Fiscal Year (FY) 2024 – 2028 Hospital Preparedness Program (HPP) Notice of Funding Opportunity (NOFO) Frequently Asked Questions (FAQs)

Contents

Introduction

The HPP NOFO FAQs guide you and your health care coalitions (HCCs) through the updated HPP application and submission process for the FY 2024 – 2028 period of performance. Additionally, the FAQs provide you and your HCC(s) with a high-level overview of the priorities and objectives that the Administration for Strategic Preparedness & Response (ASPR) set forth in the HPP NOFO. As is the case in the NOFO, "you" in this document refers to HPP recipients and "we" refers to ASPR.

Additional Resources

ASPR hosted an informational call on May 22, 2024, to provide you with updated guidance for the FY 2024 – 2028 HPP period of performance and answer questions. To access the informational call materials, please refer to the 2024 HPP cooperative agreement recipient webinar materials.

If you have additional questions, please reach out to your Field Project Officer (FPO).

Background

What is the difference between the Office of Health Care Readiness (OHCR) and HPP?

OHCR is the organizational unit at ASPR, within the Office of Preparedness, which administers programs and activities to strengthen health care readiness to provide coordinated, life-saving care in the face of disasters and other emergencies. To accomplish this, OHCR administers cooperative agreements, provides training and educational activities, offers technical assistance, shares evidence-based research and promising practices, and strategically engages health care partners to empower them to share ownership in preparing the nation's health care delivery system for disasters or emergencies.

HPP is one of four cooperative agreement programs OHCR administers, along with the Regional Disaster Health Response System, Regional Emerging Special Pathogen Treatment Centers, and the National Emerging Special Pathogens Training and Education Center. Additionally, OHCR administers workforce capacity and capability activities, including the Emergency System for Advance Registration of Volunteer Health Professionals and the Department of Health and Human Services (HHS)/ASPR Project ECHO Clinical Readiness Rounds.

What is new in this period of performance?

The HHS NOFO 100 Pilot selected ASPR's Hospital Preparedness Program to participate in the NOFO 100 program. The HHS NOFO 100 Pilot program's objective is to develop NOFOs across HHS that are more accessible for readers by using plain language and a user-centered, streamlined design. The pilot supported the development of a clearer and more concise FY 2024 – 2028 HPP NOFO with streamlined application criteria, simplified requirements, and plain and accessible language.

The FY 2024 – 2028 HPP NOFO includes new and updated activities based on feedback collected about the FY 2019 – 2023 period of performance and insights gathered in the emergency response field. For example, based on feedback about the importance of patient movement and preparation for extended downtime events (e.g., cyber incidents), ASPR added requirements for a patient movement plan as well as requirements for new cyber and extended downtime assessments, planning, and exercises.

To build on progress from the FY 2019 – 2023 period of performance, you and your HCC(s) may use current versions of materials, if available and relevant, as a starting point. You must update existing materials to make sure the material meets any new specific requirements. For example, ASPR required a Continuity of Operations Plan in the FY 2019 – 2023 period of performance and also requires it in the FY 2024 – 2028 period of performance. If available, you may refer to the existing material, make any necessary updates to meet the specific requirements and objectives of the new cooperative agreement, and submit that to meet this requirement.

If you have new HCC(s) in your jurisdiction, you can support them as they conduct these activities and develop new materials by providing technical assistance and resources (e.g., examples of materials developed by other HCC(s) in your jurisdiction).

What are the *National Health Care Preparedness and Response Capabilities*? Are the *Health Care Preparedness and Response Capabilities for Health Care Coalitions (formerly the 2017 – 2022 Health Care Preparedness and Response Capabilities)* no longer applicable?

The forthcoming *National Health Care Preparedness and Response Capabilities* will be strategic guidance for health care entities that builds upon, but does not replace, the *Health Care Preparedness and Response Capabilities for Health Care Coalitions* (formerly the *2017 – 2022 Health Care Preparedness and Response Capabilities*), which remain active. The *National*

Health Care Preparedness and Response Capabilities provide strategic guidance for health care to save lives and maintain function in advance of, during, and after disasters. The *National Health Care Preparedness and Response Capabilities* document expands from HCCs to the broader health care delivery system to focus on what is most critical to saving lives and ensuring health care can maintain function in a disaster. Please note that the Capabilities document *does not* represent federal requirements.

What is the connection between the *National Health Care Preparedness and Response Capabilities* and HPP?

The forthcoming *National Health Care Preparedness and Response Capabilities* will provide strategic guidance for the health care delivery system as a whole, and the activities laid out in the HPP cooperative agreement support you and your HCC(s) in achieving them. ASPR tailored the FY 2024 – 2028 HPP NOFO to be specific to the outcomes and core functions of this specific cooperative agreement. You and your HCC(s) will use the capabilities as a guide for how you may work with partners across the health care delivery system to prepare for, respond to, and recover from emergencies and disasters.

Does a streamlined NOFO mean less funding for recipients?

Streamlining the NOFO does not impact the funding award determination. The HPP cooperative agreement receives funding through federal appropriations. Congress appropriates the total funding for HPP. After funds are appropriated, OHCR uses a statutorily required funding formula to determine funding award amounts.

Will ASPR release funding formula updates for the FY 2024 – 2028 period of performance?

During the three years of the COVID-19 pandemic, ASPR kept the funding stable for each recipient and made no adjustments to the funding formula. This was done to provide each recipient a measure of predictability and consistency at a time of considerable stress and strain on our health care systems. With the end of the COVID-19 Public Health Emergency Declaration in 2023, ASPR intended to resume using a formula that adjusts funding based on risk. After careful consideration of the impacts such a return could have on our health care systems as they recover from the pandemic, the ASPR decided to delay changes to the base formula until FY 2025.

ASPR will soon begin a rigorous process to evaluate what modifications should be made to the funding formula for FY 2025 to ensure funding recipients continue to progress on preparedness efforts and strengthen communities for public health and medical threats. ASPR intends this effort to be transparent and collaborative. As a first step, ASPR will soon release a Request for Information (RFI) to better understand how existing data sources and information should be changed to reflect our current reality. ASPR's goal is to ensure our dollars are allocated to the most important threats given the complex threat landscape we are currently navigating. The RFI will be open to all HPP recipients to review and comment. ASPR will share more information about the RFI as soon as more information is available.

You may also refer to a letter from HHS Assistant Secretary for Preparedness and Response Dawn O'Connell to HPP award recipients for additional information.

Application

Who can apply to the HPP NOFO?

As defined in Sections 319C-1 and 319C-2 of the Public Health Service Act, only the following types of applicants, or their bona fide agents, may apply for HPP funding:

- State governments or a state government agency designated by the state's chief executive officer. Includes the District of Columbia.
- The local governments of the City of Chicago, IL; the County of Los Angeles, CA; and the City of New York, NY.
- The territorial governments of American Samoa, Guam, U.S. Virgin Islands, Puerto Rico, and the Commonwealth of the Northern Mariana Islands.
- Freely Associated States of the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.
- Eligible recipients for this funding opportunity must be currently funded under funding opportunity number EP-U3R-19-001.

For additional documentation, please refer to the eligibility section of the FY 2024 – 2028 HPP NOFO.

How can I apply?

Please refer to the FY 2024 – 2028 HPP NOFO for step-by-step instructions on where to apply. You can also view the NOFO and application requirements by visiting Grants.gov. Applications are due on Grants.gov by 11:59 PM ET on June 18, 2024.

What am I required to submit with my application?

Application requirements can be found in the NOFO document Step 3: Submit Your Application. Recognizing that applicants will have a shorter period to apply for the FY 2024 – 2028 HPP NOFO, ASPR streamlined the requirements for submission due on June 18, 2024. You are still responsible for completing all steps listed in Step 3; however, you may provide a simplified version of several items in your initial application and elaborate on them in your response to the Notice of Award (NoA). Simplified application requirements include:

- Project abstract
- Project narrative
    - Purpose
    - Background
    - Objectives and activities

- Partner engagement - For the partner engagement component of your project narrative, you must provide an assurance statement that you will address partner engagement in the NoA response, and you will work with your HCC(s) and their members to engage partners across the health care delivery system to support a whole community approach for health care readiness.
- Evaluation and performance measurement plan - For the evaluation and performance measurement plan component of your project narrative, you must provide an assurance statement that you have a system in place for data collection and performance evaluation, and you will provide the evaluation and performance measurement plan in the NoA response.
- Organizational capacity

- Budget narrative - For your budget narrative, you may use the simplified budget narrative template included with the NOFO on Grants.gov. Provide the cost categories, amounts, and short descriptions using the planning numbers from the funding table in the NOFO.
- FY 2024 BP1 work plan - For your FY 2024 BP1 work plan, you must provide an assurance statement that you will address and provide the FY 2024 BP1 work plan with the NoA response to document how you plan to carry out and meet the NOFO requirements.

Finally, you must submit the following with your initial application submission:

- Table of contents
- Indirect cost rate agreement
- Organizational chart
- Bona fide agent documentation (optional)
- Standard forms:
  - Application for Federal Assistance (SF-424)
  - Budget information for Non-Construction Programs (SF-424A)
  - Assurances – Non-Construction Program (SF-424B)
  - Disclosure of Lobbying Activities (SF-LLL)

For additional information, please refer to the informational call slides, transcript, and recording.

How can I submit a budget narrative with planning numbers?

You must include a budget narrative in your application. Specific instructions can be found in the NOFO document Step 3: Submit Your Application. The funding table in the NOFO only includes planning numbers from FY 2023 budget period as the numbers for the FY 2024 budget period

are not yet final. You should use planning numbers for your budget narrative submitted with your initial application and submit an updated budget narrative in your NoA response that reflects FY 2024 funding amounts.

How can I learn more about the application?

For more information on your application, please access the informational call recording and transcript available in the Introduction section of this FAQ document.

Cooperative agreement structure and policies

What is the difference between HPP outcomes, core functions, and activities?

The FY 2024 – 2028 HPP NOFO builds on previous years' progress and prioritizes outcomes, core functions, and activities:

- Outcomes: You and your HCC(s) must advance key outcomes through this cooperative agreement. The four outcome areas are: establish and act on multi-year priorities, enhance and sustain HCCs, coordination, and continuity of health care service delivery. Please refer to the outcomes section in the FY 2024 – 2028 HPP NOFO for a full list of the outcomes.
- Core functions: You and your HCC(s) must be able to perform specific core functions through the activities in this cooperative agreement to achieve outcomes and advance health care readiness. The nine core functions are: assessment and risk mitigation, information sharing, specialty care planning and coordination, respond, health care workforce support, resource management, training, exercise and evaluation, continuity and recovery, and organizational development.
- Activities: You and your HCC(s) will carry out specific activities as part of the cooperative agreement to enhance jurisdiction-level preparedness, response, and recovery efforts. For this period of performance, ASPR incorporated new activities that reflect the readiness needs of the health care delivery system today, emphasizing preparation for extended downtime and cybersecurity, patient movement, health care workforce support, and other critical priorities. The NOFO includes four overarching activity groups: 1) Establish governance, 2) Assess readiness, 3) Plan and implement, and 4) Exercise and improve. These activities represent how you and your HCC(s) will carry out the core functions and contribute to the outcomes. For example, conducting the Workforce Assessment is one way to perform the training, exercise, and evaluation core function. Subsequently, successfully carrying out this core function contributes to a resilient health care workforce able to safely meet response and recovery demands.

Please refer to the FY 2024 – 2028 HPP NOFO for additional information on the outcomes, core functions, and activities include.

What are the expectations to coordinate with other OHCR programs?

In this HPP period of performance, ASPR emphasizes coordination for health care readiness as a key outcome of the cooperative agreement. Required partners for collaboration in the NOFO are: Emergency Medical Services for Children, educational agencies and state child care agencies, the State Unit on Aging or equivalent office, and community organizations.

In addition, specific activities require partnerships. For example, to complete your Patient Movement Plan, you must describe how you will collaborate with the Regional Emerging Special Pathogen Treatment Center(s) (RESPTCs) in your region to coordinate across the region during a special pathogen event. You may maintain relationships and agreements with the RESPTC(s) for transfer and load balancing of patients infected or suspected to be infected with a special pathogen. Highlighting the important role of collaboration and engagement in enhancing preparedness, we provide examples in the NOFO of relevant health care readiness partners that you and your HCC(s) may consider engaging. Please refer to Appendix B: Resources for Recipients and HCCs for more information.

Please note that HPP funding supports HPP recipients and HCCs to coordinate with other programs. Other OHCR programs receive their own funding through appropriations that they use to support coordination with HPP.

What do Recipient Level Direct Costs (RLDC) include in the FY 2024 – 2028 HPP period of performance?

You may retain HPP funding for the management and monitoring of the cooperative agreement. These costs, or RLDC, include personnel performing administrative functions, fringe benefits, and travel for your administrative personnel. ASPR limits the amount of funding you can use for those purposes to increase resources that support the health care delivery system. You may retain up to 15 percent of your funding award amount for RLDC. For more information and limitations on RLDC, please refer to the FY 2024 – 2028 HPP NOFO.

What are the cost sharing requirements in the FY 2024 – 2028 period of performance?

This cooperative agreement requires you to contribute $1 for every $10 awarded in federal funds. We waive the match requirement for:

- The local governments of Chicago, New York City, and Los Angeles County.
- Freely Associated States of the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.
- A portion of the requirement up to $200,000 for American Samoa, Guam, U.S. Virgin Islands Puerto Rico, and the Commonwealth of the Northern Mariana Islands. If the calculated match requirement is more than $200,000 for these recipients, then they must contribute that amount minus $200,000.

Core Functions

The specialty care planning and coordination core function states that recipients and their HCC(s) must be able to "support health care readiness planning, disaster and incident management, including for specialty care delivery, and/or to address specific hazards or events." What is the expectation to achieve this core function?

The expectation for this core function is that you and your HCC(s) can call upon the necessary expertise needed for specialty care delivery and/or to address specific hazards or events, even if you do not possess it. This will look different for each HCC, and you should work with your FPO to discuss how to best achieve the specialty care planning and coordination core function.

What does "sustain and grow" mean, as described in the organizational development core function?

The organizational development core function refers to strengthening HCCs, which enhances their impact on the health care delivery system's preparedness and response for emergencies and disasters. It also includes growing their capacity and ability to engage in meaningful partnerships with community and health care readiness partners in support of whole community health care readiness.

Activity Language

I do not see core and non-core partners in the NOFO. Does this mean my HCC(s) do not need to engage all four core partners (i.e., hospitals, emergency medical services, emergency management organizations, and public health agencies)?

ASPR recognizes the importance of strategic membership – each HCC and the areas they serve have specific needs and HCCs should have the flexibility to tailor their membership to best meet those needs. To support strategic membership that allows HCCs to engage the members that are most critical to their needs, we moved away from a "core" and "non-core" membership model in the FY 2024 – 2028 HPP NOFO. Beyond providing flexibility on who to engage, this shift also allows HCCs to decide what member engagement looks like for them. HCCs do not have to base membership roles on a "core" designation and can instead base them on priorities and needs.

In the FY 2024 – 2028 HPP NOFO, we describe required functions that you and your HCC(s) must be able to perform and allow you to select members to do so; however, there are still some common requirements related to membership that all HCCs must meet. We require HCCs to include members that provide the clinical and non-clinical expertise necessary to carry out core functions and advance HPP outcomes. Members must also be able to communicate with their agency, organization decision-makers, or executive leadership. To conduct activities in the NOFO, HCCs must still, at a minimum, include membership of leaders of organizations from the following categories:

- Health care (e.g., hospitals, health systems, health care facilities).
- Emergency management, including the Emergency Support Function #8 (ESF-8) lead agency coordinating health care response incident management. Note: Freely Associated States may use different coordination structures for response operations; however, the same coordination principles apply.
- Emergency medical services (EMS) and patient transport services.[1]
- Public health.

We framed these areas to be inclusive of the HCC members previously known as "core members" in the FY 2019 – 2023 Funding Opportunity Announcement (FOA) but we intend the new membership requirements to be more flexible towards how you, your HCC(s), and their members engage to implement activities and perform the core functions.

Are HCCs required to have two acute care hospitals as members in the new period of performance?

Yes, HCCs must have two acute care hospitals as members. In the FY 2024 – 2028 period of performance, HCCs must still meet minimum membership requirements, including membership of leaders of organizations from the health care, emergency management, EMS and patient transport services, and public health categories. To continue to build on progress from the previous period of performance and advance the desired HPP outcomes, HCCs must engage two acute care hospitals as coalition members.

What are requirements of the HCC Readiness and Response Coordinator (RRC)?

Each HCC must have an RRC. As described in the NOFO, the HCC RRC serves as the HCC's administrative and programmatic point of contact during everyday operations, including managing communications, systems, and coordination with the recipient. The RRC oversees HCC planning activities, including coordinating trainings, facilitating exercises, ensuring financial sustainability, and developing budgets. They are responsible for ensuring that the HCC meets all HPP performance measures and benchmarks, and they lead three principal activities:

- Reviewing and activating the Readiness Plan.
- Supporting the HCC in steady state and in response.
- Leading engagement with non-clinical community partners.

In addition, the RRC can only be assigned to a single HCC; however, ASPR encourages them to coordinate with neighboring HCCs to improve planning and operational readiness. The RRC must also reside in or be in commuting distance from the HCC they serve. A reasonable commuting radius is such that the individual can be present to work on-site with the HCC and its members on a daily basis.

What joint requirements are there for HPP and the Centers for Disease and Prevention (CDC) Public Health Emergency Preparedness (PHEP) cooperative agreement?

Where there are opportunities for coordination, ASPR and CDC worked together to include reciprocal language in both cooperative agreements. For example, HPP's 2.1 Risk Assessment activity requires you to coordinate with PHEP recipients to complete a new risk assessment once every five years to prepare for a disaster or emergency.

Why are there additional activities related to cybersecurity and extended downtime specifically?

ASPR intentionally streamlined activity requirements to include only what advances desired outcomes while being responsive to feedback received. In the previous period of performance, we heard that coalitions faced extended downtime for a variety of reasons, bringing with it unique considerations that required planning for preparedness. Cybersecurity incidents are an ever-growing threat with unique sets of needs and concerns. By including activities related to these areas, HCCs will be more prepared to face upcoming and evolving threats. Please refer to the FY 2024 – 2028 HPP NOFO for specific information on cybersecurity and extended downtime-related activities.

What is the difference between the 2.6 Cybersecurity Assessment and the 2.7 Extended Downtime Health Care Delivery Impact Assessment?

A key difference between the two assessments, beyond one's focus on cyber impacts and the other's on any extended downtime event, is that the cybersecurity assessment asks you to identify mitigation strategies based on the 10 essential Healthcare and Public Health Sector-Specific Cybersecurity Performance Goals.

What is the Strategic Advisory Committee? How does this differ from the Senior Advisory Committee?

The strategic advisory committee is a required component of the 3.1 Strategic Plan for FY 2024 – 2028. To complete this activity, you must establish, maintain, and/or support a mechanism consisting of HCC representation and senior officials from governmental and non-governmental organizations involved in homeland security, health care, public health, EMS, and behavioral health. You will work with the strategic advisory committee or similar mechanism to:

- Integrate health care readiness efforts across local, state, and regional levels.
- Maximize funding streams and leverage resources.
- Support your HCC(s).

In the FY 2019 – 2023 period of performance, we referred to this committee as the Senior Advisory Committee. In the new FY 2024 – 2028 period of performance, you must also include

[1] As used in this document, EMS is a system of coordinated response and emergency medical care, involving private and public agencies and organizations, communications and transportation networks, trauma systems, hospitals, trauma centers, and specialty centers. For the purposes of this document, the term EMS will encompass pre-hospital care including ambulance services, paramedic services, and 911 dispatch, as well as specialty transport, including pediatric transport, air transport, and critical care transport.

HCC representation in the committee. Your existing Senior Advisory Committee may fulfill this requirement if it includes the required representation and meets the described objectives in the NOFO.

How is telemedicine addressed?

Telemedicine considerations are included throughout the NOFO. Telemedicine is specifically called out in the Extended Downtime Health Care Delivery Impact Assessment, the 3.3.1 Information-Sharing Plan, and the 3.3.2 Resource Management Plan.

What is the 3.2 Readiness Plan?

You must work with your HCC(s) to develop Readiness Plan(s). This plan provides a roadmap for the HCC to address strategic priorities, implement the cooperative agreement activities, and develop and grow as an organization. Your HCC(s) must develop a Readiness Plan for their jurisdiction and update it every budget period. The Readiness Plan captures planning and implementation information formerly submitted in the FY 2019 – 2023 FOA's Sub-recipient Scope of Work application component and the Preparedness Plan. For more detail on the Readiness Plan, refer to Readiness Plan in the FY 2024 – 2028 HPP NOFO.

What is the difference between the 4.2 Patient Movement Exercise and 4.3 Federal Patient Movement Exercise?

The NOFO requires you and your HCCs to complete a Patient Movement Exercise within one year of submitting the Patient Movement Plan. This exercise is a new HPP requirement that will test the Patient Movement Plan that you and your HCC(s) must develop.

If any of your HCCs are within a Federal Coordinating Center (FCC) patient reception area, they must complete the Federal Patient Movement Exercise once every three years, or as required by other cooperative agreements/programs. The Federal Patient Movement Exercise, a pre-planned exercise through Veterans Affairs and the Department of Defense, requires you or your HCCs to contact the FCC within your area. If your HCC's members are not located within an FCC patient reception area, your HCC(s) may still be able to participate in an alternative federal patient movement exercise by contacting ASPR National Disaster Medical System definitive care and inquiring about alternative options.

Performance Measures (PMs) & Benchmarks

What are the PMs for the FY 2024 – 2028 HPP cooperative agreement?

Performance measures are forthcoming and will include relevant dates and details related to the performance measures data collection process.

If the measures are not yet released, what is ASPR expecting to see in my application regarding PMs?

In your application, you must provide an assurance statement that you have a system in place for data collection and performance evaluation, and you will provide the evaluation and performance measurement plan in the NoA response.