



Hospital Preparedness Program Cooperative Agreement (CoAg) FY 2020/Budget Period (BP) 2 Requirement Updates

Summary of Modifications to FY 2020/BP2 HPP CoAg Program Requirements

Due to the nationwide response to COVID-19, ASPR updated or waived several Hospital Preparedness Program (HPP) Cooperative Agreement reporting requirements to reduce burden and provide greater flexibility to recipients. The following information describes the FY 2020/budget period (BP) 2 changes. Additional flexibilities will be considered throughout the year, as needed.

ASPR has provided the following general flexibilities for FY 2020/BP2:

- Provided option to complete either the burn surge care annex or infectious disease preparedness surge annex for the FY 2020/BP2 specialty surge annex requirement
- Extended the Five-Year Jurisdiction Risk Assessment until October 29, 2021 for jurisdictions with an assessment that expires during FY 2020/BP2
- Allowed recipients to use COVID-19 response activities to meet joint the Five-Year HPP-PHEP exercise requirement and the annual at-risk/vulnerable populations exercise
- Implemented special considerations for jurisdictions with 5-year requirements expiring in FY 2020/BP2

ASPR has waived the following FY 2020/BP2 requirements:

- Waived attendance requirements at the 2020 Annual NACCHO Preparedness Summit and the 2020 National Health Care Coalition Preparedness Conference
- Waived annual submission of the revised multi-year training and exercise plan (MYTEP) (BM3)¹
- Waived annual submission of the HCC training plan (BM7)
- Waived the Coalition Surge Test (CST) and Hospital Surge Test (HST) (BM9)

ASPR has suspended the following FY 2020/BP2 requirement:

- Suspended Benchmark 8 related to EEI reporting (BM8)

ASPR has not waived the following FY 2020/BP2 requirements:

- Annual Requirements:
 - Execute subawards (BM1)
 - Submit quarterly Federal Financial Reports (FFRs) (BM2)
 - Complete an infectious disease OR burn care surge response plan annex (BM4)
 - Submit a detailed recipient spend plan (BM5)
 - Submit a final HCC budget (BM6)
 - Complete an annual HCC work plan (BM7)
 - Meet pandemic influenza planning requirements
 - Update and maintain HCC Hazard Vulnerability Analysis (HVA)

¹ (BM): These are benchmarks that ASPR identified for Fiscal Year 2020/ Budget Period 2 that are also consistent with those outlined in the FY 2019-2023 HPP FOA as required by section 319C-2(i) of the PHS Act (which refers to section 319C-1(g)).



- Provide after action reports and improvement plans (AAR/IPs)
- Submit Coalition Assessment Tool (CAT) End-of-Year (EOY) report
- Submit recipient EOY report
- Complete annual Joint HPP-PHEP at-risk/vulnerable populations exercise
- Submit Crisis Standards of Care CONOPS
- Complete Infectious Disease Preparedness and Surge Annex or Burn Surge Care Annex tabletop/discussion exercise
- Five-Year Requirements:
 - Complete Joint 5-Year Exercise (functional or full-scale) with the Public Health Emergency Preparedness (PHEP) Program
 - Complete Jurisdictional Risk Assessment (JRA), if applicable

Please see the following additional details regarding select HPP CoAg FY 2020/BP2 requirements. For further clarification, please contact your HPP Field Project Officer.

Requirements Waived for FY 2020/BP2

Coalition Surge Test and Hospital Surge Test

Due to the prolonged COVID-19 response and plans to redesign the coalition surge test (CST) and hospital surge test (HST), ASPR is waiving the FY 2020/BP2 CST and HST exercises.

Requirements Suspended for FY 2020/BP2

Suspended Benchmark #8 related to EEI reporting

HPP Essential Elements of Information (EEI) reporting is suspended until further notice. CMS, CDC, ASPR leadership, and the White House are in discussions regarding how to coordinate EEI reporting efforts. HPP recipients do not need to complete the HPP EEI template at this time.

Requirements Not Waived for FY 2020/BP2

Infectious Disease or Burn Care Surge Response Plan Annex

Due to COVID-19, HPP will allow recipients to complete either the infectious disease or burn care surge response plan annex for FY 2020/BP2. ASPR TRACIE has developed a template for each annex:

- This [ASPR TRACIE HCC Infectious Disease Surge Annex Template](#) aims to improve capacity and capabilities to manage a small number of patients with high-consequence pathogens or a large number of patients during a major epidemic or pandemic.
- This [ASPR TRACIE HCC Burn Care Surge Annex Template](#) aims to improve capacity and capabilities to manage a large number of casualties with incident-specific needs.

HCCs are **not required** to use these templates; however, HCCs are encouraged to use the template content in their planning process and tailor them to meet their particular needs.

Infectious Disease Preparedness and Surge Annex or Burn Care Surge Annex Tabletop/ Discussion Exercise

- **New: Infectious Disease Preparedness and Surge Annex Exercise:** HCCs must complete the exercise by the end of the 5-year project period. HCCs may receive credit for the infectious



disease annex exercise evolving from the COVID-19 response. The HCCs will complete the data sheet in the CAT.

- **New: Burn Surge Annex Exercise:** HCCs must complete the exercise by the end of the 5-year project period. The HCCs will complete the data sheet in the CAT.

Annual Joint HPP-PHEP At-Risk/Vulnerable Populations Exercise

All recipients may use their COVID-19 response activities to meet the annual Joint HPP-PHEP at-risk/vulnerable populations exercise requirement if there is verification of inclusion of vulnerable populations based on COVID-19 parameters set by CDC. If jurisdictions are still activated for COVID-19 at the conclusion of FY 2020/BP2, they must submit interim AAR/IPs no later than Friday, October 29, 2021, to document activities and receive credit for this exercise requirement. Per the HPP requirement, recipients will document strengths and weaknesses in the following year's application.

Joint 5-year Exercise (functional or full-scale) with PHEP

Jurisdictions may use the COVID-19 response to meet the joint exercise requirement with PHEP provided recipients are coordinating response activities with public health, emergency management, as well as health care coalition partners. For these to be considered, recipients must document in the AAR/IPs descriptions of how these activities are coordinated. The AAR/IPs submitted in support of the exercise requirement must demonstrate and indicate the inclusion of public health, health care, and emergency management partners. Jurisdictions that are using this incident to meet his requirement and are still activated for this response at the time of submission should submit interim AAR/IPs in lieu of final AAR/IPs to receive credit.

To demonstrate partner involvement, recipients must demonstrate within the AAR these elements:

- Include total number of all types of EOCs activated within jurisdiction
- Include all joint partners engaged during the activation (at least one each for public health, emergency management, and HCC for joint exercise requirement)
- Address roles and coordination with joint exercise partners
- For jurisdictions whose five-year windows to meet the joint exercise requirement expire during BP2, CDC and ASPR are offering an extension to the end of BP2, June 30, 2021. Jurisdictions should submit requests for extensions to their HPP field project officers (FPOs) and DSLR project officers. The documentation for receiving full-scale exercise credit is due by October 29, 2021.

Jurisdictional Risk Assessment (if applicable)

Recipients must participate in or complete a JRA, in collaboration with the Public Health Emergency Preparedness (PHEP) Program, at least once every five years. However, for jurisdictions whose JRAs expire during FY 2020/BP2, an extension to October 29, 2021 is granted due to COVID-19 response activities.

New: Considerations for Conducting JRAs in BP2

The jurisdictional risk assessment (JRA) requirement will not be modified other than the change that extends all FY 2020/BP2 reporting deadlines to **October 29, 2021**. For those jurisdictions whose JRAs have expired or are set to expire during FY 2020/BP2, ASPR encourages them to review their methodological approach for determining risks to the health of their jurisdictions to ensure such approaches consider current human and financial resources. Many jurisdictions use complex and



detailed calculations and formulas to produce jurisdictional risk profiles, which may require significant personnel time and effort to complete.

To allow jurisdictions to focus on response efforts and optimize their current human and financial resources, ASPR recommends these risk assessment methodology considerations:

- Review most recent JRAs and refresh or amend them according to major developments or other jurisdictional changes, such as recent disasters with unique lessons learned, new climate intelligence, or significant changes in population demographics.
- Select alternative methodology that optimizes the use of current human and financial resources.
 - Jurisdictions should review the JRA criteria in the [FY 2019-2023 HPP Funding Opportunity Announcement \(FOA\)](#) in selecting an alternative methodology to ensure that the selected approach will meet the requirements.
- Incorporate lessons learned, observations, interim after-action reports, and other documents from the COVID-19 response experience into updated JRAs.
- Discuss proposed methodology or special circumstances with project officers.

Since the JRA is a joint requirement for HPP and the Public Health Emergency Preparedness (PHEP) cooperative agreements, ASPR and CDC program officials have worked together to develop these considerations. Successfully achieving the minimum requirements as outlined in the FOA will satisfy the five-year JRA requirement.

HPP recipients should direct any questions to their HPP field project officers.

Special Considerations for Jurisdictions whose Five-Year Requirements Expire in FY 2020/BP2

For any jurisdictions whose five-year window to complete exercise or other HPP requirements expires during FY 2020/BP2, ASPR is offering an extension to the end of FY 2020/BP2, June 30, 2021. Jurisdictions should submit a request for extension to their ASPR HPP field project officers. This applies to the joint PHEP exercise requirement, as well. To receive consideration for credit toward these requirements, the submission of documentation is due by Friday, October 29, 2021.

ASPR recommends that those jurisdictions who have scheduled or are planning to conduct a FSE during FY 2020/BP2, but whose five-year window does not expire during FY 2020/BP2, postpone their FSEs and related planning activities. This will enable those jurisdictions to focus on their COVID-19 response activities.

Reminder: Coalition Assessment Tool (CAT) Updated File Upload Approach

A recent update was made to the CAT to help health care coalitions (HCCs) categorize document type by budget period when uploading files. If uploading documents for FY 2020/budget period 2, BP2 should be chosen from the drop down.