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**Agreement #148033**

**EIGHTH AMENDMENT TO OREGON HEALTH AUTHORITY  
2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF PUBLIC HEALTH SERVICES**

This Eighth Amendment to Oregon Health Authority 2015-2017 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2015 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Yamhill County, acting by and through its Public Health ("LPHA"), the entity designated, pursuant to ORS 431.375(2), as the Local Public Health Authority for Yamhill County.

**RECITALS**

WHEREAS, OHA and LPHA wish to modify the set of Definitions set forth in Exhibit A of the Agreement;

WHEREAS, OHA and LPHA wish to modify certain Program Element Descriptions set forth in Exhibit B of the Agreement;

WHEREAS, OHA and LPHA wish to add the initial award of financial assistance for fiscal year 2016-2017 to the existing Financial Assistance Award for fiscal year 2015-2016 set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200;

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

**AGREEMENT**

1. The Agreement is amended as follows:
  - a. Exhibit A. "Definitions", Section 8. "Financial Assistance Award" or "FAA" is amended as follows: (deleted text is indicated by ~~strikethrough~~, added text is **bold and underlined.**)
    8. "Financial Assistance Award" or "FAA" means the description of financial assistance set forth in Exhibit C, as such Financial Assistance Award may be amended from time to time. **References throughout this Agreement to "the Financial Assistance Award" means any and all descriptions of financial assistance currently set forth or as may be added to Exhibit C. to reflect increases or decreases in award amounts as they may occur during the entire period of the Agreement.**

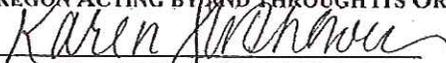
- b. Exhibit B “Program Element Descriptions” is amended as follows:
    - (1) Program Element #09 “Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2” is hereby superseded and replaced in its entirety as per Attachment A, attached hereto and incorporated herein by this reference.
    - (2) Program Element #12 “Public Health Emergency Preparedness Program (PHEP)” is hereby superseded and replaced in its entirety as per Attachment B, attached hereto and incorporated herein by this reference.
    - (3) Program Element #41 “Reproductive Health Program” is hereby superseded and replaced in its entirety as per Attachment C, attached hereto and incorporated herein by this reference.
    - (4) Program Element #43 “Public Health Practice (PHP) – Immunization Services (Vendors)” is hereby superseded and replaced in its entirety as per Attachment D, attached hereto and incorporated herein by this reference.
  - c. Exhibit C “Financial Assistance Award”, Section 1 only is amended to add the Financial Assistance Award for the period July 1, 2016 through June 30, 2017 as set forth in Attachment E attached hereto and incorporated herein by this reference. Attachment E must be read in conjunction with Section 4 of Exhibit C, entitled “Explanation of Financial Assistance Award” of the Agreement.
  - d. Exhibit J “Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200” is amended to add to the federal award information datasheet as set forth in Attachment F, attached hereto and incorporated herein by this reference.
2. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
  3. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
  4. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect. The parties expressly agree to and ratify the Agreement as herein amended.
  5. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

6. This Amendment becomes effective on the date of the last signature below.

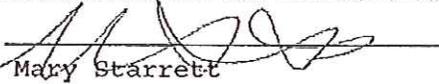
IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

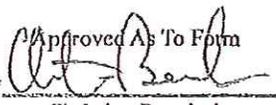
**APPROVED:**

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By:   
Name: /for/ Lillian Shirley, BSN, MPH, MPA  
Title: Public Health Director  
Date: 9/21/16

YAMHILL COUNTY ACTING BY AND THROUGH ITS PUBLIC HEALTH (LPHA)

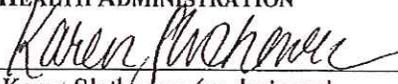
By:   
Name: Mary Starrett  
Title: Chair, Board of Commissioners  
Date: 9-9-16

Approved As To Form  
by   
Christian Boenisch  
County Counsel  
Yamhill County

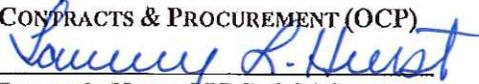
DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

*Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on June 30, 2016. A copy of the emailed approval is on file at OCP.*

OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by:   
Name: Karen Slothower (or designee)  
Title: Program Support Manager  
Date: 9/21/16

OFFICE OF CONTRACTS & PROCUREMENT (OCP)

By:   
Name: Tammy L. Hurst, OPBC, OCAC  
Title: Contract Specialist  
Date: 9/23/16

B.O. 16-366

## Attachment A

### Program Element #09: Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2

#### 1. Description and Purpose.

- a. Funds provided under this Agreement to Local Public Health Authorities (LPHA) for Program Element (PE) 09 Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2 may only be used in accordance with, and subject to, the requirements and limitations set forth in this PE 09.
- b. PHEP Ebola Supplement 2 funding is targeted to address Public Health Preparedness Capabilities including but not limited to:
  - (1) Community Preparedness,
  - (2) Public Health Surveillance and Epidemiological Investigation,
  - (3) Public Health Laboratory Testing,
  - (4) Non-Pharmaceutical Interventions,
  - (5) Responder (Worker) Safety and Health
  - (6) Emergency Public Information and Warning/Information Sharing, and
  - (7) Medical Surge.

#### 2. Definitions Relevant to PHEP and Ebola Supplement 2.

- a. Budget Period: Budget Period is defined as the intervals of time into which a multi-year project period is divided for budgetary/funding purposes. For purposes of this Program Element, Budget Period is July 1, 2016 through June 30, 2017.
- b. CDC: the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- c. CDC Public Health Capabilities: as described online at:  
<http://www.cdc.gov/phpr/capabilities/>
- d. Deadlines: If a due date falls on a weekend or holiday, the due date will be the next business day following.
- e. Health Security, Preparedness and Response (HSPR): A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American tribes to develop plans and procedures to prepare Oregon to respond to, mitigate, and recover from public health emergencies.
- f. Public Health Emergency Preparedness (PHEP): local public health systems designed to better prepare Oregon to respond to, mitigate, and recover from, public health emergencies.

#### 3. General Requirements. All of LPHA's PHEP Ebola Supplement 2 services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:

- a. Non-Supplantation. Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.
- b. Use of Funds. Funds awarded to LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities

(Community Preparedness, Public Health Surveillance and Epidemiological Investigation, Public Health Laboratory Testing, Non-Pharmaceutical Interventions, Responder Safety and Health, Emergency Public Information and Warning/Information Sharing, and Medical Surge) in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element Description. Modifications to the budget totaling \$5,000 or more require submission of a revised budget to the HSPR liaison and receive final approval by OHA HSPR.

- c. Conflict between Documents. In the event of any conflict or inconsistency between the provisions of the PHEP Ebola Supplement 2 work plan or budget (as set forth in Attachments 1 and 2) and the provisions of this Agreement, this Agreement shall control.
- d. Work Plan. LPHA shall implement its PHEP activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1

#### 4. **Work Plan and Reporting.**

**Work Plan:** PHEP work plans must be written with clear and measurable objectives with timelines and include:

- a. At least three broad program goals that address gaps and guide work plan activities.
- b. Development, review and local public health leadership approval of plans and procedures in support of any of the 7 CDC PHP Capabilities listed in 1(b).
- c. Planning activities in support of any of the 7 CDC PHP Capabilities listed in 1(b).
- d. Training and Education in support of any of the 7 CDC PHP Capabilities listed in 1(b).
- e. Exercises in support of any of the 7 CDC PHP Capabilities listed in 1(b).
- f. Community Education and Outreach and Partner Collaboration in support of any of the 7 CDC PHP Capabilities listed in 1(b).
- g. Administrative and Fiscal activities in support of any of the 7 CDC PHP Capabilities listed in 1(b).

#### 5. **Budget and Expense Reporting.**

- a. Proposed Budget for Award Period (July 1, 2016 – June 30, 2017). Using the Proposed Budget Template set forth as Attachment 1, Part 1 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA by September 1, 2016, a budget, based on actual award amounts, detailing LPHA's expected costs to operate its PHEP Ebola Supplement 2 program during the FY 17 award period.
- b. Actual Expense to Budget for FY 17 Award Period. Using the Actual Expense to Budget Template set forth as Attachment 1, Part 2 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA by September 15, 2017 the actual expenses for operation of its PHEP Ebola Supplement 2 program during the FY 17 award period.
- c. Formats other than the proposed budget and expense to budget templates set forth in Attachment 1 to this PE will not satisfy the reporting requirements of this Program Element Description.
- d. All capital equipment purchases of \$5,000 or more using PHEP Ebola Supplemental 2 funds will be identified under the "Capital Equipment" line item category.

**ATTACHMENT 1**

**TO PROGRAM ELEMENT #09 - PART 1: PROPOSED BUDGET TEMPLATE**

**PE 09 Preparedness Program Ebola Supplement 2 FY 2017**

\_\_\_\_\_ County

July 1, 2016 - June 30, 2017

	Proposed		Actual	12 Mos Total
<b>PERSONNEL</b>			Subtotal	<b>\$0.00</b>
	Annual Salary	% FTE		
<i>(Position Title and Name)</i>	\$0	0.00%		\$0
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
	\$0	0.00%		\$0
	\$0	0.00%		\$0
<b>Fringe Benefits @ ( )%</b> of describe rate or method				\$0
<b>TRAVEL</b>				<b>\$0</b>
<b>Total In-State Travel:</b> (describe travel to include meals, registration, lodging and mileage)	\$0			\$0
<b>Hotel Costs:</b>				
<b>Per Diem Costs:</b>				
<b>Mileage or Car Rental Costs:</b>				
<b>Registration Costs:</b>				
<b>Misc. Costs:</b>				
<b>Out-of-State Travel:</b> (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)	\$0			\$0
<b>Air Travel Costs:</b>				
<b>Hotel Costs:</b>				
<b>Per Diem Costs:</b>				
<b>Mileage or Car Rental Costs:</b>				
<b>Registration Costs:</b>				
<b>Misc. Costs:</b>				
<b>CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)</b>				<b>\$0</b>
				\$0
<b>SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)</b>				<b>\$0</b>
	\$0			\$0
	\$0			\$0

<b>CONTRACTUAL (list each Contract separately and provide a brief description)</b>			<b>\$0</b>
			\$0
			\$0
<b>OTHER</b>			<b>\$0</b>
	\$0		\$0
	\$0		\$0
	\$0		\$0
<b>TOTAL DIRECT CHARGES</b>			<b>\$0</b>
TOTAL INDIRECT CHARGES @ ____% of Direct Expenses:	\$0		\$0
<b>TOTAL BUDGET:</b>	<b>\$0</b>		

Date, Name and phone number of person who prepared budget

**NOTES:**

Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a yearly salary of \$62,500 (annual salary) which would compute to the sub-total column as \$50,000  
 % of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be  $50 \times 12 / 2080 = .29$  FTE

**ATTACHMENT 1**

**TO PROGRAM ELEMENT #09 - PART 2: ACTUAL EXPENSE TO BUDGET TEMPLATE**

**PE 09 Preparedness Program Ebola Supplement 2 FY 2017**

\_\_\_\_\_ County

Period of the Report July 1, 2016-June 30, 2017)

	Budget	Expense to date	Variance
<b>PERSONNEL</b>			
Salary (Administrative & Support Staff)	\$0		\$0
Fringe Benefits	\$0		\$0
<b>TRAVEL</b>			
In-State Travel:	\$0		\$0
Out-of-State Travel:	\$0		\$0
<b>CAPITAL EQUIPMENT</b>	\$0		\$0
<b>SUPPLIES</b>	\$0		\$0
<b>CONTRACTUAL</b>	\$0		\$0
<b>OTHER</b>	\$0		\$0
<b>TOTAL DIRECT</b>	\$0	\$0	\$0
<b>TOTAL INDIRECT</b>	\$0		\$0
<b>TOTAL:</b>	\$0	\$0	\$0

Date, name and phone number of person who prepared expense to budget report

**Notes:**

**ATTACHMENT 2**  
**TO PROGRAM ELEMENT #09**  
**Work Plan Instructions**  
**Oregon HSPR Public Health Emergency Preparedness Program**

FOR GRANT CYCLE: JULY 1, 2016 – JUNE 30, 2017

**DUE DATE**

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

**REVIEW PROCESS**

Your approved work plan will be reviewed with your PHEP liaison.

**WORKPLAN CATEGORIES**

**GOALS:** At least three broad program goals that address gaps and guide work plan activities will be developed.

**TRAINING AND EDUCATION:** List all preparedness trainings, workshops conducted or attended by preparedness staff.

**DRILLS and EXERCISES:** List all drills you plan to conduct and identify at least two exercises annually in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

**PLANNING:** List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

**OUTREACH AND PARTNER COLLABORATION:** In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

**COMMUNITY EDUCATION:** List any community outreach activities you plan conduct that enhance community preparedness or resiliency.

**COLUMN DESCRIPTIONS**

<b>CDC Cap. #s</b>	<b>DRILLS and EXERCISES Objective</b>	<b>Planned Activity</b>	<b>Date Completed</b>	<b>Actual Outcome</b>	<b>Notes</b>
1	By December 31, 2016, 90% of all health department staff will respond to drill within 60 minutes.	Conduct local call down drill to all staff.	09/15/16	80% of health department staff responded within designated time. Contact information was updated and processes reviewed to improve future compliance.	Did not reach goal, but demonstrated improvement as only 70% of staff responded at last drill.

**CDC CAPABILITY:** Indicate the target capability number(s) addressed by this activity.

**OBJECTIVE:** Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year.

**PLANNED ACTIVITY:** Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

**DATE COMPLETED:** When updating the work plan, record date of the completed activities and/or objective.

**ACTUAL OUTCOMES:** To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

**NOTES:** For additional explanation.

**INCIDENTS AND RESPONSE ACTIVITIES:** Explain what incidents and response activities that occurred during the FY17 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

**UNPLANNED ACTIVITY:** Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

## Attachment B

### Program Element #12: Public Health Emergency Preparedness Program (PHEP)

1. **Description.** Funds provided under this Agreement to Local Public Health Authorities (LPHA) for a Public Health Emergency Preparedness Program (PHEP) may only be used in accordance with, and subject to, the requirements and limitations set forth below. The PHEP shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 CDC identified Public Health Preparedness Capabilities.
2. **Definitions Relevant to PHEP Programs.**
  - a. **Budget Period:** Budget period is defined as the intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, budget period is July 1 through June 30.
  - b. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
  - c. **CDC Public Health Preparedness Capabilities:** <http://www.cdc.gov/phpr/capabilities/>
  - d. **Cities Readiness Initiative (CRI):** CRI is a federally funded program designed to enhance preparedness in the nation's largest population centers where more than 50% of the U.S. population resides. Using CRI funding, state and large metropolitan public health departments develop, test, and maintain plans to quickly receive and distribute life-saving medicine and medical supplies from the nation's Strategic National Stockpile (SNS) to local communities following a large-scale public health emergency.
  - e. **Deadlines:** If a due date falls on a weekend or holiday, the due date will be the next business day following.
  - f. **Hazard Vulnerability Analysis (HVA):** The HVA provides a systematic approach to recognizing hazards that may affect demand for county services and a county's ability to provide those services. The risks associated with each hazard are analyzed to prioritize planning, mitigation, response and recovery activities. The HVA serves as a needs assessment for County Emergency Management. It identifies the hazards facing the community, what the hazards can do to the community's physical, social, and economic assets, and which areas are most vulnerable to damage or other impacts from the hazards. LPHAs can provide public health specific hazards to their county to be included in the HVA.
  - g. **Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, hospitals, labs and service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access for Oregon public health officials and service providers to public health information including the capacity for broadcasting information to Oregon public health officials and service providers in an emergency 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call down engine that can be activated by state or local Preparedness Health Alert Network administrators.
  - h. **Health Security Preparedness and Response (HSPR):** A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American Tribes (Tribes) to develop plans and procedures to prepare Oregon to respond, mitigate, and recover from public health emergencies.
  - i. **Hospital Preparedness Program (HPP):** provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge

capacity and enhance community and hospital preparedness for public health emergencies. To date, states, territories, and large metropolitan areas have received HPP grants totaling over \$4 billion to help Healthcare Coalitions, hospitals and other healthcare organizations strengthen medical surge and other Healthcare Preparedness Capabilities across the nation.

- j. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity. More information can be viewed at: <https://www.fema.gov/national-incident-management-system>.
  - k. **Medical Counter Measures (MCM):** Vaccines, antiviral drugs, antibiotics, antitoxin, etc. in support of treatment or prophylaxis to the identified population in accordance with public health guidelines or recommendations. This includes the Strategic National Stockpile (SNS), a CDC program developed to provide rapid delivery of pharmaceuticals, medical supplies and equipment for an ill-defined threat in the early hours of an event, a large shipment of specific items when a specific threat is known or technical assistance to distribute SNS materiel. SNS program support includes the 12-hour Push Pack, vendor managed inventory (VMI), and Federal Medical Stations.
  - l. **Public Information Officers (PIOs):** The communications coordinators (officers) or spokespersons for governmental organizations.
  - m. **Public Health Accreditation Board (PHAB):** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments. <http://www.phaboard.org/>. Accreditation standards and measurements are outlined on <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>
  - n. **Public Health Emergency Preparedness (PHEP):** local public health programs designed to better prepare Oregon to respond to, mitigate, and recover from public health emergencies.
  - o. **Public Health Preparedness Capability Surveys:** A series of surveys sponsored by HSPR for capturing information from LPHAs in order for HSPR to report to CDC.
  - p. **Volunteer Management:** The ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.
3. **General Requirements.** All LPHAs' PHEP services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:
- a. **Non-Supplantation.** Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.
  - b. **Work Plan.** LPHA shall implement its PHEP activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.
  - c. **Public Health Preparedness Staffing.** LPHA shall identify a Public Health Emergency Preparedness Coordinator. The Public Health Emergency Preparedness Coordinator will be the OHA's chief point of contact related to program issues. LPHA must implement its PHEP

activities in accordance with its approved work plan. The Public Health Emergency Preparedness Coordinator will ensure that all scheduled preparedness program conference calls and statewide preparedness program meetings are attended by the Coordinator or an LPHA representative.

- d. **Use of Funds.** Funds awarded to the LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element. Modifications to the budget totaling \$5,000 or more require submission of a revised budget to the liaison and final receipt of approval from the HSPR fiscal officer.
- e. **Conflict between Documents.** In the event of any conflict or inconsistency between the provisions of the PHEP work plan or budget (as set forth in Attachments 1 and 2) and the provisions of this Agreement, this Agreement shall control.
- f. **PHEP Program Reviews.**
  - (1) This Agreement will be integrated into the Triennial Review Process. This review will be completed in conjunction with the statewide Triennial Review schedule as determined by the Office of Community Liaison.
  - (2) The LPHA will complete work plan updates in coordination with their HSPR liaison on at least a minimum of a semi-annual basis and by August 15 and February 15.
- g. **Budget and Expense Reporting:** Using the budget template Excel file set forth in Attachment 1 and available through the liaison and incorporated herein and by this reference, LPHA shall provide to OHA by August 1, of each year, a budget using actual award amounts, through June 30 of each year. LPHA shall submit to OHA by February 15 of each year, the actual expense-to-budget report for the period of July 1, through December 31. The LPHA shall provide to the OHA by September 15 of each year, the actual expense-to-budget report for the prior fiscal period of July 1, through June 30. The budget and expense-to-budget set forth in Attachment 1 shall be the only form used to satisfy this requirement. All capital equipment purchases of \$5,000 or more that use PHEP funds will be identified in this budget report form under the Capital Equipment tab.

#### 4. Procedural and Operational Requirements.

- a. **Statewide and Regional Coordination:** LPHA must attend HSPR meetings and participate as follows:
  - (1) Attendance at one of the HSPR co-sponsored preparedness conferences, which includes Oregon Epidemiologists' Meeting (OR-Epi) and Office of Emergency Manager (OEM) Workshop.
  - (2) Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of public health emergency preparedness as appropriate.
  - (3) Participation in a minimum of 75% of the regional or local HPP Coalition meetings.
  - (4) For CRI counties only, participation in meetings led by MCM coordinator.
  - (5) Participation in a minimum of 75% of statewide HSPR-hosted PHEP monthly conference calls for LPHAs and Tribes.
  - (6) Participation in activities associated with statewide emerging threats or incidents as identified by HSPR.
- b. **Public Health Preparedness Capability Survey:** LPHA shall complete all applicable Public Health Preparedness Capability Surveys sponsored by HSPR by August 15 each year.

- c. **County Hazard Vulnerability Analysis:** LPHA will provide public health perspective and data for their County’s Hazard Vulnerability Analysis using the OPHD provided format and timelines.
- d. **Work Plan:** PHEP work plans must be written with clear and measurable objectives with timelines and include:
  - (1) At least three broad program goals that address gaps and guide work plan activities.
  - (2) Development, review and local public health leadership approval of plans and procedures in support of any of the 15 CDC PHP Capabilities.
  - (3) Planning activities in support of any of the 15 CDC PHP Capabilities.
  - (4) Training and Education in support of any of the 15 CDC PHP Capabilities.
  - (5) Exercises in support of any of the 15 CDC PHP Capabilities.
  - (6) Community Education and Outreach and Partner Collaboration in support of any of the 15 CDC PHP Capabilities.
  - (7) Administrative and Fiscal activities in support of any of the 15 CDC PHP Capabilities.
- e. **Emergency Preparedness Program Work Plan Performance:** LPHA shall complete activities in their HSPR approved PHEP work plans by June 30 each year. If LPHA completes fewer than 75% of the non-fiscal and non-administrative planned activities in its local PHEP work plan for two consecutive years, not due to unforeseen public health events, it may not be eligible to receive funding under this Program Element in the next fiscal year. Work completed in response to a novel or uncommon disease outbreak or other event of significance, may be documented to replace work plan activities interrupted or delayed.
- f. **24/7/365 Emergency Contact Capability.**
  - (1) LPHA shall establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the LPHA service area.
  - (2) The contact number will be easy to find through sources in which the LPHA typically makes information available including local telephone directories, traditional websites and social media pages. It is acceptable for the publicly listed phone number to provide after-hours contact information by means of a recorded message. LPHA shall list and maintain both the switchboard number and the 24/7/365 numbers on the HAN.
  - (3) The telephone number shall be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven digit telephone number available to callers from outside the local emergency dispatch. LPHA may use an answering service or their 911 system in this process, but the eleven digit telephone number of the local 911 operators shall be available for callers from outside the locality.
  - (4) The LPHA telephone number described above shall be answered by a knowledgeable person or by a recording that clearly states the above mentioned 24/7/365 telephone number.
  - (5) Quarterly test calls to the 24/7/365 telephone line will be completed by HSPR program staff and LPHA will be required to respond within 60 minutes.
- g. **HAN**
  - (1) A local HAN Administrator will be appointed for each LPHA and this person’s name and contact information will be provided to the HSPR liaison and the State HAN Coordinator.

- (2) The local HAN Administrator shall:
  - (a) Agree to the HAN Security Agreement and State of Oregon Terms and Conditions.
  - (b) Ensure local HAN user and county role directory is maintained (add, modify and delete users; make sure users have the correct license).
  - (c) Act as a single point of contact for all LPHA HAN issues, user groups, and training.
  - (d) Serve as the LPHA authority on all HAN related access (excluding hospitals and Tribes).
  - (e) Coordinate with the State HAN Coordinator to ensure roles are correctly distributed within each county.
  - (f) Ensure participation in Emergency Support Function 8 (Health and Medical) tactical communications exercises. Deliverable associated with this exercise will be the test of the LPHA's HAN system roles via alert confirmation for: Health Officer, Communicable Disease (CD) Coordinator(s), Preparedness Coordinator, PIO and LPHA County HAN Administrator within one hour.
  - (g) Initiate at least one local HAN call down exercise/ drill for LPHA staff.
  - (h) Perform general administration for all local implementation of the HAN system in their respective organizations.
  - (i) Review LPHA HAN users two times annually to ensure users are updated, assigned their appropriate roles and that appropriate users are deactivated.
  - (j) Facilitate in the development of the HAN accounts for new LPHA users.
  - (k) Participate in HAN Administrator conference calls.
- h. **Multi-Year Training and Exercise Plan (MYTEP):** LPHA shall annually submit to HSPR on or before October 31, an updated TEP. The TEP shall meet the following conditions:
  - (1) The plan shall demonstrate continuous improvement and progress toward increased capability to perform critical tasks.
  - (2) The plan shall include priorities that address lessons learned from previous exercises as described in the LPHA's existing After Action Report (AAR)/ Improvement Plan (IP).
  - (3) LPHA shall work with Emergency Management and community partners to integrate exercises.
  - (4) At a minimum, the plan shall identify at least two exercises per year and shall identify a cycle of exercises that increase in complexity from year one to year three, progressing from discussion-based exercises (e.g. seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g. drills, functional exercises and full scale exercises); exercises of similar complexity are permissible within any given year of the plan. Disease outbreaks or other public health emergencies requiring an LPHA response may, upon HSPR approval, be used to satisfy exercise requirements. For an exercise or incident to qualify under this requirement the exercise or incident must:
    - (a) Have public health objectives that are described in the Exercise Plan or the Incident Action Plan.
    - (b) Involve public health staff in the planning process

- (c) Involve more than one county public health staff and/ or related partners as active participants
- (d) Result in an AAR/IP
- (5) LPHA shall submit to HSPR for approval, an exercise scope including goals, objectives, activities, a list of invited participants and a list of exercise team members, for each of the exercises in advance of each exercise.
- (6) LPHA shall provide HSPR an AAR/IP documenting each exercise within 60 days of conducting the exercise.
- (7) LPHA shall coordinate exercise planning with local Emergency Management and other partners.
- (8) Staff responsible for emergency planning and response roles shall be trained for their respective roles consistent with their local emergency plans and according to the Public Health Accreditation Board, the National Incident Management System and the Conference of Local Health Officials Minimum Standards. The training portion of the plan must:
  - (a) Include training on how to discharge LPHA statutory responsibility to take measures to control communicable disease in accordance with applicable law.
  - (b) Identifying and training appropriate LPHA staff to prepare for public health emergency response roles and general emergency response based on the local identified hazards.
- i. **Training Records:** LPHA shall maintain training records for all local public health staff with emergency response roles.
- j. **Planning:** LPHA shall maintain and execute emergency preparedness procedures/ plans as a component of its jurisdictional Emergency Operations Plan (see Attachment 3 to this PE 12 for a recommended list). All LPHA emergency procedures shall comply with the NIMS. The emergency preparedness procedures shall address the 15 CDC PHP capabilities and hazards described in their Hazard Vulnerability Assessment. Revisions shall be made according to the schedule included in each LPHA plan, or according to the local emergency management agency schedule, but not less than once every five years after completion as required in OAR 104-010-005. The governing body of the LPHA shall maintain and update the other components and shall be adopted as local jurisdiction rules apply.
- k. **Contingent Emergency Response Funding:** Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

**ATTACHMENT 1**  
**TO PROGRAM ELEMENT #12**  
**BUDGET TEMPLATE**

Preparedness Program Annual Budget			
_____ County			
July 1, 201_ - June 30, 201_			
		Subtotal	Total
<b>PERSONNEL</b>			<b>\$0</b>
	List as an Annual Salary	% FTE based on 12 months	0
<i>(Position Title and Name)</i>			0
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.			
		0	
		0	
		0	
		0	
<b>Fringe Benefits @ ( )%</b> of describe rate or method		0	
<b>TRAVEL</b>			<b>\$0</b>
<b>Total In-State Travel:</b> (describe travel to include meals, registration, lodging and mileage)		\$0	
<b>Hotel Costs:</b>			
<b>Per Diem Costs:</b>			
<b>Mileage or Car Rental Costs:</b>			
<b>Registration Costs:</b>			
<b>Misc Costs:</b>			
<b>Out-of-State Travel:</b> (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)		\$0	
<b>Air Travel Costs:</b>			
<b>Hotel Costs:</b>			
<b>Per Diem Costs:</b>			
<b>Mileage or Car Rental Costs:</b>			
<b>Registration Costs:</b>			
<b>Misc. Costs:</b>			
<b>CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)</b>		\$0	<b>\$0</b>
<b>SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)</b>		\$0	<b>\$0</b>

CONTRACTUAL (list each Contract separately and provide a brief description)	\$0		\$0
Contract with (____) Company for \$_____, for (_____) services. Contract with (____) Company for \$_____, for (_____) services. Contract with (____) Company for \$_____, for (_____) services.			
OTHER	\$0		\$0
<b>TOTAL DIRECT CHARGES</b>			\$0
<b>TOTAL INDIRECT CHARGES @ ____% of Direct Expenses or describe method</b>			\$0
TOTAL BUDGET:			\$0
Date, Name and phone number of person who prepared budget			
<p>NOTES:</p> <p>Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a yearly salary of \$62,500 (annual salary) which would compute to the sub-total column as \$50,000</p> <p>% of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be <math>50 \times 12 / 2080 = .29</math> FTE</p>			

<b>Preparedness Program Expense to Budget</b>			
_____ County			
Period of the Report (July 1, 201_ - December 31, 201_ )			
	Budget	Expense to date	Variance
<b>PERSONNEL</b>	\$0	\$0	\$0
Salary	\$0		
Fringe Benefits	\$0		
<b>TRAVEL</b>	\$0		\$0
In-State Travel:	\$0		
Out-of-State Travel:	\$0		
<b>CAPITAL EQUIPMENT</b>	\$0		\$0
<b>SUPPLIES</b>	\$0		\$0
<b>CONTRACTUAL</b>	\$0		\$0
<b>OTHER</b>	\$0		\$0
<b>TOTAL DIRECT</b>	\$0	\$0	\$0
<b>TOTAL INDIRECT</b>	\$0	\$0	\$0
<b>TOTAL:</b>	\$0	\$0	\$0
<b>Date, Name and Phone Number of person who prepared budget.</b>			
Notes:			
<ul style="list-style-type: none"> <li>• The budget total should reflect the total amount in the most recent Notice of Grant Award.</li> <li>• The budget in each category should reflect the total amount in that category for that line item in your submitted budget.</li> </ul>			

<b>Preparedness Program Expense to Budget</b>			
_____ County			
Period of the Report (July 1, 201_ - June 30, 201_)			
	Budget	Expense to date	Variance
<b>PERSONNEL</b>	\$0	\$0	\$0
Salary	\$0		
Fringe Benefits	\$0		
<b>TRAVEL</b>	\$0		\$0
In-State Travel:	\$0		
Out-of-State Travel:	\$0		
<b>CAPITAL EQUIPMENT</b>	\$0		\$0
<b>SUPPLIES</b> (communications, professional services, office supplies)	\$0		\$0
<b>CONTRACTUAL</b>	\$0		\$0
<b>OTHER</b> (facilities, continued education)	\$0		\$0
<b>TOTAL DIRECT</b>	\$0	\$0	\$0
<b>TOTAL INDIRECT</b> @ XX% of Direct Expenses (or describe method):	\$0	\$0	\$0
<b>TOTAL:</b>	\$0	\$0	\$0
<b>Date, Name and Phone Number of person who prepared budget.</b>			
Notes:			
<ul style="list-style-type: none"> <li>• The budget total should reflect the total amount in the most recent Notice of Grant Award.</li> <li>• The budget in each category should reflect the total amount in that category for that line item in your submitted budget.</li> </ul>			



**ATTACHMENT 2**  
**TO PROGRAM ELEMENT #12**  
**Work Plan Instructions**  
**Oregon HSPR Public Health Emergency Preparedness Program**

FOR GRANT CYCLE: JULY 1, 2016 – JUNE 30, 2017

**DUE DATE**

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

**REVIEW PROCESS**

Your approved work plan will be reviewed with your PHEP liaison by February 15 and August 15.

**WORKPLAN CATEGORIES**

**GOALS:** At least three broad program goals that address gaps and guide work plan activities will be developed.

**TRAINING AND EDUCATION:** List all preparedness trainings, workshops conducted or attended by preparedness staff.

**DRILLS and EXERCISES:** List all drills you plan to conduct and identify at least two exercises annually in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

**PLANNING:** List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

**OUTREACH AND PARTNER COLLABORATION:** In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

**COMMUNITY EDUCATION:** List any community outreach activities you plan conduct that that enhance community preparedness or resiliency.

**PRE-FILLED ACTIVITIES**

Activities required under the 2016-17 PE-12 are prefilled in the work plan template. Although you may not eliminate any specific requirements, you may adjust the language as necessary to fit your specific planning efforts within the scope of the PE-12.

**COLUMN DESCRIPTIONS**

CDC Cap. #s	DRILLS and EXERCISES Objective	Planned Activity	Date Completed	Actual Outcome	Notes
1	By December 31, 2017, 90% of all health department staff will respond to drill within 60 minutes.	Conduct local call down drill to all staff.	09/15/14	80% of health department staff responded within designated time. Contact information was updated and processes reviewed to improve future compliance.	Did not reach goal, but demonstrated improvement as only 70% of staff responded at last drill.

**CDC CAPABILITY:** Indicate the target capability number(s) addressed by this activity.

**OBJECTIVE:** Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year.

**PLANNED ACTIVITY:** Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

**DATE COMPLETED:** When updating the work plan, record date of the completed activities and/or objective.

**ACTUAL OUTCOMES:** To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

**NOTES:** For additional explanation.

**INCIDENTS AND RESPONSE ACTIVITIES:** Explain what incidents and response activities that occurred during the 2016-2017 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

**UNPLANNED ACTIVITY:** Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

**Public Health Preparedness Program**

Goal 1: Current HHS staff will receive ICS training appropriate for identified response role and responsibilities

Goal 2:

Goal 3:

**Ongoing and Goal Related PHEP Program Work**

**Training and Education**

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes
3	<p><b>This is an example</b>                      By June 30, 2017, 75% of the identified HHS staff will complete the basic ICS training including NIMS 700 and IS-100.  <b>Goal 1.</b></p>	<p>September Staff meeting, all preparedness related training requirements/expectations reviewed. Explain the identified trainings--NIMS 700, NRF 800, IS-100 and IS-200 and who is to take these courses by the established time frames.</p>	<p>9/15/2017</p>	<p>20 of 30 HHS staff identified as needing 700, 800, and 100 completed the trainings by the end of December 2017.</p>	<p>Identified staff completed 700 and 800 series training online prior to December class.</p>
		<p>December 15, 2017, first classroom training.</p>	<p>12/15/2017</p>		
		<p>March 18, 2017, second classroom training.</p>	<p>3/18/2016</p>	<p>Five management staff completed IS-200 on March 18, 2017.</p>	
		<p>May 12, 2017, third classroom training.</p>	<p>5/12/2017</p>	<p>Remaining 10 staff completed 700, 800, and 100 trainings on May 12, 2017.</p>	
		<p>PHEP coordinator will update all training records by 6-30-2017.</p>	<p>6/15/2017</p>	<p>Trainings records updated on June 15, 2017</p>	

<p>3, 4, 6, 7, 8, 9, 11, 12 and 13</p>	<p><i>This is an example</i> By June 30, 2017, 75% of the HHS staff will identify three individual expectations and three organizational expectations required during an emergency response. <b>Goal 1.</b></p>	<p><i>PHEP coordinator will work with management staff to determine staff training expectations by job classification.</i></p>	<p><i>9/1/2017</i></p>	<p><i>Met with management staff on September 1, 2017.</i></p>	
		<p><i>By October 31, 2017, PHEP coordinator will develop comprehensive emergency preparedness training and exercise plan (TEP) for the organization, both minimum and developmental training.</i></p>	<p><i>10/29/2017</i></p>	<p><i>Met with Emergency Management and other partners to develop TEP on 9/17/15. Sent TEP to Liaison on 10/29/15.</i></p>	
		<p><i>PHEP Coordinator will develop a presentation for staff for orienting them to the organization's expectations, individual expectations and emergency response plans and procedures.</i></p>	<p><i>9/15/2017</i></p>	<p><i>Presentation developed and gave to staff on 9/15/15</i></p>	
		<p><i>PHEP Coordinator will present organization's expectations, individual expectations, and emergency response plans and procedures overview at All Staff meeting.</i></p>	<p><i>9/15/2017</i></p>		
		<p><i>Give a quiz to all staff by February 17, 2017 on the presentation provided in September on expectations and response plan.</i></p>	<p><i>2/17/2017</i></p>	<p><i>82% of the staff responded to quiz. 73% did demonstrated retained knowledge on the expectations for the organization and the individual.</i></p>	

Drills and Exercises					
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes
Planning					
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes
Outreach and Partner Collaboration					
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes
Community Education					
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes
INCIDENT AND RESPONSE ACTIVITIES					
CDC Cap. #s	Incident Name/OERS #		Date(s)	Outcomes	Notes
UNPLANNED ACTIVITY					
CDC Cap. #s	Activity		Date(s)	Outcomes	Notes

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes
n/a	Participate in Triennial program review process with OHA staff. <i>PE-12.3.f.i.</i>		Dates TBD by OHA
n/a	Develop annual work plan. <i>PE-12.3.b, PE-12.4.d.i-vii.</i>	09/01/15	Proposed draft work plan due to Liaison by 8/1/15. Final work plan due 9/1/15.
n/a	Participate in mid-year work plan review with liaison. <i>PE-12.3.f.</i>	02/15/16	
n/a	Participate in year-end work plan review with liaison. <i>PE-12.3.f.</i>	08/15/16	
n/a	Submit annual proposed budget to liaison for period July 1 to June 30. <i>PE-12.3.g.</i>	08/01/15	
n/a	Submit actual expense-to-budget report to liaison for the period of July 1 through Dec. 31. <i>PE-12.3.g.</i>	02/15/16	
n/a	Submit annual actual expense-to-budget report to liaison for the period of July 1 through June 30. <i>PE-12.3.g.</i>	09/15/16	
CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes
1 3	Update multi-year training and exercise plan (MYTEP). <i>PE-12.4.h.i-vi.</i>	10/31/15	Draft due date may be established by liaison.
1 3	Ensure staff and supervisors responsible for public health emergency planning and response roles are trained for respective roles. <i>PE-12.4.h and CLHO Minimum Standards</i> <b>[Relevant details from your multi-year training and exercise plan should be described in Notes column.]</b>		
1 3 6	Ensure that local HAN users complete training necessary for user level. <i>PE-12.4.g.ii.</i>	06/30/16	

CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes
3 4 6	Participate in statewide ESF-8 tactical communications exercises. <i>PE-12.4.f.</i>		
	EXERCISE 1: <b>[Define in Notes column.]</b> <i>PE-12.4.h.iv.(a)-(d).</i>		
n/a	Submit exercise scope to liaison for approval in advance of exercise. <i>PE-12.4.h.v.</i>		
3	Submit AAR/IP to liaison within 60 days of exercise completion. <i>PE-12.4.g.iii., PE-12.4.h.vi.</i>		
	EXERCISE 2: <b>[Define in Notes column.]</b> <i>PE-12.4.h.iv.(a)-(d).</i>		
n/a	Submit exercise scope to liaison for approval in advance of exercise. <i>PE-12.4.h.v.</i>		
3	Submit AAR/IP to liaison within 60 days of exercise completion. <i>PE-12.4.g.iii., PE-12.4.h.v.</i>		
CDC Cap. #s	PLANNING	Due Date	Notes
1	Complete annual public health preparedness capabilities survey. <i>PE-12.4.b.</i>	08/15/15	
1-15	Review and update public health plans and MOUs every 5 years. <i>PE-12.4.j, OAR104-01000-005(3)</i>		
1 3	Maintain knowledge of and participate in development or revisions of county emergency operations plan. <b>[Describe specific activities in Notes column and work plan, if applicable.]</b> <i>CLHO Minimum Standard 2.1</i>		
1	Maintain or develop written policies and procedures that describe the role and responsibilities of LPHA staff when responding to a public health emergency including disease outbreaks and environmental emergencies. <b>[Describe specific activities in Notes column and work plan.]</b> <i>CLHO Minimum Standard 2.1</i>		

1 6	Maintain policies and procedures for reporting emergencies. <i>CLHO Minimum Standard 2.1</i>	ongoing	
<b>CDC Cap. #s</b>	<b>OUTREACH AND PARTNER COLLABORATION</b>	<b>Due Date</b>	<b>Notes</b>
6	Participate in monthly preparedness calls for LPHA/Tribes. <i>PE-12.4.a.iv</i>	ongoing	First Tuesday of every month, 1 to 2 p.m.
1-15	Attend annual OHA or OEM conference. <b>[Describe specific conference(s) attending in Notes column.]</b> <i>PE-12.4.a.i.</i>		
1 6	Participate in regional healthcare preparedness coalition meetings. <i>PE-12.4.a.iii.</i>	ongoing	Dates established by HPP Liaison.
	HAN: Identify a HAN Administrator to facilitate all local HAN access, issues, user groups, and trainings - excluding hospitals and tribes. <i>PE-12.4.g.</i>		
1 3	HAN: (1 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. <i>PE-12.4.g.</i>		
1 3	HAN: (2 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. <i>PE-12.4.g.</i>		
3 4 13	Maintain 24/7 health department telephone contact capability. <i>PE-12.4.f.</i>	ongoing	
1 3 6	Maintain partnerships with local emergency management, medical examiner, and public safety agencies. <b>[List the scheduled meetings with partners in Notes column and other activities in work plan.]</b> <i>CLHO Minimum Standard 2.1</i>		
<b>CDC Cap. #s</b>	<b>COMMUNITY EDUCATION</b>	<b>Due Date</b>	<b>Notes</b>
3 4	Maintain ability to inform citizens of actual and potential health threats. <b>[Describe activities in Notes column and in work plan.]</b> <i>CLHO Minimum Standard 2.1</i>		

### ATTACHMENT 3 TO PROGRAM ELEMENT #12

#### **Recommended Plans for Public Health**

- Emergency Support Function (ESF) #8 – Public Health and Medical Services
  - Includes but not limited to:
    - Public Health actions during response and recovery phases
    - Medical Services/EMS actions during response and recovery phases
    - Behavioral/Mental Health actions during response and recovery phases
  - Is an appendix to the County Emergency Operations Plan (EOP)
  - Coordinated in conjunction with Emergency Management and partners
  - Is not an exclusively a public health responsibility. Public health should be deeply involved in most if not all of the issues included therein, however, and will likely act as the coordinating entity for ESF-8. This is something that must be worked out locally in coordination with local emergency management and with EMS, mental health services, health care providers and chief elected officials.
- All-Hazards Base Plan
  - Functional Annexes, including Hazard Specific Annexes, includes but not limited to:
    - Medical Countermeasure Dispensing and Distribution Plan
    - Emerging Infectious Diseases
    - Chemical Incidents
    - Influenza Pandemic
    - Climate Change
    - Weather / natural disasters - floods, earthquake, wildfire
  - Support Annexes, includes but not limited to:
    - Inventory Management Operations Guide
    - Continuity of Operations Plan (COOP)
    - Information and Communication Plan
    - Volunteer Management
  - Appendices, includes but not limited to:
    - Public Health and Partner Contact Information
    - Public Health Incident Command Structure
    - Legal Authority
    - Job Action Sheets

#### **Sustaining Public Health Emergency Preparedness Program**

- Maintain Multi-Year Training and Exercise Plan (MYTEP)
- Public Health agency participates or performs in two exercises per year
- Complete After Action Report/Improvement Plans (AAR/IP) sixty days after each exercise
- Apply identified improvement plan items to future exercises and work plans
- Coordinate with partners including Emergency Management, Tribal and Healthcare partners
- Attend Healthcare Preparedness Program (HPP)/Healthcare Coalition meetings
- Conduct 24/7/365 testing with Public Health personnel
- Test HAN on a regular basis
- Document meetings with partners including minutes and agendas
- Collaborate and provide public health information for the Hazard Vulnerability Assessment (HVA) process
- Ensure current Access and Functional Needs populations data is current in plans

**Resources****State:**

- Oregon Conference of Local Health Officials Minimum Standards  
[http://www.oregonclho.org/uploads/8/6/1/7/8617117/draft\\_minimum\\_standards\\_for\\_local\\_public\\_health\\_departments.pdf](http://www.oregonclho.org/uploads/8/6/1/7/8617117/draft_minimum_standards_for_local_public_health_departments.pdf)
- Public Health Emergency Preparedness Triennial Review  
<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-trt.aspx>
- Health Security, Preparedness and Response <http://public.health.oregon.gov/Preparedness/Pages/index.aspx>
- Oregon ESSENCE  
<http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/PreparednessSurveillanceEpidemiology/essence/Pages/index.aspx>
- Oregon Web Links <https://public.health.oregon.gov/Preparedness/Partners/HealthAlertNetwork/Pages/weblinks.aspx>
- Secure HAN Login <https://oregonhealthnetwork.org>
- State Emergency Registry of Volunteers in Oregon (SERV-OR) <https://serv-or.org>
- Public Health Preparedness Capability Surveys  
<https://orassessment.ene.com/Login.aspx?ReturnUrl=%2fdefault.aspx>
- Oregon Emergency Management (OEM) <http://www.oregon.gov/omd/oem/Pages/index.aspx>
- OEM OpsCenter <https://oregonem.com/opscenter/Login.aspx?ReturnUrl=%2fopscenter>
- OEM Emergency Support Functions  
<http://www.oregon.gov/OMD/OEM/docs/ESF%20Realignment%20Issue%20Paper.pdf>

**Federal:**

- CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning  
<http://www.cdc.gov/phpr/capabilities/>
- CDC Division of Strategic National Stockpile (DSNS) <http://www.cdc.gov/phpr/stockpile/stockpile.htm>
- CDC Office of Public Health Preparedness and Response <http://www.cdc.gov/about/organization/ophpr.htm>
- CDC Public Health Preparedness <http://emergency.cdc.gov/>
- FEMA National Preparedness Resource Library, including Emergency Support Functions  
<http://www.fema.gov/national-preparedness-resource-library>
- FEMA Core Capabilities <https://www.fema.gov/core-capabilities>
- FEMA Comprehensive Preparedness Guides <https://www.fema.gov/plan>

**Other:**

- Association of State and Territorial Health Officials <http://www.astho.org/Programs/Preparedness/>
- Public Health Accreditation Board (PHAB) <http://www.phaboard.org/>
- National Association of City and County Health Officials (NACCHO)  
<http://www.naccho.org/topics/emergency/>
- Public Health Incident Command Structure <http://www.ualbanycphp.org/pinata/phics/>
- Public Health Preparedness <http://www.phe.gov/preparedness/Pages/default.aspx>
- Medical Reserve Corps (MRC) <https://www.medicalreservecorps.gov/HomePage>

## Attachment C

### Program Element #41: Reproductive Health Program

1. **General Description.** Reproductive health services are the educational, clinical and social services necessary to aid individuals to determine freely the number and spacing of their children. The purpose of the Reproductive Health (RH) Program is to assist people of reproductive age to formulate and carry out a reproductive life plan by providing services in a manner satisfactory to OHA including, but not limited to, a broad range of effective contraceptive methods and reproductive health services on a voluntary and confidential basis.
2. **Definitions Specific to the Reproductive Health Program.**
  - a. **Ahlers & Associates:** Vendor for data processing contracted by the OHA RH Program.
  - b. **Client Visit Record (CVR):** Data collection tool for reproductive health encounters developed by the US Department of Health and Human Services (HHS), Office of Population Affairs (OPA), Region X, Office of Family Planning, available from the Reproductive Health Program.
  - c. **Federal Poverty Level (FPL) Guidelines:** The annually-adjusted poverty income guidelines prescribed by HHS which OHA provides to LPHA by April of each year to determine income eligibility for clients.
  - d. **Federal Title X Program:** The federal program authorized under Title X of the Public Health Service Act to provide reproductive health services, supplies and education to anyone seeking them. By law, priority is given to low-income clients.
  - e. **Program Income:** Additional revenue generated by the provision of reproductive health services, such as client fees, donations, third party insurance and Medicaid reimbursement.
  - f. **Title X Program Requirements:** Program Requirements for Title X Funded Family Planning Projects (formerly the *Title X Program Guidelines for Project Grants for Family Planning Services*) revised in 2014 and published by the Office of Population Affairs, Office of Family Planning.
3. **Procedural and Operational Requirements.** All reproductive health services supported in whole or in part with funds provided under this Agreement must be delivered in compliance with the requirements of the Federal Title X Program as detailed in statutes and regulations, including but not limited to 42 USC 300 et.seq., 42 CFR Part 50 subsection 301 et seq., and 42 CFR Part 59 et seq., the Program Requirements for Title X Funded Family Planning Projects, OPA Program Policy Notices (PPN), and the Reproductive Health Program Manual.
  - a. **Title X Program Requirements.** LPHA must comply with the revised Federal Program Requirements for Title X Family Planning Projects, and any subsequent PPNs issued by OPA, including the following:
    - (1) Operation of clinical sites that are open to the public on an established schedule and have specified clinical personnel as well as ancillary staff who can provide reproductive health services to the public.  
**Citation 42 CFR 59.5 (b)(3)**
    - (2) Provide a broad range of contraceptive methods as required in the Federal Title X Requirements and as defined in the Reproductive Health Program Manual (Section A6).  
**Citation 42 CFR 59.5 (a)(1)**
    - (3) Provide an education program which includes outreach to inform communities of available services and benefits of reproductive health.  
**Citation 42 CFR 59.5 (b)(3)**

- (4) Assure confidentiality for all clients receiving reproductive health services, including specific requirements for adolescents.

**Citation 42 CFR 59.11**

- b. Each sub-recipient must adopt and implement policies, procedures and protocols developed and distributed, or approved by OHA, based on national standards of care, Title X requirements and MMWR Providing Quality Family Planning Services (QFP).
- c. Medications will be administered and dispensed following the Oregon Board of Pharmacy rules. **Citation OAR 855-043-0700 to 855-043-0750.**
- d. Provide coordination and use of referral arrangements with other healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.

**Citation 42 CFR 59.5 (b) (8)**

- e. Each sub-recipient must appoint a Reproductive Health (RH) Coordinator who will serve as the primary point of contact between the LPHA and the RH Program. The RH Coordinator attends trainings and meetings provided by the RH Program and must assume responsibility for conveying pertinent information and updates from the RH Program to personnel at all clinic sites, including subcontracted sites. **Reproductive Health Program Manual (Section A1).**

**f. Data Collection.**

- (1) LPHA must collect and submit client data to OHA through Ahlers and Associates using the clinic visit record (CVR) for each individual receiving any service supported in whole or in part with OHA funds provided under this Agreement.
- (2) LPHA must collect and submit to OPA all required Data Reports which may include information on outreach and enrollment activities and/or other data required to better understand changing trends within the Title X provider network.

**4. Reporting Requirements.** In addition to the reporting obligations set forth in Exhibit E Section 8 of this Agreement, LPHA shall submit to OHA the following written reports:

- a. **Annual Plan for Reproductive Health Services** covering the period of July 1 through June 30 of the succeeding year. OHA will supply the due date, required format and current service data for use in completing the plan.
- b. **Oregon Health Authority Revenue and Expenditure Report** must be submitted quarterly on the dates specified in Exhibit E Section 8 of this Agreement.

**5. Program Income.**

- a. **Sliding Fee Scale.** If any charges are imposed upon a client for the provision of reproductive health services assisted by the State under this Program Element, such charges: (1) will be pursuant to an OHA-approved sliding fee schedule of charges, (2) will not be imposed with respect to services provided to low-income clients, and (3) will be adjusted to reflect the income, resources, and family size of the client provided the services, in accordance with 42 USC 701-709.

**Citation 42 CFR 59.5 (a) (7) and (a) (8)**

- b. **Fees.** Any fees collected for reproductive health services shall be used only to support the LPHA's Reproductive Health Program.

**Citation 45 CFR 74.21, 74.24, 92.20, 92.25**

- c. **Disposition of Program Income Earned.** OHA requires that LPHA maintain separate fiscal accounts for program income collected from providing reproductive health services. Program income collected under this Agreement subsection must be fully expended by the termination date of this Agreement and only for the provision of the services set forth in this Program Element Description, and may not be carried over into subsequent years. See definition 2.e of this PE for definition of program income.

**Citation 45 CFR 74.21, 74.24, 92.20, 92.25**

- 6. **Subcontracting.** If LPHA chooses to subcontract all components of reproductive health services, assurances must be established and approved by OHA to ensure the requirements of this Agreement are adhered to.
  - a. LPHA may sub-contract with another Title X grantee or sub-recipient within the same service area for the provision of Title X Family Planning services. LPHA shall monitor client care and adherence to all program requirements as outlined in this contract. LPHA shall participate in triennial reviews and must rectify any review findings. Additional reviews, conducted by LPHA will be required as part of a sub-contract agreement.
  - b. LPHA may sub-contract with a non-Title X sub-recipient of OHA within the same service area but must provide all necessary training to ensure that said sub-contractor is fully knowledgeable of Title X program requirements. LPHA shall monitor client care and adherence to all program requirements as outlined in this contract. LPHA shall participate in triennial reviews and must rectify any review findings. Additional reviews, conducted by LPHA will be required as part of a sub-contract agreement.
  - c. LPHA must ensure that at least 90% of allocated funds are made available to the sub-contracted agency providing the direct services. Ten percent of the funds awarded for reproductive health services may be retained for indirect costs by the LPHA, incurred for the purposes of training and monitoring sub-contractor as specified above.
  - d. LPHA must assure that all requirements of this Program Element are met.

## Attachment D

### Program Element #43: Public Health Practice (“PHP”) – Immunization Services

1. **Description.** Funds provided under this Financial Assistance Agreement for this Program Element may only be used in accordance with and subject to the restrictions and limitations set forth below, to provide Immunization Services in LPHA’s Service Area “Immunization Services”. All changes to this Program Element 43 are effective upon receipt of grant award. Use of any fees collected for purpose of Immunization Services will be dedicated to and only used for payment of such services.

Immunization services are provided in the community to prevent and mitigate vaccine-preventable diseases for all people by reaching and maintaining high lifetime immunization rates. Immunization Services include population-based services including public education, enforcement of school immunization requirements, and technical assistance for healthcare providers that provide vaccines to their client populations; as well as vaccine administration to vulnerable populations with an emphasis on ensuring access and equity in service delivery.

2. **Definitions Specific to Immunization Services.**

- a. **ALERT IIS:** OHA’s statewide immunization information system.
- b. **Assessment, Feedback, Incentives, & eXchange or AFIX:** A continuous quality improvement process developed by CDC to improve clinic immunization rates and practices.
- c. **Billable Doses:** Vaccine doses given to individuals who opt to pay out of pocket or are insured for vaccines.
- d. **Case-management:** An individualized plan for securing, coordinating, and monitoring disease-appropriate treatment interventions.
- e. **Centers for Disease Control and Prevention or CDC:** Federal Centers for Disease Control and Prevention.
- f. **Clinical Immunization Staff:** LPHA staff that administer immunizations or who have authority to order immunizations for patients.
- g. **Delegate Addendum:** A document serving as a contract between a LPHAs and an outside agency agreeing to provide Immunization Services under the umbrella of the LPHA. The Addendum is signed in addition to a VFC Public Provider Agreement and Profile.
- h. **Delegate Agency:** An immunization clinic that is subcontracted with the LPHA for the purpose of providing Immunization Services to targeted populations.
- i. **Deputization:** The process that allows Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) to authorize local health departments (LHDs) to vaccinate underinsured VFC-eligible children.
- j. **Electronic Health Record (EHR) or Electronic Medical Record (EMR):** a digital version of a patient’s paper medical chart.
- k. **Exclusion Orders:** Legal notification to a parent or guardian of their child’s noncompliance with the School/Facility Immunization Law.
- l. **Forecasting:** Determining vaccines due for an individual, based on immunization history and age.
- m. **HBsAg Screening:** Testing to determine presence of Hepatitis B surface antigen, indicating the individual carries the disease.
- n. **Oregon Vaccine Stewardship Statute:** State law requiring all VFC-enrolled providers to:

- (1) Submit all vaccine administration data, including dose level eligibility codes, to ALERT IIS;
- (2) Use ALERT IIS ordering and inventory modules; and
- (3) Verify that at least two employees have current training and certification in vaccine storage, handling and administration, unless exempt under statute.

- o. **Orpheus:** An electronic communicable disease database and surveillance system intended for local and state public health epidemiologists and disease investigators to manage communicable disease reporting.
- p. **Public Provider Agreement and Profile:** Signed agreement a between OHA and LPHA that receives State-Supplied Vaccine/IG. Agreement includes clinic demographic details, program requirements and the number of patients vaccinated.
- q. **Section 317:** Funding that provides no cost vaccine to individuals who meet eligibility requirements based on insurance status, age, risk factors, and disease exposure.
- r. **Service Area:** Geographic areas in Oregon served by immunization providers.
- s. **State-Supplied Vaccine/IG:** Vaccine or Immune Globulin provided by the OHA procured with federal and state funds.
- t. **Surveillance:** The routine collection, analysis and dissemination of data that describe the occurrence and distribution of disease, events or conditions.
- u. **Vaccine Adverse Events Reporting System or VAERS:** Federal system for reporting adverse events following vaccine administration.
- v. **Vaccine Eligibility:** An individual’s eligibility for state-supplied vaccine based on insurance coverage for immunization.
- w. **Vaccines for Children (VFC) Program:** A Federal entitlement program providing no-cost vaccines to children 0 through 18 years who are:
  - (1) American Indian/Alaskan Native; or,
  - (2) Uninsured; or,
  - (3) Medicaid-enrolled; or,
  - (4) Underinsured and are served in Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHC); or,
  - (5) Underinsured and served by LPHAs that have deputization agreements with FQHCs/RHCs.
- x. **Vaccines for Children Site Visit:** An on-site visit conducted at least every two years to ensure compliance with state and federal VFC requirements.
- y. **Vaccine Information Statement or VIS:** Federally-required patient handouts produced by CDC with information about the risks and benefits of each vaccine.

**3. Procedural and Operational Requirements:**

- a. **Vaccines for Children Program Enrollment.** LPHA must maintain enrollment as an active VFC Provider. If LPHA contracts out for clinical services, LPHA must ensure that contractor maintains enrollment as an active VFC Provider.
- b. **Oregon Vaccine Stewardship Statute.** LPHA must comply with all sections of the Oregon Vaccine Stewardship Statute.

**c. Vaccine Management.**

- (1) LPHA must conduct a monthly, physical inventory of all vaccine storage units and will reconcile their inventory in ALERT IIS. Inventories will be kept for a minimum of three years.
- (2) LPHA must submit vaccine orders according to the tier assigned by the OHA's Immunization Program.

**d. Billable Vaccine/IG.**

- (1) LPHA will be billed quarterly by the OHA for billable doses of vaccine.
- (2) OHA will bill the published price in effect at the time the vaccine dose is administered.
- (3) LPHA may not charge or bill a patient more for the vaccine than the published price.
- (4) Payment is due 30 days after the invoice date.

**e. Delegate Agencies.**

- (1) If LPHA has an agreement with other agencies for Immunization Services, LPHA will complete a Delegate Addendum. A new Delegate Addendum must be signed when either of the authorized signers changes or upon request.
- (2) (Quality Assurance only) LPHA must participate in Delegate Agency's biennial VFC compliance site visits with an OHA site visit reviewer.

**f. Vaccine Administration.**

- (1) Vaccines must be administered as directed in the most current, signed version of OHA's Model Standing Orders for Immunizations.
- (2) LPHA must ensure that clinical immunization staff annually view the Epidemiology and Prevention of Vaccine-Preventable Diseases program or the annual update. Both are available as a DVD or a web-on-demand from the CDC's website.,
- (3) In connection with the administration of a vaccine, LPHA must:
  - (a) Confirm that a recipient, parent, or legal representative has read, or has had read to them, the VIS and has had their questions answered prior to the administration of the vaccine;
  - (b) Make the VIS available in other languages or formats when needed (e.g., when English is not a patient's primary language or for those needing the VIS in braille);
  - (c) Provide to the recipient, parent or legal representative, documentation of vaccines received at visit. LPHA may provide a new immunization record or update the recipient's existing handheld record;
  - (d) Screen for contraindications and precautions prior to administering vaccine and document that screening has occurred;
  - (e) Document administration of an immunization using a vaccine administration record or electronic equivalent, including all federally-required charting elements. (Note- ALERT IIS does not record all federally-required elements and cannot be used as a replacement for this requirement);
  - (f) Demonstrate the ability to override a VIS date in their EHR system;

- (g) Comply with state and federal statutory and regulatory retention schedules, available for review at <http://arcweb.sos.state.or.us/doc/recmgmt/sched/special/state/sched/20120011oha-phdrrs.pdf>, or OHA's office located at 800 NE Oregon St, Suite 370, Portland, OR 97232; and
- (h) Comply with Vaccine Billing Standards. See Appendix A to this Program Element.

- g. **Immunization Rates, Outreach and Education.** OHA will provide annually to LPHA their AFIX rates and other population-based county rates. LPHA must, during the state fiscal year, design and implement two educational or outreach activities in their Service Area (either singly or in collaboration with other community and service provider organizations) designed to raise immunization rates. These educational and outreach activities may include activities intended to reduce barriers to immunization, or special immunization clinics that provide vaccine for flu prevention or school children.
- h. **Tracking and Recall.**
  - (1) LPHA must forecast immunizations due for clients requiring Immunization Services using the ALERT IIS electronic forecasting system.
  - (2) LPHA must review their patients on the statewide recall list(s) in the first two weeks of the month and make any necessary demographic or immunization updates.
  - (3) LPHA must cooperate with OHA to recall a client if a dose administered by LPHA to such client is found by LPHA or OHA to have been mishandled and/or administered incorrectly, thus rendering such dose invalid.
- i. **Surveillance of Vaccine-Preventable Diseases.** LPHA must conduct disease surveillance within its Service Area in accordance with the Communicable Disease Administrative Rules, the Investigation Guidelines for Notifiable Diseases, the Public Health Laboratory User's Manual, and the Model Standing Orders for Vaccine, available for review at:
  - <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease>
  - <http://public.health.oregon.gov/LaboratoryServices>
  - <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/provresources.aspx>
- j. **Adverse Events Following Immunizations.**
  - (1) LPHA must complete and electronically file a VAERS form if:
    - (a) An adverse event following immunization administration occurs, as listed in "Reportable Events Following Immunization", available for review at <http://vaers.hhs.gov/professionals/index#Guidance1>.
    - (b) An event occurs that the package insert lists as a contraindication to additional vaccine doses.
    - (c) OHA requests a 60-day and/or one year follow-up report to an earlier reported adverse event; or
    - (d) Any other event LPHA believes to be related directly or indirectly to the receipt of any vaccine administered by LPHA or others occurs within 30 days of vaccine administration, and results in either the death of the person or the need for the person to visit a licensed health care provider or hospital; and

- (2) Email a copy of the VAERS report number to OHA as soon as possible after filing the VAERS report.

**k. Perinatal Hepatitis B Prevention, Screening and Documentation**

LPHA must provide case-management services to all confirmed or suspect HBsAg-positive mother-infant pairs identified by LPHA or OHA in LPHA's Service Area.

Case management will be performed in accordance with the Perinatal Hepatitis B Prevention Program Guidelines posted on the OHA website at

<https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/hepbperi.pdf> and must include, at a minimum:

- (1) Screen for HBsAg status, or refer to a health care provider for screening of HBsAg status, all pregnant women receiving prenatal care from public prenatal programs;
- (2) Work with birthing hospitals within LPHA's Service Area when maternal screening and documentation of hepatitis B serostatus in the Electronic Birth Registration System drops below 95%;
- (3) Work with birthing hospitals within LPHA's Service Area when administration of the birth dose of hepatitis B vaccine drops below 80% as reported in the Electronic Birth Registration System;
- (4) Ensure that laboratories and health care providers promptly report HBsAg-positive pregnant women to LPHA;
- (5) Provide case management services to HBsAg-positive mother-infant pairs to track administration of hepatitis B immune globulin, hepatitis B vaccine doses and post-vaccination serology; and
- (6) Provide HBsAg-positive mothers with initial education and referral of all susceptible contacts for hepatitis B vaccination.

**l. School/Facility Immunization Law**

- (1) LPHA must comply with the Oregon School Immunization Law, Oregon Revised Statutes 433.235 - 433.284, available for review at <http://1.usa.gov/OregonSchool>.
- (2) LPHA must take orders for and deliver Certificate of Immunization Status forms to schools and children's facilities located in their jurisdiction. Bulk orders of CIS forms will be provided to the LPHA by the state.
- (3) LPHA must complete an annual Immunization Status Report that contains the immunization levels for attendees of: certified childcare facilities; preschools; Head Start facilities; and all schools within LPHA's Service Area. LPHA will submit this report to OHA no later than 23 days after the third Wednesday of February of each year in which LPHA receives funding for Immunization Services under this Agreement.

**m. Affordable Care Act Grants/Prevention and Public Health Project Grants**

- (1) If one time only funding becomes available, Oregon LPHAs may opt in by submitting an application outlining activities and timelines. The application is subject to approval by the OHA Immunization Program.
- (2) LPHA may on occasion receive mini-grant funds from the Immunize Oregon Coalition. If LPHA is awarded such funds, it will fulfill all activities required to meet the mini-grant's objectives, submit reports as prescribed by Immunize Oregon, and utilize the funds in keeping with mini-grant guidance.

- 4. Performance Measures.** LPHA will meet the following performance measures:
- a. LPHAs that case manage 5 births or more to HBsAg-positive mothers annually will ensure that 90% of babies receive post-vaccination serology by 15 months of age. LPHAs whose post-vaccination serology rate is lower than 90% will increase the percentage of babies receiving post-vaccination serology by at least one percentage point.
  - b. LPHA achieves VFC vaccine accounting excellence in all LPHA-operated clinics in the most recent quarter. Clinics achieve vaccine accounting excellence by:
    - (1) Accounting for 95% of all vaccine inventory in ALERT IIS;
    - (2) Reporting fewer than 5% of accounted for doses as expired, spoiled or wasted during the quarter;
    - (3) Recording the receipt of vaccine inventory in ALERT IIS; and
    - (4) 95% of Primary Review Summary follow-up reports (Sections E-H) are received from schools and children's facilities within 21 days of the annual exclusion day. LPHA will follow the steps outlined in OAR 333-050-0095 with any school or facility that does not submit a follow-up report in a timely manner.
- 5. Terms and Conditions Particular to LPHA's Performance of Immunization Services.**
- a. LPHA must cover the cost of mailing/shipping all Exclusion Orders to parents and to schools, school-facility packets which are materials for completing the annual school/facility exclusion process as required by the Oregon School Immunization Law, Oregon Revised Statutes 433.235 - 433.284 and the administrative rules promulgated pursuant thereto, which can be found at: <http://l.usa.gov/OregonImmunizationLaw>. LPHA may use electronic mail as an alternative or an addition to mailing/shipping if the LPHA has complete electronic contact information for all schools and children's facilities, and can confirm receipt of materials.
  - b. LPHA must participate in State-sponsored immunization conference(s) and other training(s). LPHA will receive dedicated funds for one person from LPHA to attend required conference(s) and training(s). If one staff person's travel expenses exceed the dedicated award (based on State of Oregon per diem rates), the State will amend the LPHA's annual award to cover the additional costs. LPHA may use any balance on the dedicated award (after all State-required trainings are attended) to attend immunization-related conference(s) and training(s) of their choice, or further support activities included in this Program Element.
- 6. Reporting Obligations and Periodic Reporting Requirements.** In addition to the reporting requirements set forth in Section 8 of Exhibit E of this Agreement, LPHA must submit the following reports to OHA's Immunization Program:
- a. Vaccine orders must be submitted according to the ordering tier assigned by OHA.
  - b. If LPHA is submitting vaccine administration data electronically to ALERT, LPHA will electronically flag clients who are deceased or have moved out of the Oregon Service Area or the LPHA jurisdiction.
  - c. LPHA must complete and return a VAERS form to OHA if any of the conditions precedent set forth at Section 4.l. of this Program Element occur.
  - d. LPHA must complete and submit an Immunization Status Report as required in Section 4.n. of this Program Element.
  - e. LPHA must submit a written corrective action plan to address any compliance issues identified at the triennial review site visit.

**Appendix A**  
**Billing Health Plans in Public Clinics**  
**Standards**

**Purpose: To standardize and assist in improving immunization billing practice**

*For the purpose of this document, Local Health Department (LHD) will be used to identify the vaccine provider.*

Guiding Principles / Assumptions:

LHDs should be assessing immunization coverage in their respective communities, assuring that vaccine is accessible to all across the lifespan, and billing appropriately for vaccine provided by the LHD.

Health plans should reimburse LHDs for the covered services of their members, with vaccine costs reimbursed at 100%.

LHDs who serve insured individuals should work to develop immunization billing capacity that covers the cost of providing services to those clients (e.g., develop agreements or contracts with health plans, when appropriate, set up procedures to screen clients appropriately, and bill an administration fee that reflects the true cost of services.)

Oregon Immunization Program (OIP) staff and contractors will work with LHDs and health plans to improve contracting/agreement opportunities and billing processes.

Each LHD is uniquely positioned to determine the best methods of meeting both the immunization needs of its community and how to recover the costs of providing services.

OIP will work with appropriate CLHO committees to add the standards to Program Element 43 and negotiate the Tier One implementation date.

The billing standards are designed as tiers, with Tier One activities laying the foundation for more advanced billing capacity in Tiers Two and Three.

## Tier One

The LHD:

- Identifies staff responsible for billing and contracting activities
- Identifies major health insurance plans in the jurisdiction, including those most frequently carried by LHD clients
- Determines an administration fee for Billable clients based on the full cost recovery of services provided and documents how fees were determined
- Charges the maximum allowable vaccine administration fee<sup>1</sup> for all eligible VFC/317 clients and discounts the fee for eligible clients as needed
- Develops immunization billing policies and procedures that address:
  - Strategies to manage clients who are not eligible for VFC or 317 and are unable to meet the cost of immunizations provided
  - The actual cost of administration fees and the adjustments made, if any, to administration fees based on payer, patient age, and/or vaccine eligibility code
  - The purchasing of privately owned vaccine and how fees are set for vaccine charges to the client
  - The appropriate charge for vaccine purchased from OIP, by including a statement that says, “We will not charge more than the OIP-published price for billable vaccine.”
  - Billing processes based on payer type (DMAP/CCOs, private insurance, etc.), patient age, and vaccine eligibility code
  - The appropriate billing procedures for Medicaid-covered adults<sup>2</sup>
  - The appropriate billing procedures for Medicaid-covered children birth through 18 years<sup>3</sup>
  - Is updated annually or as changes occur
- With certain limited exceptions as published in vaccine eligibility charts, uses no federally funded vaccine on insured clients, including adult Medicaid and all Medicare clients<sup>4</sup>
- Implementation will be completed by December 31, 2014.

## Tier Two

In addition to all Tier 1 activities, the LHD:

- As needed, considers developing contracts or other appropriate agreements with relevant payers to assure access to immunization services for insured members of the community
- Fulfills credentialing requirements of contracts/agreements
- Bills private and public health plans directly for immunization services, when feasible, rather than collecting fees from the client and having them submit for reimbursement
- Screens immunization clients to determine amount owed for service at all LHD clinics, including those held offsite
- Devises a plan to implement results of administration fee cost analysis

## Tier Three

In addition to all Tier 1 and Tier 2 activities, the LHD:

- Conducts regular quality assurance measures to ensure costs related to LHD’s immunization services are being covered
- Implements administration charges based on results of the administration fee cost analysis
- Works to assure access to immunizations for Medicare-eligible members of the community and, if access is poor, provides Medicare Part B and/or Part D vaccines, as needed, and bills appropriately to cover the cost

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<sup>1</sup> This fee is determined by the Centers for Medicaid and Medicare Services (CMS) for each state

<sup>2</sup> Uses vaccine eligibility code B for Billable (or L if Locally-owned) and bills DMAP/CCOs for the vaccine and an administration fee that reflects the actual cost of providing immunizations

<sup>3</sup> Uses vaccine eligibility code M for OHP/Medicaid clients and bills DMAP/CCOs an administration fee that does not exceed the CMS allowed amount for the State of Oregon, \$21.96 per injection

<sup>4</sup> Insured clients should be assigned a vaccine eligibility code of B or L

**Attachment E**

**FINANCIAL ASSISTANCE AWARD  
Award Period July 1, 2016 through June 30, 2017**

<b>State of Oregon</b>			<b>Page 1 of 2</b>
<b>Oregon Health Authority Public Health Division</b>			
<b>1) Grantee</b> Name: Yamhill County Public Health  Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128	<b>2) Issue Date</b> June 15, 2016	<b>This Action</b> ORIGINAL FY2017	
		<b>3) Award Period</b> From July 1, 2016 Through June 30, 2017	
<b>4) OHA Public Health Funds Approved</b>			
<b>Program</b>	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health			114,959
PE 03 TB Case Management			3,879 ( c )
PE 12 Public Health Emergency Preparedness			
PE 13 Tobacco Prevention & Education			107,535
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES			51,072 ( a )
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES			6,919
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES			11,264
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES			26,283
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES			3,688
PE 42 Babies First FAMILY HEALTH SERVICES			11,370
PE 43 Immunization Special Payments			28,324 ( b )
PE 44 School Based Health Centers -- BASE FAMILY HEALTH SERVICES			115,478 ( d )
<b>5) FOOTNOTES:</b>			
a) The Title X funding may change due to availability of funds and funding formula calculation based on clients served in Fiscal Year 2015. b) Immunization Special Payments is funded by State General Funds and is matched dollar for dollar with Federal Medicaid Match. c) \$418 needs to be expended by 12/31/16 d) \$5,000 is for School Based Health Center Youth Friendly Clinic Grant Funds.			
<b>6) Capital Outlay Requested in This Action:</b>			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>



Attachment G

Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200

<b>PE03 Tuberculosis Services</b>					
FY17 07/01/16 - 06/30/17 Revised 05-23-16		July 1, 2016-Dec 31, 2016	Jan 1, 2017-June 30, 2017	July 1, 2016-June 30, 2017	
Federal Award Identification Number(FAIN): U52PS004708		U52PS004708	U52PS004708	N/A	
Federal Award Date: TBD - approx 12/30/15		TBD - approx 12/30/15	TBD - approx 12/30/16	N/A	
Performance Period: 01/01/16 - 12/31/16		01/01/16 - 12/31/16	01/01/17 - 12/31/17	07/01/16 - 06/30/17	
Federal Awarding Agency: CDC		CDC	CDC	OHA- State General Fund	
CFDA Number: 93.116		93.116	93.116	N/A	
CFDA Name: Tuberculosis Control & Elimination		Tuberculosis Control & Elimination	Tuberculosis Control & Elimination	Tuberculosis Control & Elimination	
Total Federal Award: \$586,061		586061 - estimated	586061 - estimated	\$169,380	
Project Description: Tuberculosis Services		Tuberculosis Services	Tuberculosis Services	Tuberculosis Services	
Awarding Official: Arthur Lusby, alusby@cdc.gov		Arthur Lusby, alusby@cdc.gov	Arthur Lusby, alusby@cdc.gov	Veda Latin-Green	
Indirect Cost Rate: 17.45%		TBD	TBD	N/A	
Research And Development(Y/N): N		N	N	N	
Agency/Contractors Name	DUNS	Est Award Amount*	Est Award Amount	Est Award Amount	Total SFY 17 Award
YAMHILL	962184128	\$ 418.00	\$ 646.00	\$ 2,815.00	\$ 3,879.00

<b>PE 13 HPCDP Tobacco Prevention &amp; Education Program-Counties SFY 17</b>					
Federal Award Identification Number(FAIN):					U58DP005986
Federal Award Date:					TBD
Performance Period:					3/29/16-3/28/17
Federal Awarding Agency:					CDC
CFDA Number:					93.305
CFDA Name:					National State Based Tobacco Control Programs
Total Federal Award:					\$974,609
Project Description:		Tobacco Ballot Measure 44 (Tobacco Use Reduction Account)	Tobacco Master Settlement Account		Oregon Collaborative Chronic Disease, Health Promotion, and Surveillance Program
Awarding Official:					TBD
Indirect Cost Rate:					17.45%
Research And Development(Y/N):					N
Agency/Contractors Name	Index/Pca	Tobacco Ballot Measure 44 50341/52269	TMSA 50341/52268	Tobacco CDC (Ph 17) 50341/52620	TOTALS
Agency/Contractors Name	DUNS	Total SFY 17 Award	Total SFY 17 Award	Total SFY 17 Award	Total SFY 17 Award
YAMHILL	962184128	\$ 107,323		\$ 212	\$ 107,535

<b>PE 41 Reproductive Health - FY17 (July 16 - June 17)</b>			
Federal Award Identification Number(FAIN):		FPHPA106038	
Federal Award Date:		N/A	
Performance Period:		06/30/16-06/29/2017	
Federal Awarding Agency:		DHHS/PHS/PA	
CFDA Number:		93.217	
CFDA Name:		Family Planning Services	
Total Federal Award:		N/A	
Project Description:		Oregon Reproductive Health Program	
Awarding Official:		Robin Fuller, robin.fuller@hhs.gov	
Indirect Cost Rate:		17.45%	
Research And Development(Y/N):		N	
		Index/PCA 50333/TBD	
Agency/Contractors Name	DUNS	Initial Award	Total SFY 17 Award
YAMHILL	962184128	\$ 51,072.00	\$ 51,072.00

PE 42 Maternal And Child Health Programs SFY 17 (July 2016 - June 2017) - CAH GF & Title XIX				
<b>Federal Award Identification Number(FAIN):</b>		05-0305OR5048		
<b>Federal Award Date:</b>		10/1/2016		
<b>Performance Period:</b>		10/1/15-9/30/16		
<b>Federal Awarding Agency:</b>		Title XIX Medicaid Admin		
<b>CFDA Number:</b>		93.778		
<b>CFDA Name:</b>		Medical Assistance Program		
<b>Total Federal Award:</b>				
<b>Project Description:</b>		Medicaid Administration		
<b>Awarding Official:</b>				
<b>Indirect Cost Rate:</b>				
<b>Research And Development(Y/N):</b>		N		
	<b>Index/Pca</b>	CAH GF	CAH GF(FF Match)	CAH GF
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>	<b>Award Amount</b>	<b>Total SFY 17 Award</b>
YAMHILL	962184128	\$ 3,460	\$ 3,460	\$ 6,919

PE 42 Maternal And Child Health Programs SFY 17 (July 2016 - June 2017) - Perinatal GF & Title XIX				
<b>Federal Award Identification Number(FAIN):</b>		05-0305OR5048		
<b>Federal Award Date:</b>		10/1/2016		
<b>Performance Period:</b>		10/1/15-9/30/16		
<b>Federal Awarding Agency:</b>		Title XIX Medicaid Admin		
<b>CFDA Number:</b>		93.778		
<b>CFDA Name:</b>		Medical Assistance Program		
<b>Total Federal Award:</b>				
<b>Project Description:</b>		Medicaid Administration		
<b>Awarding Official:</b>				
<b>Indirect Cost Rate:</b>				
<b>Research And Development(Y/N):</b>		N		
	<b>Index/Pca</b>	Perinatal GF	Perinatal GF(FF Match)	Perinatal GF
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>	<b>Award Amount</b>	<b>Total SFY 17 Award</b>
YAMHILL	962184128	\$ 1,844	\$ 1,844	\$ 3,688

PE 42 Maternal And Child Health Programs SFY 17 (July 2016 - June 2017) - Title V CAH				
<b>Federal Award Identification Number(FAIN):</b>		6B04MC29358		TBD
<b>Federal Award Date:</b>		2/11/2016		TBD
<b>Performance Period:</b>		10/01/2015-09/30/2017		10/01/16-9/30/18
<b>Federal Awarding Agency:</b>		DHS/HRSA		DHS/HRSA
<b>CFDA Number:</b>		93.994		93.994
<b>CFDA Name:</b>		MCH Block Grant		MCH Block Grant
<b>Total Federal Award:</b>		\$2,370,092		TBD
<b>Project Description:</b>		Maternal and Child Health Services		Maternal and Child Health Services
<b>Awarding Official:</b>		Sheri Downing-Futrell, sdowning-futrell@hrsa.gov		TBD
<b>Indirect Cost Rate:</b>		10%		10%
<b>Research And Development(Y/N):</b>		N		N
	<b>Index/Pca</b>	Title V CAH	Title V CAH	Title V CAH
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>	<b>Award Amount</b>	<b>Total SFY 17 Award</b>
YAMHILL	962184128	\$ 2,816	\$ 8,448	\$ 11,264

2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE FINANCING OF PUBLIC HEALTH SERVICES

PE 42 Maternal And Child Health Programs SFY 17 (July 2016 - June 2017) - Title V Flexible				
<b>Federal Award Identification Number(FAIN):</b>	6804MC29358	TBD		
<b>Federal Award Date:</b>	2/11/2016	TBD		
<b>Performance Period:</b>	10/01/2015-09/30/2017	10/01/16-9/30/18		
<b>Federal Awarding Agency:</b>	DHS/HRSA	DHS/HRSA		
<b>CFDA Number:</b>	93.994	93.994		
<b>CFDA Name:</b>	MCH Block Grant	MCH Block Grant		
<b>Total Federal Award:</b>	\$2,370,092	TBD		
<b>Project Description:</b>	Maternal and Child Health Services	Maternal and Child Health Services		
<b>Awarding Official:</b>	Sheri Downing-Futrell, sdowning-futrell@hrsa.gov	TBD		
<b>Indirect Cost Rate:</b>	10%	10%		
<b>Research And Development(Y/N):</b>	N	N		
	<b>Index/Pca</b>	<b>Title V Flex</b>	<b>Title V Flex</b>	<b>Title V Flex</b>
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>	<b>Award Amount</b>	<b>Total SFY 17 Award</b>
YAMHILL	962184128	\$ 6,571	\$ 19,712	\$ 26,283

PE 50 Title and description: Safe Drinking Water (SDW) Program for FISCAL YEAR 17					
<b>Federal Award Identification Number(FAIN):</b>	98009015	00031216	N/A		
<b>Federal Award Date:</b>	09/09/15	12/18/15	N/A		
<b>Performance Period:</b>	07/01/15-07/31/18	10/01/15-09/30/16	FY17		
<b>Federal Awarding Agency:</b>	EPA	EPA	Other Funds		
<b>CFDA Number:</b>	66.468	66.432	N/A		
<b>CFDA Name:</b>	Capitalization Grants/Drinking Water State Revolving Fund	State Public Water System Supervision	DWS Medical Marijuana Program Allocation		
<b>Total Federal Award:</b>	\$16,232,300	\$1,611,000	N/A		
<b>Project Description:</b>	Oregon's Safe Drinking Water Revolving Fund	Public Water System Supervision Program			
<b>Awarding Official:</b>	Harold Rodgers @ Rogers.Harold@epa.gov	Harold Rodgers @ Rogers.Harold@epa.gov			
<b>Indirect Cost Rate:</b>	17.45%	17.45%			
<b>Research And Development(Y/N):</b>	N	N			
<b>Agency/Contractors Name</b>	<b>DUNS</b>	<b>Award Amount</b>	<b>Award Amount</b>	<b>Award Amount</b>	<b>Total</b>
YAMHILL	962184128	\$ 12,352	\$ 13,896	\$ 12,352	\$ 38,600