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I. GRANTEE RESPONSIBILITIES & REQUIREMENTS

Grantee will:

A. General Responsibilities:

1. In its lead role as the regional Hospital Preparedness Program (HPP) Healthcare Coalition (HCC) and Emergency Medical Task Force (EMTF) organization for the System Agency, work to enhance the ability of hospitals and healthcare systems to prepare for health and medical emergencies and disasters with a primary focus on HCC building, regional healthcare system preparedness, and EMTF component development.
2. Perform activities in the following three (3) trauma service area (TSA) regions (hereinafter the "TSA Region"), which together comprise the EMTF-2 region:
 - a. TSA-C which includes the following counties: Archer, Baylor, Clay, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, and Young Counties;
 - b. TSA-D which includes the following counties: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Knox, Mitchell, Nolan, Shackelford, Stephens, Stonewall, Taylor, and Throckmorton Counties; and
 - c. TSA-E which includes the following counties: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, and Wise County.
3. Prioritize activities and allocate funds for the HPP in the TSA Region based on:
 - a. An evaluation of the most recent TSA Regional Hazard Vulnerability Assessment (HVA), to be completed on an annual basis; and
 - b. The HPP HCC Capability Planning Guide (CPG) and the 2017-2022 Health Care Preparedness and Response Capabilities located at <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>.
4. Enhance the ability of participating healthcare coalition members to improve surge capacity and enhance community preparedness for health and medical emergencies by conducting activities at the local/regional level related to the 2017-2022 Health Care Preparedness and Response Capabilities.
5. Build alternate care capacity with an acute medical care focus that could be deployed during a large mass-casualty event, significant regional event or incident, statewide disaster, a pandemic response, or any other event that requires surge capacity and capability to augment the local or regional response by the healthcare delivery system, which may include but is not limited to:
 - a. Emergency medical transport;
 - b. Hospital surge staffing; and
 - c. Mobile medical units.

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6. Require its staff to attend HPP and joint HPP/Public Health Emergency Preparedness (PHEP) meetings and trainings in their entirety, as directed by the System Agency. Grantee will review travel requests from subrecipients that will be funded with HPP funds and only authorize the use of HPP funds for travel that is associated with meeting the Health Care Preparedness and Response Capabilities. Grantee may request assistance from System Agency to determine if a travel request meets the Capabilities. All out of state travel funded with HPP funds must be pre-approved in writing by System Agency.
7. Make available EMResource and/or WebEOC and National Incident Management System (NIMS) training to all HCC members at least quarterly. Grantee will make documentation of training available for System Agency review upon request.
8. Provide EMResource and/or WebEOC training and technical assistance to health care facilities within the Grantee's TSA Region.
9. Assist health care facilities in the Grantee's assigned TSA Region with accounts and view options in EMResource and/or WebEOC and provide training.
10. Renew subrecipient agreements with HCC members within Budget Period ("BP") 1 (July 1, 2017 to June 30, 2018) and submit to System Agency a status report of progress. If Grantee is purchasing equipment and/or supplies for HCC members, Grantee will not deliver or transfer items to the HCC members until a subrecipient agreement has been executed.
11. Ensure subrecipient costs associated with this Contract are allowable and that subcontractor/subrecipient expenditures are approved and in compliance with grant and System Agency guidelines. Grantee may request assistance from System Agency to determine if an expenditure meets the Capabilities.
12. Oversee the program performance of its subrecipients and conduct ongoing monitoring of subrecipients' fiscal and programmatic performance.
13. Establish an inventory system, in the format requested by System Agency, to monitor all HPP-funded equipment and supplies held by Grantee and its subrecipients, including participating HCC members. The Grantee's subrecipients must also have a property control system to maintain an inventory of HPP-funded equipment and supplies and as long as the subrecipient can provide Grantee an HPP inventory list when requested, they may utilize their own system. If Grantee's subrecipient does not have an existing property control system or inventory system in place, the subrecipient will be required to adopt a system established or provided by Grantee. When requested, Grantee will be required to provide System Agency an inventory, by TSA Region, of all HPP-funded equipment and supplies, including but not limited to description, quantity, model, serial number/unique identifier (if applicable),

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location, and the responsible party/entity that the equipment and supplies are assigned to or in custody of.

14. Not transfer custody or reassign storage of HPP-funded equipment caches and mobile/deployable resources outside of the designated TSA Region without written pre-approval by System Agency. The pre-approval requirement does not apply to HPP resources deployed in response to an emergency incident or event.
15. Collaborate as requested by the local or regional health departments to complete the local PHEP jurisdiction risk assessment.
16. Communicate with the System Agency HSR Regional Medical Director or their designee to discuss the ongoing status of the HPP activities in order to ensure that the Regional Medical Director has a situational awareness of ongoing hospital preparedness activities within the HSR. The frequency of the HSR and HPP Contractor communications will be determined by mutual agreement between the Regional Medical Director and the HPP Contractor Executive Director, or comparable.
17. Coordinate activities and healthcare systems preparedness response plans within the TSA Region with other response partners, as part of the regional HPP Healthcare Coalition development as outlined in Health Care Preparedness and Response Capability 1: Foundation for Health Care and Medical Readiness.
18. Conduct at least bi-monthly local/regional HPP HCC meetings in each assigned TSA region and provide administrative support, which includes but is not limited to meeting notes/minutes, agendas, and hosting a website. Grantee will make documentation of meetings available to System Agency for review upon request.
19. Represent the HPP HCC at multi-jurisdictional planning meetings addressing medical service issues.
20. Enhance and upgrade emergency operations plans based on exercise evaluation and improvement plans (including those from previous budget periods).
21. Ensure that all HCC Members participate in at least one regional or statewide Homeland Security Exercise and Evaluation Program (HSEEP) compliant functional or full-scale exercise and test/validate all four of the Health Care Preparedness and Response Capabilities by June 30, 2022. It may be necessary for the HCC to conduct multiple functional or full-scale exercises in order to meet this requirement. Every exercise that is conducted must meet the requirements outlined in the HPP BP 1 Awardee Training and Exercise Requirement Checklist (see FFY17/SFY18 ASPR/CDC cooperative agreement). Additional guidance related to exercise requirements will be provided at a later date.

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22. Provide salary reimbursement for exercise participation to HCC members, not individuals. Backfill is not allowed.
23. Ensure that HCC members and sub-contractors/sub-recipients comply with The U.S. Department of Homeland Security's Project 25 Compliance Assessment Program (P25-CAP), as amended, when purchasing communications equipment, which must interoperate and meet performance measures outlined in the P25 standards and the Texas Statewide Communications Interoperability Plan.
24. Ensure HCCs and their members equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations. Any HCC or HCC member purchasing personal protective equipment (PPE) with HPP funds must consider and document acquisition, storage, rotation, use, and disposal decisions.
25. Notify System Agency in advance of Grantee's plans to participate in or conduct local or regional exercises that will be fully or partially funded with HPP funds or other state and federal funds, conducted to address HPP requirements, or using resources that are funded with HPP funds (equipment, staff, etc.). Notification shall be made by submitting a "Notification of Exercise" form in accordance with the exercise guidance provided by the Health Emergency Preparedness and Response Section (HEPRS) Exercise Team. Grantee will participate in exercises planned by System Agency or other state and federal agencies, as needed to assess the health and medical response capacity and capability of the regional HPP.
26. Cooperate with System Agency to coordinate planning, training and exercises with System Agency Health Service Region (HSR), Local Health Department (LHD), the Texas Division of Emergency Management (TDEM), and other agencies at the discretion of System Agency, to ensure consistency and coordination of requirements at the local and regional level and to eliminate duplication of effort between the various state and federally funded programs.
27. Ensure HPP-funded exercises are in compliance with the System Agency Exercise Guidance and the FFY17/SFY18 ASPR/Centers for Disease Control and Prevention (CDC) cooperative agreement exercise requirements.
28. Ensure that HPP funds are only to be used for exercises that include a minimum of two acute care hospitals and other response partners.
29. Comply with the reporting requirements in the most recent Deliverables Reporting Calendar, which will be emailed to Grantee no later than thirty (30) days from the start of the Contract term and is incorporated herein by reference and made a part of this Contract. The Deliverables Reporting Calendar will include deadlines for all deliverables described herein, as well as submission instructions. Failure to comply with submission instructions may result in System Agency implementing a payment

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hold or taking such other remedy authorized under this Contract. All reports must be submitted to System Agency or its designee by 3pm Central Standard Time and in the specified format. Reports submitted in PDF format will not be accepted. If no format is specified, Grantee must submit the information in a Word document attached to an email to System Agency.

30. Submit After Action Reports/Improvement Plans (AAR/IP) for exercises conducted to fulfill HPP programmatic requirements or using resources funded with HPP funds, and those exercises sponsored by System Agency or other state or federal agencies in which the Grantee and/or Coalition members participate, within sixty (60) days of exercise completion.
31. Serve as the regional administrator for HPP-related systems and report hospital available beds to System Agency according to the categories provided by System Agency. Grantee will maintain a current operational bed tracking, accountability and availability system.
32. Provide situational awareness data, including data on bed availability, to ASPR and CDC during emergency response operations and at other times, as requested by System Agency, and within designated timeframes. Grantee will participate in current and future federal health care situational awareness initiatives for the duration of the five-year project period.
33. Use reporting systems designated by System Agency to report available hospital beds to System Agency, the State Medical Operations Center (SMOC), and to ASPR. Grantee will report required data electronically and sustain the capability to report hospital-level information in real time. HPP funds may not be used to purchase or enhance data collection or resource tracking systems that duplicate or perform functions similar to current state-funded or sponsored systems.
34. Have the option to use HPP funds to provide training for HCC members on the use of the Texas Disaster Volunteer Registry (TDVR) if the HCC member is interested in using the TDVR to recruit, credential, notify, deploy, and demobilize volunteers for the health and medical emergency or disaster.
35. Ensure all plans, policies, procedures, and schedules required under this Section will be made available on a timely basis for a desk or fiscal review.
36. Establish reimbursement, accounting, and financial management systems and prepare routine financial data and reports as required by System Agency.
37. Submit Monthly Supporting Documentation that reports expenditures by individual allocations (i.e. EMTF and TSA Regions, etc.) separately. Monthly expenditures should be broken down by each budget category, the activities conducted, and administrative costs incurred. Reporting must include a breakdown of direct and

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indirect salary costs by position and by month. The Monthly Supporting Documentation also tracks expenditures by HPP Health Care Preparedness and Response Capabilities as required for the HPP end-of-year (EOY) report. Both the monthly categorical expenditures and the capability breakdown must be included in the Monthly Supporting Documentation. If documentation is incomplete, it may result in a delay in payment.

38. Cooperate with System Agency quality assurance (QA) activities in a timely manner, which includes but is not limited to:
 - a. Submitting data;
 - b. Participating in on-site studies or audits;
 - c. Responding to queries and complaints;
 - d. Participating in telephone conferences; and
 - e. Completing corrective action requirements to the satisfaction of System Agency.

39. Ensure that Grantee's procurement processes are consistent with processes required for Federal, State, and public funds, such as written policies and/or procedures, requests for proposals, multiple bids or quotes, cost/price analysis and the execution of written contracts or purchase orders.

40. Ensure that Grantee's Board of Director (BOD) members (if any) annually complete the System Agency on-line training at <https://www.youtube.com/watch?v=5PDjnMchkMA&feature=youtu.be>.

41. Submit a "Board Responsibilities Attestation Form," annually signed by all members that acknowledges their personal accountability for contract funds and affirmation that they viewed the System Agency on-line training prior to signing the attestation form. New Board Members must complete the on-line training, and submit a completed form within thirty (30) days of assuming office.

42. Submit the following documents upon request by System Agency:
 - a. Categorical budgets by allocation as well as by budget period;
 - b. Indirect costs spreadsheet;
 - c. Organizational chart;
 - d. Board of Directors list;
 - e. Job descriptions with salary ranges for all positions being charged to HPP and referenced in the categorical budget. Includes direct and indirect cost categories;
 - f. Signed Contractual staff agreements/contracts;
 - g. Procurement policy;
 - h. Travel policy;
 - i. Human Resources (HR)/hiring policy or equivalent;
 - j. Personnel/ Employee Handbook or equivalent;
 - k. Subcontractor monitoring plan;

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- l. Grantee address, phone number(s), website addresses;
- m. Grantee point of contact name(s), telephone number(s), and email addresses; and
- n. Two 24/7/365 emergency contact names and phone numbers. Grantee may not use an answering service for after-hours calls from System Agency. System Agency must be provided with direct contact information for appropriate after-hours contacts.

Grantee must notify System Agency of any changes to the above information within ten (10) days of such change.

43. Comply with all applicable federal and state laws, rules, regulations, standards, and guidelines, as amended, including, but not limited to, the following:
 - a. The ASPR/CDC HPP FFY 2017 Cooperative Agreement;
 - b. Health Care Preparedness and Response Capabilities, Office of the Assistant Secretary for Preparedness and Response, Hospital Preparedness Program or latest version located at <https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf> ;
 - c. National Response Framework located at: https://www.fema.gov/media-library-data/20130726-1914-25045-1246/final_national_response_framework_20130501.pdf;
 - d. State of Texas Emergency Management Plan, Annexes and Appendices;
 - e. Texas Homeland Security Strategic Plan located at: <https://www.preparingtexas.org/Resources/documents/Texas%20HS%20Strategic%20Plan%202015-2020.pdf> ;
 - f. Medical Surge Capacity and Capability (MSCC) A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies, The CNA Corporation, September 2007 or latest version located at: <http://www.phe.gov/preparedness/planning/mscc/handbook/pages/default.aspx> ;
 - g. Occupational Safety and Health Administration (OSHA) Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents involving the Release of Hazardous Substances. Located at http://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html ;
 - h. Current Texas Statewide Communications Interoperability Plan located at <http://www.txdps.state.tx.us/LawEnforcementSupport/communications/interop/txicc/scip.htm> ; and
 - i. Licensing Of Wholesale Distributors Of Prescription Drugs - Including Good Manufacturing Practices (25 Texas Administrative Code, §§229.419 – 229.430) <http://www.dshs.state.tx.us/dmd>.

B. Healthcare Coalition Requirements: Unless otherwise noted, the following activities must be conducted and reported for each individual TSA Region/HCC covered by Grantee:

1. Employ and assign at least one 100% full-time staff person to support each TSA Region and HCC within Grantee's EMTF region. Staff assigned to support a specific TSA

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Region will commit no less than 80% of their time to projects specific to that TSA. Grantee will maintain an office within each TSA Region for staff assigned to that TSA region to work from.

2. Submit updated lists of individuals who should have access to EMResource and WebEOC (at the Grantee level). Grantees will be responsible for managing users below the Grantee level.
3. Ensure active participation in the HCC from the following core members:
 - a. Hospitals (a minimum of two (2) acute care hospitals);
 - b. EMS (including inter-facility and other non-EMS patient transport systems);
 - c. Emergency management organizations; and
 - d. Public health agencies (PHEP recipients will be required to participate in coalitions).

Grantee should make effort to incorporate other organizations into the HCC membership, but the four core members must be included and should have a defined role in decision-making. The core members must be present at HCC meetings where the allocation of TSA HPP funds is discussed.

4. Develop and submit a list of technical assistance (TA) requirements/needs for the Grantee and the HCC. List may be by TSA Region or may be for Grantee in its entirety. After submission, Grantee will work with assigned HPP Liaison to develop a TA plan for BP1.
5. Provide a report on assuming management of HCCs for additional TSA regions. This report is only required of those Grantees who acquired additional TSA regions in BP1. Report should include:
 - a. Verified inventory of items on the GC-11 for those newly acquired TSAs;
 - b. A narrative describing any issues/challenges encountered in assuming management of the coalition in new areas; and
 - c. A description of any needed TA or other support.
6. In collaboration with the HCC and its members, define and implement an HCC governance structure and necessary processes to execute activities related to health care delivery system readiness and coordination. Additional guidance will be provided by System Agency HEPRS. Grantee must submit the HCC-approved governance structure to System Agency.
7. Develop a single Grantee Continuity of Operations Plan specific to Grantee's management and oversight of the Hospital Preparedness Program. System Agency HEPRS will provide additional guidance to Grantee as needed.
8. Coordinate with and support all Emergency Support Function (ESF-8) lead agencies, including local health departments and System Agency Health Service Regions, within the TSA region boundaries.

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- a. Coordination may take the form of ESF-8 lead agencies participating in coalition meetings and joint planning, training, and exercising activities. Submit documentation of coordination efforts quarterly; and
 - b. Grantee will support the Regional Health and Medical Operations Center(s) (RHMOC) during a response. Grantee will support the RHMOC(s) virtually or in-person, at the discretion of the RHMOC Director(s). If Grantee's EMTF region overlaps with multiple HSRs, Grantee may be required to support more than one RHMOC at a time.
9. Complete a hazard vulnerability analysis (HVA) to identify and plan for risks and submit the completed HVA to System Agency. System Agency HEPRS may provide a template or guidance about the required format. The regional HVAs will be used to inform state-level analyses of hazards and vulnerabilities, and should be made available to HCC member organizations to assist in the development of their facility-level HVAs.
- a. HVAs must be completed annually throughout the five-year project period; and
 - b. Grantee and HCC members should participate in development of Jurisdictional Risk Assessments (JRA) within their service areas.
10. Develop an HCC Preparedness Strategy to include, at a minimum, HCC core members. The final HCC Preparedness Strategy must be approved by all its core member organizations and all additional members must be given an opportunity to provide input into the Strategy. System Agency HEPRS will provide additional guidance to Grantee as needed. Grantee will be required to:
- a. Submit a draft strategy for review by System Agency HEPRS and the relevant Health Service Region Preparedness and Response Manager(s);
 - b. Revise the strategy based on System Agency feedback and submit a final strategy;
 - c. Submit documentation of HCC core and other members' participation in the strategy development and approval by the core membership of the final strategy; and
 - d. Submit documentation showing the final strategy was distributed to all member organizations.
- The HCC Preparedness Strategy will be reviewed and updated annually starting in BP2.
11. Conduct inclusive risk planning for the whole community, including for children; pregnant women; senior citizens; individuals with access and functional needs, including people with disabilities; individuals with pre-existing serious behavioral health conditions; and others with unique needs, throughout the five-year project period. Grantee must:
- a. Obtain de-identified data from the U.S. Department of Health and Human Services emPOWER map every six months to identify populations with unique health care needs, and submit documentation of effort twice yearly;
 - b. Obtain data from the Social Vulnerability Index to estimate the populations with a higher likelihood of having access and functional needs for planning purposes at least once per year, and submit documentation of effort annually;
 - c. In addition, Grantee will submit biannual reports detailing efforts of the Grantee and HCC to:

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- i. Support public health agencies with situational awareness related to vulnerable populations;
 - ii. Support public health agencies in developing or augmenting existing response plans for these populations, especially mechanisms for family reunification;
 - iii. Identify potential health care delivery system support for these populations (pre- and post-event) that can prevent stress on hospitals during an emergency;
 - iv. Assess needs and contribute to medical planning that may enable individuals to remain in their residences during certain emergencies. When not possible, coordinate with ESF-8 lead agency to support ESF-6 lead agency for planning for the inclusion of medical care at shelter sites; and
 - v. Coordinate with ESF-8 lead agency to assess medical transport needs for these populations.

12. Develop and maintain primary and redundant communications systems and platforms capable of sending Essential Elements of Information (EIs) by the end of BP1.
 - a. Each HCC must be able to demonstrate its ability to use these systems to effectively coordinate information during emergencies, planned events, and on a regular basis. HCC must complete a drill using the primary and redundant communications systems at least once every six (6) months. The biannual reports should include:
 - i. Details about efforts to train HCC members in use of the primary and redundant communications systems. Every effort should be made to ensure multiple employees from each HCC member organization must understand and have access to the HCC's information-sharing platforms;
 - ii. Percent of HCC members that participate in the drill; and
 - iii. Response timeliness for the drill.Note that benchmarks for improvement will be based off first-year efforts, so it is important that the drill data is accurately reported so progress can be accurately tracked across the five-year project period.

13. Ensure HCC members, especially those representing health care organizations, public health agencies, and emergency management organizations, are included in evacuation, transportation, and relocation planning efforts and during exercises and real events.
 - a. Grantee will provide documentation of inclusion of those organizations in planning efforts, as well as participation and outcomes of any exercises or real events that required evacuation, transportation and/or relocation. Grantee should plan to sustain or further develop evacuation planning and response activities throughout the five-year project period; and
 - b. Grantee will conduct an exercise using the Coalition Surge Test, which is a low-notice exercise. Grantee may decide when to host the exercise within each TSA Region but it must be completed early enough each year to allow for submission of the AAR to System Agency within the contract year. Grantee should submit a Notice of Exercise to System Agency HEPRS for each Coalition Surge Test, and submit the completed AAR within Sixty (60) days of completion of the exercise.

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14. Submit an annual report on efforts to include healthcare executive participation in debriefs related to exercises, planned events, and real incidents, as well as executive participation in planning efforts. Additional guidance will be provided.
15. Complete and submit ASPR and System Agency-required reports and data requests by the deadlines provided, including those related to Ebola planning. This will include use of the ASPR-provided tool to self-assess progress toward meeting program requirements and the 2017-2022 Health Care Preparedness and Response Capabilities. This may also include reports related to NIMS Compliance, Alternate Care Sites (ACS), and other items previously captured in End-of-Year (EOY) and Mid-Year Reports.
16. Annually complete and submit Capability Planning Guides for the four 2017-2022 Health Care Preparedness and Response Capabilities.
17. Submit documentation of participation of Grantee staff or HCC members in jurisdictional and state-level infectious disease preparedness and response planning efforts. System Agency HEPRS will provide additional guidance about the activities that should be undertaken and documented.
18. Submit documentation of planning, training, and exercise efforts intended to prepare all member hospitals to receive, stabilize, and manage pediatric patients. It is highly recommended that Grantees engage the Emergency Medical Services for Children (EMSC) program in Texas as subject matter experts in their coalition planning efforts.
19. Submit documentation of coalition planning efforts to address emergency department and inpatient surge with the goal of ensuring immediate bed availability throughout the five-year project period. Additional guidance will be provided.
20. Complete the following activities prior to the conclusion of the five-year project period. In BP1, Grantee will conduct an assessment and gap analysis of these items. In subsequent years, Grantee will provide an annual report on progress in addressing the identified gaps.
 - a. Grantee must assist HCC members with developing the ability to rapidly alert and notify their employees, patients, and visitors of critical information during an emergency. Grantee and HCC must also develop processes and procedures to rapidly acquire and share clinical knowledge between health care providers and health care organizations during responses;
 - b. Grantee, in collaboration with System Agency HEPRS, should provide public information officer training to those who are designated to act in that capacity during an emergency for HCC members and are in need of such training;
 - c. Grantee must conduct a supply chain integrity assessment covering HCC members to evaluate equipment and supply needs that will be in demand during emergencies and develop strategies to address potential shortfalls;

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- d. Grantee or HCC members purchasing pharmaceuticals and other medical materiel with HPP funds must consider and document strategies for the acquisition, storage, rotation with day-to-day supplies to diminish waste due to expiring supplies, use including policies relating to the activation and deployment of their stockpile, and disposal;
 - e. Grantee must document the HCC plan for implementing crisis standards of care, integrating EMS, hospital, public health, and emergency management policies related to situations in which the usual delivery of health care services is not possible due to disaster conditions. (No gap analysis or progress report on this item is due in BP1 due to the need for the System Agency to address ongoing issues and develop guidance.);
 - f. Grantee should work with HCC members to plan for the development of alternate care systems prior to the conclusion of the project period. This should include considerations such as:
 - i. Establishment of telemedicine or virtual medicine capabilities;
 - ii. Establishment of assessment or screening centers for early treatment;
 - iii. Provision of medical care at shelters; and
 - iv. Assisting with the selection and operation of alternate care sites.
 - g. Grantee should work to ensure HCC members are prepared to manage exposed or potentially exposed patients during a chemical or radiation emergency; and
 - h. HCCs must expand existing Ebola/High Consequence Infectious Disease (HCID) CONOPs plans to enhance preparedness and response for all infectious disease emergencies that stress the health care delivery system. HCCs must include HAI coordinators and quality improvement professionals at the health care facility and jurisdictional level in their activities.
21. Report annually on efforts to support HCC members in developing an understanding of the Strategic National Stockpile (SNS):
- a. Work with PHEP partners in region to educate HCC members about their jurisdictional SNS distribution plans;
 - b. HCC members should be engaged in the development, training, and exercising of SNS distribution plans; and
 - c. Grantee should collaborate with PHEP partners to assist HCC members with developing closed POD plans.
22. Submit an electronic cumulative inventory list by participating entity of all HPP-funded equipment and supplies held by each coalition member. The inventory list must include name/category, description, quantity, model, and serial number/unique identifier (as applicable). System Agency HEPRS will provide a template.
23. Incorporate mass fatality response into an exercise prior to the conclusion of BP3. Additional guidance will be provided.

C. Emergency Medical Task Force (EMTF) Requirements:

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1. Employ a Coordinator for the EMTF region who is committed full-time to the EMTF program. EMTF Coordinator must maintain an office within the region they represent and support. EMTF Coordinator will serve as the primary point-of-contact for the EMTF State Coordinating Organization (SCO) and System Agency HEPRS for EMTF deliverables and deployments and must be available after hours and on weekends. The EMTF Coordinator must provide current 24/7 contact information to the EMTF SCO and System Agency HEPRS, and notify both of changes as they are made.
2. Provide a progress report on and develop a plan for addressing gaps in rostering components listed below. Plan should include coordination/collaboration with adjacent regions, if necessary, to fulfill rostering requirements if unable to do so from within awarded EMTF region. Grantee will also provide a final report later on the resolution of the rostering gaps. The rostering components are as follows:
 - a. Roster five (5) Ambulance Strike Teams (ASTs). An AST is comprised of five (5) staffed ambulances and one (1) staffed command vehicle;
 - b. Roster and staff each AmBUS located in covered EMTF region(s);
 - c. Roster a minimum of five (5) Nurse Strike Teams (NSTs). A NST is a team of five (5) nurses and one (1) strike team leader;
 - d. Roster one (1) mobile medical unit (MMU), as directed by System Agency; and
 - e. Roster medical incident support team (MIST), ambulance staging manager (ASM), and Infectious Disease Response Unit (IDRU), as directed by System Agency.
3. Make available rosters and/or list of agreements which demonstrate that the roster requirements described herein have been fulfilled. Agreements should be made available for review and/or submission upon request by System Agency. Participating organizations must have an executed agreement in place in order to be eligible for reimbursement.
4. Each roster component of the EMTF program must participate in a functional or full-scale exercise (participation must be substantive part of exercise activities) at least once during the two-year period from July 1, 2017 – June 30, 2019. Grantee will submit biannual exercise status reports for all the covered EMTF components, which will include details about completed and planned exercises.
 - a. Grantee must submit a Notice of Exercise, After Action Report and associated Corrective Action/Improvement Plan for review and approval by System Agency in order to receive credit for exercise(s);
 - b. EMTF Components may be exercised individually or collectively, and may be exercised along with other HPP or other preparedness exercises, as long as the EMTF role in the exercise is substantive; and
 - c. In some cases additional funds may be made available to support the exercising of EMTF components as part of a larger state-level exercise.

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5. Conduct unannounced semi-annual call-down drills for each of the EMTF components. Submit results of drills to System Agency HEPRS and the EMTF SCO.
6. Participate in and successfully complete unannounced drills conducted by the SCO. Some drills may be outside of normal business hours. Drills may include:
 - a. Call-downs of regional EMTF coordinators;
 - b. Regional rostering drills; and
 - c. Mobile Satellite (MSAT) tests.
7. Participate in 100% and attend in person at least 75% of EMTF strategic governance and EMTF operational governance and workgroup meetings and calls. Where possible the attendees should be the EMTF Coordinator or participating members of the EMTF components.
8. Establish and convene regional EMTF workgroup(s), to include multiple TSA region subject matter experts, as applicable. Provide biannual reports on the activities of the workgroups.
9. Update WebEOC boards to show response capability of the EMTF assets within the region at a frequency determined by System Agency HEPRS and the EMTF SCO. Grantee may be required to update the status at more frequent intervals during exercises or a response.
10. Provide training for each of the rostered teams and assets. Ensure training and exercising of EMTF components is in line with statewide standardization efforts and typing documents. Provide biannual reports on EMTF training activities and plans.
11. Contribute relevant regional information to the EMTF SCO and System Agency HEPRS for inclusion in the EMTF System Annual Report.
12. Maintain resources purchased with HPP funds or by System Agency (such as ventilators, bariatric wheelchairs and cots, and other supplies and equipment which are prepositioned with Grantee) in deployable condition. Grantee will make inventory lists available for review by System Agency HEPRS upon request. Grantee will utilize or make available these resources to support local and/or regional responses within EMTF region.
13. Develop a mutual aid plan for the EMTF region describing how and when the resources will be utilized for local response activities within the region separate from a state response and submit to System Agency for review and approval. System Agency will provide further detail about plan components.
14. Limit supply and equipment purchases to those items included on the standardized equipment/supply lists. If additional funding is available, other supplies or equipment

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may be purchased for EMTF that are not on the standardized lists, although prior written System Agency approval must be obtained.

15. Activate EMTF personnel and resources for state missions only at the request of the System Agency State Medical Operations Center (SMOC) Director, Incident Commander or his/her designees. This request may be relayed through the EMTF SCO. Activation may occur at any time, day, or night, including weekends and holidays. System Agency, via e-mail, will issue the mission task to the EMTF Coordinator (as the primary point of contact). The mission task form/deployment order must be signed and returned to System Agency in order for the Grantee to be activated for a state mission. The deployment letter will contain the scope of work details, payment methodology, and the deployment period. Upon written acceptance of deployment activation, the EMTF's response team/staff and resources must be en route to the designated mission task site within twelve hours from the time they receive the official deployment notification from System Agency. If Grantee self-deploys without proper notification from System Agency, Grantee may not be eligible for reimbursement.
16. Participate in ongoing development of the IDRU and Texas Mortuary Operations Response Team (TMORT) concepts. Participation may include training and/or exercises.
17. Provide additional information/reports to DSHS HEPRS or the EMTF SCO, upon request. This may include short turn-around requests such as during an active response or during legislative session.

II. GRANTEE RESTRICTIONS

Grantee will **not**:

A. Use funds for/to:

1. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - a. publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
 - b. the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designated to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body; and
 - c. see Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees (http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf);
2. Research;
3. Construction or major renovations;
4. Clinical care, defined as "directly managing the medical care and treatment of patients;"
5. Reimbursement of pre-award costs;

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6. Supplant existing state or federal funds for activities described in the budget;
7. Serve as a conduit for an award to another party or provider who is ineligible. The Grantee must perform a substantial role in carrying out project objectives;
8. Payment or reimbursement of backfilling costs for staff, including healthcare personnel for exercises;
9. Fund stand-alone, single-facility exercises;
10. Pay the salary of an individual at a rate in excess of \$96,000 per year;
11. Fund the salaries of their elected and/or appointed Board of Directors and Executive Board Members;
12. Purchase food or meals. The only exception to this restriction includes expenditures related to:
 - a. Staff travel costs that are allowed in the Grantee's travel policy and approved by System Agency; and/or
 - b. Training and/or exercise events if the event outcome is significantly impacted in a negative way due to the event being stopped so that participants can leave to get a meal. This exception requires System Agency written pre-approval for food or meals;
13. Purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatpants, or t-shirts;
14. Payment or reimbursement of mileage from staff residence to the staff member's routine duty station;
15. Employ individuals who also work for an organization that receives funds or benefits from the HPP;
16. Impose policies, procedures, or expenses upon Grantee's subrecipients that are supplemental to System Agency requirements which may create:
 - a. Barriers for services to be delivered to clients, and/or;
 - b. Undue burden upon the administrative, fiscal, and/or programmatic structures;
17. Require HCC members to pay a "membership fee" as a condition of receiving HPP funds, equipment, supplies, and/or services or as a requirement to be eligible for reimbursement for HPP-related expenditures.

III. SCOPE OF WORK

Grantee will perform all activities in accordance with the terms of this Contract; Request for Applications (RFA) for Statewide Hospital Preparedness Program, System Agency Solicitation No. #537-7-0131, which is attached hereto as **Attachment G** and incorporated herein by reference; Grantee's Solicitation Response Revised Documents, which is attached hereto as **Attachment I** and incorporated herein by reference; and Grantee's response to the RFA including any revisions, which is attached hereto as **Attachment H** and incorporated herein by reference. In the event of a conflict, the following order of precedence shall prevail:

1. This Contract;
2. Attachment G, System Agency Solicitation No. 537-7-0131;
3. Attachment I, Grantee's Solicitation Response Revised Documents;
4. Attachment H, Grantee's Solicitation Response.

IV. PERFORMANCE MEASURES

ATTACHMENT A STATEMENT OF WORK

The System Agency will monitor the Grantee's performance of the requirements in this Attachment A and compliance with the Contract's terms and conditions.

V. INVOICE AND PAYMENT

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.state.tx.us/grants/forms.shtm>. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services
Claims Processing Unit, MC 1940
1100 West 49th Street
P.O. Box 149347
Austin, TX 78714-9347
FAX: (512) 458-7442

EMAIL: invoices@dshs.texas.gov and HPP@dshs.texas.gov ,
Keri.Cain@dshs.texas.gov and your assigned Program Liaison.

- B. Grantee will be paid on a cost reimbursement basis as set forth in **Attachment B** Budget Summary.
- C. System Agency reserves the right, where allowed by legal authority, to redirect funds in the event of unanticipated financial shortfalls, and if the HPP Grantee is not meeting the monthly spending percentages/deadlines as determined by System Agency. System Agency Contract Management Unit will monitor Grantee's expenditures on a monthly basis. If expenditures are below that projected in Grantee's total contract amount, Grantee's budget may be subject to a decrease for the remainder of the Contract term. Positions that remain vacant after ninety (90) days may result in a decrease in funds and/or the elimination of the position.