Fiscal Year (FY) 2024 – 2028 Hospital Preparedness Program (HPP) Notice of Funding Opportunity (NOFO) Summary of Changes

The FY 2024 – 2028 HPP NOFO Summary of Changes provides HPP recipients and health care coalitions (HCCs) with an overview of the strategic direction as well as high-level updates to the cooperative agreement and activity requirements in the new period of performance.

Strategic Direction

For the FY 2024 – 2028 HPP NOFO, the Administration for Strategic Preparedness and Response (ASPR) is building on previous years' progress with the cooperative agreement, and prioritizing:

- **Outcomes.** ASPR designed the activities in the NOFO to advance cooperative agreement outcomes and support recipients and HCCs to perform core functions that support health care readiness.
- **Coordination and connectivity.** Recognizing the importance of coordination and connectivity between recipients and their HCCs, ASPR noted specific activities where recipients and HCCs must take on complementary roles but expects that recipients and HCCs will work together to develop, update, and carry out health care readiness activities.
- **Flexibility.** As much as possible, ASPR provided guidance on *what* recipients and HCCs must do as part of the cooperative agreement. *How* recipients and HCCs carry out these activities may vary depending on the needs of their individual jurisdictions, HCC membership, and communities.

High-Level Changes

- **Streamlined language.** The HHS NOFO 100 Pilot selected ASPR's Hospital Preparedness Program to participate in the NOFO 100 program. This program's objective is to develop NOFOs that are more accessible for readers by using plain language and a simple, streamlined format. Examples of this format include enhanced user-design in the document (e.g., embedded hyperlinks to navigate directly to a referenced section) as well as the structure and organization of required activities, which seamlessly connect to one another.
- **Whole community planning.** The activity requirements in the NOFO promote planning for all populations, including **communities most impacted by disasters**. Please refer to Figure 1 for additional information.

Figure 1: Communities Most Impacted by Disasters

"Communities most impacted by disasters" is a new population designation that includes:

- At-risk individuals as defined by the Public Health Service Act,
- Individuals and groups who may be at risk due to the specific risk profile of disaster or emergency,
- Populations experiencing structural inequities, and
- Other populations disproportionately impacted by disasters, as identified through data collection and cooperative agreement activities.

Refer to the NOFO for more details.

- **Activity framing.** ASPR structured the NOFO around four overarching activity groups: 1) Establish governance, 2) Assess readiness, 3) Plan and implement, and 4) Exercise and improve.
- **Flexible membership requirements.** The NOFO moves away from the core and non-core membership model. HCCs must still, at a minimum, include membership of leaders of organizations from health care, emergency management, emergency medical services, and public health. However, ASPR expects recipients and HCCs to work together to build HCC membership with a composition that enables them to implement activities and perform core function based on their needs and priorities.

HPP NOFO Requirements

- **Introduction of patient movement and cyber-specific activities.** ASPR added a requirement for a Patient Movement Plan, as well as requirements for new cybersecurity and extended downtime assessments, plans, and exercises in response to feedback received. These additions aim to advance preparedness and responsiveness to emerging threats.
- **Reduced number of requirements.** ASPR condensed several requirements from the previous period of performance into new requirements to streamline the cooperative agreement. The FY 2019 – 2023 Funding Opportunity Announcement (FOA) period of performance had 38 activity requirements while the new NOFO has 29 activity requirements. Please note that recipients and HCCs may use existing FY 2019 – 2023 materials as a starting point for their activities in the FY 2024 – 2028 period of performance. Please refer to Table 1 for a complete list of NOFO requirements and FOA materials that can be used to inform NOFO activities.

Table 1: NOFO to FOA Requirement Crosswalk

This table includes all the activities in the FY 2024 – 2028 HPP NOFO. Bolded text in the "FY 2024 – 2028 NOFO Requirement" column indicates a main activity requirement, while un-bolded text indicates sub-components of that activity requirement. The "New" column indicates that the activity is new in the FY 2024 – 2028 period of performance. The "FY 2019 – 2023 FOA Reference" column indicates existing materials from the FOA that recipients and HCCs may use as the basis of or to inform NOFO activities.

FY 2024 – 2028 NOFO Requirement	New	FY 2019 – 2023 FOA Reference
1.1 Health Care Coalition (HCC) Governance Document	X	Application requirements, Identify Health Care Coalition Members, Establish HCC Governance
1.2 Jurisdiction Information		Application requirements
2.1 Risk Assessment		Jurisdictional Risk Assessment
2.2 Hazard Vulnerability Assessment (HVA)		HVA
2.3 Readiness Assessment	X	N/A
2.4 Supply Chain Integrity Assessment		Supply chain integrity assessment
2.5 Workforce Assessment	X	Response Plan, Educate and Train on Identified Preparedness and Response Gaps, Work Plan
2.6 Cybersecurity Assessment	X	N/A
2.7 Extended Downtime Health Care Delivery Impact Assessment	X	N/A
3.1 Strategic Plan for FY 2024-2028	X	Integrated Preparedness Plan (IPP) (formerly multiyear training and exercise plan [MYTEP])
3.2 Readiness Plan	X	Preparedness Plan
3.2.1 Training and Exercise Plan		IPP (formerly MYTEP)
3.3 Response Plan		Response Plan
3.3.1 Information-Sharing Plan		Response Plan
3.3.2 Resource Management Plan		Response Plan
3.3.3 Workforce Readiness / Resilience Plan		Response Plan
3.3.4 Medical Surge Support Plan		Response Plan
3.3.5 Patient Movement Plan	X	Response Plan, Preparedness Plan
3.3.6 Allocation of Scarce Resources Plan	X	Crisis Standards of Care Concept of Operations (CONOPS) Plan
3.4 Continuity and Recovery Plan		Continuity of Operations Plan (COOP), Recovery Plan
3.4.1 COOP		COOP
3.4.2 Cybersecurity Support Plan	X	N/A
3.4.3 Extended Downtime Support Plan	X	N/A
3.4.4 Recovery Plan		Recovery Plan
4.1 Medical Response and Surge Exercise (MRSE)		MRSE
4.2 Patient Movement Exercise	X	N/A
4.3 Federal Patient Movement Exercise		National Disaster Medical System patient movement exercise
4.4 Cybersecurity Exercise	X	N/A
4.5 Non-Cyber Extended Downtime Exercise	X	N/A
4.6 Exercise to Address Additional Jurisdictional Priorities or Areas of Improvement	X	N/A
4.7 Statewide Exercise		Joint Statewide Exercise