused break-out session** at the conclusion of the Joint DRC meeting!

Public Health Emergency Preparedness (PHEP) Program

FY 2014-2015 Grant

Round I Workshop

September 2014

Joint Hospital & EMS Session

Public Health Preparedness Program

- ORR Tool Assessment of the Strategic National Stockpile (SNS) Program
- Jurisdictional Risk Assessment for Community Preparedness & Recovery

Region 1	Region 4	Region 7
Region 2	Region 5	Region 8
Region 3	Region 6	Region 9

- Volunteer Management Planning

Questions?

Hospital Preparedness Program

HPP HOSPITAL Grant Contacts

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Public Health Preparedness Program

PHEP Public Health Grant Contacts

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