City of Carson City
Agenda Report

Date Submitted: 11/03/10

Agenda Date Requested: 11/16/10
Time Requested: Consent

To: Carson City Board of Supervisors

From: Health and Human Services Department (Marena Works)

Subject Title: Action to approve a subgrant award from the Nevada State Health Division in the amount of $310,066 for the 2010 Office of the Assistant Secretary for Preparedness and Response – Hospital Preparedness Program continuation cooperative agreement.

Staff Summary: This subgrant from the State Health Division allocates federal funding from the Office of the Assistant Secretary for Preparedness and Response (ASPR) to maintain, refine and enhance the capacities and capabilities of the healthcare system, and for exercising and improving preparedness plans for all hazards, including pandemic influenza. This funding is expected to expire on June 30, 2011.

Type of Action Requested: (check one)

(____) Resolution (____) Ordinance
(__X__) Formal Action/Motion (____) Other (Specify)

Does This Action Require A Business Impact Statement: (___) Yes (_X__) No

Recommended Board Action: I move to approve the subgrant award from the Nevada State Health Division in the amount of $310,066 for the 2010 Office of the Assistant Secretary for Preparedness and Response – Hospital Preparedness Program continuation cooperative agreement.

Explanation for Recommended Board Action: This subgrant is used to maintain, refine and enhance the capacities and capabilities of the healthcare system, and for exercising and improving preparedness plans for all hazards, including pandemic influenza. This funding from ASPR through the Nevada State Health Division is expected to expire on June 30, 2011.

Applicable Statue, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: Match or in-kind contribution required

Explanation of Impact: CCHHS satisfies this requirement with an in-kind contribution from the City for facility rent and utilities. Expenses will be reimbursed under this subgrant award.

Funding Source: Office of the Assistant Secretary for Preparedness and Response through the Nevada State Health Division.

Alternatives: Do Not Approve

Supporting Material: Subgrant Award from the Nevada State Health Division

Prepared By: Marena Works

Reviewed By: Marena Works (Department Head) Date: 11-3-10

(City Manager) Date: 11/8/2010

(District Attorney) Date: 11/8/10

(Finance Director) Date: 11/8/10

Board Action Taken:

Motion: _____ 1) _____ Aye/Nay

2) _____

_____

_____

_____

_____

_____

(Vote Recorded By)

Department of Health and Human Services

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Health Division #:	11025
Program #.	ASPR01-10
Budget Account #:	3218
Category #:	23
GL #:	8501

NOTICE OF SUBGRANT AWARD

Program Name:
Public Health Preparedness
Health Planning & Emergency Response
Nevada State Health Division

Address:
4150 Technology Way, Suite #200
Carson City, NV 89706-2009

Subgrant Period:

July 1, 2010 through June 30, 2011

Subgrantee Name:

Carson City Health and Human Services (CCHHS)

Address:
900 East Long Street
Carson City, NV 89706

Subgrantees:

EIN#: 88-6000189
Vendor#: T80990941J
Dun & Bradstreet #: 073787152

Reason for Award: FY 10 ASPR Hospital Preparedness Program (HPP). For activities that include, but are not limited to, exercising and improving preparedness plans for all-hazards including pandemic influenza, increasing the ability of healthcare systems to provide needed beds, engaging with other responders through interoperable communications systems, tracking bed and resource availability using electronic systems, developing the ESAR-VHP systems, protecting their healthcare workers with proper equipment, decontaminating patients, enabling partnerships/coalitions, education and training their healthcare workers, enhancing fatality managements and healthcare system evacuation/shelter in place plans, and coordinating regional exercises.

County(ies) to be served: ( ) Statewide (X) Specific county or counties: Carson City, Douglas and Lyon County.

Approved Budget Categories:

1. Personnel	$	**219,163**
2. Contractual/Consultant	$	**37,920**
3. Travel	$	**15,968**
4. Supplies	$	**8,940**
5. Equipment	$	**28,075**
6. Other	$	**0.00**
7. Indirect	$	**0.00**
Total Cost	$	**310,066**

Disbursement of funds will be as follows:
Payment will be made upon receipt and acceptance of a reimbursement request / invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant.* Total reimbursement will not exceed **$310,066** during the subgrant period.

Source of Funds:	**% of Funds:**	**CFDA#:**	**Federal Grant #:**
1. ASPR Hospital Preparedness Program	**100%**	**93.889**	**6 U3REP090220-02-01**

Terms and Conditions
In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Recipient of these funds agrees to stipulations listed in Sections A, B, C and D of this subgrant award.

	Signature	Date
~~Angela Barosso~~ MAYOR ~~PHP Program Manager~~		
Tami M. Chartraw, MPA: HA Health Program Manager I, PHP	Tami M. Chartraw	10/21/10
Kyle Devine, MSW Health Program Manager II, PHP	Kyle Devine	10/21/10
Richard Whitley, MS Administrator, Health Division		

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Nevada State Health Division, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.

2. Subgrantee agrees to submit reimbursement requests for only expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Health Division, may result in denial of reimbursement.

3. Approval of subgrant budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Health Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.

4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:

    a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
    b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

    Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offered for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.

8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.

10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:

    a. any federal, state, county or local agency, legislature, commission, council, or board;
    b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
    c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.

11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to

    a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
    b. ascertain whether policies, plans and procedures are being followed;
    c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
    d. determine reliability of financial aspects of the conduct of the project.

12. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending $500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. **To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION B

Description of services, scope of work, deliverables and reimbursement

Carson City Health and Human Services (CCHHS), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

- See Attached Scope of Work.
- Submit written Progress Reports to the Health Division electronically on or before:
  - January 14, 2011 — Mid-Year Progress Report — (For the period of 7/1/10-12/31/10)
  - July 30, 2011 — End-of-Year Progress Report — (For the period of 1/1/11-6/30/11)
- Additional information may be requested by the Health Division, as needed, due to evolving state and federal reporting requirements.
- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 6 U3REP090220-02-01 from Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Nevada State Health Division by Grant Number 6 U3REP090220-02-01 from the Assistant Secretary for Preparedness and Response (ASPR).

(continued on next page)

Subgrantee agrees to adhere to the following budget:

1. Personnel	$ 219,163			
		$71,305	PHP Hospital Preparedness Planner	100%
		$26,600	PHP Program Manager	35%
		$53,040	ESAR-VHP-MRC Coordinator - PIO	85%
		$ 5,600	Administrative Support – Grant Mgmt	10%
		$62,618	Fringe	
2. Contractual/ Consultant	$ 37,920		Continue to assist the healthcare systems in the Healthcare Coalition in the adoption of NIMS compliance by offering appropriate training and coordinating on exercises. Continue education and training through the Healthcare Coalition with volunteers who participate in EWAR-VHP and MRC. To participate in Statewide At-Risk population workgroup and work with local partners to consider medical needs in planning and exercise. Conduct Tabletop Exercise with Healthcare Coalition partners, including the Nevada Hospital Association (NHA) and Emergency Management (EM) to test medical surge capabilities in Carson City and identify gaps in training, equipment and plans.	
3. Travel	$ 15,968		In-State and Out-of-State Travel in compliance with Federal GSA rates.	
4. Supplies	$ 8,940		Office/General Supplies, Cell Phone/Blackberry, Satellite Phone Maintenance (EMS, CTRMC, Public Health CI)	
5. Equipment	$ 28,075		Broadband Internet Access Card for Laptop(s), Hospital Mass Fatality Supplies or Equipment, Hospital Medical Surge/Evacuation/ACS or Equipment (will be based on HVA and individual needs of 3 hospitals and healthcare systems in 3 counties).	
6. Other	$ 0			
7. Indirect	$ 0			
Total Cost	$ 310,066			

- Health Division policy is to allow no more than 10% flexibility (no more than a cumulative amount of $31,006, within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Health Division. Changes to the Scope of Work cannot be made without prior approval from the Health Division and the Federal funding agency. ****Redirect requests can only be submitted up to 60 days before the close of the subgrant period.**

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditure made during the reporting period.
- Requests for Reimbursements will be submitted monthly.
- Submit monthly Requests for Reimbursement no later than 15 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June, 2011 no later than July 15, 2011.
- Additional expenditure detail will be provided upon request from the Health Division.
- The maximum amount of funding available through this subgrant is $310,066.

Additionally, the Subgrantee agrees to:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- Provide a complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees to:

- Review and approve activities through programmatic and fiscal reports and conduct site visits at the subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of $310,066 for the entire subgrant period.
- Provide technical assistance, upon request from the Subgrantee.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Health Division that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Health Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes:

- Reallocating funds between the subgrantee's categories, and/or
- Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment,

All reports of expenditures and requests for reimbursement processed by the Health Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Health Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION C
Financial Reporting Requirements

- A Request for Reimbursement is due on a **monthly** basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on **actual** expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- **PLEASE REPORT IN DOLLARS and CENTS (No Rounding)**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

A. Approved Budget: List the approved budget amounts in this column by category.

B. Total Prior Requests: List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

C. Current Request: List the **current** expenditures requested at this time for reimbursement in this column, for each category.

D. Year to Date Total: Add Column B and Column C for each category.

E. Budget Balance: Subtract Column D from Column A for each category.

F. Percent Expended: Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments MUST be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

☛ ***An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION D

NEVADA STATE HEALTH DIVISION
AUDIT INFORMATION REQUEST

1. Non-Federal entities that expend $500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133.* A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.

2. Did your organization expend $500,000.00 or more in all Federal Awards during your most recent fiscal year?
   YES ✓ NO ____

3. When does your fiscal year end? June 30

4. How often is your organization audited? annual

5. When was your last audit performed? Nov. 2009

6. What time period did it cover? 7/1/08 - 6/30/09

7. Which accounting firm conducted the audit? Kafoury, Armstrong & Co.

Nancy Paulson — Deputy Finance Director — 11/3/10

SIGNATURE TITLE DATE

Nevada Department of Health and Human Services

Health Division # 11025
Bureau Program # ASPR01-10
GL # 8501
Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT

Program Name:	**Subgrantee Name:**
Public Health Preparedness Health Planning & Emergency Response	Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	**Address:** 900 East Long Street Carson City , NV 89706
Subgrant Period: July 1, 2010 through June 30, 2011	**Subgrantee EIN #:** 88-6000189 **Subgrantee Vendor #:** T80990941J **Dun & Bradstreet #:** 073787152

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in dollars and cents; must be accompanied by expenditure report/back-up)

Month(s): **Calendar Year:**

	Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1	Personnel	$ 219,163.00	$ 0.00	$ 0.00	$ 0.00	$ 219,163.00	0%
5	Contract/Consultant	$ 37,920.00	$ 0.00	$ 0.00	$ 0.00	$ 37,920.00	0%
2	Travel	$ 15,968.00	$ 0.00	$ 0.00	$ 0.00	$ 15,968.00	0%
3	Supplies	$ 8,940.00	$ 0.00	$ 0.00	$ 0.00	$ 8,940.00	0%
4	Equipment	$ 28,075.00	$ 0.00	$ 0.00	$ 0.00	$ 28,075.00	0%
6	Other	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	0%
7	Indirect	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	0%
8	**Total**	$ 310,066.00	$ 0.00	$ 0.00	$ 0.00	$ 310,066.00	0%

This report is true and correct to the best of my knowledge.

Authorized Signature Title Date

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary? _____ Yes _____ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

Carson City Health and Human Services
Assistant Secretary for Preparedness and Response (ASPR)
Hospital Preparedness Program (HPP)
SUBGRANT #ASPR01-10 (HD#11025)
SECTION B
Scope of Work
July 1, 2010 through June 30, 2011

OVERARCHING REQUIREMENTS:

National Incident Management System (NIMS) Compliance

The National Incident Management System (NIMS) is a comprehensive, national approach to incident management that is applicable at all jurisdictional levels and across functional disciplines. It is intended to be applicable across a full spectrum of potential incidents, hazards, and impacts, regardless of size, location or complexity. It is also intended to improve coordination and cooperation between public and private entities in a variety of incident management activities and provide a common standard for overall incident management. NIMS provides a consistent nationwide framework and approach to enable government at all levels (Federal, State, Tribal, an local), the private sector, and nongovernmental organizations (NGO's) to work together to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents regardless of the incident's cause, size, location, or complexity. Consistent application of NIMS lays the groundwork for efficient and effective responses, from a single agency fire response to a multiagency, multijurisdictional natural disaster or terrorism response. Entities that have integrated NIMS into their planning and incident management structure can arrive at an incident with little notice and still understand the procedures and protocols governing the response, as well as the expectations for equipment and personnel. NIMS provides commonality in preparedness and response efforts that allow diverse entities to readily integrate and, if necessary, establish unified command during an incident.

Goal: Ensure that CCHHS and CTRH have adopted all NIMS implementation activities			
Objective:	**Objective:**	**Date due by**	**Documentation**
By June 30th, 2011 CTRH in collaboration with CCHHS will have trained all appropriate personnel on ICS 100, 200, IS 700, and other relevant courses.	CCHHS will provide ICS 100, 200, and IS 700 training to CTRH. Implement ICS into all applicable exercises conducted with CTRH.	June 30, 2011	Sign-in sheets, certificates of completion. HSEEP compliant AAR/IPs

Needs of At Risk Populations

Before, during and after an event at-risk populations may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e. Children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities; live in institutionalized settings; are from diverse cultures; have limited English proficiency or are non-English speaking; are transportation disadvantaged; have chronic medical disorders; and have pharmacological dependency.

Goal: Develop on-going partnerships with the Division of Mental Health and Developmental Services and other community based organizations serving those groups of individuals to meet their special needs during an emergency.			
Objective	**Activities**	**Date due by**	**Documentation**
CCHHS will incorporate the needs of at-risk populations in 100% of its emergency plans.	CCHS will partner with regional mental health hospitals, mental health and disability services to determine the needs of at-risk populations and then incorporate this in its local evacuation plans, hospital evacuation plans and mass fatality plans.	06/30/2011	Emergency plans with at-risk populations needs incorporated.

Education and Preparedness Training

Ensure that education and training opportunities/programs exist for healthcare workers who respond to terrorist incidents or public health emergencies during each budget period within the three-year project period and ensure those opportunities/programs encompass the sub-capabilities described within the FY 09 grant guidance.

Goal: Provide the training needed to perform key tasks required by specific ASPR capabilities to key response partners.			
Objective	**Activities**	**Date due by**	**Documentation**
By June 2011, CCHHS will provide ICS 100, 200, 300, 400, and NIMS 700 to CTRH and Carson City MRC volunteers. CCHHS will increase the number of trained personnel documented in the July 2010 ASPR report by 25%	• CCHHS will identify 2 skilled trainers to provide 1 workshop directed at healthcare personnel to achieve NIMS compliance. The workshop must provide the following: • **Understanding of incident management** • **Understanding of the role of CTRH in community preparedness and response** • **Review ICS/HICS related forms** • **The ICS structure** • **Review response plans for effectiveness during an emergency** • **Hospital communication pathways between Emergency Management and CCHHS**	06/30/2011	Sign-in sheets/certificates of completion/training matrix

By June 2011, CCHHS will provide 2 regional HSEEP training courses to hospital/healthcare personnel, EMS, emergency managers, and all appropriate partners to hospital preparedness.	• Recruit qualified instructors • Provide a minimum of 2 HSEEP trainings regionally per year.	06/30/2011	Sign-in sheets/certificates of completion/training matrix
By June 2011, CCHHS will provide R.A.I.L.S communications training to 10% of their MRC volunteers.	• CCHHS will provide training to assist medical and administrative volunteers on the 4 modes of communication (R.A.I.L.S. = RA – Radio; I – Internet; L – Landline; S – Satellite Phone).	06/30/2011	Sign-in sheets/certificates of completion/training matrix
By June 2011, CCHHS will provide training to CTRH on hospital requesting procedures	• CCHHS will provide education and training to CTRH on hospital requesting. This is to ensure that during an emergency CTRH knows what assets are available to them and how to acquire them.	06/30/2011	Sign-in sheets/certificates of completion/training matrix

Exercises, Evaluation and Corrective Actions

The Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities and performance-based exercise program. The intent of HSEEP is to provide a common exercise policy and program guidance capable of constituting a national standard for all exercises. HSEEP includes consistent terminology that can be used by all exercise planners, regardless of the nature and composition of their sponsoring agency or organization.

Goal: Ensure at least one exercise is conducted per year and ensure participating healthcare systems in those areas participate in these exercises testing interoperable communications, bed tracking, ESAR-VHP, fatality management medical evacuation and shelter in place and partnership coalition development. .

Objective	Activities	Date due by	Documentation
100% of all drills, exercises and real life events and after action reporting must be done according to HSEEP guide lines.	Plan and participate in at least one exercise testing the interoperable communications, bed tracking, ESAR-VHP, fatality management, medical evacuation and shelter in place and partnership coalition development.	06/30/2011	AAR/IP compliant with HSEEP guidelines.

LEVEL ONE SUB-CAPABILITIES:

Interoperable Communications

Interoperable communications is the ability of public safety agencies (police, fire, EMS) and service agencies (health, hospitals, DOT, etc.) to talk within and across agencies and jurisdictions via radio and associated communications systems, exchanging voice, data and/or video with one another on demand, in real time, when needed, and when authorized. It is essential that Nevada's hospitals have the capability to communicate horizontally (between healthcare systems) and vertically (between jurisdiction's incident command structure) in order to respond to a man-made or natural disaster within Nevada.

Goal: Demonstrate Carson Tahoe Regional Hospital's (CTRH) ability to communicate with Carson City Health and Human Services (CCHHS) and Carson City Emergency Management during an emergency.			
Objective	**Activities to achieve the objective**	**Date due by**	**Documentation**
By June 30, 2011 CCHHS will have conducted 100% of its quarterly communications checks that demonstrate two-way communications capability. This capability will be redundant and be conducted and documented between CCHHS, CCEMS and CTRMC. By March 2011, a list will be developed that documents 100% of equipment vulnerabilities and strategizing solutions.	• Conduct quarterly testing of communication systems. CCHHS will host quarterly communication checks to ensure lines of communication are functioning properly. • The following list of possible communication modalities will be utilized in quarterly drills: - **800 MHz Radio System** - **Ham/Amateur Radio** - **Satellite Phones** - **Web EOC** - **Health Alert Network (HAN)** - **HavBed** Include additional medical partners in identifying equipment vulnerabilities and strategizing solutions, working through the Carson City Healthcare Coalition.	October, December, March, and June (2010-2011) December 2010 and March 2011	Quarterly communications checks results List of partners' vulnerabilities

National Hospital Beds Availability for Hospitals and Disasters (HAvBED)

Level I: Goal: HaVBed Tracking System: Further develop an operational bed tracking system that is capable of reporting bed categories that are consistent with Hospital Available Beds in Emergencies and Disasters (HAvBED) data standards, requirements and definitions.

Goal: Enroll hospitals and health care facilities into the statewide bed tracking system consistent with the HAvBED data standards and definitions.			
Objective	**Activities to achieve the objective**	**Date due by**	**Documentation**
Assist Nevada State Health Division (NSHD) with recruiting and enrolling acute care hospitals and sub-acute care facilities into the statewide bed tracking system.	CCHHS HPP Planner will be trained on and gain access to the HaVBED system in order to assist the NSHD with recruiting efforts.	Training completion by 12/31/10; recruiting ongoing through 06/30/11	Training completion; # of facilities enrolled in HaVBED

ESAR-VHP (Emergency Systems for Advanced Registration Volunteer Health Professionals)

The purpose of the ESAR-VHP program is to establish a single national interoperable network of State-based programs to effectively facilitate the use of volunteers in local, territorial, State, and Federal emergency responses. In order to successfully support the use of health professional volunteers at all tiers of response, Nevada's ESAR-VHP program ***must*** work to ensure program viability and operability through the development and implementation of plans to recruit, register, verify the credentials, and retain volunteers; and coordinate with other volunteer health professional entities and emergency management authorities to ensure effective movement and deployment of volunteers during an emergency within Nevada.

Goal: Demonstrate the ability to recruit, register, and retain volunteers to respond to an emergency within Nevada.			
Objective:	**Activities to achieve Objective *(detailed information)***	**Date due by**	**Documentation**
By June 30, 2011 10% of all CCHHS MRC volunteers are deployable on a state and federal level.	Encourage volunteers to elect to deploy on a state and federal level through the ESAR-VHP program	June 30, 2011	List of volunteers created by State ESAR-VHP coordinator
By June 30, 2011, CCHHS will continue to participate in implementation of statewide strategy to increase the number of volunteers in ESAR-VHP by 20%.	MRC Coordinator will continue recruitment activities and support statewide development of ESAR-VHP.	June 30, 2011	Total list of volunteers created by State ESAR-VHR coordinator.

By June 30, 2011, CCHHS will participate in a statewide drill of exercise of the ESAR-VHP system that demonstrates the ability of the system to generate a list of volunteers within 2 hours of potential volunteers by discipline and credential level.	Ensure that all data in the ESAR-VHP system is complete and up to date. MRC Coordinator should work with the State ESAR-VHR Coordinator to plan and conduct the statewide call-down drill.	June 30, 2011	AAR/IP

Fatality Management

Fatality Management is the capability to effectively perform scene documentation; the complete collection and recovery of the dead, victim's personal effects, and items of evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s); and interaction with and provision of legal, customary, compassionate, and culturally competent required services to the families of deceased within the contest of the family assistance center.

Goal: Integrate CTRH fatality management plans into CCHHS response plans. Ensure that mass fatality plans are in accordance with the Medical Surge Capacity and Capability (MSCC) Handbook and focus on Tier-2 (Management of the Healthcare Coalition) and Tier-3 (Jurisdiction Incident Management).

Objective	Activities to achieve the objective	Date due by	Documentation
By June 30th, 2011 CCHHS Emergency Management Mass Fatality Plans will be revised and updated and will be integrated into the Statewide Mass Fatality Plan.	• Review and update CCHHS MFM to reflect feedback and improvements from the tabletop exercise. • Conduct an exercise testing the changes and improvements. • Continue to participate in Statewide Workgroup and integrate plan into Statewide Plan. • Designate a project manager and operational plan writer to participate in the mass fatality taskforce. • Provide the following training to CTRH on the statewide Mass Fatality Plan: - **Use of communication modalities** - **There role during a mass fatality event** - **Requesting Procedures** - **Tracking**	December 2011 June 2011 June 2011	Revised MFM Plan AAR Integrated State Plan

	- **Transportation** - **Death certificate completion** - **Religious issues** - **Identification of bodies** - **Regulatory issues** - **Legal issues** Participate in IHCC Mass Fatality Seminars		
By June 30th, 2011, CCHHS will integrate its Jurisdiction Incident Plan into the State Plan	Continued participation in the Statewide Workgroup; continued work on the MFM plan so that is NIMS compliant.	June 30, 2011	Integrated State Plan

Medical Evacuation/Shelter in Place (SIP)

Medical Evacuation/Shelter in Place is the capability to prepare for, ensure communication of, and immediately execute the safe and effective sheltering-in-place of an at-risk population, and/or the organized and managed evacuation of the at-risk population to areas of safe refuge in response to a potentially or actually dangerous environment. In addition, this capability involves the safe reentry of the population where feasible.

Goal: Support the integration of evacuation and shelter in place plans of participating hospitals and healthcare facilities into regional emergency operation plans/public health emergency operation plans.

Objective	Activities to achieve the objective	Date due by	Documentation
By June 30, 2011 CCHHS will develop a medical special needs shelter plan that will be annexed into the statewide Mass Evacuation, Shelter in Plans and Mass Care Plan.	• The Medical Special Needs Shelter Plan must address the following planning elements: • **Management Structure** • **Activation Process** • **Shelter operation** • **Triage** • **Pharmacy services** • **FEMA shelter reimbursement guidelines** • **Coordination Needs** • **Operational support requirements** • **Staffing ratios** • **Medical care guidelines** • **Infection control guidelines** • **Public health and special medical services job action sheets** • Work with CTRH to ensure that they have plans in place to shelter in place, evacuate patients in their care, transport them to safe and secure alternate facilities and support their medical needs.	June 30, 2011	Medical Special Needs Shelter Plan.

Partnership/Coalition Development

Partnerships/coalitions should unify the management capability of the healthcare system to a level that will be necessary if the normal day-to-day operations and standard operating procedures of the health system are overwhelmed, and disaster operations become necessary. Partnerships/coalitions should be able to strategically integrate plans and activities of all participating healthcare systems into the jurisdictional response plan and the State response plan; increase medical response capabilities in the community; prepare for the needs of at-risk populations in their communities in the event of a public health emergency; coordinate activities to minimize duplication of effort and ensure coordination among, Federal, State, local and Tribal planning, preparedness, and response activities; and maintain continuity of operations in the community vertically with the local jurisdictional emergency management organizations.

Goal: Participation in regional hospital coalitions/counsels.			
Objective	**Activities to achieve the objective**	**Date due by**	**Documentation**
By June 30th, 2011 CTRH in collaboration with CCHHS will develop at least 1 Memorandum of Understanding (MOU) with one other healthcare facility for asset and resource sharing during a disaster or public health emergency.	• Develop 1 MOU that identifies assets, personnel, and information that can be shared between CTRH and another healthcare facility during an emergency. • Once the MOU is in place, CCHHS will develop 1 TTX that tests the healthcare partnership/coalition.	June 30, 2011	MOU/AAP/IP
By June 30, 2011 Planning efforts with LHA partners and the State Health Division are expanded as evidenced by integrated plans and activities.	CCHHS participates in quarterly LHA meetings in alternating locations. Information and activities are shared in order to encourage collaboration and avoid redundancy.	June 30, 2011	Integrated plans at local and state level
By June 30, 2011, the Healthcare Coalition is expanded to included Lyon and Douglas Counties.	Integrate plans and activities of all participating partners into the Carson City response plans. Conduct Carson City tabletop incorporating additional healthcare facility personnel to practice NIMS concepts and principles.	June 30, 2011	Integrated plans/AAP/IP
By June 30, 2011, assets are shared with Lyon County and plans are integrated.	Attend monthly Lyon County Healthy Community Coalition meetings and actively participate in planning efforts and community events.	June 30, 2011	Integrated plans.
By June 30, 2011, the Healthcare Coalition is actively managed by	Expand planning to healthcare facilities in Lyon and Douglas Counties; enhance stakeholders' knowledge and participation in PHP-related activities.	June 30, 2011	AAP/IP from exercise testing OHP related target capabilities.

CCHHS	Continue participating in the N. Nevada IHCC to collaborate with hospitals and healthcare facilities in the planning phase of MFM.		

LEVEL TWO SUB-CAPABILITIES:

Alternate Care Sites (ACS)

Establishment of ACS (e.g. schools, hotels, airport hangars, gymnasiums, stadiums, convention centers) are critical to providing supplemental facility surge capacity to the healthcare system, with the goal of providing care and allocating scarce equipment, supplies, and personnel. Planning should therefore include thresholds for alternate triage and other healthcare service quality algorithms, and otherwise optimizing the allocation of scarce resources. Effective planning and implementation will depend on close collaboration among State and local health departments, (e.g. State Public Health Agencies, State Medicaid Agencies, State Survey Agencies) provider associations, community partners, and neighboring and regional healthcare systems.

Goal: To ensure plans for alternate care sites include provisions for addressing staffing, scope of care to be provided, criteria for admission, standard operating procedures, safety and security, housekeeping, command and control and the ownership of the site.			
Objective	**Activities to achieve the objective**	**Date due by**	**Documentation**
By June 30th, 2011 CCHHS will assist in establishing a statewide Alternate Care Site plan.	• Participate in the established ACS statewide workgroup. • Assist in developing and ACS plan that addresses the following issues: • **Allocation of scarce equipment** • **Allocation of scarce supplies** • **Allocation of scarce personnel** • **ACS locations (schools, hotels, convention centers, etc.)** • **How the ACS would interface with local, State, EMAC, and Federal assets** • **Ownership** • **Command and control** • **Staffing** • **Scope of care to be provided** • **Criteria for admission** • **Standard Operating Procedures** • **Safety and Security** • **Housekeeping** • **Other complex considerations** CCHHS will work with State and local partners and physicians to discuss and operationalize plans for providing care and allocating scarce equipment, supplies and personnel to various ACS sites.	June 30, 2011	ACS Plan

Mobile Medical Assets

Use of mobile medical assets (tents, trailers, or medical facilities that can be easily transported from one place to another) may be an option for some jurisdictions until patients in large population centers can be evacuated to less affected outlying areas within intact healthcare delivery systems.

Goal: Continue to develop plans for mobile medical that address staffing, supply and re-supply and training of associated personnel, who may function interchangeably as surge augmentation or evacuation facilitators.			
Objective	**Activities to achieve the objective**	**Date due by**	**Documentation**
By June 30, 2011CCHHS will develop a team trained in the set up and operation of the CCHHS mobile medical facility.	Continue to exercise with community partners to practice deployment and assembly of the Carson City mobile medical facility.	June 30, 2011	AAR/IP; Deployment Plan

Pharmaceutical Caches

Onsite pharmaceutical caches or an increase in stock levels within a healthcare system would ensure immediate access to medications during an emergency.

Goal: CCHHS will continue to establish, maintain or enhance event accessible caches of specific categories of pharmaceuticals, and ensure availability in facilities/onsite, and cached within regions.			
Objective	**Activities to achieve the objective**	**Date due by**	**Documentation**
By June 30, 2011 CCHHS will develop an operational plan to ensure storage, rotation, and the timely distribution of critical antibiotic medications through the supply chain during an emergency for healthcare workers and their families.	1. Assess hospital disaster medical caches, MMRS, CHEMPACKS, Retail Pharmacies, Wholesale Pharmacies and businesses 2. Work with partner agencies at state and locally to develop standard operating procedures for the use of WebIZ/CRA software to assist in the supply chain activities. Propose funding for caches to care for patients.	June 30, 2011 June 30, 2011	Operational Plan SOPs
By June 30, 2011 CCHHS will develop partnerships with the State Board of	1. Continue training with hospital pharmacies on requesting procedures for medical resources	June 30, 2011	Sign in sheets.

Pharmacy, healthcare systems, pharmacy organizations, and public health organizations.			
By June 30, 2011 CCHHS will develop training and education for healthcare providers on available assets and identify how those assets would be utilized to maximize response efforts.	1. Continue to assist NSHD with CHEMPACK sustainment.	June 30, 2011	Sign in sheets.

Personal Protective Equipment (PPE)

Utilize personal protective equipment to protect current and additional trained healthcare workers expected in support of the events of highest risk, and identified through State, regional, and/or community –based HVAs or assessments.

Goal: Provide Personal Protective equipment to health care workers and first responders.			
Objective	**Activities to achieve the objective**	**Date due by**	**Documentation**
By June 30, 2011, continue to have available PPE that will support healthcare workers needed to support bed surge capacity during an MCI that requires the use of PPE.	Work with NHA Medical Surge Planner and the Healthcare Coalition to identify high-risk scenarios from the HVA and determine the appropriate PPE needed.	June 30, 2011	Inventory completed of where PPE would be needed.

Decontamination

Goal: Ensure that adequate portable or fixed decontamination system capability exists Statewide for managing adult and pediatric patients, as well as healthcare workers, who have been exposed during- all hazards health and medical disaster events.			
Objective	**Activities to achieve the objective**	**Date due by**	**Documentation**
By December 31, 2010 ensure adequate portable decontamination systems	• Meet with Local Medical Facility and Emergency Management to assess gaps in training and equipment	December 31, 2010	Documented Medical Haz Mat training offered in either Lyon or Douglas Counties.

are in place in Douglas and Lyon counties.	• Provide appropriate training to medical personnel to identify and respond to a Haz-Mat incident.	December 31, 2010	A drill to test capability to identity and respond to an incident.

Medical Reserve Corps (MRC)

The Medical Reserve Corps (MRC) program is administered by the HHS office of the Surgeon General. MRC units are organized locally to meet the health and safety needs of their communities. MRC members are identified, credentialed, trained and organized in advance of an emergency, and may also be utilized throughout the year to improve the public health system.

Goal: Support the integration of MRC units with local, regional and statewide infrastructure, and integrate the MRC structure with the State ESAR-VHP program			
Objective:	**Activities to achieve Objective *(detailed information)***	**Date due by**	**Documentation**
By June 30, 2011 develop a Medical Reserve Corps to include Carson City, Douglas County and Lyon County (Western Nevada Medical Reserve Corps).	• Recruit volunteers and work with community partners to develop a tri-county MRC corps. • Facilitate training for minimum requirements as determined in operational plans to include NIMS compliance, First Aid and CPR training. • Include the Western Nevada MRC in appropriate training and exercises, in all three counties. • Participate in the ESAR-VHP statewide workgroup to integrate SOP's into CCHHS all hazard plans.	June 30, 2011	Recruitment of volunteers from all three counties

Approved By:

Angela Barosso, Program Manager
Carson City Health & Human Services

Angela Barosso

Date: 11/01/10

Tami M. Chartraw, MPA: HA, Program Manager I
Public Health Preparedness, NSHD

Tami M. Chartraw

Date: 10/21/10

CARSON CITY HEALTH AND HUMAN SERVICES
PUBLIC HEALTH PREPAREDNESS STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON PHP DUTIES
For the Period July 1, 2010 through June 30, 2011
Subgrant # ASPR01-10; Federal Grant # 6 U3REP090220-02-01

Employee Name	Title	% time (level of effort) spent on PHP duties	I certify that the % of time (level of effort)I have stated is true and correct Employee Signature	Date Certified
Angela Barosso	PHP Program Manager	35%	Angela Barosso	11/01/10
Stacey Belt	PHP Hospital Preparedness Planner	100%	Stacey Belt	11.10.10
Pamela Graber	ESAR-VHP - MRC Coordinator - PIO	85%	Pam Graber	11/3/2010
Connie Lucido	Administrative Support - Grant Mgmt	10%	Connie Lucido	11/1/10

All duties performed by these employees support the objectives/deliverables of the federal award.

Angela Barosso — PHP Manager — Angela Barosso — 11/04/10
Funding Recipient Name — Title — Signature — Date

Kafoury, Armstrong & Co., CPA's performed an annual Single Audit of several federal grant programs, which are administered by the Nevada State Health Division for the fiscal year ended June 30, 2008. Included in the audit was the Centers for Disease Control and Prevention, Investigations and Technical Assistance, CFDA 93.283. Finding 8-03: Adequate procedures were not in place at the Nevada State Health Division to ensure costs charged to the Federal Programs (specifically salaries and benefits) were supported by the required documentation and certifications.

As a result of this finding, the Health Division, Public Health Preparedness Program, is requiring all sub-grantees to submit semi-annual time and effort certifications for all employees funded (in whole or in part) by CDC (CFDA # 93.069) or ASPR (CFDA# 93.889) preparedness funds

Pursuant to the CDC BP 10E Grant Guidance:

1) PHEP awardees are required to adhere to all applicable federal laws and regulations, including OMB Circular A-87 and semiannual certification of employees who work solely on a single federal award. Per OMB Circular A-87, compensation charges for employees who work solely on a single federal award must be supported by periodic certifications that the employees worked solely on that program during the certification period.

2) These certification forms must be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Awardees must be able to document that the scope of duties and activities of these employees are in alignment and congruent with the intent of the PHEP cooperative agreement to build public health response capacity and to rebuild public health infrastructure in state and local public health agencies. These certification forms must be retained in accordance with 45 Code of Federal Regulation, Part 92.42.

Nevada State Health Division
Public Health Preparedness
Match Certification

Date: _____

External Funding Source: Assistant Secretary for Preparedness and Response (ASPR)

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient: Carson City Health & Human Services

Project Title: 2010 ASPR Hospital Preparedness Program (HPP)

Project Grant #: 6 U3REP09220-02-01

Duration: **From:** July 1, 2010 **To:** June 30, 2011

Total cost sharing/matching cost contribution: $31,006 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: In kind contribution of CCHHS facility rent & utilities, plus 10% of Health Director's efforts paid out of general operating budget.

Account # (if applicable):

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Angela Barosso, Manager, PHP
Carson City Health & Human Services — Angela Barosso — 11/01/10
Name and Title (Funding Recipient) **Signature** **Date**

Debi Galloway
Management Analyst II
Public Health Preparedness, NSHD
Name and Title **Signature** **Date**

Kyle Devine, MSW
Health Program Manager II,
Public Health Preparedness, NSHD
Name and Title **Signature** **Date**