



PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) PROGRAM CITIES READINESS INITIATIVE (CRI) WORK PLAN GUIDANCE DOCUMENT

2024-2025: BUDGET PERIOD 1



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Kansas Department of Health and Environment

Bureau of Community Health Systems

Preparedness Program

2024-2025

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Date	Page Number	Section	Item	Change
7/01/2024		All		Document created

1. Executive Summary

This guidance document is designed to serve as an implementation guide for the work plan and activity completion requirements for Budget Period 1, 2024-2025. Under the administrative authority of the Centers for Disease Control and Prevention (CDC), this budget period marks the first year of the new project period (2024-2029).

This guidance document is specific for CRI Planners, Fiscal agents, Administrators, and others involved with CRI activities at the LHD and outlines KDHE Preparedness Program expectations for the budget period. A listing of resources can be found at the end of this document, and any new or updated guidance from the CDC will be shared.

1.1 General Administrator Information

The following information is provided to all Preparedness Program participants. Please reference this information as needed.

Submitting deliverables and documentation:

- When submitting any documentation, ensure the submitting agency name and a point of contact are included on the document.
- Due dates are outlined in the work plans and will not be extended. The established due dates allow the maximum time needed to complete the activity by the LHD and allow KDHE Preparedness Program staff time to review, request revisions (if necessary) and meet the federal guidelines.
- Work plan deliverables may be submitted prior to the due date.
- Completed work plan items will be submitted to KGMS, unless otherwise noted. In some cases, items may need to be sent to KDHE.Preparedness@ks.gov. Please note the work plan activity item number and task being submitted and county name in the email subject line. All submitted documents must be dated.

1.2 Statement of Federal Support

All publications, coursework and documents that are created or generated by, or in relation to, this cooperative agreement must include a statement of Federal Support. This requirement applies to the following: documents, educational materials, deliverables and related supporting information. This also includes within the body of any courses created using preparedness funding. Sign-in sheets are excluded from this requirement.

Required statement for PHEP documents/publications:

“This publication was supported by the Grant or Cooperative Agreement Number, NU90TU000045, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.”

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, all awardees receiving federal funds, including state, local governments and recipients of federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with federal money;
- dollar amount of federal funds for the project of program; and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Required statement for conferences/meetings and accompanying materials:

“Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.”

1.3 CRI Submission Requirements – Due Dates

Financial Status Reports (FSRs) and Work Plan Progress Reports are due:

- **Quarter 1** (July 1, 2024 – September 30, 2024) – due October 15, 2024
- **Quarter 2** (October 1, 2024 – December 31, 2024) – due January 15, 2025
- **Quarter 3** (January 1, 2025 – March 31, 2025) – due April 15, 2025
- **Quarter 4** (April 1, 2025 – June 30, 2025) – due July 15, 2025

Note: If the quarterly due date falls on a State of Kansas observed holiday or a weekend, the due date becomes the next business day.

The workplan due date indicates the date the activity must be completed. The deliverables should be uploaded to KGMS and submitted with the corresponding quarterly report unless otherwise noted. A summary of CRI workplan items that should be completed in the KGMS progress report each quarter is provided in the table below.

Work Plan Activity	Due Date	Reporting Quarter
1. Performance Evaluation	June 30, 2024	4th quarter progress report
2. Jurisdictional Risk Assessment	December 31, 2024	2 nd quarter progress report
3. Preparedness Plans	March 31, 2025	3 rd quarter progress report
4. Engage Partners to Incorporate Health Equity	June 30, 2025	4 th quarter progress report
5. Update Communication Plan and Media Relations Strategies	June 30, 2025	4 th quarter progress report
6. CRI Capstone Exercise Series	Exercise to be held by April 30, 2025, AAR/IP due within 60 days of exercise completion or no later than June 30, 2025	4 th quarter progress report
7. Exercise Plan	December 31, 2024	2 nd quarter progress report
8. CRI Regional Quarterly Meetings	Quarterly	All progress reports

9. IMATS	December 31, 2024, and June 30, 2025	2 nd and 4 th quarter progress reports
10. Capacity Building	Due within the quarter attended/purchased	As needed
11. Statewide Meetings	Due within the quarter attended	1 st and 3 rd quarter progress reports
12. IPPW	CRI priorities due September 30, IPPW attendance in Quarter 2	1 st and 2 nd quarter progress reports
13. Trainings and Conferences	June 30, 2025	4 th quarter progress report
14. Inventory	June 30, 2025	4 th quarter progress report

1.4 CRI Submission Requirements – Deliverable Submission

Work plan deliverables are to be submitted via KGMS. The following naming conventions should be used for deliverables. For items that can be submitted as a county or region, include the county name as applicable.

Work Plan Activity	Deliverable	Naming convention
1. Performance Evaluation	Requested documentation as needed.	N/A
2. Jurisdictional Risk Assessment	JRA, THIRA, HVA, or equivalent.	County/Region Name – Risk Assessment
3. Preparedness Plans	BIA, MCDD, Highly Infectious Disease plan, or equivalent(s).	County Name – Plan Name
4. Engage Partners to Incorporate Health Equity	Sign in sheet(s) from advisory group, data entry.	Advisory Group Name – Sign In Sheet
5. Update Communication Plan and Media Relations Strategies	Communications plan.	County Name – Communications Plan
6. CRI Capstone Exercise Series	Data entry, no attachments required.	N/A
7. Exercise Plan	Plan for completing required exercises.	County Name – Exercise Plan
8. CRI Regional Quarterly Meetings	Sign in sheet, agenda, minutes.	Q#, Year CRI Sign-in Sheet Q#, Year CRI Agenda Q#, Year CRI Sign-in Sheet
9. IMATS	Data entry, no attachments required.	N/A
10. Capacity Building	Data entry, no attachments required.	N/A
11. Statewide Meetings	Data entry, no attachments required.	N/A
12. IPPW	Training and exercise priorities, meeting attendance (data entry).	County Name – Training Priorities
13. Trainings and Conferences	Data entry, participant summary for out of state conferences.	Participant Name – Conference Summary
14. Inventory		County Name - Inventory

For questions or concerns related to work plans, exercises and/or trainings and FSRs, emails should be sent per the following guidelines to KDHE.Preparedness@ks.gov to better facilitate timely responses.

- Send emails regarding work plan items with the email subject line: **CRI - County Name, CRI Work plan: Q#** (quarter number) **or Item #**. Only submit work plan concerns and questions using this format. All attachments to the email should be work plan and/or work plan related deliverables.
- Send emails regarding FSR or budget related question with the email subject line: **CRI - County Name, FSR**. You should only submit items relating to the FSR and budget changes on this email. All attachments should be financial in nature and not a work plan deliverable.
- Send emails regarding exercise or training related questions with the subject line: **CRI - County Name, Exercise or Training**.

Using this process will help to quickly route your inquiry to the correct Preparedness Program staff member for follow-up.

1.5 Budgetary Information

Please refer to the list below to determine if the item you wish to purchase is an allowable expense. If the item is not on this list or you are unsure if an activity or purchase is allowable, please email KDHE.Preparedness@ks.gov for approval of the purchase if CRI funding will be utilized. Additionally, CRI expenditures should align with the following capabilities or activities: Internal/External Communications, Medication Dispensing/Distribution, Nonpharmaceutical Interventions, Volunteer Management, Cold-chain Management, Vaccine Administration, Surveillance/Disease Investigation. When submitting for approval, please indicate in your request how the expenditure relates to these capabilities. Expenditures tied to other capabilities will be considered upon request.

	Allowable	Allowable w/ prior CDC approval	Unallowable
Staffing			
Personnel/Salary	X		
Travel	X		
Equipment and Supplies			
Supplies	X		
Services	X		
Lease vehicles for transportation		X	
Agreements with commercial carriers		X	
Leased or rental vehicles for moving materials, supplies, equipment		X	
Material handling equipment (forklifts)		X	
Vests to be worn during exercises or responses		X	
Non-motorized trailers		X	
Caches of antibiotics for responders and their heads of households or exercises		X	
Research			X
Furniture			X
Equipment			X
Reimbursement for pre-award costs			X
Fundraising or lobbying			X
Animals (purchase/support)			X
Housing purchase (quarantine)			X

Construction/major renovations			X
Over the road passenger vehicles			X
Vehicles for transportation of goods/services			X
Clothing			X
Food			X
Vaccines and Immunizations			
Caches of vaccines for responders and their heads of households		X	
Caches of vaccines for critical workforce groups during an exercise		X	
Clinical care (e.g., syringes, band-aids, gowns, etc.)			X
Vaccines for seasonal influenza mass vaccination clinics			X
Routine vaccinations covered by CDC/ACIP schedules			X
Influenza vaccines for general public			X

1.6 Contact Information

KDHE Preparedness (KDHE.Preparedness@ks.gov)

1.7 Budget Period Insights

This year marks the first budget year of the new grant period. The CDC has released several resources that outline the new direction the PHEP Program is taking. These resources include the new Funding Opportunity Announcement (FOA), a revised version of the PHEP Performance Measures, and a few supporting documents that explain how the various work plan activities contribute towards LHD preparedness progress. The LHDs will ensure the continued involvement within their jurisdictions, with the HCCs and their work plan activities.

2. CRI Work Plan Guidance

The work plan for this budget period contains fourteen activities to be completed by each CRI region. The state PHEP program goals for this project period focus on the public health system developing strategies and activities to improve and expand readiness at the local and state level. Your participation in this program is essential for the public health system in Kansas. Through these fourteen activities, CRI jurisdictions will continuously improve on the ability to respond to threats of greatest risk to the jurisdiction and ensure all communities and populations are included in response and recovery efforts. This will lead to a reduction of the impact of identified threats to public health and safety during emergency situations. There is the underlying emphasis of working to improve and exceed the day-to-day capacity and capabilities of the public health response systems in Kansas. This development process can be found in detail in the FOA, **2019-20 Public Health Emergency Preparedness (PHEP) Cooperative Agreement (CDC-RFA-TU24-0137)**. Additionally, further resources are available in **Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, October 2018**. Coupled with this guidance document, these sources will assist with the execution of the contracted work plan. (Please refer to the *Reference appendix* for details).

2.1 Work Plan Overview

Activity 1 – Performance Evaluation

Kansas CRI MSA counties will schedule an MCM site visit, or virtual meeting, with the KDHE MCM/SNS/CRI PM (Medical Countermeasures/Strategic National Stockpile/CRI Program Manager) to review operational readiness. Kansas CRI MSA counties will complete, and provide documentation supporting the completion of, required activities and benchmarks.

Justification

The purpose of this activity is to collect jurisdictional information to build a comprehensive operational picture of public health preparedness in Kansas and ensure progress is being made to enhance the Kansas public health system.

Deliverables

Each CRI MSA must meet once per budget period with the KDHE MCM/SNS/CRI PM either virtually or in person to assess operational readiness. Enter the date of the meeting in the quarterly progress report for the quarter in which the meeting occurred. Completion of requested documentation related to operational readiness. The KDHE MCM/SNS/CRI PM will notify CRIs if documentation is needed for compliance. CRI counties must submit required or requested information as an upload in the progress report in KGMS. All documentation is due 20 days prior to a scheduled site visit or by **June 30, 2025**.

Activity 2 – Jurisdictional Risk Assessment

Kansas CRI MSA counties will submit most recent Jurisdictional Risk Assessment.

Risk Assessments must include the jurisdiction's top five risks based on public health consequences. Jurisdictions must coordinate with points of contact for FEMA Threat Hazard Identification and Risk Assessment (THIRA) and HCC Hazard Vulnerability Assessments.

Justification

Public health risks and threats that could impact your jurisdiction should be identified. In coordination with KDHE risk assessments, CRI jurisdictional risks will be utilized to inform the multi-year exercise program for local jurisdictions.

CDC requires CRI local planning jurisdictions to be involved in the risk assessment process. Partnership with health care coalitions, emergency management agencies (EMA), other sectors of government, and private industry is also a vital component of the risk assessment process.

The methodology a jurisdiction uses can be flexible and based on jurisdictional preference. For example, self-developed risk assessments, hazard vulnerability analyses (HVA), and participation in your jurisdictional Threat and Hazard Identification and Risk Assessment (THIRA) process are allowable and encouraged if the outputs reflect the public health impacts related to jurisdictional risks.

Deliverables

In BP1, each county must submit the most recently conducted risk assessment. The submission can be a JRA, THIRA, HVA, or equivalent. Documentation can be provided for each county individually or can be regional, if each county is represented in a regional risk assessment.

Risk assessments are due **December 31, 2024**, in KGMS in the second quarter progress report.

Activity 3 – Preparedness Plans

Kansas CRI MSA counties will collaborate with partners to develop, review, and update their Preparedness plans to prevent, control and mitigate the impact of public health threats for the general population.

Each county should include the following in an all-hazards preparedness and response plan (CBRN), infectious disease response plan, pandemic influenza plan, MCM distribution and dispensing plan, or an equivalent plan:

- Strategy for pandemic vaccination of 100% of the Kansas CRI MSA population.
- Strategy to provide MCMs, including antibiotics and vaccines for post-exposure prophylaxis and antibiotics and antitoxin for treatment for 100% of the Kansas CRI MSA population within 48 hours after the decision to dispense mass prophylaxis by local, state, and federal health officials.
- Scalable staffing including activation levels and triggers and a staffing matrix.

Ensure preparedness plans and exercises incorporate community of focus needs and priorities.

Justification

CRI planning jurisdictions must continue to maintain plans for biological threats. Previously, CDC determined key operational readiness elements for both planning scenarios. All PHEP recipients and their local CRI planning jurisdictions must have in place these essential planning elements to operationalize points of dispensing to respond to threats that require vaccines or pill dispensing. A jurisdiction that is able to demonstrate these key components is likely to be in an improved state of readiness for all hazards.

CRI jurisdictions must seek subject matter expertise and collaborate with health department programs including immunization programs and other subject matter experts to update plans to prevent, control, and mitigate the impact on the public's health. Plans should address ways to help meet pandemic vaccination goals for the general population and goals targeting vaccination of critical workforce personnel:

- Address multiple capabilities, drawing on a wide spectrum of subject matter expertise in surveillance, epidemiology, laboratory testing, community mitigation measures, MCMs Output (both vaccines, antiviral drugs, and others), health care system preparedness and response activities, communications and public outreach, scientific infrastructure preparedness, regulatory and legal considerations, and domestic response policy and incident management;
- Determine jurisdictional readiness to vaccinate critical workforce personnel with two doses of pandemic influenza vaccine, separated by 21 days, within four weeks of influenza vaccine availability;
- Determine readiness of the jurisdiction's vaccine providers and partners to vaccinate at least 80% of the jurisdiction's population with two doses of pandemic influenza vaccine, separated by 21 days, within 12 weeks of pandemic influenza vaccine availability; and
- Estimate pandemic vaccine administration capacity based on potential number, types, participation rate, and throughput of vaccine providers and settings. This includes health care provider offices, pharmacies, school-based health centers, worksites and occupational health clinics, hospitals, federal facilities with vaccine administration capabilities, and PODs or dispensing and vaccination clinics that would participate in a pandemic vaccine response.

Deliverables

This above information may be contained within one county-level plan or across several plans, such as the Biological Incident Annex, Medical Countermeasure Dispensing and Distribution plan, Highly Infectious Disease plan, etc. Documentation may vary by county. Written county plan(s) that address the above content must be submitted for each CRI MSA county. This may be a stand-alone document or an annex or chapter to the Biological Incident Annex (BIA).

The document(s) for each county, stand alone or wherein it exists, must be reviewed/updated by **March 31, 2025**, and submitted in KGMS with the 3rd quarter progress report.

Activity 4 – Engage Partners to Incorporate Health Equity

Kansas CRI MSA counties must coordinate with KDHE MCM/SNS/CRI PM to:

- Engage community or nontraditional partners, such as faith-based organizations and private industry each year to support identified communities of focus,
- Ensure preparedness plans and exercises incorporate community of focus needs and priorities identified through partnerships,
- Establish or join communities of practice or partner advisory groups to continue collaboration and coordination for communities of focus.

Justification

Recipients must work with preparedness partners that represent populations with access and functional needs or populations likely to be disproportionately affected during a response to promote health equity and social justice for the whole community. These strategies build on previous efforts to improve inclusion and support for disproportionately affected populations and those with accessibility and functional needs that affect their ability to prepare for, respond to, and recover from public health emergencies. Health equity will be integrated into response and recovery to ensure the needs of the whole community are being met.

Deliverables

Planning and exercise documentation submitted for Activity 3 and Activity 6 must include communities of focus. Sign in sheets to verify attendance at community of practice or partner advisory group meetings should be submitted in KGMS in the quarter they occur or in the 4th quarter progress report.

Activity 5 – Update Communication Plan and Media Relations Strategies

CRI MSA counties will review and update communications plans. Plans should include:

- media monitoring and communication surveillance activities,
- approaches for regular media outreach,
- identified opportunities to build trust and address misinformation and disinformation during responses.

Justification

Improve readiness, response, and recovery through improved communication systems for timely situational awareness and risk communication. These risk communications activities should improve proficiency in disseminating critical public health information and warnings by engaging community-based partners to develop and disseminate timely and accurate information across jurisdictions and within communities of focus.

Media monitoring and communication surveillance activities are likely included in communications plans, either at the health department or county government level. Approaches for regular media outreach can include message mapping for various incidents.

Deliverables

A health department or county-level CERC or equivalent plan that addresses the above should be submitted in KGMS for each CRI county must be reviewed/updated by **June 30, 2025**, and submitted in KGMS with the 4th quarter progress report.

Activity 6 – Capstone Exercise Series

CRI MSA counties will participate in regional LHD exercise to complete requirements for CRI capstone exercise series.

Justification

The Capstone exercise series is a 4-step progressive exercise series designed to improve readiness on a topic selected from jurisdictional risks. The topic is based on one of the top five risks to the jurisdiction with public health consequences. The series includes a discussion-based exercise, drill, functional exercise, and full-scale exercise.

Requirements for each exercise will be provided.

Deliverables

Documentation of exercises will be submitted in the LHD progress reports. The exercise is to be held by April 30, 2025, and the AAR/IP is due within 60 days of the exercise. For the CRI progress report, enter the date the exercise was conducted in KGMS in the quarter the exercise is completed, no later than the third quarter progress report.

Activity 7 - Exercise Plan

Kansas CRI MSA counties will submit an exercise schedule to complete the following exercises during the five-year budget cycle.

Discussion-Based Exercises:

- One Administrative Preparedness AND
- One Biological Incident AND
- One Chemical Incident AND
- One Radiological/Nuclear Incident

Operations-Based Exercise

- Biological Incident Functional Exercise

All discussion-based exercises will be completed by April 30, 2029, with AAR/IPs submitted within 60 days of each exercise.

Justification

CDC requires PHEP recipients to adopt an HSEEP framework in their planning and exercising to ensure a consistent and interoperable approach to improvement planning. This progressive exercise program management approach includes exercises anchored to a common set of objectives, built toward an increasing level of complexity over time, and involves the participation of partners and stakeholders. Because exercises should adopt a “crawl, walk, run” approach and include various stakeholders and partners, CDC requires the following progressive exercises in the 2025-2028 performance period.

KDHE will provide additional guidance on each required exercise.

Deliverables

CRI MSAs must develop a plan to complete all exercises by April 30, 2028. Exercise plans may be developed at the county or regional level. The plan must be completed by **December 31, 2024**, and submitted in KGMS with the 2nd quarter progress report.

If an exercise is completed in BP1, it must be conducted by April 30, 2025. The AAR/IP is due within 60 days of exercise completion or no later than June 30, 2025.

Activity 8 – CRI Regional Quarterly Meetings

Kansas CRI Planner will:

- Organize and conduct local CRI regional meetings at least quarterly; invite the KDHE MCM/SNS/CRI PM and provide a conference call/virtual option for those who cannot attend in-person.
 - Each county shall send a staff member, either by conference line/virtual or in-person, to attend the CRI regional meetings at least quarterly.
- Meetings must be set up in KS-TRAIN for required registration.
- Within 10 business days following the date of the meeting, a draft of the meeting minutes must be provided to all members and KDHE.
- Retain a copy of all meeting minutes for five years.
- Submit in KGMS a quarterly summary of regional documentation that includes:
 - Quarterly Meeting Agenda;
 - Quarterly Meeting Minutes;
 - Quarterly Attendance list (Name & county)

Justification

This activity is important for maintaining situational awareness in the CRI region to address strengths and challenges in preparedness planning.

Deliverables

Each quarter, the KS-TRAIN number for the meeting and the meeting date must be entered in the quarterly progress report. The agenda, minutes, and attendance roster/sign in sheet must be uploaded in KGMS quarterly. Attendance by each county is required and will be verified in KS-TRAIN.

Activity 9 – IMATS

Kansas CRI MSA counties will ensure that they update all Primary Point of Dispensing (POD) and Regional Distribution Site location(s), and any other relevant POD information in IMATS, at least twice annually. If no updates are warranted, attest in KGMS verifying POD info is up to date and no updates are required this budget period.

Justification

IMATS is the system designated in state planning efforts to track the distribution of medical materials and pharmaceuticals across the state during a response. This activity ensures each county has up to date information and access to the system in the event of IMATS being used in an emergency.

Deliverables

Report the date PODs were reviewed by each county in the progress report in KGMS in the quarter completed. Reviews must be completed by **December 31, 2024, and June 30, 2025.**

Activity 10 – Capacity Building

Kansas CRI MSA counties will take steps to address identified areas for improvement and capacity building opportunities based on:

- Exercise AAR/IPs
- MYIPP/IPPW

This can be accomplished through development/provision of training opportunities, or purchase of supplies and equipment. Capacities may include:

- Internal/External Communications
- Cold-chain Management
- Medication Dispensing/Distribution
- Vaccine Administration
- Nonpharmaceutical Interventions
- Surveillance/Disease Investigation
- Volunteer Management

Additional capacities will be considered by KDHE on a case-by-case basis.

Justification

Allowable supplies and training that address areas of improvement or capacity building may be purchased.

Deliverables

For trainings, report the date, course name, KS-TRAIN number, and attendee name(s) in the quarterly progress report in KGMS for the quarter attended.

For supplies purchased, indicate that supplies were purchased in the quarterly progress report in KGMS for the quarter in which the supplies were purchased.

Activity 11 – Statewide Meetings

Kansas CRI Planners and a minimum of one county staff member from each CRI MSA county will attend two Statewide CRI meetings provided by KDHE.

Note: Meeting will be registered on KS-TRAIN.

Justification

This activity is important for maintaining situational awareness between KDHE and the CRI regions to address strengths and challenges in preparedness planning.

Deliverables

Statewide meetings will be held twice each year. The meetings this budget period are on September 17, 2024 (TRAIN ID 1120772), and March 18, 2025 (TRAIN ID 1120770). Each county in the CRI region must be represented.

Report names and counties of those in attendance on the quarterly progress reports in KGMS for the quarters in which meetings were held. Attendance will be verified in KS-TRAIN.

Activity 12 - IPPW

Kansas CRI Planners, or designated proxy, must attend the annual KDHE Integrated Preparedness Planning Workshop to inform the KDHE Multi-year Integrated Preparedness Plan. Prior to the meeting, the CRI Planner will submit CRI training and exercise priorities.

Note: Meeting will be registered on KS-TRAIN.

Justification

CRI training and exercise needs will be included in KDHE training plan considerations.

Deliverables

County or regional training priorities and planned exercises must be submitted in the first quarter progress report. This does not need to be a formal IPP/MYTEP. CRI Planners must attend the KDHE IPPW on November 13, 2024, 9:00-11:00 am and report attendance on the 2nd quarter CRI Progress Report in KGMS. Individuals must register on KS-TRAIN (ID 1120773). Attendance will be verified in KS-TRAIN.

Activity 13 – Trainings and Conferences

Kansas CRI MSA Planner and county representatives may attend trainings and conferences related to MCM and POD dispensing and distribution planning.

All conferences and training events must be pre-approved by the KDHE Preparedness Program and must include the names(s) of the individual (s) attending.

Pre-approval must be submitted 60 days in advance via email to the KDHE MCM/SNS/CRI PM if Kansas CRI MSA funds will be used.

For out-of-state conferences: each attendee must submit a one-page summary report, to the CRI Planner, of the learned knowledge/skill and must include course name, attendee name and date attended no later than 15 days after the conference.

Justification

Representatives of CRI jurisdictions may attend trainings and conferences in order to increase capacity of the LHD to prepare and respond to public health emergencies.

Deliverables

Pre-approval must be granted by KDHE for CRI jurisdictions to attend trainings or conferences with CRI funding. For out of state conferences, attendees of trainings and conferences must submit a 1-page summary no later than 15 days after the event.

For in state events, report dates, name of events, and names of attendees. For out of state events, report dates, name of events, name of attendees, and upload to KGMS the 1-page summary for each attendee.

Activity 14 – Inventory

CRI-LHD can purchase equipment and supplies, with CRI funds, to maintain PHEP readiness based on their county plans, risk assessments and AAR/IPs. These items must be included in the KDHE-approved CRI KGMS budget. The CRI Planner will assist the LHD Administrator or designee to:

- Use CRMCS for deployable/non-consumable items. Track other items in any inventory tracking system(s).
- Complete a review of the actual inventory, removing expired items and adding new items to CRMCS or another inventory tracking system.

Each CRI County will submit to the CRI Planner, the following information:

- Date items purchased
- Confirm items entered into CRMCS, IMATS, or other inventory tracking system
- Cache Manager name
- Items disposed and how

The CRI Planner will collect and submit the information in KGMS.

Justification

An accurate inventory of PHEP-CRI purchased equipment and supplies will be available.

Deliverables

Upload the requested information in KGMS in the fourth quarter progress report.

2.2 Budget Period Administrative Requirements Overview

Annual Administrative Requirements

The following administrative preparedness requirements can be requested at any time during the project period. Please maintain all documents on-site throughout the project period (2024-2029):

- Document through job descriptions and employee time and attendance records that all staff members paid with CRI funds are performing activities related to preparedness for the entire project period (2025-2028), or at least 5 years.
- Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period, or at least 5 years.
- Have available signed shared resource agreements, MOU, MOA, and maintenance contracts for PHEP/CRI-related items when asked.
- LHD will provide to KDHE Preparedness information pertaining to the performance measures, benchmark requirements and/or any other requested information as related to the current Public Health Emergency Preparedness Cooperative Agreement and ORR Requirements.

- Retain copies of expenditure reports, including invoices for each capital equipment purchase for a period of at least five years. Capital equipment includes purchases of \$5,000 and above (per item purchased) and/or a lifespan of greater than a year.
- All counties who are part of a CRI MSA will ensure work plans for the LHD are completed as well as the CRI work plan items.

2.3 Budget Period Deadline Overview

Due dates are outlined in the work plans and will not be extended, except for certain special circumstances (i.e., COVID-19 Pandemic Response) where KDHE Preparedness program has provided notice of those changes. The established due dates allow the maximum time needed to complete the activity by the LHD and allow KDHE Preparedness Program staff time to review, request revisions if necessary, and meet the federal guidelines. Please be mindful of the scheduled due dates as the KDHE Preparedness Program has Federal Reporting deadlines to meet in order to remain inclusive of the Federal Grant without restrictions and/or penalties.

3. Summary

This document provides the LHD administrators and CRI Planners the information needed to be successful during this budget period. Communication is key to any successful venture, and this guidance document provides additional information to accompany the Budget Period 5 work plan activities.

Keys points to remember are:

- **Document retention** – All documents generated as part of the completion of these work plan activities are to be legitimate outcomes which can be requested for review or audit. It is important these documents be maintained either in a hard copy or digital form for the project period or no less than **five years**. LHD will provide to the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements and/or any other requested information as related to the current Public Health Emergency Preparedness Cooperative Agreement.
- **Work plan instructions** – There is an increased burden of validation on the KDHE Preparedness Program to ensure the cooperative agreement funds are being spent to further preparedness. Instructions need to be carried out as outlined in the work plan and in this document because of this.
- **Communication** – LHD administrators are encouraged to contact their CRI Planner or the KDHE Preparedness Program if clarification is needed on an activity or a question arises regarding procedure. All questions are welcome and will be answered accordingly. If there is a question that can't be answered by the KDHE Preparedness Program, the federal project officer will be queried.

As always, the KDHE Preparedness Program is available to assist our local public health departments and outside agency stakeholders in understanding and interpreting the budget period requirements and the work plan activities.

Kansas Department of Health and Environment (KDHE) Preparedness Team

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Appendix A

Guidance Document Glossary

Budget Maintenance Request (BMR) – A BMR is utilized to alter a KDHE approved budget. BMRs are entered in KGMS.

Budget Period (BP) – A One (1) year period that goes from July 1st to June 30th. Five (5) budget periods typically make up one project period.

Centers for Disease Control and Prevention (CDC) – The managing federal agency for the Public Health Emergency Preparedness Program (PHEP), which is part of the cooperative agreement.

Compliance – An evaluation that assesses an institution’s business and financial management systems to ensure that established regulations and policies are being followed by either the institution or its external partners. Compliance is also the term used to describe KDHE’s Preparedness Program’s Preparedness Cooperative Agreement Compliance Program and or the Compliance Coordinator.

Compliance in Real Time (CRT) – A real-time monitoring feature of the Preparedness Cooperative Agreement Compliance Program (PCACP), which allows for quarterly reviews of work plan activity progress or review of work plan activities that have a deadline requirement, as defined by the work plan activity and the FOA.

Compliance Audit – An audit of the local health departments administrator’s adherence to the programmatic requirements of the work plan and fiscal accountability, as defined by the PHEP Cooperative Agreement. Audits are conducted quarterly to determine that required programmatic progress is being met with due diligence. The audit can be used as a wide-reaching overview of the Administrator’s programmatic and fiscal accountability, or a focused audit that can determine trending for either part of the state or for a certain work plan activity over a work period.

Cooperative Agreement – An agreement in which the federal government provides funding, or a thing of value authorized by public statute and the government plays a substantial role. A cooperative agreement is a form of assistance. It reflects a relationship between the U.S. government and a recipient.

Deliverables – Items specified on the work plan to validate compliance with the activities listed.

Deployable – Items purchased by a county or region that can be deployed to another county and/or region during an incident for utilization.

Designated Staff – Any person selected by the local health department administrator to represent the health department in training or attendance at meetings and/or conferences for the PHEP grant requirements.

Designee – A Designee is an individual that the local health department administrator appoints/designates that will attend the local Healthcare Coalition (HCC) meetings in the absence of a local health department representative (employee) and they do not have a right to place a vote in the absence of the local health department.

External Partners – Any entity that accepts federal funding under the PHEP cooperative agreement and is charged with preparedness for a Healthcare Coalition organization, local public health department, or public health region. These entities will be referred to as administrators.

Federal Emergency Management Administration (FEMA) – An agency of the United States Department of Homeland Security, initially created by Presidential Reorganization Plan No. 3 of 1978 and implemented by two (2) Executive Orders on April 1, 1979. The agency's primary purpose is to coordinate the response to a disaster that has occurred in the United States and that overwhelms the resources of local and state authorities.

Financial Status Report (FSR) – The FSR replaces the previously utilized Affidavit of Expenditure (AOE) that was utilized for reimbursement requests. FSRs are entered in KGMS.

Finding(s) – An identified or observed shortcoming or oversight in fulfilling the requirements of a task, directive, stipulation, policy, or procedure. Findings can either be identified by the administrator as a method of acknowledging an existing problem (see *gap*) or can be discovered by Compliance during the audit process.

Funding Opportunity Announcement (FOA) – A notice in Grants.gov of a federal grant funding opportunity. Also known as a *Notice of Funding Opportunity Announcement* or *NoFO*.

Gap – A difference, especially an undesirable one, between two (2) views or situations. Gaps represent challenges to preparedness. Some examples of gaps are: a lack of manpower, financial shortfalls, time constraints, work priorities, and differing interpretations of available information. Creating or changing policies and procedures are ways to overcome gaps.

Hospital Preparedness Program (HPP) – A program that provides leadership and funding through grants and cooperative agreements to states, territories and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. It also represents the preparedness effort that is conducted at the community hospital level and at the level of a larger healthcare community or coalition.

Homeland Security Exercise and Evaluation Program (HSEEP) – Provides a set of guiding principles for exercise programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community and is applicable for exercises across all mission areas – prevention, protection, mitigation, response and recovery.

Inventory Management and Tracking System (IMATS) – IMATS is an Inventory and Tracking Management System utilized to house preparedness related supplies and equipment. This is updated by the LHD of their stock. IMATS requires a User ID and Password to access and must be accessed every six (6) months to maintain active status.

Kansas Department of Health and Environment (KDHE) – The Kansas agency that is the designated pass-through agency for the cooperative agreement. As the awardee, KDHE is charged with executing and managing the requirements of the cooperative agreement for the state’s administrators.

Kansas Division of Emergency Management (KDEM) – A division of the Kansas Adjutant General’s office charged with managing disasters within the state. This emergency management entity is defined by state statute as the lead agency in disaster response and recovery.

Kansas Grant Management System (KGMS) – This is a system specifically developed by KDHE to for the Aid-To-Local (ATL) Grants for submission of applications, budgets, reimbursement requests, progress reports, etc. KGMS requires a User ID and Password to access.

New Employee – In this document, “new” is defined as an employee of the health department employed six (6) months or less, or is new to the administrator position, six (6) months or less, at the local health department.

Notice of Award (NoA) – The legal document issued to notify the grantee that an award has been made and that funds may be requested from the designated Health and Human Services (HHS) payment system or office. The NoA is issued for the initial budget period and each subsequent budget period in the approved project period.

Notice of Funding Opportunity (NoFO) – A notice in Grants.gov of a federal grant funding opportunity. Also known as a *Funding Opportunity Announcement* or *FOA*.

Preparedness Cooperative Agreement Compliance Program (PCACP) – The evolution of the program formerly known as the Grants Compliance Review Program or GCRP. The name change reflects the shift of the preparedness funding being referred to as a “cooperative agreement” rather than a “grant.” The designation change also marks the changes implemented for the new project period, with the focus now being on programmatic requirements being spread across the budget period rather than at the end of the budget period. CRT is the active part of PCACP.

Progress Report –The Progress Report replaces the previously utilized Work Plan document that was submitted for quarterly work plan item compliance. Progress Reports are entered in KGMS.

Project Period – Typically a five (5) year period of work plan covered by the requirements of a single FOA.

Proxy - A Proxy is an individual that the local health department administrator appoints/designates that can attend the meetings in the absence of the local health department representative (employee) and they can place a vote on behalf of the local health department in their absence from the local HCC meetings. When assigning Proxy Rights (voting rights) the letter must indicate Proxy or something to the effect of voting and contain a physical signature of the Local Health Department Administrator.

Public Health Emergency Preparedness Program (PHEP) – Funding that helps health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, man-made disasters, biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

Recipient or Pass-Through Entity – The eligible entity (in this case KDHE) that carries out an approved project or activity in support of a public purpose and not the direct benefit of the government. KDHE manages oversight on this cooperative agreement, as well as provides direction and monitors progress of the activity in its entirety.

Subject Matter Expert (SME) – This is an individual that possess years of experience and knowledge related to a particular topic or subject matter.

Training – An organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help him or her attain a required level of knowledge or skill.

Work Period – See *Budget Period*.

Work Plan – An outline of a set of goals and processes by which a team, organization, and/or person can accomplish those goals and offering a better understanding of the scope of the project.

Work Plan Activity – The objectives of the work plan. They are comprised of one or more tasks that need to be completed to complete the activity.

References and Resources

The Kansas Department of Health and Environment

kdhe.ks.gov/

KDHE Preparedness

kdhe.ks.gov/719/Preparedness

KDHE Preparedness: Exercise Library

kdhe.ks.gov/728/Exercise-Training-Program

KS-TRAIN

train.org/ks/home

CRMCS Home page

kansas.responders.us/

SAMS Homepage (access to IMATS)

sams.cdc.gov/samsportal/default.aspx

KGMS

kgms.ks.gov/Default.aspx

From Federal Partners

2024-2029 PHEP Cooperative Agreement CDC-RFA-TU24-0137 and subsequent budget period documents

cdc.gov/readiness/php/phep/2024-phep-cooperative-agreement-guidance-budget-period-1.html

The Centers for Disease Control and Prevention

cdc.gov