

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



**PROGRAM GUIDANCE  
FOR  
HEALTHCARE COALITIONS**

**8/1/2017**



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## **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 public health emergencies;
- 3) Being cognizant of timelines and reporting expectations; and
- 4) Recognizing specific accountability requirements that impact funding streams from the Healthcare Preparedness Program (HPP) through the Assistant Secretary for Preparedness and Response (ASPR) and Public Health Emergency Preparedness (PHEP) Cooperative Agreement through the Centers for Disease Control and Prevention (CDC).

## **Healthcare Preparedness Program Reference Documents**

- 2017-2022 Health Care Preparedness and Response Capabilities, dated November 2016



2017-2022-HPP  
Capabilities.pdf

- 2017 ASPR HPP and CDC PHEP Funding Opportunity Announcement



Revised FOA  
3-22-17.pdf

- Ebola HPP EVD Supplemental Funding Announcement and Performance Measures



EVD Supplemental  
FOA.pdf



ASPR EVD  
Measures.pdf

## **Healthcare Preparedness Program Goal**

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 Goals and Objectives for July 1, 2017 – June 30, 2018) include:

- Each HCC will complete a preparedness plan and have it approved by all of the core membership
- Every six months, each HCC will review HHS Empower data that will be provided by the State
- Each HCC will use social vulnerability data that will be provided by the State to estimate functional needs at least annually
- Each HCC will provide input for the statewide ESF 8 plan
- Each HCC will provide input into the statewide Jurisdictional Risk Assessment
- Each HCC will complete an annual Hazard Vulnerability Analysis
- Each HCC will review and improve plans based on exercise and real world events
- Each HCC will develop/adopt a protocol for the allocation of scarce resources during emergencies
- Every six months, all HCC members will participate in redundant communication drills
- Each HCC will conduct an evacuation coalition surge test tabletop/functional exercise with executive after action review
- Each HCC will assist emergency departments in developing/maintaining capacity to stabilize pediatric medical emergencies
- Each HCC will conduct a medical counter measure exercise
- Each HCC will conduct a volunteer mobilization
- Each HCC will develop a PPE plan if PPE is purchased
- For the project period beginning July 1, 2018, each HCC will submit a proposed budget to the State by December 31, 2017
- Each HCC will provide reporting on the ASPR HPP Performance Measures by September 1, 2018

## **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 2014 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 4 of this document.

<b>HCC Name</b>	<b>Contracting Entity</b>	<b>Contract Amount</b>
Northeast Tennessee Healthcare Coalition	Mountain States Health Alliance	\$250,000
Southeast/Hamilton Regional Healthcare Coalition	Tennessee Hospital Education and Research (THERF)	\$250,000
Knox/East Tennessee Healthcare Coalition		\$322,480
TN Highland Rim Healthcare Coalition		\$474,700
Upper Cumberland Healthcare Preparedness Coalition	Cookeville Regional Charitable Foundation	\$250,000
South Central Region Healthcare Coalition	South Central Region Healthcare Coalition	\$250,000
Watch 7 Healthcare Coalition	Jackson Madison County Regional Health Department	\$250,000
Mid South Emergency Planning Coalition	Shelby County Government on behalf of the Shelby County Health Department	\$354,720

### **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.

## **Reporting and Compliance Verification**

HCCs/RHCs must report expenditures in the TDH electronic system and have updated preparedness information no later than July 31, 2018.

RHCs/HCCs will conduct compliance verifications of expenditures and updated reporting data by September 1, 2018. 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 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 an MOA or another formal agreement for proper utilization must be pre-approved before spending the funds
- Expenditures involving more than 25% of a HCC budget for an item or items of the same type must be reviewed and approved at the State TDH EP level
- Funding cannot be spent on PPE without State TDH EP approval, TDH maintains a state-level PPE surge cache
- 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 statewide systems for these functions
- Other than for normal and recognized executive-legislative relationships, no funds may be used for: (1) 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; (2) 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
- Awardees may not use funds for research
- Awardees may not use funds for construction or major renovations
- 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"
- Awardees may supplement but not supplant existing state or federal funds for activities described in the budget
- HPP and PHEP funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts
- HPP awardees cannot use funds to support stand-alone, single-facility exercises
- Payment or reimbursement of backfilling costs for staff is not allowed

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