



STAFF REPORT

Report To: Board of Supervisors

Meeting Date: July 20, 2017

Staff Contact: Nicki Aaker (naaker@carson.org)

Agenda Title: For Possible Action: To accept the Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) Cooperative Agreement sub-grant funds through the State of Nevada Division of Public and Behavioral Health (DPBH), Public Health Preparedness (PHP) Program in the amount of \$588,692 (PHEP - \$386,678 and HPP - \$202,014)/yearly. The agreement is designed for a 5-year project period and the funding is distributed annually.

Staff Summary: This funding is to be used to improve our community and health care system's disaster preparedness, response, and recovery from public health emergencies such as flooding, influenza epidemics, infectious disease outbreaks, wildfires, and earthquakes.

Agenda Action: Formal Action/Motion

Time Requested: 10 minutes

Proposed Motion

I move to accept the Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) Cooperative Agreement sub-grant funds through the State of Nevada Division of Public and Behavioral Health (DPBH), Public Health Preparedness (PHP) Program in the amount of \$588,692 (PHEP - \$386,678 and HPP - \$202,014)/yearly. The agreement is designed for a 5-year project period and the funding is distributed annually.

Board's Strategic Goal

Quality of Life

Previous Action

Permission to apply was approved on March 2, 2017. CCHHS has previously received funding from the State of Nevada, Department of Public and Behavioral Health (DPBH), Public Health Preparedness (PHP) Program for the project period of 2012-2017. Based on the success of what was developed during that project period and the gaps that still exist to appropriately prepare our community, funding for a new project period was sought. Just a few of the successes during the previous project period include the development of a Medical Reserve Corps (MRC) unit of volunteers, training of many staff to function as key members of the emergency operations efforts during disasters, and development of the Carson City Healthcare Coalition. Additionally, strong collaborative relationships for preparedness and response were created with local fire departments and Local Emergency Planning Committees (LEPCs).

Background/Issues & Analysis

State of Nevada, DPBH, PHP Program is the grantee of the funds from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR) with CCHHS being one of the State's sub-grantees. Grant funds will be used to work on the continued development of public health and healthcare preparedness capabilities to all types of emergencies and hazards such as the recent flooding, influenza epidemics, infectious disease outbreaks, wildfires, and

earthquakes. Funds will be used to strengthen collaborative emergency management relationships (including first responder agencies such as local fire and sheriff departments), develop and further enhance healthcare coalitions, to help purchase supplies, and conduct grant-required annual exercises. These activities will extend across the quad-county region of Carson City, Douglas, Lyon, and Storey counties.

Applicable Statute, Code, Policy, Rule or Regulation

N/A

Financial Information

Is there a fiscal impact? Yes No

If yes, account name/number: 275-6810 ASPR Base and 275-6802 CDC Base

Is it currently budgeted? Yes No

Explanation of Fiscal Impact: A 10% match is required for both PHEP and HPP which is fulfilled by Administration salaries, utilities, fax line, and for Medical Reserve Corp volunteer hours.

Alternatives

To deny acceptance of the Hospital Preparedness Program (HPP) - Public Health Emergency Preparedness (PHEP) Cooperative Agreement sub-grants through the State of Nevada Division of Public and Behavioral Health (DPBH), Public Health Preparedness (PHP) Program.

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(Vote Recorded By)



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

HD #: **16072**
 Budget Account: 3218
 Category: 23
 GL: 8501
 Job Number: 9388917

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Program Bureau of Preparedness, Assurance, Inspections, Statistics (PAIS)	Subgrantee Name: Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 900 E. Long St. Carson City, NV 89706
Subgrant Period: July 1, 2017 through June 30, 2018	Subgrantee's: EIN: <u>88-6000189</u> Vendor #: <u>T80990941J</u> Dun & Bradstreet: <u>073787152</u>

Purpose of Award: Funds are intended to demonstrate achievement in the Hospital Preparedness Program (HPP) domains according to the HPP and PHEP Cooperative Agreement.

Region(s) to be served: Statewide Specific county or counties: Carson City, Douglas, Lyon, Storey

Approved Budget Categories:

1. Personnel	\$ <u>168,804.00</u>
2. Travel	\$ <u>8,350.00</u>
3. Supplies	\$ <u>2,400.00</u>
4. Equipment	\$ <u>9,000.00</u>
5. Contractual/Consultant	\$ <u>4,800.00</u>
6. Other	\$ <u>8,660.00</u>
7. Indirect	\$ <u>0.00</u>
Total Cost:	\$ <u>202,014.00</u>

Disbursement of funds will be as follows:

Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed **\$202,014.00** during the subgrant period.

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1. Assistant Secretary for Preparedness & Response (ASPR)	100%	93.889	TBD	TBD

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; and
3. The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:

Section A: Assurances;
 Section B: Description of Services, Scope of Work and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;
 Section E: Audit Information Request;
 Section F: DPBH Business Associate Addendum;
 Attachment 1: Match Certification;
 Attachment 2: Detailed Work Plan.

	Signature	Date
Robert Crowell Mayor		
Erin Lynch, MPH Program Manager, PHP	<i>Erin Lynch</i>	6/30/17
Chad Westom Bureau Chief, PAIS	<i>Chad Westom</i>	7.3.17
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

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

1. Grant funds may not be used for anything 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 Division.
2. To submit reimbursement requests only for 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 Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the 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 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 (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the 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. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee 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. 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 offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) 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 (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, 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. pr. 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.

11. 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.

12. Division subgrants are subject to inspection and audit by representative of the 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.

13. 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 Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 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:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

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:

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 1, July 1, 2017 through June 30, 2018 and is broken down by domain, goals, objectives, capabilities, and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by June 30, 2018. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2017 1st Quarter Progress Report (For the period of 7/1/17 - 9/30/17)
 - January 31, 2018 2nd Quarter Progress Report (For the period of 7/1/17 - 12/31/17)
 - April 30, 2018 3rd Quarter Progress Report (For the period of 7/1/17 - 3/31/18)
 - July 31, 2018 Final Progress Report (For the period of 7/1/17 - 6/30/18)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2017 1st Quarter (For the period of 7/1/17 - 9/30/17)
 - January 31, 2018 2nd Quarter (For the period of 10/1/17 - 12/31/17)
 - April 30, 2018 3rd Quarter (For the period of 1/1/18 - 3/31/18)
 - July 31, 2018 4th Quarter (For the period of 4/1/18 - 6/30/18)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION C

Budget and Financial 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 Division of Public and Behavioral Health through Grant Number (TBD) from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number (TBD) from ASPR.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>	
1. Personnel	\$ 168,804			
			Annual Salary	% of Time
	\$ 28,800	PHP Manager \$72,000 x 40% = \$28,800	\$72,000	40%
	\$ 5,615	Planner \$56,150 x 10% = \$5,615	\$56,150	10%
	\$ 61,380	Planner \$68,200 x 90% = \$61,380	\$68,200	90%
	\$ 12,550	Grants Analyst \$62,750 x 20% = \$12,550	\$62,750	20%
	\$ 9,700	Office Specialist \$48,500 x 20% = \$9,700	\$48,500	20%
	\$ 50,759	Fringe @ 43% \$118,045 x 43% = \$50,759		
2. Travel	\$ 8,350			
			In-State Travel	
	\$ 408	Quarterly Partners Meeting – Las Vegas, NV 1 day, 1 staff, 1 trip Not to exceed \$408		
	\$ 1,657	Local Mileage throughout Northern Nevada to attend quarterly partners meetings, coalition meetings, planning meetings, exercises, workgroup meetings, Rural Preparedness Summit, and other various meetings. Not to exceed \$1,657		
			Out-of-State Travel	
	\$ 1,737	National Association of County and City Health Officials (NACCHO) Summit – Atlanta, GA 5 days, 4 nights, 1 staff Not to exceed \$1,737		
	4,548	National Healthcare Coalition Preparedness Conference – San Diego, CA 5 days, 4 nights, 3 staff Not to exceed \$4,548		
3. Supplies	\$ 2,400			
	\$ 1,200	Office Supplies \$100/month x 12 months = \$1,200		
	\$ 1,200	Printing/Copying \$100/month x 12 months = \$1,200		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

4. Equipment	\$	9,000	
			9,000 Equipment items to be determined by Quad-County Healthcare Coalition determined by Hazard Vulnerability Assessment (HVA) and Medical Surge Test such as but not limited to: hospital decon equipment, PAPRs, communication equipment, and generator
5. Contractual/ Consultant	\$	4,800	
	\$	4,800	Per diem staff to assist with healthcare preparedness exercises and plan revisions \$40/hr x 120 hrs = \$4,800
6. Other	\$	8,660	
	\$	4,000	Other items for Quad-County Healthcare Coalition determined by HVA and Medical Surge Test such as but not limited to: N95 masks, surgical gowns, and sheets for cots
	\$	1,500	2017 National Healthcare Coalition Preparedness Conference Registration \$500/registration x 3 staff = \$1,500
	\$	1,140	Staff training registration fees – registration fees for staff to attend preparedness related training \$380/registration x 3 staff = \$1,140
	\$	972	GoTo Meeting monthly fee (90% HPP related due to utilization for Quad-County HCC meetings and activities) \$90/month x 90% x 12 months = \$972
	\$	595	2018 NACCHO Preparedness Summit Registration \$595/registration x 1 staff = \$595
	\$	360	Office Telephone Landlines – 2 lines \$15/line/month x 2 lines x 12 months = \$360
	\$	93	Purchase of licensed Shutterstock photos usage rights for development of Quad-County Healthcare Coalition materials
7. Indirect	\$	0	
			No Indirect Requested
Total Cost	\$	202,014	

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$20,201.40), within approved Scope of Work, with an approved redirect. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without a prior written amendment from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect and amendment requests may not be submitted within 60 days of the close of the subgrant period. Approval from Program Manager is required on all redirects.
- Meal/Food Costs: Subgrantee should continue to exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in their approved spend plans and budgets. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
 - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training.
 - Meal costs are not duplicated in participants' per diem or subsistence allowances.
 - Meeting participants (majority) are traveling from a distance of more than 50 miles.
 - Guest meals (i.e., meals for non-essential attendees) are not allowable.
- 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- 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.

- Submit monthly/quarterly Requests for Reimbursement no later than 30 days following the end of the month; submit a final Request for Reimbursement for activities completed through the month of June no later than July 31, 2018. The final Request for Reimbursement date is subject to change upon direction from the Division.
- The maximum available through the subgrant is \$202,014.00
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$20,201.40. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- The 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 Division.

Both parties agree:

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health 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 Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the 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 Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 30th 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

HD#: **16072**
 Budget Account: 3218
 Category: 23
 GL: 8501
 Job #: 9388917
 Draw #: _____

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections and Statistics	Subgrantee Name: Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way Suite# 200 Carson City, NV 89706	Address: 900 East Long St. Carson City, NV 89706
Subgrant Period: July 1, 2017 through June 30, 2018	Subgrantee's: EIN: <u>88-6000189</u> Vendor #: <u>T80990941J</u> DUNS#: <u>073787152</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(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	\$168,804.00	\$0.00	\$0.00	\$0.00	\$168,804.00	0.0%
2 Travel	\$8,350.00	\$0.00	\$0.00	\$0.00	\$8,350.00	0.0%
3 Supplies	\$2,400.00	\$0.00	\$0.00	\$0.00	\$2,400.00	0.0%
4 Equipment	\$9,000.00	\$0.00	\$0.00	\$0.00	\$9,000.00	0.0%
5 Contract/Consultant	\$4,800.00	\$0.00	\$0.00	\$0.00	\$4,800.00	0.0%
6 Other	\$8,660.00	\$0.00	\$0.00	\$0.00	\$8,660.00	0.0%
7 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
Total	\$202,014.00	\$0.00	\$0.00	\$0.00	\$202,014.00	0.0%

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

Authorized Signature (BLUE INK) _____ Title _____ Date _____

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

FOR 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: _____

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Nevada Division Public & Behavioral Health : Public Health Preparedness
Assistant Secretary for Preparedness and Response (ASPR)
Hospital Preparedness Program (HPP)
Budget per Capability
Carson City Health and Human Services
July 1, 2017 through June 30, 2018**

Contact Name: Jeanne Freeman
Phone Number: 775-283-7217
E-Mail Address: jmfreeman@carson.org
Applicant/Agency Name: CCHHS
Total Agency Request: \$202,014

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.
**Please contact us if you have any questions.

Budget Summary

Monthly Expenditure:	% of Budget	(a)	(b)	(c)
		Budget	Current \$ Expended	Current % Expended
1. Foundation for Health Care and Medical Readiness:	50%	\$ 101,007		
F1: Establish a Health Care Coalition (HCC)		\$ 30,302	\$ -	0%
F2: Identify risk and needs		\$ 25,252	\$ -	0%
F3: Develop HCC preparedness work plan		\$ 15,151	\$ -	0%
F4: Train & prepare the health care & medical workforce		\$ 9,091	\$ -	0%
F5: Ensure preparedness is sustainable		\$ 21,211	\$ -	0%
2. Health Care and Medical Response and Recovery Coordination:	29%	\$ 58,584		
F1: Develop coordinated response plans		\$ 15,232	\$ -	0%
F2: Develop information sharing processes & platforms		\$ 18,161	\$ -	0%
F3: Coordinate response strategy, resources, and communications		\$ 25,191	\$ -	0%
F4: Ensure health care system recovery		\$ -	\$ -	0%
3. Continuity of Health Care Service Delivery:	10%	\$ 20,201		
F1: Identify essential functions for health care delivery		\$ -	\$ -	0%
F2: Plan for continuity of operations		\$ -	\$ -	0%
F3: Maintain access to non-personnel resources during an event		\$ 6,060	\$ -	0%
F4: Develop strategies to protect health care cyber networks		\$ -	\$ -	0%
F5: Protect responders safety & health		\$ 6,868	\$ -	0%
F6: Plan for health care evacuation & relocation		\$ 7,273	\$ -	0%
F7: Coordinate health care system recovery		\$ -	\$ -	0%
4. Medical Surge:	5%	\$ 10,101		
F1: Plan for a medical surge		\$ 10,101	\$ -	0%
F2: Respond to a medical surge		\$ -	\$ -	0%
F3: Exercise medical surge response		\$ -	\$ -	0%
5. Program Administration:	6%	\$ 12,121	\$ -	0%
	100%	\$ 202,014	\$ -	0%

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time period did your last audit cover _____
8. Which accounting firm conducted your last audit? _____

Signature (BLUE INK)

Date

Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Carson City Health and Human Services

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
 7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
 8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
 9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
 10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
 11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
 12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
 13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
 14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization,

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity

Business Associate

**Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706**

Phone: (775) 684-5975

Fax: (775) 684-4211

Carson City Health and Human Services

Business Name

900 E. Long St.

Business Address

Carson City, NV 89706

Business City, State and Zip Code

775-887-2190

Business Phone Number

775-887-2248

Business Fax Number

Authorized Signature (BLUE INK)

Authorized Signature (BLUE INK)

for Cody L. Phinney, MPH

Print Name

Robert Crowell

Print Name

Administrator,
Division of Public and Behavioral Health

Title

Mayor

Title

Date

Date

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 1
Match Certification

Date: _____

External Funding Source: Assistant Secretary for Preparedness and Response (ASPR) –
Hospital Preparedness Program (HPP)

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

Funding Recipient: Carson City Health and Human Services

Project Title: HPP and PHEP Cooperative Agreement

Project Grant #: TBD

Duration: **From:** July 1, 2017 **To:** June 30, 2018

Total cost sharing/matching cost contribution: \$20,201.40 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: _____

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.

Carson City Health and Human Services

Name and Title
(Funding Recipient)

Signature (BLUE INK)

Date

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 2

**Carson City Health and Human Services (CCHHS)
ASPR Hospital Preparedness Program (HPP)
Detailed Work Plan**

July 1, 2017 through June 30, 2018 (BP1)

DOMAIN 1: HPP STRENGTHEN COMMUNITY RESILIENCE

STATEWIDE GOAL: Nevada will have resilient communities to plan, prepare and recover from all-hazard events.

STATEWIDE OBJECTIVE 1: Each of Nevada's Healthcare Coalitions (HCCs) will develop a HCC Preparedness Plan by June 30, 2018.

STATEWIDE OBJECTIVE 2: Each of Nevada's HCC's will complete a Hazard Vulnerability Assessment by June 30, 2018.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 1 Activity 1: Partner with Stakeholders by Developing & Maturing Health Care Coalitions (HCC)

Local Objective 1: CCHHS will collaborate with community partners to develop the Quad-County (Carson City, Douglas, Lyon and Storey Counties) Healthcare Coalition, a parent-coalition to the Carson City and Douglas County Coalitions, by June 30, 2018.

Local Objective 2: The Quad-County Healthcare Coalition Liaison, housed at CCHHS, will lead the development of a Healthcare Coalition Preparedness plan by June 30, 2018.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Foundation for Health Care & Medical Readiness

- Objective 1: Establish a Health Care Coalition
- Objective 2: Identify Risk and Needs
- Objective 3: Develop an HCC Preparedness Work plan
- Objective 4: Train and Prepare the Health Care and Medical Workforce
- Objective 5: Ensure Preparedness is Sustainable

Planned activity(s) for Domain 1 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will recruit community partners that meet the core membership criteria (EM, EMS, 2 Acute Care Hospitals, and PH) to participate in the Quad-County Healthcare Coalition.	Quad-County Healthcare Coalition Membership List	Q2
2) The Quad-County HCC Liaison, housed at CCHHS, will lead the Quad-County Healthcare Coalition in developing a Charter and Bylaws.	Quad-County Healthcare Coalition Charter and Bylaws	Q3
3) The Quad-County HCC Liaison, housed at CCHHS, will lead the Quad-County Healthcare Coalition in the development of a Preparedness Plan.	Quad-County Healthcare Coalition Preparedness Plan.	Q4
4) The Quad-County HCC Liaison will lead the integration of existing Douglas County and Carson City community healthcare coalitions into the Quad-County Healthcare Coalition by updating the Charter and Bylaws of existing coalitions.	Revised Carson City Healthcare Coalition Charter and Bylaws; Revised Douglas County Healthcare Coalition Charter and Bylaws	Q4

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Output(s) for planned activities in Domain 1 Activity 1: 1) A Quad-County Healthcare Coalition meeting the core membership criteria, and defined by coalition Charter and Bylaws. 2) A Quad-County Healthcare Coalition Preparedness Plan. 3) Updated Carson City and Douglas County Coalition Charter and Bylaws		
Domain 1 Activity 2: Characterize Probable Risk of the Jurisdiction & the HCC		
Local Objective 1: <i>The Quad-County Healthcare Coalition will identify jurisdictional risks and vulnerabilities by completing a hazard vulnerability analysis (HVA) by June 30, 2018.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 1: Foundation for Health Care & Medical Readiness <input type="checkbox"/> Objective 1: Establish a Health Care Coalition <input checked="" type="checkbox"/> Objective 2: Identify Risk and Needs <input type="checkbox"/> Objective 3: Develop an HCC Preparedness Work plan <input type="checkbox"/> Objective 4: Train and Prepare the Health Care and Medical Workforce <input type="checkbox"/> Objective 5: Ensure Preparedness is Sustainable		
Planned activity(s) for Domain 1 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will assist the Quad-County Healthcare Coalition in the completion of a hazard vulnerability analysis (HVA).	HVA	Q3
2) The Quad-County Healthcare Coalition will share the HVA results with the Carson City and Douglas County community healthcare coalitions in order to provide a broader reach to the coalition's diverse members.	CC and Douglas HCC Meeting Minutes, Agendas, Sign-In Sheets	Q4
Output(s) for planned activities in Domain 1 Activity 2: 1) Quad-County HVA results report		
Domain 1 Activity 3: Characterize Populations at Risk		
Local Objective 1: <i>The Quad-County Healthcare Coalition will define and identify vulnerable and/or access and functional needs populations in Carson City, Douglas, Lyon and Storey Counties by June 30, 2018.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 1: Foundation for Health Care & Medical Readiness <input type="checkbox"/> Objective 1: Establish a Health Care Coalition <input checked="" type="checkbox"/> Objective 2: Identify Risk and Needs <input type="checkbox"/> Objective 3: Develop an HCC Preparedness Work plan <input checked="" type="checkbox"/> Objective 4: Train and Prepare the Health Care and Medical Workforce <input type="checkbox"/> Objective 5: Ensure Preparedness is Sustainable		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Planned activity(s) for Domain 1 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Care Coalition will define vulnerable and/or access functional needs populations in the coalition's Preparedness Plan.	Quad-County Healthcare Coalition Preparedness Plan	Q4
2) The Quad-County Healthcare Coalition will utilize CMS-emPOWER data; and other publicly available data, sets to create a report that identifies percentages of quad-county populations that are dependent on durable medical equipment. This information will be incorporated into the coalition's Preparedness Plan.	Reports on Quad-County Populations utilizing DME based on CMS aggregate data reports (every 6 months); CCHHS Core Health Indicators Primary & Secondary Data Sets; Quad-County Healthcare Coalition Preparedness Plan	Q2, Q4
3) The Quad-County Healthcare Coalition will support the development of a Northern NV FAST program by offering training and education on the program to its members.	Quad-County, CC and Douglas HCC Meeting Minutes, Agendas, Sign-In Sheets.	Q4
Output(s) for planned activities in Domain 1 Activity 3:		
1) Quad-County Healthcare Coalition Preparedness Plan that defines and identifies vulnerable and/or AFN populations.		
2) Reports on Quad-County Populations utilizing DME (by DME type) based on CMS aggregate data reports (every 6 months)		
Domain 1 Activity 4: Engage Communities & Health Care Systems		
Local Objective 1: <i>The Quad-County Healthcare Coalition will have at least 2 AFN agencies, 1 Tribal representative, 1 public health agency and 1 healthcare executive participate in coalition meetings, trainings and exercises by June 30, 2018.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1: Foundation for Health Care & Medical Readiness		
<input checked="" type="checkbox"/> Objective 1: Establish a Health Care Coalition		
<input type="checkbox"/> Objective 2: Identify Risk and Needs		
<input checked="" type="checkbox"/> Objective 3: Develop an HCC Preparedness Work plan		
<input checked="" type="checkbox"/> Objective 4: Train and Prepare the Health Care and Medical Workforce		
<input checked="" type="checkbox"/> Objective 5: Ensure Preparedness is Sustainable		
Planned activity(s) for Domain 1 Activity 4	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Coalition will recruit membership from agencies serving AFN and tribal populations.	Quad-County Healthcare Coalition Membership List	Q2
2) The Quad-County Healthcare Coalition will recruit healthcare executives to participate in the Coalition Surge Test and after-action meetings.	Meeting Minutes, Sign-In Sheets, After-Action Reports.	Q4
Output(s) for planned activities in Domain 1 Activity 4:		
1) A Quad-County Healthcare Coalition membership List, including representation from diverse and vulnerable populations.		
2) After-Action Reports that include feedback and input from healthcare executives.		
Domain 1 Activity 5: Operationalize Response Plans		
Local Objective 1: <i>Not addressing in BP1.</i>		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

DOMAIN 2: HPP STRENGTHEN INCIDENT MANAGEMENT		
STATEWIDE GOAL: Nevada will strengthen its ability to conduct all-hazard incident management by preparation, planning, training and exercising at all jurisdictional levels.		
STATEWIDE OBJECTIVE 1: Each of Nevada’s Public Health Authorities will obtain input for all-hazards plans from HCCs, partners, and the public by June 30, 2018.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Domain 2 Activity 1: Coordinate Emergency Operations		
Local Objective 1: <i>The Quad-County Healthcare Coalition will collaborate to identify the coalition’s role in emergency preparedness by developing a healthcare coalition preparedness plan by June 30, 2018.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1 Foundation for Health Care & Medical Readiness		
<input type="checkbox"/> Objective 4: Train and Prepare the Health Care and Medical Workforce		
CAPABILITY 2 Health Care and Medical Response Coordination		
<input checked="" type="checkbox"/> Objective 1: Develop Coordinated Response Plans		
<input checked="" type="checkbox"/> Objective 3: Coordinate Response Strategy, Resources and Communications		
CAPABILITY 3 Continuity of Health Care Service Delivery		
<input type="checkbox"/> Objective 2: Plan for Continuity of Operations		
<input type="checkbox"/> Objective 7: Coordinate Health Care System Recovery		
Planned activity(s) for Domain 2 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The core Quad-County Healthcare Coalition members will collaborate to identify the coalition’s role in preparedness in Carson City, Douglas, Lyon and Storey Counties.	Meeting Minutes, Agendas, Sign-Sheets	Ongoing - Q4
2) The Quad-County Healthcare Coalition will develop a Healthcare Coalition Preparedness Plan.	Quad-County Healthcare Coalition Preparedness Plan	Q4
3) The Quad-County Healthcare Coalition Preparedness Plan will be presented for input from the members of the Carson City and Douglas County Healthcare Coalitions.	Meeting Minutes, Agendas, Sign-Sheets	Q4
Output(s) for planned activities in Domain 2 Activity 1:		
1) Quad-County Healthcare Coalition Preparedness Plan that includes input from the diverse coalition membership.		
Domain 2 Activity 2: Standardize Incident Command Structures for Public Health		
Local Objective 1: <i>NOT A HPP REQUIREMENT</i>		
Domain 2 Activity 3: Establish Incident Command Structures for Health Care Organizations & HCC		
Local Objective 1: <i>The Quad-County Healthcare Coalition will assess the need for NIMS/HICS training by surveying coalition members by December 31, 2017.</i>		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Foundation for Health Care & Medical Readiness

Objective 4: Train and Prepare the Health Care and Medical Workforce

CAPABILITY 2: Health Care and Medical Response Coordination

Objective 1: Develop Coordinated Response Plans

Objective 3: Coordinate Response Strategy, Resources and Communications

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 2: Plan for Continuity of Operations

Objective 7: Coordinate Health Care System Recovery

Planned activity(s) for Domain 2 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Coalition assess the need for NIMS/HICS training via SurveyMonkey. The survey results will be shared with coalition members by March 30, 2018 to address gaps in training.	SurveyMonkey Report; Meeting Minutes, Agendas, Sign-In Sheets	Q2, Q3
2) The Quad-County Healthcare Coalition will develop a draft training schedule based on the gaps identified in the NIMS/HICS training survey.	Draft Training Schedule; Meeting Minutes, Agendas, Sign-In Sheets	Q4

Output(s) for planned activities in Domain 2 Activity 3:

1) Survey Monkey report containing results from NIMS/HICS training needs assessment.

2) Draft Training Schedule

Domain 2 Activity 4: Ensure HCC Integration & Collaboration with ESF-8

Local Objective 1: *Will not address in BP1. BP2-5*

Domain 2 Activity 5: Expedite Fiscal Preparedness Procedures

Local Objective 1: *Not addressing in BP1.*

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

DOMAIN 3: HPP STRENGTHEN INFORMATION MANAGEMENT

STATEWIDE GOAL: Nevada will be able to collect, share, and disseminate accurate and timely information across all healthcare, public health partners, and the public.

STATEWIDE OBJECTIVE 1: Each of Nevada’s Public Health Authorities, in collaboration with HCCs, will develop systems for information sharing by all HCC partners by June 30, 2018.

STATEWIDE OBJECTIVE 2: Nevada and its statewide partners will establish a workgroup to evaluate current information sharing platforms (i.e. WebEOC, HAvBED) for efficiency and usability by December 31, 2017.

STATEWIDE OBJECTIVE 3: HCCs and public health authorities will coordinate to identify redundant communications systems by March 31, 2018.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 3 Activity 1: Share Situational Awareness Across the Health Care & Public Health Systems

Local Objective 1: *The Quad-County Healthcare Coalition will coordinate with its members to assess the need for a regional information sharing platform (i.e. website) by June 30, 2018.*

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 2: Health Care & Medical Response Coordination

- Objective 2:** Develop Information sharing processes and platforms
 Objective 3: Coordinate Response Strategy, Resources and Communications

Planned activity(s) for Domain 3 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Coalition members will meet to discuss the need for a regional information sharing platform such as a website. Coalition members will also define the essential elements of information (EEI) that will need to be housed on this information sharing platform.	Meeting Minutes, Agendas, Sign-In Sheets	Q4
2) The Quad-County Healthcare Coalition will develop a Healthcare Coalition Preparedness Plan that defines the essential elements of information (i.e. bed availability, CMS data) HCC members should report to the HCC during an emergency.	Quad-County Healthcare Coalition Preparedness Plan – EEI List	Q4
3) The Quad-County Healthcare Coalition will utilize teleconference/videoconference software to ensure HCC members that are unable to participate in meetings due to geographic distance are included in situational awareness and information sharing.	Agendas with Teleconference/Videoconference Phone Numbers; Will be included in Coalition Response Plan in BP2.	Q4 - Ongoing
4) The Quad-County Healthcare Coalition members will participate in statewide workgroup to evaluate current information sharing platforms (i.e. HAvBED, WebEOC)	Workgroup Meeting Minutes, Agendas, Sign-In Sheets	Q4 - Ongoing

Output(s) for planned activities in Domain 3 Activity 1:

- 1) Quad-County Healthcare Coalition Meeting Minutes that identify the need for a common information sharing platform; in addition to the EEI that will be housed on this platform.
- 2) Quad-County Healthcare Coalition Preparedness Plan – including list of EEI.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- 3) Teleconference/Videoconference software to improve member access to accurate and timely information.
- 4) HCC Liaison and/or HCC member designee participation in 75% of statewide workgroup meetings.

Domain 3 Activity 2: Share Emergency Information & Warnings Across Disciplines & Jurisdictions & HCCs & their Members

Local Objective 1: *The Quad-County Healthcare Coalition will ensure that all members have or have access to reliable, interoperable, and redundant communications systems by June 30, 2018.*

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 2: Health Care & Medical Response Coordination

- Objective 2: Develop Information sharing processes and platforms
- Objective 3: Coordinate Response Strategy, Resources and Communications

Planned activity(s) for Domain 3 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Coalition will identify all primary and secondary communications systems and platforms currently available in a communication resource list. This list will be incorporated into the Healthcare Coalition Preparedness Plan.	Quad-County Healthcare Coalition Preparedness Plan – Communications Resource List	Q4
2) The Quad-County Healthcare Coalition will utilize reverse 911 emergency alert platforms to provide coalition members rapid alerts and notifications.	CodeRed and/or Everbridge emergency alert rosters	Q4
3) The Quad-County Healthcare Coalition will exercise the use of redundant communications systems in conjunction with an unannounced Coalition Surge Test.	Coalition Surge Test AAR/IP.	Q4

Output(s) for planned activities in Domain 3 Activity 2:

- 1) Redundant Communications Systems for the Quad-County Healthcare Coalition
- 2) HCC Communications Resource List – Attached to the Quad-County Healthcare Coalition Preparedness Plan (and Response Plan in BP2).
- 3) The ability to rapidly alert coalition members utilizing reverse 911 platforms.
- 4) Coalition Surge Test AAR/IP – identifies the coalition’s ability to rapidly share bed availability information and other EEI.

Domain 3 Activity 3: Conduct External Communication with the Public

Local Objective 1: *In BP1, the Quad-County Healthcare Coalition will collaborate with regional PIO partners to provide its members with access to accurate and timely information.*

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 2: Health Care & Medical Response Coordination

- Objective 2: Develop Information sharing processes and platforms
- Objective 3: Coordinate Response Strategy, Resources and Communications

Planned activity(s) for Domain 3 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS Quad-County HCC Liaison/PIO will participate in the Quad-County Crisis Communicators Council and maintain all PIO training certifications.	Crisis Communicators Council Meeting Minutes, Agendas, Sign-In Sheets; CCHHS PIO training certificates.	Q4 - Ongoing

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

Output(s) for planned activities in Domain 3 Activity 3:

- 1) Crisis Communicators Council Meeting Minutes, Agendas, Sign-In Sheets; CCHHS PIO training certificates.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

DOMAIN 4: HPP STRENGTHEN COUNTERMEASURES & MITIGATION

STATEWIDE GOAL: Nevada will strengthen access to and the administration of medical and other countermeasures for pharmaceutical and non-pharmaceutical interventions.

STATEWIDE OBJECTIVE 1: Nevada's Public Health Authorities will integrate AFN, rural, tribal, and first responders in plans, training and exercises for administration of medical and other countermeasures for pharmaceutical and non-pharmaceutical interventions by June 30, 2018.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 4 Activity 1: Manage Access to and Administration of Pharmaceutical & Non-pharmaceutical Interventions

Local Objective 1: CCHHS will include and educate the Quad-County Healthcare Coalition members in the revision of the CCHHS Medical Countermeasures (MCM) Dispensing Plan by June 30, 2018.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Foundation for Health Care Readiness & Medical Readiness

Objective 2: Identify Risk and Needs

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 3: Maintain Access to Non-Personnel Resources during an Event

Objective 5: Protect Responders' Safety and Health

Planned activity(s) for Domain 4 Activity 1	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Coalition core members will participate in meetings to revise the CCHHS MCM Plan.	Meeting Minutes, Agendas, Sign-In Sheets	Q4 - Ongoing
2) The revised MCM plan will be presented at the Quad-County, Carson City and Douglas County Healthcare Coalition meetings.	Meeting Minutes, Agendas, Sign-In Sheets	Q4

Output(s) for planned activities in Domain 4 Activity 1:

1) An updated MCM plan that includes input from HCC members.

Domain 4 Activity 2: Ensure Safety & Health of Responders

Local Objective 1: CCHHS will collaborate with HCC members to exercise the community's ability to conduct Closed PODs by December 31, 2017 in order to ensure the health and safety of first-responders and/or healthcare workforce.

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Foundation for Health Care Readiness & Medical Readiness

Objective 2: Identify Risk and Needs

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 3: Maintain Access to Non-Personnel Resources during an Event

Objective 5: Protect Responders' Safety and Health

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Planned activity(s) for Domain 4 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will collaborate with the Quad-County Healthcare Coalition to conduct at least 1 closed POD exercise that is co-located with a public POD and incorporates first responders from each of the 4 jurisdictions.	AAR/IPs	Q2
Output(s) for planned activities in Domain 4 Activity 2:		
1) AAR/IP from closed POD exercises a that identify the region's ability to ensure the health and safety of responders during an emergency.		
Domain 4 Activity 3: Operationalize Response Plans		
Local Objective 1: <i>Will not address in BP1. BP2-5</i>		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

DOMAIN 5: HPP STRENGTHEN SURGE MANAGEMENT

STATEWIDE GOAL: Nevada will coordinate response to the public health, medical surge, and mass care needs of affected communities impacted by an incident.

STATEWIDE OBJECTIVE 1: Each of Nevada’s Public Health Authorities will coordinate with Mass Care ESF-6 to incorporate vulnerable populations and AFN into statewide planning efforts by June 30, 2018.

STATEWIDE OBJECTIVE 3: Each of Nevada’s HCCs will conduct an annual surge test exercise integrating with the statewide medical surge plan and ESF #8 by June 30, 2018.

STATEWIDE OBJECTIVE 4: Nevada will coordinate with each LHA and emergency management agency to streamline the Volunteer Reception Center (VRC) process to ensure continuity of planning and response by June 30, 2018.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

TO MANAGE PUBLIC HEALTH SURGE

Domain 5 Activity 1: Address Mass Care Needs

Local Objective 1: *Will not address in HPP in BP1. BP2-5 Activity in HPP. Will address in PHEP in BP1.*

Domain 5 Activity 2: Address Surge Needs

Local Objective 1: *The Quad-County Healthcare Coalition will participate in the development, revision, or expansion of any plan related to specialty surge during BP1.*

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 6: Plan for Health Care Evacuation and Relocation

CAPABILITY 4: Medical Surge

Objective 1: Plan for Medical Surge

Objective 2: Respond to a Medical Surge

Planned activity(s) for Domain 5 Activity 2	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Coalition will participate in the expansion of the existing CCHHS Ebola Preparedness and Response Plan into a plan including all infectious disease emergencies that will stress the healthcare delivery system. The plan expansion will address the needs of pediatric, AFN, and tribal populations.	Draft or Finalized Serious Infectious Disease Preparedness and Response Plan; Meeting Minutes, Agendas, Sign-In Sheets	Q4

Output(s) for planned activities in Domain 5 Activity 2:

1) Draft or finalized Serious Infectious Disease Preparedness and Response Plan – that addresses the needs of pediatric, AFN and tribal populations.

Domain 5 Activity 3: Coordinate Volunteers

Local Objective 1: *The Quad-County Healthcare Coalition will review and provide feedback on areas of the CCHHS Volunteer Management Plan that address the surge of volunteer healthcare professionals by June 30, 2018.*

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 6: Plan for Health Care Evacuation and Relocation

CAPABILITY 4: Medical Surge

Objective 1: Plan for Medical Surge

Objective 2: Respond to a Medical Surge

Planned activity(s) for Domain 5 Activity 3	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Coalition will participate in the revision of the CCHHS Volunteer Management Plan (VMP): Attachment D Volunteer Reception Center (VRC) Field Operations Guide and provide revisions related to the surge of volunteer healthcare professionals.	CCHHS Volunteer Management Plan; Meeting Minutes, Agendas, Sign-In Sheets	Q4

Output(s) for planned activities in Domain 5 Activity 3:

1) Updated CCHHS Volunteer Management Plan: Attachment D Volunteer Reception Center (VRC) Field Operations Guide which addresses surge of volunteer healthcare professionals and support personnel.

Domain 5 Activity 4: Prevent / Mitigate, Injuries & Fatalities

Local Objective 1: *Not a focus for HPP in BP1.*

TO MANAGE MEDICAL SURGE

Domain 5 Activity 5: Conduct Health Care Facility Evacuation Planning & Execute Evacuations

Local Objective 1: *The Quad-County Healthcare Coalition will train and exercise the healthcare facility evacuation system by June 30, 2018.*

Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Continuity of Health Care Service Delivery

Objective 6: Plan for Health Care Evacuation and Relocation

CAPABILITY 4: Medical Surge

Objective 1: Plan for Medical Surge

Objective 2: Respond to a Medical Surge

Planned activity(s) for Domain 5 Activity 5	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Coalition core membership will collaborate to provide training on the facility evacuation tags associated with the Healthcare Evacuation Annex (HEA) to the West Regional Medical Surge Plan.	Training Rosters, Sign-In Sheets	Q4 - Ongoing
2) The Quad-County Healthcare Coalition will test the efficiency of the current healthcare evacuation system by conducting a coalition surge test (using the HPP Coalition Surge Test Tool).	AAR/IP	Q4

Output(s) for planned activities in Domain 5 Activity 5:

1) Training Rosters identifying the number of coalition members trained on the Healthcare Facility Evacuation (HEA) process.
2) Coalition Surge Test AAR/IP.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Domain 5 Activity 6: Address Emergency Department & Inpatient Surge		
Local Objective 1: <i>Will not address in BP1. BP2-5</i>		
Domain 5 Activity 7: Develop Alternate Care Systems		
Local Objective 1: <i>In BP1, CCHHS will ensure the Mobile Medical Facility (MMF) is assessed and maintained so it is ready and accessible to the healthcare system during a medical surge response.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 3: Continuity of Health Care Service Delivery		
<input type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation		
CAPABILITY 4: Medical Surge		
<input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge		
<input type="checkbox"/> Objective 2: Respond to a Medical Surge		
Planned activity(s) for Domain 5 Activity 7	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will setup the Mobile Medical Facility (MMF) asset to conduct an assessment of its contents and to perform equipment maintenance by 6/30/18	Updated Inventory Sheets; Maintenance Logs	Q4
Output(s) for planned activities in Domain 5 Activity 7:		
1) Updated Inventory Sheets; Maintenance Logs		
Domain 5 Activity 8: Address Specialty Surge including: pediatrics, chemical/ radiation, burn/ trauma, behavioral health, & highly infectious diseases		
Local Objective 1: <i>The Quad-County Healthcare Coalition will participate in the development, revision, or expansion of any plan related to specialty surge during BP1.</i>		
Check ALL Objectives that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 3: Continuity of Health Care Service Delivery		
<input type="checkbox"/> Objective 6: Plan for Health Care Evacuation and Relocation		
CAPABILITY 4: Medical Surge		
<input checked="" type="checkbox"/> Objective 1: Plan for Medical Surge		
<input type="checkbox"/> Objective 2: Respond to a Medical Surge		
Planned activity(s) for Domain 5 Activity 8	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Quad-County Healthcare Coalition will participate in the expansion of the existing CCHHS Ebola Preparedness and Response Plan into a plan that includes all infectious disease emergencies that will stress the healthcare delivery system. The plan expansion will address the needs of pediatric, AFN, and tribal populations.	Draft or Finalized Serious Infectious Disease Preparedness and Response Plan; Meeting Minutes, Agendas, Sign-In Sheets	Q4
Output(s) for planned activities in Domain 5 Activity 8:		
1) Draft or finalized Serious Infectious Disease Preparedness and Response Plan that addresses the needs of pediatric, AFN and tribal populations.		



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

HD #: **16066**
 Budget Account: 3218
 Category: 22
 GL: 8501
 Job Number: 9306917

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Program Bureau of Preparedness, Assurance, Inspections, Statistics (PAIS)		Subgrantee Name: Carson City Health and Human Services (CCHHS)																		
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 900 East Long St. Carson City, NV 89706																		
Subgrant Period: July 1, 2017 through June 30, 2018		Subgrantee's: EIN: 88-6000189 Vendor #: T80990941J Dun & Bradstreet: 073787152																		
Purpose of Award: Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) domains according to the HPP and PHEP Cooperative Agreement.																				
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Carson City, Douglas, Lyon, Storey</u>																				
Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ 349,020.00</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ 10,099.00</td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$ 2,100.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ 7,560.00</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ 17,899.00</td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ 0.00</td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ 386,678.00</td></tr> </table>		1. Personnel	\$ 349,020.00	2. Travel	\$ 10,099.00	3. Supplies	\$ 2,100.00	4. Equipment	\$ 0.00	5. Contractual/Consultant	\$ 7,560.00	6. Other	\$ 17,899.00	7. Indirect	\$ 0.00	Total Cost:	\$ 386,678.00	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$386,678.00 during the subgrant period.		
1. Personnel	\$ 349,020.00																			
2. Travel	\$ 10,099.00																			
3. Supplies	\$ 2,100.00																			
4. Equipment	\$ 0.00																			
5. Contractual/Consultant	\$ 7,560.00																			
6. Other	\$ 17,899.00																			
7. Indirect	\$ 0.00																			
Total Cost:	\$ 386,678.00																			
Source of Funds: 1. Centers for Disease Control and Prevention (CDC)		% Funds: 100%	CFDA: 93.063	FAIN: TBD	Federal Grant #: TBD															
Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> Expenditures must comply with appropriate state and/or federal regulations; This award is subject to the availability of appropriate funds; and The recipient of these funds agrees to stipulations listed in the incorporated documents. 																				
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; Section F: DPBH Business Associate Addendum; Attachment 1: Match Certification; Attachment 2: Detailed Work Plan.																				
Robert Crowell Mayor		Signature		Date																
Erin Lynch, MPH Program Manager, PHP				6/30/17																
Chad Westom Bureau Chief, PAIS				7.3.17																
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health																				

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

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

1. Grant funds may not be used for anything 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 Division.
2. To submit reimbursement requests only for 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 Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the 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 Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing on a prescribed form 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 (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the 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. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee 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. 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 offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) 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 (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, 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. pr. 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. 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.
12. Division subgrants are subject to inspection and audit by representative of the 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.
13. 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 Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 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:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

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:

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 1, July 1, 2017 through June 30, 2018 and is broken down by domain, function and activity. The Detailed Work Plan contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of domain objectives for this budget period are to be completed by June 30, 2018. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2017 1st Quarter Progress Report (For the period of 7/1/17 - 9/30/17)
 - January 31, 2018 2nd Quarter Progress Report (For the period of 7/1/17 - 12/31/17)
 - April 30, 2018 3rd Quarter Progress Report (For the period of 7/1/17 - 3/31/18)
 - July 31, 2018 Final Progress Report (For the period of 7/1/17 - 6/30/18)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2017 1st Quarter (For the period of 7/1/17 - 9/30/17)
 - January 31, 2018 2nd Quarter (For the period of 10/1/17 - 12/31/17)
 - April 30, 2018 3rd Quarter (For the period of 1/1/18 - 3/31/18)
 - July 31, 2018 4th Quarter (For the period of 4/1/18 - 6/30/18)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION C

Budget and Financial 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 Division of Public and Behavioral Health through Grant Number (TBD) from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number (TBD) from the CDC.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>	
1. Personnel	\$ 349,020			
			Annual Salary	% of Time
	\$ 43,200	PHP Manager \$72,000 x 60% = \$43,200	\$72,000	60%
	\$ 50,535	Planner \$56,150 x 90% = \$50,535	\$56,150	90%
	\$ 6,820	Planner \$68,200 x 10% = \$6,820	\$68,200	10%
	\$ 12,550	Grants Analyst \$62,750 x 20% = \$12,550	\$62,750	20%
	\$ 76,670	Epidemiologist \$90,200 x 85% = \$76,670	\$90,200	85%
	\$ 15,495	Public Health Nurse \$103,300 x 15% = \$15,495	\$103,300	15%
	\$ 38,800	Office Specialist \$48,500 x 80% = \$38,800	\$48,500	80%
	\$ 104,950	Fringe @ 43% \$244,070 x 43% = \$104,950		
2. Travel	\$ 10,099			
			In-State Travel	
	\$ 1,068	Nevada Emergency Preparedness Association (NEPA) Conference – Las Vegas, NV 4 days, 3 nights, 1 staff, 1 trip Not to exceed \$1,068		
	\$ 846	Quarterly Partners Meeting – Las Vegas, NV 1 days, 2 staff, 1 trip Not to exceed \$846		
	\$ 1,598	Local Mileage throughout Northern Nevada to attend NV quarterly partners meetings, exercises, 2018 rural preparedness summit in Fallon, and other various meetings. Not to exceed \$1,598		
			Out-of-State Travel	
	\$ 3,474	National Association of County and City Health Officials (NACCHO) Summit – Atlanta, GA 5 days, 4 nights, 2 staff Not to exceed \$3,474		
	\$ 1,898	2018 NACCHO Annual Conference – Washington, DC 4 days, 3 nights, 1 staff Not to exceed \$1,898		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

	\$	1,215	CDC Epidemiology Disaster Emergency Workshop – Atlanta, GA 3 days, 2 nights, 1 staff Not to exceed \$1,215
3. Supplies	\$	2,100	
	\$	900	Office Supplies \$75/month x 12 months = \$900
	\$	1,200	Printing/Copying \$100/month x 12 months = \$1,200
4. Equipment	\$	0	
5. Contractual/ Consultant	\$	7,560	
	\$	7,560	Per Diem nurses for public Point of Dispensing (POD) exercises \$45/hr x 168 hrs = \$7,560
6. Other	\$	17,899	
	\$	3,750	POD exercise advertisements such as but not limited to: flyers, PSAs, bus billboards, newspaper, and radio advertisements
	\$	3,108	Satellite Phone Annual Fee
	\$	1,800	Repair and replace Mobile Medical Facility supplies such as but not limited to: tent pump, and expired medical supplies
	\$	1,656	CHEMPACK Phone Line \$138/month x 12 months = \$1,656
	\$	1,300	Preparedness month educational materials and community outreach supplies (brochures, pamphlets, etc.)
	\$	1,200	Staff training registration fees – registration fees for staff to attend preparedness related training \$400/registration x 3 staff = \$1,200
	\$	1,190	2018 NACCHO Preparedness Summit Registration \$595/registration x 2 staff = \$1,190
	\$	700	Replace and replenish Go Box supplies for volunteer management such as but not limited to: highlighters, volunteer badges, and vests
	\$	600	Satellite Phone SIM Cards
	\$	550	2018 NACCHO Annual Conference Registration \$550/registration x 1 staff = \$550
	\$	550	Pediatric Comfort Kit supplies to support mass care sheltering such as but not limited to: coloring books, stuffed animals, blankets \$11/kit x 50 kits = \$550
	\$	500	CDC Epidemiology Disaster Emergency Workshop \$500 each x 1 staff = \$500
	\$	372	Annual rental fee for Copier
	\$	180	Office Telephone Landlines – 1 line \$15/line/month x 12 months = \$180
	\$	150	Survey Monkey Annual Subscription
	\$	108	GoTo Meeting monthly fee (10% PHEP related) \$90/month x 10% x 12 months = \$108
	\$	100	NEPA Dues
	\$	85	Purchase of licensed Shutterstock photos usage rights for POD exercise advertisements
7. Indirect	\$	0	
			No Indirect Requested
Total Cost	\$	386,678	

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$38,667.80), within approved Scope of Work, with an approved redirect. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without a prior written amendment from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect and amendment requests may not be submitted within 60 days of the close of the subgrant period. Approval from Program Manager is required on all redirects.
- Meal/Food Costs: Subgrantee should continue to exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in their approved spend plans and budgets. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
 - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training.
 - Meal costs are not duplicated in participants' per diem or subsistence allowances.
 - Meeting participants (majority) are traveling from a distance of more than 50 miles.
 - Guest meals (i.e., meals for non-essential attendees) are not allowable.
- 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.

- Submit monthly/quarterly Requests for Reimbursement no later than 30 days following the end of the month; submit a final Request for Reimbursement for activities completed through the month of June no later than July 31, 2018. The final Request for Reimbursement date is subject to change upon direction from the Division.
- The maximum available through the subgrant is \$386,678.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for BP1 will be \$38,667.80. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

Additionally, the Subgrantee agrees to provide:

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

The Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- The 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 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 Nevada State Division of Public and Behavioral Health 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 Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the 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 Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 30th 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.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

HD#: 16066
 Budget Account: 3218
 Category: 22
 GL: 8501
 Job #: 9306917
 Draw #: _____

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections and Statistics	Subgrantee Name: Carson City Health and Human Services (CCHHS)
Address: 4150 Technology Way Suite #200 Carson City, NV 89706	Address: 900 East Long St. Carson City, NV 89706
Subgrant Period: July 1, 2017 through June 30, 2018	Subgrantee's: EIN: <u>88-6000189</u> Vendor #: <u>T80990941J</u> DUNS#: <u>073787152</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(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	\$349,020.00	\$0.00	\$0.00	\$0.00	\$349,020.00	0.0%
2 Travel	\$10,099.00	\$0.00	\$0.00	\$0.00	\$10,099.00	0.0%
3 Supplies	\$2,100.00	\$0.00	\$0.00	\$0.00	\$2,100.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
5 Contract/Consultant	\$7,560.00	\$0.00	\$0.00	\$0.00	\$7,560.00	0.0%
6 Other	\$17,899.00	\$0.00	\$0.00	\$0.00	\$17,899.00	0.0%
7 Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
Total	\$386,678.00	\$0.00	\$0.00	\$0.00	\$386,678.00	0.0%

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

Authorized Signature (BLUE INK) _____ 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 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: _____

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Carson City Health & Human Services (CCHHS)							
Reimbursement Worksheet							
July 2017							
Personnel	Title	Description					Amount
						TOTAL	
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.535/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
						TOTAL	
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
		TOTAL					
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
		TOTAL					
Contract / Consultant		Description					Amount
		TOTAL					
Other		Description					Amount
		TOTAL					
Indirect		Description					Amount
		TOTAL					
						TOTAL	
						TOTAL EXPENDITURES	

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Nevada Division of Public & Behavioral Health: Public Health Preparedness
Centers for Disease Control and Prevention (CDC)
Public Health Emergency Preparedness (PHEP)
Budget per Capability
Carson City Health & Human Services
July 1, 2017 through June 30, 2018**

Contact Name:	Jeanne Freeman
Phone Number:	775-283-7217
E-Mail Address:	jmfreeman@carson.org
Applicant/Agency Name:	CCHHS
Total Agency Request:	\$386,678

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

****Please contact us if you have any questions.**

Budget Summary

Domain	Monthly Expenditure:	% of Budget	(a)	(b)	(c)
			Budget	Current \$ Expended	Current % Expended
1. Community Preparedness:		15%	\$ 58,000	\$ -	0%
2. Community Recovery:		0%		\$ -	0%
3. Emergency Operations Coordination:		5%	\$ 19,334	\$ -	0%
4. Emergency Public Information and Warning:		3%	\$ 11,600	\$ -	0%
5. Fatality Management:		0%		\$ -	0%
6. Information Sharing:		5%	\$ 19,334	\$ -	0%
7. Mass Care:		6%	\$ 23,201	\$ -	0%
8. Medical Countermeasure Dispensing:		20%	\$ 77,336	\$ -	0%
9. Medical Material Management and Distribution:		0%		\$ -	0%
10. Medical Surge:		11%	\$ 42,535	\$ -	0%
11. Non-Pharmaceutical Interventions:		0%		\$ -	0%
12. Public Health Laboratory Testing:		0%		\$ -	0%
13. Public Health Surveillance and Epi Investigation:		23%	\$ 87,003	\$ -	0%
14. Responder Safety and Health:		2%	\$ 7,734	\$ -	0%
15. Volunteer Management:		9%	\$ 34,801	\$ -	0%
16. Program Administration		1%	\$ 5,800	\$ -	0%
TOTAL		100%	\$ 386,678	\$ -	0%

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time period did your last audit cover _____
8. Which accounting firm conducted your last audit? _____

Signature (BLUE INK)

Date

Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Carson City Health and Human Services

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization,

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity

**Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706**

Phone: (775) 684-5975

Fax: (775) 684-4211

Business Associate

Carson City Health and Human Services

Business Name

900 E. Long St.

Business Address

Carson City, NV 89706

Business City, State and Zip Code

775-887-2190

Business Phone Number

775-887-2248

Business Fax Number

Authorized Signature (BLUE INK)

Authorized Signature (BLUE INK)

for Cody L. Phinney, MPH

Print Name

Robert Crowell

Print Name

Administrator,
Division of Public and Behavioral Health

Title

Mayor

Title

Date

Date

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 1
Match Certification

Date: _____

External Funding Source: Centers for Disease Control and Prevention (CDC) – Public Health Emergency Preparedness (PHEP)

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

Funding Recipient: Carson City Health and Human Services

Project Title: HPP and PHEP Cooperative Agreement

Project Grant #: TBD

Duration: From: July 1, 2017 To: June 30, 2018

Total cost sharing/matching cost contribution: \$38,667.80 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: _____

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.

Carson City Health and Human Services

Name and Title
(Funding Recipient)

Signature (BLUE INK)

Date

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 2

**Carson City Health and Human Services (CCHHS)
CDC Public Health Emergency Preparedness (PHEP)
Detailed Work Plan
July 1, 2017 through June 30, 2018 (BP1)**

DOMAIN 1: PHEP STRENGTHEN COMMUNITY RESILIENCE		
STATEWIDE GOAL: Nevada will have resilient communities to plan, prepare and recover from all-hazard events.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Domain 1 Activity 1: Partner with Stakeholders by Developing & Maturing Health Care Coalitions (HCC)		
Local Objective 1: Not a PHEP Activity		
Domain 1 Activity 2: Characterize Probable Risk of the Jurisdiction & the Health Care Coalition (HCC)		
Local Objective 1: <i>CCHHS will provide and present on the Jurisdictional Risk Assessment (JRA) to the quad county Healthcare Coalition and its members by the end of March 31, 2018</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 1: Community Preparedness		
<input checked="" type="checkbox"/> Function #1: Determine risks to the health of the jurisdiction		
<input checked="" type="checkbox"/> Function #2: Build community partnerships to support health preparedness		
<input checked="" type="checkbox"/> Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks		
<input type="checkbox"/> Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts		
CAPABILITY 2: Community Recovery		
<input type="checkbox"/> Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs		
<input type="checkbox"/> Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations		
<input type="checkbox"/> Function #3: Implement corrective actions to mitigate damages from future incidents		
Planned activity(s) for Domain 1 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will provide a presentation to the Quad-County Healthcare Coalition on the Douglas County and Carson City JRA.	Presentation, Meeting agenda, sign-in sheet and minutes	Q3
Output(s) for planned activities in Domain 1 Activity 2:		
1) JRA presentation		
Domain 1 Activity 3: Characterize Populations at Risk		
Local Objective 1: <i>CCHHS will define and identify vulnerable and /or access and functional needs populations in Carson City, Douglas, Lyon, and Storey Counties by June 30, 2018.</i>		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction
- Function #2: Build community partnerships to support health preparedness.
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts

CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations
- Function #3: Implement corrective actions to mitigate damages from future incidents

Planned activity(s) for Domain 1 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will coordinate with state partners to offer CASPER training to Nevada.	CASPER training certificates, Sign-In Sheets	Q4
2) In collaboration with quad-county partners, CCHHS will utilize CMS-emPOWER data and other publicly available data sets to identify populations with unique healthcare needs.	Report with aggregated data	Q2, Q4
3) CCHHS will update partners who represent vulnerable populations in the quad county region on any active shooter classes or trainings available in the area.	Emails and flyers on active shooter classes and trainings	Q3

Output(s) for planned activities in Domain 1 Activity 3:

- 1) Training for CCHHS staff and partners on the CASPER toolkit
- 2) Create a report that uses aggregate data types of Durable Medical Equipment (DME) being utilized in each of the four counties
- 3) Documentation of active shooter classes and trainings and updates from partners on the trainings

Domain 1 Activity 4: Engage Communities & Health Care Systems

Local Objective 1: *CCHHS will address the needs of vulnerable and AFN populations in the development, revision, training or exercising of any public health emergency plans in BP1.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction
- Function #2: Build community partnerships to support health preparedness
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts

CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations
- Function #3: Implement corrective actions to mitigate damages from future incidents

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Planned activity(s) for Domain 1 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will engage tribal and Access and Functional Needs (AFN) partners in the revision of the Medical Countermeasures (MCM) Plan and Volunteer Management Plan (VMP).	Updated MCM and VMP plan	Q4
2) Engage AFN and tribal partners for Points of Dispensing exercises in the quad county region	POD Exercise sign in sheets, ICS organization chart, minutes, agendas for meetings	Q2
3) After-Action Reports that include feedback and input from the AFN and Tribal partners	AAR/IP	Q2
Output(s) for planned activities in Domain 1 Activity 4:		
1) Medical Countermeasures Plan revisions identifying agencies/individuals that provided feedback		
2) Volunteer Management Plan revisions identifying agencies/individuals that provided feedback		
3) POD exercises AAR/IP's which include AFN/Tribal populations		
Domain 1 Activity 3: Operationalize Response Plans		
Local Objective 1: Not addressing in BP1		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

DOMAIN 2: PHEP STRENGTHEN INCIDENT MANAGEMENT

STATEWIDE GOAL: Nevada will strengthen its ability to conduct all-hazard incident management by preparation, planning, training and exercising at all jurisdictional levels.

STATEWIDE OBJECTIVE 1: Each of Nevada’s Public Health Authorities will obtain input for all-hazards plans from HCCs, partners, and the public by June 30, 2018.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 2 Activity 1: Coordinate Emergency Operations

Local Objective 1: CCHHS will determine the role for Public Health in all hazard preparedness within the quad-county region by June 30, 2018.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Emergency Operations Coordination

- Function #1: Conduct preliminary assessment to determine need for public activation
- Function #2: Activate public health emergency operations
- Function #3: Develop incident response strategy
- Function #4: Manage and sustain the public health response
- Function #5: Demobilize and evaluate public health emergency operations

Planned activity(s) for Domain 2 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will meet with quad-county partners to discuss and define the role of public health in all-hazard emergency response.	Agendas, Meeting Minutes and Sign-In Sheets	Q2
2) CCHHS will develop a public health resource list that will be provided to quad-county partners to prepare for emergencies.	Agendas, Meeting Minutes and Sign-In Sheets, Resource List	Q3
3) CCHHS will engage quad-county partners in the revision of the MCM and VMP plans.	Updated Plans	Q4

Output(s) for planned activities in Domain 2 Activity 1:

- 1) Diagram and plans defining public health’s role in quad county emergency management
- 2) Resource List of public health assets and resources available during a response
- 3) Updated MCM and VMP Plans

Domain 2 Activity 2: Standardize Incident Command Structures for Public Health

Local Objective 1: Assess CCHHS staff training requirements and additional training needs for all-hazards preparedness and response.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Emergency Operations Coordination

- Function #1: Conduct preliminary assessment to determine need for public activation
- Function #2: Activate public health emergency operations
- Function #3: Develop incident response strategy
- Function #4: Manage and sustain the public health response
- Function #5: Demobilize and evaluate public health emergency operations

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Planned activity(s) for Domain 2 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will review all staff training competencies to identify gaps in ICS/NIMS training.	List of staff training needs or needed competencies	Q2
2) Coordinate with CCHHS Training Committee to update staff competencies to reflect Incident Command System (ICS) training requirements.	List of staff competencies. Training Committee Meeting Minutes, Agendas, Sign-In Sheets	Q4
Output(s) for planned activities in Domain 2 Activity 2:		
1) Updated list of staff trainings and competencies		
Domain 2 Activity 3: Establish Incident Command Structures for Health Care Organizations & HCC		
Local Objective 1: <i>Not a PHEP Activity</i>		
Domain 2 Activity 4: Ensure HCC integration & Collaboration with ESF-8		
Local Objective 1: <i>Not a PHEP Activity</i>		
Domain 2 Activity 5: Expedite Fiscal Preparedness Procedures		
Local Objective 1: <i>CCHHS will participate in statewide system to expedite fiscal procedures during a response by June 30, 2018.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 3: Emergency Operations Coordination		
<input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation <input checked="" type="checkbox"/> Function #2: Activate public health emergency operations <input type="checkbox"/> Function #3: Develop incident response strategy <input type="checkbox"/> Function #4: Manage and sustain the public health response <input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations		
Planned activity(s) for Domain 2 Activity 5:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will participate in any statewide exercises that test Nevada's ability to expedite fiscal procedures during an emergency.	AAR/IP	Q4
Output(s) for planned activities in Domain 2 Activity 5:		
1) Exercise AAR/IP		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

DOMAIN 3: PHEP STRENGTHEN INFORMATION MANAGEMENT

STATEWIDE GOAL: Nevada will be able to collect, share, and disseminate accurate and timely information across all healthcare, public health and public outlets.

STATEWIDE OBJECTIVE 1: Each of Nevada’s Public Health Authorities, in collaboration with HCCs, will develop systems for information sharing by all HCC partners by June 30, 2018.

STATEWIDE OBJECTIVE 2: Statewide partners will establish a workgroup to evaluate current information sharing platforms (i.e. WebEOC, HAvBED) for efficiency and usability by June 30, 2018.

STATEWIDE OBJECTIVE 3: HCCs and Public Health will coordinate to identify redundant communications systems by June 30, 2018.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 3 Activity 1: Share Situational Awareness Across the Health Care & Public Health Systems

Local Objective 1: CCHHS will coordinate with its partners to assess the need for a regional information sharing platform (i.e. website) by June 30, 2018.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 4: Emergency Public Information & Warning

- Function #1: Activate the emergency public information system
- Function #2: Determine the need for a joint public information system
- Function #3: Establish and participate in information system operations
- Function #4: Establish avenues for public interaction and information exchange
- Function #5: Issue public information alerts, warnings and notifications

CAPABILITY 6: Information Sharing

- Function #1: Identify stakeholders to be incorporated into information flow
- Function #2: Identify and develop rules and data elements for sharing
- Function #3: Exchange information to determine a common operating picture

Planned activity(s) for Domain 3 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will participate in statewide workgroup to evaluate current information sharing platforms (i.e. HAvBED, WebEOC)	Workgroup Meeting Minutes, Agendas, Sign-In Sheets	Q4 - Ongoing
2) CCHHS and its partners will meet to discuss the need for a regional information sharing platform (i.e. HCC Website).	Agendas, Meeting Minutes and Sign-In Sheets	Q4
3) CCHHS will identify essential elements of information (EEI) that is to be shared by public health in an emergency.	Quad-County EEI list	Q4
4) CCHHS will utilize teleconference/videoconference software to ensure that partners are able to participate in meetings for situational awareness and information sharing	Teleconference/Videoconference program Agenda’s, Meeting Minutes	Q4

Output(s) for planned activities in Domain 3 Activity 1:

- 1) CCHHS will participate in 75% of the Statewide information sharing workgroup meetings
- 2) Identify three to four systems with the quad county partners
- 3) Teleconference/Videoconference platform software chosen with partner’s input

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

4) EEI list will be generated from partner meetings and housed on the chosen platform

Domain 3 Activity 2: Share Emergency Information & Warnings Across Disciplines & Jurisdictions & HCCs & their Members

Local Objective 1: *In BP1, CCHHS will maintain reliable, interoperable and redundant information and communications systems with Quad County partners.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 4: Emergency Public Information & Warning

- Function #1: Activate the emergency public information system
- Function #2: Determine the need for a joint public information system
- Function #3: Establish and participate in information system operations
- Function #4: Establish avenues for public interaction and information exchange
- Function #5: Issue public information alerts, warnings and notifications

CAPABILITY 6: Information Sharing

- Function #1: Identify stakeholders to be incorporated into information flow
- Function #2: Identify and develop rules and data elements for sharing
- Function #3: Exchange information to determine a common operating picture

Planned activity(s) for Domain 3 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will update staff rosters in the CCHHS Department Operations Center (DOC) Manual and in the reverse 911 alert system to provide staff rapid alerts and notifications.	CodeRed and emergency alert systems rosters; Updated DOC Roster	Q4
2) CCHHS will create a communications resource list for the quad-county partners.	Communications Resource List	Q4
3) Participate in the Statewide quarterly call down drills with DPBH Public Health Preparedness (PHP) to test radio operability.	Sign-In Sheets and AAR/IP's	Q1-Q4

Output(s) for planned activities in Domain 3 Activity 2:

- 1) Timely and accurate rapid alerts to CCHHS staff and volunteers through CodeRed
- 2) Updated Communications Resource List
- 3) Ongoing quarterly call down drills with State PHP

Domain 3 Activity 3: Conduct External Communication with the Public

Local Objective 1: *In BP1 CHHS will collaborate with partners to provide accurate and timely information to the public regarding all-hazard emergencies.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 4: Emergency Public Information & Warning

- Function #1: Activate the emergency public information system
- Function #2: Determine the need for a joint public information system
- Function #3: Establish and participate in information system operations
- Function #4: Establish avenues for public interaction and information exchange
- Function #5: Issue public information alerts, warnings and notifications

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

CAPABILITY 6: Information Sharing

- Function #1: Identify stakeholders to be incorporated into information flow**
- Function #2: Identify and develop rules and data elements for sharing**
- Function #3: Exchange information to determine a common operating picture**

Planned activity(s) for Domain 3 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will participate in the Quad-County Crisis Communicators Council and CCHHS Planner/PIO will maintain PIO certifications.	Agenda's, Meeting Minutes, Sign-In Sheets; Training Certificates	Q1-4
2) CCHHS will coordinate with preparedness partners to develop and implement a National Preparedness Month educational campaign.	Marketing materials to focus on preparedness for all hazards	Q1
3) CCCHHS will participate with regional partners to promote preparedness at National Night Out public safety events.	Flyers, marketing materials	Q1
Output(s) for planned activities in Domain 3 Activity 3:		
1) Documentation from Crisis Communicators workgroup meetings 2) Training Certificates for CCHHS PIO 3) Marketing materials to include newspaper articles, advertisements and CDC articles regarding National Preparedness month and National Night Out		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

DOMAIN 4: PHEP STRENGTHEN COUNTERMEASURES & MITIGATION

STATEWIDE GOAL: Nevada will strengthen access to and the administration of medical and other countermeasures for pharmaceutical and non-pharmaceutical interventions.

STATEWIDE OBJECTIVE 1: Nevada's Public Health Authorities will integrate AFN, rural, tribal, and first responders in plans, training and exercises for administration of medical and other countermeasures for pharmaceutical and non-pharmaceutical interventions by June 30, 2018.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 4 Activity 1: Manage Access to & Administration of Pharmaceutical & Non-pharmaceutical Interventions

Local Objective 1: CCHHS will coordinate at least five Medical Countermeasures (MCM) and Points of Dispensing (POD) activities throughout the quad-county region in BP1.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 8: Medical Countermeasure Dispensing

- Function #1: Identify and initiate medical countermeasure dispensing strategies
- Function #2: Receive medical countermeasures
- Function #3: Activate dispensing modalities
- Function #4: Dispense medical countermeasures to identified populations
- Function #5: Report adverse events

CAPABILITY 9: Medical Materiel Management & Distribution

- Function #1: Direct and activate medical materiel management and distribution
- Function #2: Acquire medical materiel
- Function #3: Maintain updated inventory management and reporting system
- Function #4: Establish and maintain security
- Function #5: Distribute medical materiel
- Function #6: Recover medical materiel and demobilize distribution operations

CAPABILITY 11: Non-Pharmaceutical Interventions

- Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions
- Function #2: Determine non-pharmaceutical interventions
- Function #3: Implement non-pharmaceutical interventions
- Function #4: Monitor non-pharmaceutical interventions

CAPABILITY 14: Responder Safety & Health

- Function #1: Identify responder safety and health risks
- Function #2: Identify safety and personal protective needs
- Function #3: Coordinate with partners to facilitate risk-specific safety and health training
- Function #4: Monitor responder safety and health actions

Planned activity(s) for Domain 4 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will revise the MCM plan to include vulnerable and AFN populations. CCHHS will share the updated MCM plan with the quad-county partners.	Agenda's, Meeting Minutes, Sign-In Sheets	Q2

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

2) CCHHS will coordinate and exercise at least one POD in each of the quad-counties during the second quarter.	Agenda's, Meeting Minutes, Sign-In Sheets, AAR/IP's	Q2
3) CCHHS will participate in the regional SNS exercise with WCHD to receive MCM from the Receive, Stage and Store (RSS) warehouse in Northern Nevada.	Agenda's, Meeting Minutes, Sign-In Sheets, AAR/IP	Q2
Output(s) for planned activities in Domain 4 Activity 1: 1) Revise, update and share the latest version of the CCHHS MCM plan with the quad county partners 2) An AAR/IP from each of the POD exercises in Carson, Douglas, Lyon, and Storey County 3) Receipt of MCM materials from the RSS warehouse as documented in the exercises AAR/IP		
Domain 4 Activity 2: Ensure Safety & Health of Responders		
Local Objective 1: <i>In BP1, CCHHS will collaborate with quad-county partners to exercise the community's ability to conduct closed PODs in order to ensure the health and safety of first-responders and/or healthcare workforce.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 8: Medical Countermeasure Dispensing <input type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies <input type="checkbox"/> Function #2: Receive medical countermeasures <input type="checkbox"/> Function #3: Activate dispensing modalities <input type="checkbox"/> Function #4: Dispense medical countermeasures to identified populations <input type="checkbox"/> Function #5: Report adverse events		
CAPABILITY 9: Medical Materiel Management & Distribution <input type="checkbox"/> Function #1: Direct and activate medical materiel management and distribution <input type="checkbox"/> Function #2: Acquire medical materiel <input type="checkbox"/> Function #3: Maintain updated inventory management and reporting system <input type="checkbox"/> Function #4: Establish and maintain security <input type="checkbox"/> Function #5: Distribute medical materiel <input type="checkbox"/> Function #6: Recover medical materiel and demobilize distribution operations		
CAPABILITY 11: Non-Pharmaceutical Interventions <input type="checkbox"/> Function #1: Engage partners and identify factors that impact non-pharmaceutical interventions <input type="checkbox"/> Function #2: Determine non-pharmaceutical interventions <input type="checkbox"/> Function #3: Implement non-pharmaceutical interventions <input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 14: Responder Safety & Health <input checked="" type="checkbox"/> Function #1: Identify responder safety and health risks <input checked="" type="checkbox"/> Function #2: Identify safety and personal protective needs <input checked="" type="checkbox"/> Function #3: Coordinate with partners to facilitate risk-specific safety and health training <input checked="" type="checkbox"/> Function #4: Monitor responder safety and health actions		
Planned activity(s) for Domain 4 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

1) CCHHS will collaborate with the quad county partners to deliver one closed POD in each county that incorporates first responders from each of the four jurisdictions	AAR/IPs	Q2
2) Just-In-Time (JIT) Training for first responders participating for the first time in a POD exercise	Sign-In Sheets, Job Action Sheets, AAR/IP,	Q2
Output(s) for planned activities in Domain 4 Activity 2: 1) Closed POD exercises and after-actions reports that identify the regions ability to ensure the health and safety of responders in each jurisdiction 2) CCHHS will provide Just-In-Time Training to responders who will be participating for the first time in a POD exercise		
Domain 4 Activity 3: Operationalize Response Plans		
Local Objective 1: CCHHS will operationalize their MCM plan by conducting PODS in each of the four counties by the end of November 2017.		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply) CAPABILITY 8: Medical Countermeasure Dispensing <input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies <input type="checkbox"/> Function #2: Receive medical countermeasures <input checked="" type="checkbox"/> Function #3: Activate dispensing modalities <input type="checkbox"/> Function #4: Dispense medical countermeasures to identified populations <input checked="" type="checkbox"/> Function #5: Report adverse events		
CAPABILITY 9: Medical Materiel Management & Distribution <input type="checkbox"/> Function #1: Direct and activate medical materiel management and distribution <input type="checkbox"/> Function #2: Acquire medical materiel <input type="checkbox"/> Function #3: Maintain updated inventory management and reporting system <input type="checkbox"/> Function #4: Establish and maintain security <input type="checkbox"/> Function #5: Distribute medical materiel <input type="checkbox"/> Function #6: Recover medical materiel and demobilize distribution operations		
CAPABILITY 11: Non-Pharmaceutical Interventions <input type="checkbox"/> Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions <input type="checkbox"/> Function #2: Determine non-pharmaceutical interventions <input type="checkbox"/> Function #3: Implement non-pharmaceutical interventions <input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 14: Responder Safety & Health <input checked="" type="checkbox"/> Function #1: Identify responder safety and health risks <input checked="" type="checkbox"/> Function #2: Identify safety and personal protective needs <input checked="" type="checkbox"/> Function #3: Coordinate with partners to facilitate risk-specific safety and health training <input checked="" type="checkbox"/> Function #4: Monitor responder safety and health actions		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Planned activity(s) for Domain 4 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will collaborate with the quad-county partners to conduct at least 1 POD exercise in each of the 4 jurisdictions.	Agendas, Meeting Minutes, Sign-In Sheets, AAR/IP	Q2
2) New and existing PHP staff at CCHHS will attend the WebCRA training provided by the State Immunization program to ensure the ability to track SNS shipments arriving at the POD locations	Course agenda, Sign-In sheets	Q1
Output(s) for planned activities in Domain 4 Activity 3:		
1) AAR/IP for each POD in each of the four counties that identify the region’s ability to dispense MCM during an incident		
2) WebCRA training certificates or training completion verification		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

DOMAIN 5: PHEP STRENGTHEN SURGE MANAGEMENT

STATEWIDE GOAL: Nevada will coordinate response to the public health, medical surge, and mass care needs of affected communities impacted by an incident.

STATEWIDE OBJECTIVE 1: Each of Nevada's Public Health Authorities will coordinate with Mass Care ESF-6 to incorporate vulnerable populations and AFN into statewide planning efforts by June 30, 2018.

STATEWIDE OBJECTIVE 4: Statewide partners will streamline the Volunteer Reception Center (VRC) process to ensure continuity of planning and response by June 30, 2018.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

TO MANAGE PUBLIC HEALTH SURGE

Domain 5 Activity 1: Address Mass Care Needs

Local Objective 1: CCHHS will collaborate with state and local ESF #6-Mass Care partners to incorporate vulnerable and AFN populations into mass care planning efforts by June 30, 2018.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 5: Fatality Management

- Function #1: Determine role for public health in fatality management
- Function #2: Activate public health fatality management operations
- Function #3: Assist in the collection and dissemination of ante-mortem data
- Function #4: Participate in survivor mental/behavioral health services
- Function #5: Participate in fatality processing and storage operations

CAPABILITY 7: Mass Care

- Function #1: Determine public health role in mass care operations
- Function #2: Determine mass care needs of the impacted population
- Function #3: Coordinate public health, medical, and mental/behavioral health services
- Function #4: Monitor mass care population health

CAPABILITY 10: Medical Surge

- Function #1: Assess the nature and scope of the incident
- Function #2: Support activation of medical surge
- Function #3: Support jurisdictional medical surge operations
- Function #4: Monitor non-pharmaceutical interventions

CAPABILITY 15: Volunteer Management

- Function #1: Coordinate volunteers
- Function #2: Notify volunteers
- Function #3: Organize, assemble, and dispatch volunteers
- Function #4: Demobilize volunteers

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Planned activity(s) for Domain 5 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will meet with quad-county social services and emergency management partners to address mass care needs for all displaced individuals, including vulnerable and AFN populations.	Meeting Minutes, Agendas, Sign-In Sheets	Q4
2) CCHHS will meet with DEM to identify and coordinate Mass Care planning efforts	Meeting Minutes, Agendas, Sign-In Sheets	Q4
Output(s) for planned activities in Domain 5 Activity 1:		
1) Outline of the components to be included in the future quad-county Mass Care Plan		
Domain 5 Activity 2: Address Surge Needs		
Local Objective 1: <i>Not a focus in BP1</i>		
Domain 5 Activity 3: Coordinate Volunteers		
Local Objective 1: <i>CCHHS will request quad-county partners to review and provide input on the Volunteer Management Plan (VMP) revision in BP1.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 5: Fatality Management		
<input type="checkbox"/> Function #1: Determine role for public health in fatality management		
<input type="checkbox"/> Function #2: Activate public health fatality management operations		
<input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data		
<input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services		
<input type="checkbox"/> Function #5: Participate in fatality processing and storage operations		
CAPABILITY 7: Mass Care		
<input type="checkbox"/> Function #1: Determine public health role in mass care operations		
<input type="checkbox"/> Function #2: Determine mass care needs of the impacted population		
<input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services		
<input type="checkbox"/> Function #4: Monitor mass care population health		
CAPABILITY 10: Medical Surge		
<input type="checkbox"/> Function #1: Assess the nature and scope of the incident		
<input type="checkbox"/> Function #2: Support activation of medical surge		
<input type="checkbox"/> Function #3: Support jurisdictional medical surge operations		
<input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 15: Volunteer Management		
<input checked="" type="checkbox"/> Function #1: Coordinate volunteers		
<input checked="" type="checkbox"/> Function #2: Notify volunteers		
<input checked="" type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers		
<input checked="" type="checkbox"/> Function #4: Demobilize volunteers		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Planned activity(s) for Domain 5 Activity 6:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS, along with their quad-county partners, will participate in the revision of the CCHHS Volunteer Management Plan (VMP) and provide revisions related to the surge of spontaneous unaffiliated volunteers.	Revised Volunteer Management Plan; Meeting Minutes, Agendas, Sign-In Sheets	
Output(s) for planned activities in Domain 5 Activity 6:		
1) Updated CCHHS Volunteer Management Plan to address surge of volunteer healthcare professionals and spontaneous unaffiliated volunteers (SUVs).		
Domain 5 Activity 4: Prevent / Mitigate Injuries, & Fatalities		
Local Objective 1: <i>Not a BP1 focus</i>		
TO MANAGE MEDICAL SURGE		
Domain 5 Activity 5: Conduct Health Care Facility Evacuation Planning & Execute Evacuations		
Local Objective 1: <i>CCHHS will train and the exercise internal staff on the healthcare facility evacuation system by June 30, 2018.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 5 Fatality Management		
<input type="checkbox"/> Function #1: Determine role for public health in fatality management		
<input type="checkbox"/> Function #2: Activate public health fatality management operations		
<input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data		
<input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services		
<input type="checkbox"/> Function #5: Participate in fatality processing and storage operations		
CAPABILITY 7: Mass Care		
<input type="checkbox"/> Function #1: Determine public health role in mass care operations		
<input type="checkbox"/> Function #2: Determine mass care needs of the impacted population		
<input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services		
<input type="checkbox"/> Function #4: Monitor mass care population health		
CAPABILITY 10: Medical Surge		
<input type="checkbox"/> Function #1: Assess the nature and scope of the incident		
<input checked="" type="checkbox"/> Function #2: Support activation of medical surge		
<input checked="" type="checkbox"/> Function #3: Support jurisdictional medical surge operations		
<input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 15: Volunteer Management		
<input type="checkbox"/> Function #1: Coordinate volunteers		
<input type="checkbox"/> Function #2: Notify volunteers		
<input type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers		
<input type="checkbox"/> Function #4: Demobilize volunteers		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

Planned activity(s) for Domain 5 Activity 5:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS internal staff will train on the facility evacuation tags associated with the Healthcare Evacuation Annex (HEA) to the West Regional Medical Surge Plan.	Training Rosters, Sign-In Sheets	Q4 - Ongoing
Output(s) for planned activities in Domain 5 Activity 5:		
1) Training roster identifying the number of CCHHS internal staff trained on the healthcare evacuation annex		
Domain 5 Activity 6: Address Emergency Department & Inpatient Surge		
Local Objective 1: <i>Not a focus in BP1</i>		
Domain 5 Activity 7: Develop Alternate Care Systems		
Local Objective 1: <i>In BP1, CCHHS will ensure the Mobile Medical Facility (MMF) is maintained so that it is ready and accessible to the public health system during a disease outbreak or public health threat.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 5: Fatality Management		
<input type="checkbox"/> Function #1: Determine role for public health in fatality management		
<input type="checkbox"/> Function #2: Activate public health fatality management operations		
<input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data		
<input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services		
<input type="checkbox"/> Function #5: Participate in fatality processing and storage operations		
CAPABILITY 7: Mass Care		
<input type="checkbox"/> Function #1: Determine public health role in mass care operations		
<input type="checkbox"/> Function #2: Determine mass care needs of the impacted population		
<input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services		
<input type="checkbox"/> Function #4: Monitor mass care population health		
CAPABILITY 10: Medical Surge		
<input type="checkbox"/> Function #1: Assess the nature and scope of the incident		
<input checked="" type="checkbox"/> Function #2: Support activation of medical surge		
<input type="checkbox"/> Function #3: Support jurisdictional medical surge operations		
<input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 15: Volunteer Management		
<input type="checkbox"/> Function #1: Coordinate volunteers		
<input type="checkbox"/> Function #2: Notify volunteers		
<input type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers		
<input type="checkbox"/> Function #4: Demobilize volunteers		
Planned activity(s) for Domain 5 Activity 7:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will setup the Mobile Medical Facility (MMF) asset for equipment maintenance and conduct an assessment of its contents by June 30, 2018.	Updated Inventory Sheets; Maintenance Logs	Q4

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Output(s) for planned activities in Domain 5 Activity 7: 1) MMF Inventory Sheets; Maintenance Logs		
Domain 5 Activity 8: Address Specialty Surge including: pediatrics, chemical/ radiation, burn/ trauma, behavioral health, & highly infectious diseases		
Local Objective 1: <i>In BP1, CCHHS will reach out to quad-county partners for subject matter experts (SME) in the expansion of the existing Ebola Preparedness and Response plan to incorporate pediatrics and other specialty populations and to ensure it's an all-encompassing infectious disease Con. Ops.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 5: Fatality Management		
<input type="checkbox"/> Function #1: Determine role for public health in fatality management <input type="checkbox"/> Function #2: Activate public health fatality management operations <input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data <input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services <input type="checkbox"/> Function #5: Participate in fatality processing and storage operations		
CAPABILITY 7: Mass Care		
<input type="checkbox"/> Function #1: Determine public health role in mass care operations <input type="checkbox"/> Function #2: Determine mass care needs of the impacted population <input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services <input type="checkbox"/> Function #4: Monitor mass care population health		
CAPABILITY 10: Medical Surge		
<input type="checkbox"/> Function #1: Assess the nature and scope of the incident <input checked="" type="checkbox"/> Function #2: Support activation of medical surge <input checked="" type="checkbox"/> Function #3: Support jurisdictional medical surge operations <input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 15: Volunteer Management		
<input type="checkbox"/> Function #1: Coordinate volunteers <input type="checkbox"/> Function #2: Notify volunteers <input type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers <input type="checkbox"/> Function #4: Demobilize volunteers		
Planned activity(s) for Domain 5 Activity 8:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will reach out to partners to participate in the expansion of the existing CCHHS Ebola Preparedness and Response Plan into a plan that includes all infectious disease emergencies that will stress the healthcare delivery system. The plan expansion will address the needs of pediatric, AFN and tribal populations.	Draft or Finalized Serious Infectious Disease Preparedness and Response Plan; Meeting Minutes, Agendas, Sign-In Sheets	Q4
Output(s) for planned activities in Domain 5 Activity 8: 1) Draft or finalized Serious Infectious Disease Preparedness and Response Plan that addresses the needs of pediatric, AFN, and tribal populations.		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

DOMAIN 6: PHEP STRENGTHEN BIOSURVEILLANCE

STATEWIDE GOAL: Nevada will sustain and strengthen its abilities to surveil, detect, investigate, and test for emerging threats and injuries to the health of the public in all- hazard events.

STATEWIDE OBJECTIVE 1: Each of Nevada’s Public Health Authorities will develop epidemiological personnel surge plans to support disease outbreaks and public health surveillance in all-hazard events by June 30, 2018.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 6 Activity 1: Conduct Epidemiological Surveillance & Investigation

Local Objective 1: In BP1, CCHHS will collaborate with statewide partners to develop an epidemiology personnel surge system to support surveillance efforts during a disease outbreak or public health threat.

Local Objective 2: CCHHS will collaborate with quad-county partners to expand the Carson City Isolation and Quarantine plan to support recommendations for mitigation efforts in the quad-county region during disease outbreaks or public health threats by June 30, 2018.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 12: Public Health Laboratory Testing

- Function #1: Manage laboratory activities
- Function #2: Perform sample management
- Function #3: Conduct testing and analysis for routine and surge capacity
- Function #4: Support public health investigations
- Function #5: Report results

CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation

- Function #1: Conduct public health surveillance and detection
- Function #2: Conduct public health and epidemiological investigations
- Function #3: Recommend, monitor and analyze mitigation actions
- Function #4: Improve public health surveillance and epidemiological investigation systems

Planned activity(s) for Domain 6 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS Epidemiologist will participate in Statewide Epidemiology Meetings to address the development of an intrastate mutual-aid personnel surge plan and/or inter-local agreements that support surveillance efforts during a disease outbreak or public health threat.	Draft or Completed Personnel Surge Plan and/or inter-local agreement(s); Meeting Minutes, Agendas, Sign-In Sheets from State Epidemiology Meetings	Q4 - Ongoing
2) CCHHS will review and revise section of the jurisdictional Department Operations Center (DOC) Manual that addresses the use of Clinical Services nurses to augment surveillance personnel surge during a disease outbreak or public health threat.	Revised CCHHS DOC Manual	Q4
3) CCHHS will conduct at least 1 epidemiology exercise that incorporates the Nevada State Public Health Laboratory and/or other laboratory partners such as the state Animal Disease Laboratory utilizing real-time testing results	AAR/IP	Q4

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

4) CCHHS Epidemiologist will participate in the CDC Disaster Epidemiology Workshop.	Registration Confirmation, Workshop Materials	Q4
5) CCHHS Epidemiologist will participate in the Council of State and Territorial Epidemiologists (CSTE) workgroup.	Agendas, Meeting Minutes, Subcommittee Roster (if available)	Q4
6) CCHHS will meet with quad-county legal, public health and emergency management partners to expand the Carson City Isolation & Quarantine Plan to support recommendations for mitigation efforts in the quad-county region during disease outbreaks or public health threats.	Meeting Minutes, Agendas, Sign-In Sheets; Draft or Finalized Quad-County Isolation and Quarantine Plan	Q4
Output(s) for planned activities in Domain 6 Activity 1:		
1) Draft or Completed Personnel Surge Plan and/or inter-local agreement(s); Meeting Minutes, Agendas, Sign-In Sheets		
2) Revised CCHHS DOC Manual		
3) AAR/IP for laboratory exercise		
4) CDC Disaster Epidemiology Workshop attendance		
5) Draft or Finalized Quad-County Isolation and Quarantine Plan(s)		
Domain 6 Activity 2: Detect Emerging Threats /Injury		
Local Objective 1: <i>In BP1, CCHHS will address CBRNE epidemiology response activities by developing CBRNE epidemiology protocols and guidelines that are shared with quad-county partners.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 12: Public Health Laboratory Testing		
<input type="checkbox"/> Function #1: Manage laboratory activities		
<input type="checkbox"/> Function #2: Perform sample management		
<input type="checkbox"/> Function #3: Conduct testing and analysis for routine and surge capacity		
<input type="checkbox"/> Function #4: Support public health investigations		
<input type="checkbox"/> Function #5: Report results		
CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation		
<input type="checkbox"/> Function #1: Conduct public health surveillance and detection		
<input type="checkbox"/> Function #2: Conduct public health and epidemiological investigations		
<input type="checkbox"/> Function #3: Recommend, monitor and analyze mitigation actions		
<input checked="" type="checkbox"/> Function #4: Improve public health surveillance and epidemiological investigation systems		
Planned activity(s) for Domain 6 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) CCHHS will collaborate with quad-county partners to develop epidemiological protocols and guidelines for Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) threats	Completed Epi protocols and guidelines	Q4
2) CCHHS will provide training on the developed CBRNE protocols to quad-county partners.	Training Materials, Rosters	Q4
Output(s) for planned activities in Domain 6 Activity 2:		
1) CCHHS Epi protocols for CBRNE incidents		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

2) CCHHS Epi-CBRNE training materials, rosters of trained partners

Domain 6 Activity 3: Conduct Laboratory Testing

Local Objective 1: *Not a LHA responsibility*