

STATEMENT OF WORK  
To Original Contract Number \*\* \*\*\* \*\*\*\*\*

**These provisions are to be read and interpreted in conjunction with the provisions of the contract specified above.**

**I. Project Description**

This project serves as a planning program to strengthen and enhance the preparedness of the health and medical system to respond to and recover from emergency incidents through the development of Health Care Coalitions (HCC) throughout Colorado. HCC development includes mandatory criteria for HCC membership, alignment with the Division of Homeland Security and Emergency Management All Hazards Regions, creation of governance structures that include fiscal procedures, and the creation of a preparedness plan. This project consists of developing a hazard vulnerability assessment that uses at-risk population data to increase well-rounded planning. To test these planning efforts, the HCC shall conduct communication tests and a Medical Response and Surge Exercise (MRSE), ensuring they have the capacity and capability to access immediate patient bed availability, track patients, share needed information keeping situational awareness for responders, and continue to advance an effective regionalized health and medical emergency management system in support of jurisdictional response. This is done through maintaining and growing HCC functioning through maintaining current regional boundaries, core member organizations engagement with training, exercises, governance, and participation in current and future federal health care situational awareness initiatives. HCC functional growth is addressed through 5 (five) key gaps: 1) Identifying Risks and Needs; 2) Developing coordinated response plans; 3) Plan for continuity of operations; 4) Maintaining access to resources during emergencies; and 5) Planning for medical surge.

**II. Definitions**

1. AAR- After Action Report
2. AAR/IP-After Action Report Improvement Plan
3. ACS - Alternate care systems
4. AFN-Access and Functional Needs
5. BP1 – Budget Period 1, July 2019-June 2020
6. BP2 – Budget Period 2, July 2020-June 2021
7. BP3 – Budget Period 3, July 2021 – June 2022
8. BP4 – Budget Period 4, July 2022 – June 2023
9. BP5 – Budget Period 5, July 2023-June 2024
10. CAT – Capability Assessment Tool
11. CBRNE-Chemical, Biological, Radiological, Nuclear and high yield Explosives
12. CDPHE-Colorado Department of Public Health and Environment
13. CEPA – Colorado Emergency Preparedness Assessment
14. CHA - Colorado Hospital Association
15. CICO- Community Inclusion in Colorado
16. CMIST-Human needs before, during or after a public health emergency; Communication, Independence Transportation, Maintaining Health, Support and Safety
17. CO-SHARE: Colorado State Health and Readiness Exchange
18. EEI – Essential Elements of Information
19. emPOWER data- A database shared between the Office of the Assistant Secretary for Preparedness and Response and the Centers for Medicare and Medicaid Services
20. ESAR-VHP- Emergency System for Advance Registration of Volunteer Health Professionals
21. ESF #8 Health and Medical
22. Fiscal Year – A 12-month period beginning on July 1 of each calendar year and ending on June 30 of the following calendar year

- 23. FOA – Funding Opportunity Announcement
- 24. FTE – Full Time Employee
- 25. HCC- Healthcare Coalition
- 26. HCC Core Member organizations – This includes hospitals, public health, EMS, and Emergency Management
- 27. HPP - Hospital Preparedness Program
- 28. HVA Data-High Value Asset Data
- 29. IP - Improvement Plan
- 30. IPP - Integrated Preparedness Plan
- 31. IPPW - Integrated Preparedness Plan Workshop
- 32. JRA - Jurisdictional Risk Assessment.
- 33. MoCC\_- Medical Operations Coordination Cell
- 34. MRC- A program that includes medical, public health professionals and volunteers to assist with emergency preparedness and response efforts
- 35. MRSE - Medical Response and Surge Exercise
- 36. NIMS - National Incident Management System.
- 37. OEPR - Office of Emergency Preparedness and Response
- 38. RRC - Readiness and Response Coordinator

**III. Work Plan**

<b>Goal #1:</b> To strengthen and enhance the capabilities of state, local, and territorial health care systems to respond effectively to evolving threats and other emergencies within Colorado.	
<b>Objective #1:</b> No later than the expiration date of the Contract, increase healthcare system emergency preparedness in Colorado through Health Care Coalition (HCC) maintenance and growth. as they prepare for, respond to, and recover from Medical surge emergencies.	
<b>Primary Activity #1</b>	The Contractor shall meet all Annual Benchmarks.
<b>Sub-Activities #1</b>	<ol style="list-style-type: none"> <li>1. The Contractor shall develop the draft HCC budget for Budget Period 5 (BP)5.</li> <li>2. The Contractor shall develop the final HCC budget for BP4.</li> <li>3. The Contractor shall submit the final HCC Work Plan for BP4.</li> <li>4. The Contractor shall develop an HCC Work Plan utilizing Capability Assessment Tool (CAT) data for BP5.</li> <li>5. The Contractor shall complete the Medical Response and Surge Exercise (MRSE):</li> <li>6. The Contractor shall complete all MRSE Performance Measures in the CAT.</li> <li>7. The Contractor shall complete redundant communications drills every six (6) months.</li> <li>8. The Contractor shall identify which regional hospital functions as the Chair or Co-Chair of the HCC for BP4.</li> </ol>
<b>Primary Activity #2</b>	The Contractor shall meet all Performance Measures.

<p><b>Sub-Activities #2</b></p>	<ol style="list-style-type: none"> <li>1. The Contractor shall update the HCC member organization list.</li> <li>2. The Contractor shall update the HCC Response Plan.</li> <li>3. The Contractor shall integrate emPOWER data into response planning every six (6) months.</li> <li>4. The Contractor shall implement a process to integrate individual member organizations After Action Report findings into the HCC Response Plan.</li> </ol>
<p><b>Primary Activity #3</b></p>	<p>The Contractor shall build competency in Capability1: Foundation for Health Care and Medical Readiness.</p>
<p><b>Sub-Activities #3</b></p>	<ol style="list-style-type: none"> <li>1. The Contractor shall complete the HCC Activities Tracker no less than quarterly.</li> <li>2. The Contractor shall update HCC governance documents.</li> <li>3. The Contractor shall recruit new member organizations to the HCC.</li> <li>4. The Contractor shall update the HCC health and medical focused Jurisdictional Risk Assessment (JRA).</li> <li>5. The Contractor shall attend each county Colorado Emergency Preparedness Assessment (CEPA) event.</li> <li>6. The Contractor shall create a Resource Assessment Inventory Report.</li> <li>7. The Contractor shall update the HCC Preparedness Plan.</li> <li>8. The Contractor shall complete the capability assessment in the CAT biannually.</li> <li>9. The Contractor shall review the CAT with OEPR annually.</li> <li>10. The Contractor shall provide direction to the HCC Clinical Advisor to engage the health care delivery system’s clinical leadership.</li> <li>11. The Contractor shall direct the HCC Clinical Advisor to attend quarterly meetings facilitated by the Colorado Hospital Association (CHA).</li> <li>12. The Contractor shall direct the Readiness and Response Coordinator (RRC) to engage community leaders in health care preparedness planning activities.</li> <li>13. The Contractor shall direct the RRC to engage community leaders in health care preparedness exercises.</li> <li>14. The Contractor shall implement the National Incident Management System (NIMS) training for HCC leadership.</li> <li>15. The Contractor shall participate in the development and/or update of the regional Integrated Preparedness Plan (IPP).</li> <li>16. The Contractor shall participate in their Regional All-Hazards IPP Workshop (IPPW)</li> <li>17. The Contractor shall attend a minimum of two (2) Access and Functional Needs (AFN)-CMIST meetings annually.</li> <li>18. The Contractor shall implement the HCC Sustainability Plan.</li> </ol>
<p><b>Primary Activity #4</b></p>	<p>The Contractor shall build competency in Capability 2: Health Care and Medical Response Coordination.</p>

<p><b>Sub-Activities #4</b></p>	<ol style="list-style-type: none"> <li>1. The Contractor shall complete the Response Plan Checklist.</li> <li>2. The Contractor shall integrate the Combined Hospital Transfer Center Plan into the HCC Response Plan.</li> <li>3. The Contractor shall present the HCC’s information sharing plan at a HCC Coordinator Quarterly Meeting including regionally specific Essential Elements of Information (EEI).</li> <li>4. The Contractor shall present the HCC’s process for providing a communication and coordination role within their respective jurisdictions at a Readiness and Response Coordinator (RRC) Quarterly Meeting.</li> <li>5. The Contractor shall present the identified roles of the HCC in relation to each jurisdictional Emergency Support Function (ESF)8 leadership within their region at a RRC Quarterly Meeting.</li> <li>6. The Contractor shall invite the Regional Epidemiologist to present information to a HCC Member Meeting a minimum of one time.             <ol style="list-style-type: none"> <li>a. Presentations may include one of the following topics:                 <ol style="list-style-type: none"> <li>i. Current surveillance methods</li> <li>ii. Current epidemiologic information or trends</li> </ol> </li> </ol> </li> </ol>
<p><b>Primary Activity #5</b></p>	<p>The Contractor shall build competency in Capability 3: Continuity of Health Care Service Delivery.</p>
<p><b>Sub-Activities #5</b></p>	<ol style="list-style-type: none"> <li>1. The Contractor shall present the HCC Supply Chain Assessment at a RRC Quarterly Meeting.</li> <li>2. The Contractor shall document all items purchased with HPP funds in the HCC Inventory Management Program including but not limited to:             <ol style="list-style-type: none"> <li>a. Pharmaceuticals</li> <li>b. Equipment</li> <li>c. Supplies</li> <li>d. Other medical material</li> </ol> </li> <li>3. The Contractor shall identify HCC roles in partnership with jurisdictional partners regarding evacuation planning.</li> <li>4. The Contractor shall provide feedback on the Colorado Department of Public Health and Environment (CDPHE) Office of Emergency Preparedness and Response (OEPR) Recovery Plan.</li> <li>5. The Contractor shall identify activities for integration of the Worker Resilience and Retention Program.</li> </ol>
<p><b>Primary Activity #6</b></p>	<p>The Contractor shall build competency in Capability 4: Medical Surge.</p>
<p><b>Sub-Activities #6</b></p>	<ol style="list-style-type: none"> <li>1. The Contractor shall present the HCC Volunteer Management Plan at a RRC Quarterly Meeting.</li> <li>2. The Contractor shall develop BP4 Funding Opportunity Announcement (FOA). required Annex to their base medical surge/trauma mass casualty Response Plan.</li> <li>3. The Contractor shall direct the HCC Clinical Advisor to submit a Review of the coalition mass casualty/surge plan annex.</li> <li>4. The Contractor shall direct the HCC Clinical Advisor to provide input on the HCC’s integration of the Colorado Crisis Standards of Care Plan into the HCC’s Response Plan.</li> <li>5. The Contractor shall participate in CDPHE facilitated table top exercises related to specialty annexes.</li> <li>6. The Contractor shall validate their BP4 FOA required annex via a standardized tabletop discussion based exercise.</li> </ol>

	<ol style="list-style-type: none"> <li>7. The Contractor shall develop After Action Reports (AAR) Improvement Plans (IPs) for all exercises.</li> <li>8. The Contractor shall submit a COVID 19 pandemic response AAR/IP document.</li> </ol>
<p><b>Primary Activity #7</b></p>	<p>The Contractor shall act as a fiduciary intermediary for the regional HCC.</p>
<p><b>Sub-Activities #7</b></p>	<ol style="list-style-type: none"> <li>1. The Contractor shall hire a minimum of 1.0 Full time employee (FTE) to carry out the responsibilities of the Clinical Advisor and HCC RRC positions.</li> <li>2. The Contractor shall develop a HCC Sub-Awardee Agreement Plan with their regional HCC in conjunction with HCC Core Member organizations.</li> <li>3. The Contractor shall accomplish Primary Activities one (1) through six (6) in accordance with associated Standards and Requirements.</li> <li>4. The Contractor shall provide a monthly updated budget to the HCC Steering Committee.</li> <li>5. The Contractor shall facilitate a budget workshop with the HCC Steering Committee during the first 30 days following the effective date of the contract.             <ol style="list-style-type: none"> <li>a. A final budget and annual spend plan will be developed</li> </ol> </li> <li>6. The Contractor shall collect the HCC Activities Tracker from the RRC outlining the completion of Primary Activities one (1) through six (6).</li> <li>7. The Contractor shall submit the standardized invoice for HCC reimbursement at least quarterly.</li> <li>8. The Contractor shall complete quarterly fiscal expenditure reports.</li> </ol>
<p><b>Standards and Requirements</b></p>	<p><b>Overarching Standards and Requirements</b></p> <ol style="list-style-type: none"> <li>1. The content of electronic documents located on CDPHE and non-CDPHE websites and information contained on CDPHE and non-CDPHE websites may be updated periodically during the contract term. The contractor shall monitor documents and website content for updates and comply with all updates.</li> <li>2. The Contractor shall comply with <i>The Hospital Preparedness Program Funding Opportunity Announcement (FOA)</i>. It is a primary resource document to guide all activities including the Annual Benchmarks and the Performance Measures. The Annual Benchmarks are in Table 1 and the Performance Measures are in Exhibit D of the FOA. This link is incorporated and made part of this contract by reference and is available at the following website: <a href="https://drive.google.com/file/d/1zB-hyTV2FkIyX_gZwFz8yzAq2ans1urC/view">https://drive.google.com/file/d/1zB-hyTV2FkIyX_gZwFz8yzAq2ans1urC/view</a></li> <li>3. The Contractor shall comply with the <i>2017-2022 HPP Capabilities</i>. This document is a primary resource document to guide all activities. This link is incorporated and made part of this contract by reference and is available at the following website: <a href="https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capabilities.pdf">https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capabilities.pdf</a></li> <li>4. The Contractor shall comply with the annually updated <i>OEPR HCC Contract Guidance</i> to complete activities and deliverables. This link is incorporated and made part of this contract by reference and is available at the following website: <a href="https://sites.google.com/state.co.us/co-share/hpp?authuser=0">https://sites.google.com/state.co.us/co-share/hpp?authuser=0</a></li> <li>5. The Contractor shall ensure that all HCC-funded projects are tied to a regionally identified hazard or risk from the HCC JRA or an identified capability gap.</li> <li>6. The Contractor shall attend quarterly reimbursement request review meetings with the CDPHE Contract Monitor.</li> </ol>

**Annual Benchmarks**

7. The Contractor shall complete the Medical Response and Surge Exercise (MRSE) this Budget Period if it was not completed in BP3.
8. The Contractor shall utilize the CDPHE provided HCC Detailed Budget Template found here: <https://drive.google.com/u/0/open?id=1NOSujHNGjFwMtTTdzvEMz7gHcxrIFRpBdRsDbIzIpZo>. This link is incorporated and made part of this contract by reference.
9. The Contractor's budget shall obligate the HCC funds to appropriate HCC activities with expected expenditures identified in the SOW, Funding Opportunity Announcement, HCC Work Plan, and/or identified as a gap in the previous year's AAR/IP or JRA, captured on a quarterly basis to assure full expenditure of HCC funds by end of the fiscal year.
10. The Contractor shall require HCC Core Member organizations be represented at all HCC meetings, virtually or in-person.
11. The Contractor shall offer all HCC member organizations the opportunity to review and provide feedback/input to all HCC plans, governance, and AAR/IP documents.
12. The Contractor shall require all HCC Core Member organizations participate in all HCC exercises, After Action Surveys, After Action Reports and Improvement Plans.
13. The Contractor shall inform Public Health Regional Staff and Regional Epidemiologists of HCC Meetings, HCC activities, training, and exercises.
14. The Contractor shall participate in federal health care situational awareness initiatives.
15. The Contractor shall comply with the *MRSE Manual* and *Evaluation Tools* in the collection of MRSE data to respond to Performance Measures 14 to 21. This link is incorporated and made part of this contract by reference and are available on the following website: <https://aspr.hhs.gov/HealthCareReadiness/guidance/MRSE/Pages/default.aspx>
16. The Contractor shall utilize the HCC Contact list in CO-SHARE to document changes to HCC leadership team roles.
17. The Contractor shall ensure the first redundant communications drill occurs at a minimum of 6 months following the last BP communication drill.
18. The Contractor shall ensure HCC redundant communications drills include:
  - a. Primary communications platform
  - b. One (1) redundant platform not connected to the commercial power grid

**Performance Measures**

19. The Contractor shall utilize the following to update the HCC Response Plan:
  - a. Required special surge annexes
  - b. AAR/IPs
  - c. Capability Assessment Data
  - d. High Value Asset Data (HVA)
  - e. emPOWER data
20. The Contractor shall utilize the Member Organization Spreadsheet to document Member Organization information. This link is incorporated and made part of this contract by reference and is available on the following website: <https://docs.google.com/spreadsheets/d/1eKSrjUSaQPj8VdyRODZg0kuuF6NqmwXpubJzZxkSaU/edit?usp=sharing>
21. The Contractor shall utilize the Member Organization Spreadsheet to document which Member Organizations are new and which Member Organizations have dropped out of HCC membership.
22. The Contractor shall ensure all HCC Core Member Organizations are represented in response plans annexes and are active in plan development.

23. The Contractor shall comply with the Response Plan Template and Guidance Document when completing the Response Plan Update. This link is incorporated and made a part of this contract by reference and are available on the following website:  
<https://drive.google.com/file/d/1pLTL03KdmWkV8ZdyGMWRVbYBR53ni-u3/view?usp=sharing>
24. The Contractor shall comply with the Hospital Preparedness Program Funding Opportunity Announcement (FOA), pages 56-58 by including Response Plan elements into the HCC plan.
25. The Contractor shall ensure the response plan describes the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resources management.
26. The Contractor shall require the HCC Response Plan references transfer agreements with pediatric, trauma, and burn centers as well as in appropriate surge annexes.
27. The Contractor shall utilize Community Inclusion in Colorado (*CICO*) maps and data to access the emPOWER data and inform Preparedness and Response Plans. This link is incorporated and made part of this contract by reference and are available at the following websites:  
<https://www.colorado.gov/pacific/cdphe/community-inclusion-colorado>
28. CDPHE will provide training on the use of CICO Maps upon request.
29. CDPHE will provide data training for emPOWER DATA upon request.
30. The Contractor shall include the Regional Epidemiologist in activities related to the maintenance of the surveillance and epidemiological components of the HCC preparedness and response plans within the region.

#### Capability 1

31. The Contractor shall utilize the *HCC Activities Tracker Template*. This link is incorporated and made part of this contract by reference and is available at the following website:  
<https://docs.google.com/spreadsheets/d/1UceFsstDoj6zwt9mY50d7Tf3sj7SkZj75SAFqf9iIRU/edit#gid=851462627>
32. The Contractor shall be document the following in the Activities Tracker:
  - a. Key gaps identified in the CAT, JRA and/or resource assessment and mitigation actions taken to address said gaps
  - b. The activities of the HCC to build inclusive planning for people with access and functional needs addressing the core needs identified through CMIST marking key quarter over quarter and year over year progress
  - c. Action steps taken regarding regulatory requirements
  - d. Document that core member organizations have representatives at all HCC meetings
  - e. Accessing every six months emPOWER and/or CICO Maps to include in preparedness and response plans
  - f. Attendance at statewide AFN/CMIST meetings
  - g. HCC activities to build inclusive planning for people with CMIST challenges
  - h. Which member organizations have reviewed the HCC Preparedness Plan
  - i. Identified strategies and tactics integrated from the MPRDHRS into the Response Plan
  - j. NIMS training progress with HCC leadership and members
  - k. IPP attendance
  - l. Clinical Advisor activities at a minimum:
    - i. CSC Input
    - ii. Liaison with medical leadership in member organizations
    - iii. Review of HCC Plans
    - iv. Review of HCC Exercises
    - v. Review of MCI/Surge Plans for appropriate patient distribution

- m. RRC Activities
  - n. Inclusion of the Regional Epidemiologist in planning activities.
  - o. Plan Crosswalk identifying where key planning elements are located in Preparedness, Response or Continuity of Operations Plans
33. The Contractor shall provide the Clinical Advisors assistance to include:
- a. Feedback on operational roles
  - b. Acknowledgement and understanding of each facility
  - c. Acknowledgement and understanding of each regional strategic
  - d. Acknowledgement of operational roles in acute medical surge planning
34. The Contractor shall ensure the HCC RRC participates in the quarterly meetings held by CDPHE.
35. CDPHE will provide the contractor with HCC Coordinator meetings dates, times, and places no later than thirty (30) days before the event.
36. The Contractor shall require an HCC Coordinator or designee from the leadership team attend all HCC Coordinator Meetings implemented by CDPHE.
37. The Contractor shall utilize the *Governance Document Template* to complete the annual review and make needed revisions to the HCC Governance Document. This link is incorporated and made part of this contract by reference and is available on the following website:  
[https://docs.google.com/document/d/1UCuVyb09Vn610td4cWNgSIKeGkMShW\\_IwUZefdWA1j4/edit?usp=sharingF](https://docs.google.com/document/d/1UCuVyb09Vn610td4cWNgSIKeGkMShW_IwUZefdWA1j4/edit?usp=sharingF)
38. The Contractor shall update the Governance document to reflect that Core Members on the HCC Steering Committee represent all like Core Members in approval and signatures required in all HCC documents.
39. The Contractor shall include all elements contained in the Governance Document Template in the HCC Governance documents if not using the template.
40. The Contractor shall include, and utilize the following to update the JRA:
- a. Previous annual HCC JRA
  - b. After Action Reports/Improvement Plans
  - c. Resource Assessments
  - d. Capability Assessments
  - e. Clearly identify current threats, risks, vulnerabilities, and impacts to the regional delivery of healthcare services
  - f. High level overview data from Colorado Emergency Preparedness Assessment (CEPA) reports
  - g. High level overview data of HVA from membership facilities.
  - h. Differentiate between hazards (natural threats), threats (human caused/created threats), vulnerabilities (outcome from not addressing human created threats) and consequences (outcome from not addressing hazards, threats, or vulnerabilities)
  - i. Risk Formula: Likelihood X consequence = risk.
41. The Contractor shall comply with the requirements stated in the *2017-2022 Healthcare Preparedness and Response Capabilities* when:
- a. Completing the Annual Jurisdictional Risk Assessment.
  - b. Completing the Resource Assessment
  - c. Updating the Preparedness Plan
- This link is incorporated and made part of this contract by reference and is available on the following website: <https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capabilities.pdf>
42. The Contractor shall update the Preparedness Plan following major incidents or large scale exercises using lessons learned to guide improvement response.



43. The Contractor shall comply with the AFN and Pediatric Community Guidance when updating the Preparedness Plan. This link is incorporated and made part of this contract by reference and are available at the following websites:  
<https://drive.google.com/file/d/1VNXYw7YmxRs96oN4wiJvjwjFExsdKsmJ/view>
44. The Contractor shall utilize the ASPR CAT Guidance 2019 developed by CDPHE when completing the biannual CAT assessment. This link is incorporated and made part of this contract by reference and is available at the following website: [https://docs.google.com/document/d/1BD82\\_4nDyJ5h6-mEqU7WBvRByYKR4wLxPgqz34vxXbo/edit](https://docs.google.com/document/d/1BD82_4nDyJ5h6-mEqU7WBvRByYKR4wLxPgqz34vxXbo/edit)
45. The Contractor shall require the HCC Clinical Advisor engages the healthcare delivery system leadership within the region to:
  - a. Provide input, acknowledgement and understanding of their facility within the HCC
  - b. Educate regarding the regional strategic and operational roles in acute medical surge planning
  - c. Educate regarding Chemical, Biological, Radiological, Nuclear and high yield Explosives (CBRNE), trauma, burn and pediatric readiness and response
  - d. Educate to build an understanding of the scope of specialized clinical expertise throughout the HCC and include clinicians from a wide range of specialties in HCC activities on a regular basis to validate medical surge plans and realistic training and exercises
46. The Contractor shall require the Clinical Advisor report activities related to engaging health care delivery system clinical leaders within the HCC Activities Tracker.
47. The Contractor shall require the HCC RRC to engage the following entities to promote the resilience of the entire community.
  - a. Community leaders of businesses
  - b. Charitable organizations
  - c. The media
48. The Contractor shall integrate strategies and tactics with the Mountain Plains Regional Disaster Health Response System into the Response Plan and document changes.
49. The Contractor shall maintain a continual recruitment process until all health and medical entities within the region are members of the HCC to include health and medical entities such as:
  - a. Medical supply chain organizations,
  - b. Pharmacies,
  - c. Blood banks,
  - d. Clinical labs,
  - e. FQHCs,
  - f. Outpatient care centers,
  - g. Long term care organizations should be recruited.
50. The Contractor shall review progress toward the activities identified from the ten (10) sustainability elements identified in the *Hospital Preparedness Program Funding Opportunity Announcement (FOA)*, pages 53-54, and update as needed in the Sustainability Plan.
51. The Contractor shall recruit the emergency management and public health agencies to attend any Integrated Preparedness Plan Workshop (IPPW) within their region to include but not be limited to:
  - a. HCC's RRC
  - b. Clinical Advisor
  - c. HCC Chair
  - d. Representatives from HCC hospitals
  - e. EMS
52. The Contractor shall focus on functional capability assessment when reviewing the CAT with OEPR.
53. OEPR will schedule CAT reviews at least thirty (30) days prior to the due date.

**Capability 2**

54. The Contractor shall include the following in The Response Plan:
- a. The HCC's ability to effectively communicate and address resource needs requiring ESF-8 assistance
  - b. The HCC's ability to support the increase of emergency and inpatient services to meet the demands of a medical surge event
  - c. The HCC's ability to determine bed, staffing and resource availability
  - d. The HCC's ability to identify patient movement requirements
  - e. The HCC's ability to support acute care patient management and throughput
  - f. The HCC's ability to initiate and support crisis care plans
  - g. The HCC's ability to provide behavioral health support and services to patients, families, responders, and staff
  - h. The incorporation of available resources for management of mass fatalities through ESF8
  - i. Identified coordination processes with each ESF #8 lead agency within the region
  - j. The supporting Member Organizations ability to facilitate provider-to- provider communication, rapidly alert and notify the following during an emergency:
    - i. Employees
    - ii. Healthcare providers
    - iii. Non-clinical staff
    - iv. Patients
    - v. Visitors
  - k. How the HCCs integration with the jurisdictions ESF-8 lead agency ensures sharing information with:
    - i. local,
    - ii. state, and
    - iii. federal officials
  - l. How all HCC Core Member Organizations (EMS, PH, hospitals, EM and BH) have been included in the plan development
  - m. Combined Hospital Transfer Center plan (available via COSHARE)
55. The Contractor shall ensure that the HCC EEI includes the current operational status of member organizations to include the following:
- a. Elements of electronic health records
    - i. De-identified, aggregate data (only)
  - b. Resource needs and availability
56. The Contractor shall update the ASPR Response Plan Checklist annually.
57. CDPHE will provide the Response Plan Checklist via email no later than 7 days after contract execution.
58. The Contractor shall include in the information sharing system processes and procedures:
- a. To rapidly acquire and share clinical knowledge during response
    - i. between health care providers
    - ii. between health care organizations
59. The Contractor shall include the following in the Information Sharing Plan:
- a. A developed process for creating regional situational awareness regarding any health crisis
  - b. Identified communication and coordination role for the HCC in relationship to each county jurisdiction
  - c. Key EEI needed to "activate" the HCC's Information Sharing and Resource Sharing response functions
60. The Contractor shall, at a minimum, request/identify two (2) employees from each HCC member organization be given access to and training in the HCC's information sharing platforms.
61. When presenting at the RRC Quarterly Meeting, the Contractor shall provide the following:

- a. A slide deck
  - b. No more than one (1)-page outline “white paper”
  - c. Maximum presentation time of 20 minutes.
  - d. Presentation will include the development process and solution result.
62. The Contractor has the option to partner with other neighboring HCC’s in the RRC Quarterly Meeting presentations.

### Capability 3

63. The Contractor shall include the following steps in the Supply Chain Integrity Assessment Report:
- a. Each HCC member’s examination of its supply chain vulnerabilities.
  - b. Each HCC member’s collaboration efforts with other health care organizations, supply manufacturers and distributors to determine:
    - i. Access to critical supplies
    - ii. Amounts available in regional systems
    - iii. Potential alternate delivery options
64. The Contractor shall include the following elements in the Supply Chain Integrity Assessment Report:
- a. Blood bank
  - b. Medical gas suppliers
  - c. Fuel suppliers
  - d. Nutrition suppliers and food vendor
  - e. Pharmaceutical vendors
  - f. Durable medical equipment leasing
  - g. Manufacturers and distributors for disposable supplies, including PPE hazardous waste removal services
  - h. Laundry
  - i. Linen
  - j. Housekeeping services and suppliers
65. The Contractor shall include the following in the Inventory Management Program Protocols:
- a. Strategies for acquisition, storage, and rotation with day-to day supplies and use
  - b. Inventory management program protocols for all cached material
  - c. Policies relating to the activation and deployment of their stockpile
  - d. Policies relating to the disposal of expired materials
  - e. Method used for tracking HCC and HCC Member Organizations cached equipment, pharmaceuticals, medical material, or supplies
66. The Contractor shall ensure the Inventory Management Program has a shared database for HCC accountability for the following items purchased with HPP funds:
- a. All equipment
  - b. Pharmaceuticals
  - c. Medical material
  - d. Supplies

### Capability 4

67. The Contractor shall ensure the HCC Volunteer Management Plan includes, at a minimum the following:
- a. Identify situations that would require supplemental staffing in hospitals.
    - i. Leverage existing hospital and health system staff sharing agreements
    - ii. Leverage existing hospital and health system resources, to include volunteers
  - b. Develops rapid credential verification processes to facilitate emergency response
  - c. Identifies and addresses to the extent possible volunteer information that shall include the following information that may deter use of volunteers:
    - i. Liability,
    - ii. Licensure,
    - iii. Worker’s compensation,

- iv. Scope of practice
  - v. Third-party reimbursement issues
  - d. Leverages existing government and non-governmental volunteer registration programs centric roles during acute care medical surge response events
    - i. Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)
    - ii. MRC personnel to identify and staff health care –Incorporate the use of volunteers to support acute care medical surge response training, drills, and exercises
  - e. Incorporate the use of volunteers to support acute care medical surge response in:
    - i. Training
    - ii. Drills, and
    - iii. exercises
  - f. Method used to integrate volunteers into exercises, drills, and training
68. The Contractor shall coordinate the following activities with CDPHE during a Radiation Mass Casualty Response to meet surge demands:
- a. Establish a Medical Common Operating Picture
  - b. Develop or update plans accordingly
  - c. Establish key indicators and EEIs addressing at a minimum the following:
    - i. What’s happening?
    - ii. What is the impact on the health and medical system?
    - iii. How will SA be created and maintained?
    - iv. What critical supply chain issues may arise?
  - d. Coordinate public messaging.
69. In the clinical advisor’s review of surge plan annexes the clinical advisor will assure the provision for appropriate distribution of patients.
70. The Contractor shall ensure the Clinical Advisor’s review of the HCC’s Response Plan and Surge Annexes will address the following:
- a. Appropriate distribution and redistribution of patients
  - b. Considerations for a Medical Operations Coordination Cell (MoCC)
  - c. Avoidance of overloading single centers or hospitals
  - d. The HCC acting as a resource for health care facilities to improve their mass casualty surge capabilities and capacity
  - e. The use of alternate care systems (ACS), in collaboration with state and local public health agencies and emergency management organizations
  - f. Identification of a medical Subject Matter Expert (pediatric, infectious disease, burn, radiation, chemical) to improve specialty patient transfers during a medical surge
71. The Contractor shall utilize the Annex Guidance within the Hospital Preparedness Program FOA, pages 70 to 74 in the development of the Response Plan Annexes.
72. The Contractor shall submit in CO-SHARE AAR/IPs for all tabletop exercises and functional exercises within 60 days of event conclusion.
73. The Contractor shall collaborate with CDPHE to integrate crisis standards of care elements into the HCC Response Plan.
74. The Contractor shall track Surge Annex Tabletop Exercise attendance through a sign in sheet that includes at a minimum the following:
- a. Date
  - b. Name
  - c. Agency
  - d. Contact information.
75. The Contractor shall submit AAR/IPs in CO-SHARE for full-scale exercises and real events no later than one-hundred and twenty (120) days following event conclusion.
76. Annexes shall be validated via a standardized tabletop discussion exercise that meets HSEEP principles for exercises and planning.

	<p><b>Primary Activity 7</b></p> <p>77. The Contractor shall comply with the HCC Sub-Awardee Agreement plan.</p> <p>78. The Contractor shall comply with the Hospital Preparedness Program Funding Opportunity Announcement (FOA) for funding the 1.0 FTE, pages 48-49.</p> <p>79. The Contractor shall assure their HCC RRC is not assigned to any other HCC.</p> <p>80. The Contractor shall assure the HCC RRC work duties occur within the HCC geographic area.</p> <p>81. The Contractor shall assure the HCC RRC completes all activities to keep the HCC in compliance with all HPP performance measures and benchmarks with special attention to the HCC response plans, roles and operations.</p> <p>82. The Contractor shall direct the HCC RRC to coordinate planning and operational readiness activities with all Colorado HCCs.</p> <p>83. The Contractor shall make reimbursements to HCCs no later than forty-five (45) days following receipt of reimbursement request from facilities. CDPHE will be notified if any reimbursements that falls outside of this timeframe.</p> <p>84. The Contractor shall include in the monthly report to the HCC Steering Committee the following information at a minimum:</p> <ul style="list-style-type: none"> <li>a. Funds spent,</li> <li>b. Invoices received</li> <li>c. Checks cut</li> <li>d. Issues with vendor payments</li> <li>e. Record of receipt</li> <li>f. Proof of purchase</li> <li>g. Funds remaining</li> <li>h. Current spend plan.</li> </ul>
<p><b>Expected Results of Activities</b></p>	<p>1. Colorado HCCs will have increased capacity to respond to emergency medical surge events by providing to all HCC member organizations the following:</p> <ul style="list-style-type: none"> <li>a. Leadership</li> <li>b. Information management</li> <li>c. Resource management</li> <li>d. Communication support</li> </ul>
<p><b>Measurement of Expected Results</b></p>	<ul style="list-style-type: none"> <li>1. Data contained in: <ul style="list-style-type: none"> <li>a. CAT survey data</li> <li>b. MRSE</li> <li>c. After Action Reports</li> <li>d. Deliverables</li> <li>e. Activity Tracking</li> <li>f. Plans</li> <li>g. Governance Document</li> <li>h. Assessments</li> </ul> </li> <li>2. Confirmation of equipment and supplies purchased, distributed &amp; redistributed by Fiscal Agent</li> </ul>

	Completion Date	
<b>Deliverables</b>	1. The Contractor shall submit the HCC reimbursement request using the standardized invoice form via email to CDPHE Contract Monitor.	No later than September 30, 2022, December 31, 2022, and March 31, 2023 and June 30, 2023
	2. The Contractor shall submit the HCC Activity Tracker electronically via CO-SHARE.	No later than September 30, 2022, December 31, 2022, March 31, 2023, and June 30, 2023
	3. The Contractor shall submit quarterly financial reports electronically via CO-SHARE.	No later than 30 days following September 30, 2022, December 31, 2022, and March 31, 2023
	4. The Contractor shall submit the final BP4 HCC Budget electronically via CAT and CO-SHARE.	No later than 7/30/2022
	5. The Contractor shall submit a copy of the HCC Sub-Awardee Agreement Plan electronically via CO-SHARE.	No later than 7/30/2022
	6. The Contractor shall submit the final BP4 HCC Work Plan electronically via CAT and CO-SHARE.	No later than 7/30/2022
	7. The Contractor shall submit the HCC Member Organization List electronically via CO-SHARE.	No later than 8/31/2022
	8. The Contractor shall submit the updated Response Plan electronically via CO-SHARE and CAT.	No later than 9/30/2022
	9. The Contractor shall submit the updated Response Plan Checklist electronically via CO-SHARE.	No later than 9/30/2022
	10. The Contractor shall submit the updated HCC Governance Document electronically via CO-SHARE and CAT.	No later than 9/30/2022
	11. The Contractor shall submit the communications drill data electronically via CO-SHARE and CAT.	No later than 9/30/2022 and 3/30/2023
	12. The Contractor shall submit their capability assessment electronically via the CAT.	No later than 12/01/2022
	13. The Contractor shall submit the Static Critical Resource Assessment template electronically via CO-SHARE.	No later than 12/30/2022
	14. The Contractor shall submit an updated JRA electronically via CO-SHARE and CAT.	No later than 12/30/2022

**EXHIBIT B**

	15. The Contractor shall submit Activities for Integration document electronically via CO-SHARE.	No later than 12/30/2022
	16. The Contractor shall submit the CDPHE OEPR Recovery Plan Feedback document electronically via CO-SHARE.	No later than 12/31/2022.
	17. The Contractor shall submit a BP 5 Draft HCC Work Plan electronically via CAT and CO-SHARE.	No later than 1/30/2023
	18. The Contractor shall submit a BP 5 Draft HCC Budget electronically via CAT and CO-SHARE.	No later than 1/30/2023
	19. The Contractor shall submit the updated HCC Preparedness Plan electronically via CO-SHARE and CAT.	No later than 3/31/2023
	20. The Contractor shall submit BP 4 Required Response Plan Annex electronically via CO-SHARE and CAT.	No later than 3/31/2023
	21. The Contractor shall submit the Clinical Advisor Response Plan Annex Review electronically via CO-SHARE.	No later than 3/31/2023
	22. The Contractor shall submit the Resource Inventory Report electronically via CO-SHARE.	No later than 3/31/2023
	23. The Contractor shall submit their capability assessment electronically via the CAT.	No later than 6/15/2023
	24. If not completed in BP3, the Contractor shall submit MRSE data electronically via CAT.	No later than 6/15/2023
	25. The Contractor shall submit the COVID-19 pandemic response AAR/IP document electronically via CO-SHARE.	No later than 6/15/2023.
	26. The Contractor shall submit the 4th quarterly financial reports electronically via CO-SHARE.	No later than 6/30/2023
	27. The Contractor shall submit electronically via CO-SHARE the After Action Report Improvement Plan for Exercises.	No later than 60 days following Exercises. Exercises completed after May 1, 2023 shall be due no later than June 30, 2023

**IV. Monitoring:**  
 CDPHE’s monitoring of this contract for compliance with performance requirements will be conducted throughout the contract period by the HPP Branch Manager. Methods used will include a review of

documentation determined by CDPHE to be reflective of performance to include progress reports and other fiscal and programmatic documentation as applicable. The Contractor's performance will be evaluated at set intervals and communicated to the Contractor. A Final Contractor Performance Evaluation will be conducted at the end of the life of the contract.

**V. Resolution of Non-Compliance:**

The Contractor will be notified in writing within fifteen **(15)** calendar days of discovery of a compliance issue. Within **thirty (30)** calendar days of discovery, the Contractor and the State will collaborate, when appropriate, to determine the action(s) necessary to rectify the compliance issue and determine when the action(s) must be completed. The action(s) and timeline for completion will be documented in writing and agreed to by both parties. If extenuating circumstances arise that requires an extension to the timeline, the Contractor must email a request to the HPP Branch Manager and receive approval for a new due date. The State will oversee the completion/implementation of the action(s) to ensure timelines are met and the issue(s) is resolved. If the Contractor demonstrates inaction or disregard for the agreed upon compliance resolution plan, the State may exercise its rights under the provisions of this contract.