LGC
Reviewed
in accordance to
G.S. 159-34(a)

93.817 **NORTH CAROLINA HOSPITAL PREPAREDNESS PROGRAM EBOLA PREPAREDNESS AND RESPONSE ACTIVITY PART A**

State Project/Program: **NORTH CAROLINA HEALTHCARE PREPAREDNESS PROGRAM EBOLA PREPAREDNESS AND RESPONSE ACTIVITY PART A**

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Authorization: Public Health Service Act, Section 311 (42 U.S.C. 243)

State Authorization: None

N. C. Department of Health and Human Services
Division of Health Service Regulation

Agency Contact Person – Program:

Kimberly D. Clement
Program Manager
Office of Emergency Medical Services
2707 Mail Service Center
Raleigh, NC 27699-2707
(919) 855-3936 phone
(919) 733-7021 fax
kimberly.clement@dhhs.nc.gov

Agency Contact Person – Financial:

Joel Walker, Budget Officer
Division of Health Service Regulation
2707 Mail Service Center
Raleigh, NC 27699-2707
(919) 855-3961 phone
(919) 733-2757 fax
joel.walker@dhhs.nc.gov

N. C. DHHS Confirmation Reports:

SFY 2019 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Managed Care Organizations (MCOs), Boards of Education, Councils of Government, District Health Departments and DHSR Grant Subrecipients will be available by mid-October at the following web address: https://www.ncdhhs.gov/about/administrative-office-controller/audit-confirmation-reports At this site, click on the link entitled "Audit Confirmation Reports (State Fiscal Year 2018-2019)". Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from DHHS are found at the same website except select "Non-Governmental Audit Confirmation Reports (State Fiscal Years 2017-2019)".

The Auditor should not consider the Supplement to be "safe harbor" for identifying audit procedures to apply in a particular engagement, but the Auditor should be prepared to justify departures from the suggested procedures. The Auditor can consider the Supplement a "safe harbor" for identification of compliance requirements to be tested if the Auditor performs reasonable procedures to ensure that the requirements in the Supplement are current. The grantor agency may elect to review audit working papers to determine that audit tests are adequate.

I. PROGRAM OBJECTIVES

The 2014 Ebola Virus Disease (EVD) epidemic is the largest and longest lasting in history, affecting multiple countries in West Africa, with more than 27,000 cases and more than 11,000 deaths reported as of July 2015. A small number of cases were also reported in neighboring countries; however, these cases were contained, with no known further spread. Travelers from the affected area in West Africa became infected and were treated in other countries and these infections resulted in a limited number of secondary cases. A major international effort monitored travelers from the affected area in an effort to control the spread of disease.

Infectious diseases, such as EVD and other High Consequence Infectious Diseases (HCID), threaten the public health and medical welfare of the Nation. One of the primary roles of government is to provide for the public health and medical welfare of its residents and visitors. Per the National Response Framework, federal and state governments depend on local agencies, such as local public health and healthcare organizations, to engage in mitigation, preparedness, response, and recovery actions to safeguard citizens during disaster and public health incidents.

Increased globalization will result in an increasing number of emerging pathogens passing through North Carolina healthcare facilities. Concentrated efforts will need to be implemented in order to identify, treat and control the spread of these pathogens and avoid, where possible, pandemic events. Through the Hospital Preparedness Program Ebola Preparedness and Response Activities Part A Guidance, the Office of Emergency Medical Services is charged with the responsibility of supporting and enhancing the capacity of North Carolina's lead healthcare facilities across the state in preparation for the emergence of high-consequence pathogen events. The lead hospital of each Healthcare Coalition, also representing the state's level 1 and level 2 trauma centers, is responsible for planning, training and exercise activities to ensure that progress is being made to meet the federally required benchmarks.

North Carolina has a plan that provides a framework for the safe and timely identification, isolation, care, and treatment of suspected and/or confirmed outbreaks of high consequence pathogens, including EVD and other emerging high consequence pathogens in North Carolina. The plan addresses the roles and responsibilities of the authorized state government organizations and provides a link to local, State, Federal, and private organizations and resources that may be activated to address identification, monitoring, transportation and treatment of patients. In an effort to keep up with shifting priorities, immerging threats and new guidance, this plan is intended to be a dynamic document that can be modified as new information becomes available.

The North Carolina Department of Health and Human Services (DHHS) is the lead agency for disease prevention, treatment, and control. Per the State Emergency Operations Plan (EOP) developed and coordinated by the North Carolina Division of Emergency Management (NCEM), the North Carolina Division of Public Health (DPH) and North Carolina Office of Emergency Medical Services (OEMS) are delegated specific roles and responsibilities during a health and medical event such as this. If an event occurs that presents an imminent threat to the public, or exceeds OEMS and DPH day-to-day capacity, NCEM may, at the direction of the Governor, activate the EOP to coordinate the state-level emergency management activities and the engagement with other emergency management stakeholders, including local, state, and tribal governments, nongovernmental organizations (NGOs), other states, the federal government, and the private sector.

The primary objective of the Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities Part A is to ensure the nation's health care system is ready to safely and

successfully identify, isolate, assess, transport, and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak.

While the focus will be on preparedness for Ebola, it is likely that preparedness for other novel, highly pathogenic diseases will also be enhanced through these activities. In line with ensuring that healthcare systems are ready to treat patients with Ebola and other special pathogens, North Carolina HPP has adapted the performance measures to better reflect the inclusion of preparedness for other special pathogens in addition to Ebola. Assuring that patients with Ebola and other special pathogens are safely and well cared for in the U.S. health care system and that frontline providers are protected and trained to recognize and isolate a person with suspected Ebola and other pathogens are the primary goals of the HPP Ebola Preparedness and Response Activities Part A funding opportunity announcement (FOA).

Federal funding will be used to support select healthcare facilities with the clinical and structural capabilities required to appropriately respond to a high-consequence pathogen event. The goal is to establish an informal network of healthcare centers capable of identifying, triaging, isolating, and temporarily treating patients under investigation (PUIs) for high-consequence pathogens, including but not limited to EVD. By maintaining capability in several key areas, a sustainable, comprehensive, and resilient preparedness and response framework that is able to address public health and medical needs during high-consequence pathogen events will emerge. This will be achieved through collaborative partnerships and formal continuity of activities among healthcare organizations, public health departments, emergency management, and other preparedness and response agencies and organizations. Evidenced by maintenance of existing capability, as well as development of expanded partnerships, refinement of preparedness resources and tools, enhanced training and education, and sustainment of response teams and resources to address the existing gaps, this process will augment the state's ability to prepare for and respond to high-consequence pathogen events.

II. PROGRAM PROCEDURES

The Federal HPP Ebola and Preparedness and Response is administered by the Assistant Secretary for Preparedness and Response (ASPR), a Staff Division of the Department of Health and Human Services.

The Office of Emergency Medical Services prepared a Healthcare Preparedness Program Ebola Preparedness and Response Activities Part A Grant Application to address the scope of the program and outline State, regional and local grant activities. The Grant application was developed by a group of staff specialists and reviewed by the Division of Public Health and Department of Health and Human Services staff prior to submission to the USDHHS, Assistant Secretary for Preparedness and Response (ASPR) for review.

The Office of Emergency Medical Services primarily awards grant funds through written contracts that reflect the requirements for compliance with the grant and OEMS guidelines. Therefore, the contract document should be the main source of guidance for a compliance audit.

In addition, OEMS staff develops grant/contract guidance for use by lead hospitals that are awarded contracts based on OEMS guidance and approved work plans. These lead hospitals have been designated as "Assessment Hospitals." Assessment hospitals are prepared to receive and isolate a person under investigation (PUI) for EVD and care for the patient until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer to a treatment facility, normally no longer than 96 hours.

Funds may be used for a variety of activities to prepare healthcare organizations in responding to patients with suspected Ebola and other special pathogens.

Throughout the grant period, OEMS is available to provide technical support or other assistance as needed to ensure successful implementation of the grant initiatives.

III. COMPLIANCE REQUIREMENTS

A. ACTIVITIES ALLOWED OR UNALLOWED

Funds can be expended for a number of activities including but not limited to the following, increased clinical capability, high risk consequence pathogen planning and training and exercises.

Under no circumstances may the ASPR HPP Ebola Preparedness and Response grant be charged for costs that are demonstrably outside the scope of the Healthcare Preparedness Program Ebola Preparedness and Response Program. In general, funds may not be expended except for those items specified in the approved grant application or subsequent approved revisions on file both at the grantee's business location and the OEMS central office.

Grant funding may be used to support and enhance general healthcare system preparedness activities for high-consequence pathogen events, including but not limited to EVD. Grant funds are not used for the following prohibited activities: research, clinical care, furniture purchases, clean needle programs, gun control promotion or advocacy, payment salaries over $181,500 annually, lobbying efforts, fundraising efforts, cost-of-money or indirect cost agreements, vehicle purchases, the back filling of personnel, the purchase of antibiotics for secondary infection treatment, construction and major alterations or revisions of real property, and activities and services outside of reasonable program purposes.

B. ALLOWABLE COSTS/COST PRINCIPLES

Costs must be reasonable and necessary for the performance and administration of the award/grant and be allocable to the activity.

Costs in the application budget are allowable costs of the Healthcare Preparedness Program Grant. Expenditures are limited to those outlined in the approved budget of the application. OEMS has adopted the Federal allowable cost principles 2 CFR 200 (Uniform Guidance) subpart E for the determination of allowable costs applicable for this program, which is available at the Electronic Codes of Federal Regulations website http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

An annual contract between OEMS and the grantees outlines other programmatic and fiscal requirements.

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the cost principles described in the N. C. Administrative Code at 09 NCAC 03M .0201.

C. CASH MANAGEMENT

Grantees receive funding under the Healthcare Preparedness Program Ebola Preparedness and Response on a cost reimbursement basis. Accordingly, program costs must be paid for by the grantee before reimbursement is requested from OEMS. Therefore, there is no testing required at the local level for Cash Management.

E. ELIGIBILITY

Eligibility requirements and determinations are unique and based on the specific contract and regional guidelines for participation and funding. Some of the requirements are as follows:

Use funding to support and enhance general healthcare system preparedness activities for high-consequence pathogen events including but not limited to Ebola Virus Disease

Participate in Federal and State Required Trainings and Exercises related to EVD and other High-consequence pathogens

F. EQUIPMENT & REAL PROPERTY MANAGEMENT

All equipment purchased with the Healthcare Preparedness Program Ebola Preparedness and Response Activities Part A funds must be properly maintained and inventoried per federal and state grant guidance. This equipment and property must be to support the intent of the federal and state grant priorities. Specific procedures for equipment purchases, inventory controls and dispositions are stated in the contract document, grant award and grant guidelines.

G. MATCHING, LEVEL OF EFFORT, EARMARKING

The Healthcare Preparedness Program Ebola Preparedness and Response Activities Part A does not have a non-federal matching requirement.

H. PERIOD OF PERFORMANCE

Federal funds are available for expenditure by grantees during their approved contract period or approved extension through a contract amendment with OEMS.

I. PROCUREMENT AND SUSPENSION AND DEBARMENT

All grantees that expend federal funds (received either directly from a federal agency or passed through the N. C. Department of Health and Human Services) are required to conform to federal agency codifications of the grants management common rule accessible on the Internet at https://www.whitehouse.gov/omb/management/office-federal-financial-management/.

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the procurement standards described in the North Carolina General Statutes and the North Carolina Administrative Code, which are identified in the State of North Carolina Agency Procurement Manual accessible on the Internet at

http://www.pandc.nc.gov/documents/Procurement_Manual_5_8_2013_interactive.pdf.

Nongovernmental subrecipients shall maintain written procurement policies that are followed in procuring the goods and services required to administer the program.

J. PROGRAM INCOME

Program income generated by activities by the grantee or sub-grantee must be recorded and applied to activities directly associated with federal grant guidance. Proposed activities must be approved by the federal grant authority. Sub-Grantee proposed activities must be approved by the Office of Emergency Medical Services and the federal grant authority.

L. REPORTING

Most contractors are required to submit monthly contract expenditure and progress reports in addition to other reporting requirements as required in the contract. All non-State entities (except those entities subject to the audit and other reporting requirements of the Local Government Commission) that receive, use or expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are subject to the financial reporting requirements of G. S. 143C-6-23 for fiscal years beginning on or after July 1, 2007.

These requirements are included in the contract as an attachment entitled "Notice of Certain Reporting and Auditing Requirements".

M. SUBRECIPIENT MONITORING

Subrecipient contractors may subgrant funds further. If this occurs, it is the responsibility of the subrecipient contractor to perform adequate subgrant monitoring of their contracts.

Subrecipient contractors may enter into a contractual agreement for specialty services or equipment purchases with a subcontractor. If this occurs, it is the responsibility of the subrecipient contractor to perform adequate subgrant monitoring of their contracts following their contract monitoring plan. Contractor subrecipient monitoring is reviewed during OEMS contractor monitoring site visit(s) and contractor must show evidence of a current contract monitoring plan.