

STATEMENT OF WORK

To Original Contract Routing Number ** ***
 Contract Amendment # 2, Routing 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 to strengthen and enhance the preparedness of the public health and medical system to respond to and recover from emergency incidents through the development of Health Care Coalitions (HCC). 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 Coalition Surge Test (CST), 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 health and medical emergency management system. This is done through maintaining and growing HCC functioning through maintaining current regional boundaries, core member organizations engagement with trainings, 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; and 4) Maintaining access to resources during emergencies; and 5) Plan for medical Fsurge.

II. Definitions:

1. AAR- After Action Report
2. AFN-Access and Functional Needs
3. BP1 – Budget Period 1, July 2019-June 2020
4. BP2 – Budget Period 2, July 2020-June 2021
5. BP3 – Budget Period 3, July 2021 – June 2022
6. BP4 – Budget Period 4, July 2022 – June 2023
7. BP5 – Budget Period 5, July 2023-June 2024
8. CAT – Coalition Assessment Tool
9. CDPHE-Colorado Department of Public Health and Environment
10. CEPA – Colorado Emergency Preparedness Assessment
11. CICO-Colorado Community Inclusion
12. CONOPs-Concept of Operations Plans
13. COOP - Continuity of Operations Plan
14. CO-SHARE: Colorado State Health and Readiness Exchange
15. CPG: Capability Planning Guide
16. FY – Fiscal Year – A 12-month period beginning on July 1 of each calendar year and ending on June 30 of the following calendar year.
17. CST – Coalition Surge Test
18. EEI – Essential Elements of Information
19. ESAR-VHP- Emergency System for Advance Registration of Volunteer Health Professionals
20. ESF-Emergency Support Function
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. IP- Improvement Plan
- 29. IPP – Integrated Preparedness Plan
- 30. IPPW – Integrated Preparedness Plan Workshop
- 31. JRA – Jurisdictional Risk Assessment
- 32. NDMS- National Disaster Medical System
- 33. NIMS- National Incident Management System
- 34. OEPR- Office of Emergency Preparedness and Response
- 35. PIO – Public Information Officer
- 36. R&R – Resilience and Response
- 37. TEPW- Training and Exercise Planning Workshop.
- 38. TXX- Table Top Exercise

III. Work Plan:

Goal #1: To strengthen and enhance the capabilities of state, local, and territorial public health, and health care systems to respond effectively to evolving threats and other emergencies within Colorado by mitigating the loss of life and reducing the threats to the community’s health and safety.	
Objective #1: No later than the expiration date of the Contract, increase healthcare system emergency preparedness in Colorado through HCC maintenance and growth as they prepare for, respond to, and recover from medical surge emergencies.	
Primary Activity #1	The Contractor shall meet all Annual Benchmarks.
Sub-Activities #1	<ol style="list-style-type: none"> 1. The Contractor shall develop the draft HCC budget for BP4. 2. The Contractor shall develop the final HCC budget for BP3. 3. The Contractor shall submit the final HCC Work Plan for BP3. 4. The Contractor shall develop an HCC Work Plan utilizing CAT data for BP4. 5. The Contractor shall complete the CST. 6. The Contractor shall complete all CST Performance Measures. 7. The Contractor shall complete redundant communications drills every six (6) months. 8. The Contractor shall identify which regional hospital functions as the Chair or Co-Chair of the HCC for BP 3.
Primary Activity #2	The Contractor shall meet all Performance Measures.
Sub-Activities #2	<ol style="list-style-type: none"> 1. The Contractor shall update HCC member organization list. 2. The Contractor shall update the HCC Response Plan. 3. The Contractor shall participate in CDPHE lead statewide public health and medical focused risk assessment. 4. The Contractor shall integrate emPOWER data into response planning every six (6) months. 5. The Contractor shall implement a process to integrate individual member organizations After Action Report findings into the HCC Response Plan.
Primary Activity #3	The Contractor shall build competency in Capability 1: Foundation for Health Care and Medical Readiness.
Sub-Activities #3	<ol style="list-style-type: none"> 1. The Contractor shall complete the HCC Activities Tracker. 2. The Contractor shall update HCC governance documents. 3. The Contractor shall recruit new member organizations to the HCC. 4. The Contractor shall update the HCC health and medical focused JRA. 5. The Contractor shall attend each county CEPA event. 6. The Contractor shall update the HCCs Resource Inventory Assessments.

	<ol style="list-style-type: none"> 7. The Contractor shall compile the Resource Inventory Assessments submitted by HCC Member Organizations into an HCC Resource Inventory report to identify health care resources and services that could be coordinated and shared in an emergency across the region. 8. The Contractor shall update the HCC Preparedness Plan 9. The Contractor shall complete the CAT no later than 1/20/2022 and 6/15/2022. 10. The Contractor shall direct the HCC Clinical Advisor to engage the health care delivery system’s clinical leadership to provide input, acknowledgement and understanding of their facility and regional strategic and operational roles in acute medical surge planning. 11. The Contractor shall develop processes for including clinical expertise from HCC member organizations to validate medical surge plans and provide SME input to ensure realistic training and exercises. 12. The Contractor shall direct the HCC R&R Coordinator to engage community leaders in health care preparedness planning and exercises. 13. The Contractor shall implement NIMS training for HCC leadership. 14. The Contractor shall participate in the Regional ESF#8 IPPW. 15. The Contractor shall participate in the development and/or update of the regional IPP. 16. The Contractor shall attend a minimum of two (2) AFN/CMIST meetings annually. 17. The Contractor shall update the HCC Sustainability Plan. 18. The Contractor shall complete a COVID-19 AAR/IP survey/assessment process to capture healthcare coalition’s feedback to be incorporated into the final Colorado Statewide AAR/IP in FY 22-23.
<p>Primary Activity #4</p>	<p>The Contractor shall build competency in Capability 2: Health Care and Medical Response Coordination.</p>
<p>Sub-Activities #4</p>	<ol style="list-style-type: none"> 1. The Contractor shall complete the Response Plan Checklist. 2. The Contractor shall identify specific coordination processes with each ESF #8 lead agency within the region. 3. The Contractor shall update the HCC standardized regional EEI. 4. The Contractor shall update the HCC information-sharing plan. 5. The Contractor shall develop processes for creating regional situational awareness regarding any health and medical crisis. 6. The Contractor shall create processes and procedures that articulate how the HCC will rapidly acquire and share clinical knowledge between healthcare providers and healthcare organizations during response. 7. The Contractor shall create processes for accessing and collecting timely, relevant, and actionable information about their members during emergencies. 8. The Contractor shall identify for each HCC Member Organization, employees who have access to the HCC’s Information Sharing platform. 9. The Contractor shall implement a training plan to provide PIO training.
<p>Primary Activity #5</p>	<p>The Contractor shall build competency in Capability 3: Continuity of Health Care Service Delivery.</p>
<p>Sub-Activities #5</p>	<ol style="list-style-type: none"> 1. The Contractor shall finalize the HCC COOP. 2. The Contractor shall conduct a full Supply Chain Integrity Assessment. 3. The Contractor shall develop Inventory Management Program Protocols. 4. The Contractor shall document all pharmaceuticals, equipment, supplies and other medical material purchased with HPP funds in the HCC Inventory Management Program. 5. The Contractor shall develop a DRAFT responder health and safety plan. 6. The Contractor shall participate in the CDPHE lead development of a statewide Health Care system Recovery Plan
<p>Primary Activity #6</p>	<p>The Contractor shall build competency in Capability 4: Medical Surge.</p>

<p>Sub-Activities #6</p>	<ol style="list-style-type: none"> 1. The Contractor shall update the HCC Volunteer Management Plan. 2. The Contractor shall educate all eligible hospitals on the benefits of participating in the NDMS. 3. The Contractor shall develop BP3 FOA required Annex to their base medical surge/trauma mass casualty Response Plan. 4. The Contractor shall direct the HCC Clinical Advisor to submit a Review of the coalition mass casualty/surge plans annexes and assess that the plans provide for appropriate distribution of patients. 5. The Contractor shall finalize the HCC Crisis Standards of Care Annex to the HCC Response Plan. 6. The Contractor shall direct the HCC Clinical Advisor to review the crisis standards of care planning for the HCC and provide feedback on the plan. 7. The Contractor shall complete the CAT Data Sheet for the COVID response in lieu of conducting the federally required Infectious Disease Annex Tabletop Exercise. 8. The Contractor shall complete the HCC Surge Estimator Tool. 9. The Contractor shall develop a draft Crisis Standards of Care HCC Level tabletop exercise. 10. The Contractor shall develop AAR/IPs for all tabletop exercises and functional exercises.
<p>Primary Activity #7</p>	<p>The Contractor shall act as a fiduciary intermediary for the regional HCCs.</p>
<p>Sub-Activities #7</p>	<ol style="list-style-type: none"> 1. The Contractor shall hire a minimum of 1.0 FTE to carry out the responsibilities and duties of the Clinical Advisor and HCC Readiness and Response Coordinator positions. 2. The Contractor shall develop an agreement with their regional HCC’s in conjunction with HCC Core Member organizations to accomplish Primary Activities 1 through 6 in accordance with associated Standards and Requirements. 3. The Contractor shall develop an HCC Sub-Awardee Agreement plan in conjunction with HCC Core Member organizations. 4. The Contractor shall provide a monthly updated budget to the HCC Steering Committee. 5. The Contractor shall facilitate a budget workshop with the HCC Steering Committee during the first thirty (30) days following the effective date of the contract to develop a final budget and annual spend plan. 6. The Contractor shall collect the HCC Activities Tracker from the regional HCCs outlining the completion of Primary Activities 1 through 6 in accordance with associated Standards and Requirements. 7. The Contractor shall complete quarterly fiscal expenditure reports. 8. The Contractor shall attend quarterly reimbursement request review meetings with the CDPHE Contract Monitor.
<p>Standards and Requirements</p>	<p>Overarching Standards and Requirements</p> <ol style="list-style-type: none"> 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. 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 document is incorporated and made part of this contract by reference and is available at the following website: https://sites.google.com/state.co.us/co-share/hpp?authuser=0#h.p_OhtqrGeJk37t 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 document is incorporated

Standards and Requirements

and made part of this contract by reference and is available at the following website:
<https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-health-care-pr-capabilities.pdf>

4. The Contractor shall comply with the annually updated *OEPR HCC Contract Guidance* to complete activities and deliverables. This document is incorporated and made part of this contract by reference and is available at the following website:
<https://sites.google.com/state.co.us/co-share/hpp?authuser=0>

Annual Benchmarks

5. The Contractor shall utilize the CDPHE provided HCC Detailed Budget Template.
 6. CDPHE will email the HCC Detailed Budget template to the Contractor no later than five (5) days after contract execution.
 7. The Contractor's budget shall obligate the HCC funds to appropriate HCC activities with expected expenditures captured on a quarterly basis to assure full expenditure of HCC funds by end of the fiscal year.
 8. The Contractor shall require HCC Core Member organizations be represented at all HCC meetings, virtually or in-person.
 9.
 10. 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.
 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, trainings, and exercises.
 14. The Contractor shall participate in federal health care situational awareness initiatives.
 15. The Contractor shall comply with the *CST Manual* and *Evaluation Tools* in the collection of CST data to respond to Performance Measures 14 to 21. These documents are incorporated and made part of this contract by reference and are available on the following website:
<https://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx>
 16. The Contractor shall ensure a local hospital member organization serves as either the Chair or Co-Chair of the HCC leadership team.
 17. The Contractor shall utilize the HCC Contact list in CO-SHARE to document changes to HCC leadership team roles.
 18. The Contractor shall ensure the first redundant communications drill occurs at a minimum of six (6) months following the last BP communication drill.
 19. The Contractor shall ensure HCC redundant communications drills shall include:
 - Primary communications platform
 - One (1) redundant platform not connected to the commercial power grid.

Performance Measures

20. The Contractor shall utilize the following to update the HCC Response Plan:
 - required specialty surge requirements
 - AAR/IPs
 - Capability Assessment Data
 - HVA data
 - emPOWER data
21. The Contractor shall utilize the *Member Organization Spreadsheet* when completing to document Member Organization information. This document is incorporated and made part of this contract by reference and is available on the following website:
<https://docs.google.com/spreadsheets/d/1eKSrjUSaQPri8VdyRODZg0kuuF6NqmwXpubJzZxkSaU/edit?usp=sharing>

Standards and Requirements

22. 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.
23. The Contractor shall ensure all HCC Core Member Organizations are represented in the response plans.
24. The Contractor shall comply with the *Response Plan Template and Guidance Document* when completing the Response Plan Update. These documents are incorporated and made a part of this contract by reference and are available on the following website:
https://www.colorado.gov/pacific/sites/default/files/OEPR5_ASPR-HCC-Response-Plan-Template_1.pdf
25. 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.
26. The Contractor shall ensure the response plan describes the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resources management.
27. The Contractor shall require the HCC Response Plan references transfer agreements with pediatric, trauma, and burn centers as well as in appropriate surge annexes.
28. The Contractor shall utilize *CICO maps and data* to access the emPOWER data and inform Preparedness and Response Plans. These maps and data are 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>
29. CDPHE will provide training on the use of CICO Maps upon request.
30. CDPHE will provide data training for emPOWER DATA upon request.

Capability 1

31. The Contractor shall utilize the *HCC Activities Tracker Template*. This document is incorporated and made part of this contract by reference and is available at the following website: <https://sites.google.com/state.co.us/co-share/home>.
32. The following activities shall be documented 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.
33. The Contractor shall ensure the HCC Readiness and Response Coordinator participates in the quarterly meetings held by CDPHE.
34. CDPHE will provide the contractor with HCC Coordinator meetings dates, times, and places no later than thirty (30) days before event.
35. The Contractor shall require an HCC Coordinator attend all HCC Coordinator Meetings implemented by CDPHE.

Standards and Requirements

36. The Contractor shall utilize the *Governance Document Template* to complete the Governance Document. This document is incorporated and made part of this contract by reference and is available on the following website:
<https://sites.google.com/state.co.us/co-share/hpp?authuser=0>
37. The Contractor shall include all elements contained in the Governance Document Template in the HCC Governance documents if not using the template.
38. The Contractor shall include, and utilize the following to update the JRA:
 - a. Previous annual HCC Hazard Vulnerability Assessment,
 - b. After Action Reports
 - c. Improvement Plans
 - d. Resource Assessments
 - e. Capability Assessments
 - f. Clearly identify current threats, risks, vulnerabilities, and impacts to the regional delivery of healthcare services
 - g. High level overview data from CEPA reports
 - h. High level overview data from membership HVA facilities.
 - i. 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).
 - j. Risk Formula: Likelihood X consequence = risk.
39. 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 document 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-health-care-pr-capabilities.pdf>
40. The Contractor shall utilize the *HCC Healthcare Resource Assessment Templates* when updating and maintaining their regional healthcare resources and services. The document is incorporated and made part of this contract by reference and is available at the following website:
<https://sites.google.com/a/state.co.us/co-share/home/resources>.
41. The Contractor shall update the Preparedness Plan following major incidents or large-scale exercises using lessons learned to guide improved response.
42. The Contractor shall comply with the *AFN and Pediatric Community Guidance* when updating the Preparedness Plan. These documents are incorporated and made part of this contract by reference and are available at the following websites:
<https://drive.google.com/file/d/1VNXYw7YmxRs96oN4wiJvjwJFExsdKsmJ/view>
43. The Contractor shall utilize the *ASPR CAT Guidance 2019* developed by ~~OEPR~~ CDPHE when completing the biannual CAT assessment. The document 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-mEqU7WBvRByYKR4wLxPgZq34vxXbo/edit?usp=sharing
44. 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 CBRNE, trauma, burn and pediatric readiness and response

Standards and Requirements

- 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.
45. The Contractor shall require the Clinical Advisor report activities related to engaging health care delivery system clinical leaders within the HCC Activities Tracker.
46. The Contractor shall require the HCC Readiness and Response Coordinator engages community leaders of businesses, charitable organizations, and the media to promote the resilience of the entire community.
47. The Contractor shall require the R&R Coordinator report activities related to engaging community leaders within the HCC Activities Tracker.
48. The Contractor shall integrate strategies and tactics with the Mountain Plains Regional Disaster Health Response System into the Response Plan documenting changes.
49. The Contractor shall maintain a continual recruitment process until all health and medical entities within the region are members of the HCC. Health and medical entities such as medical supply chain organizations, pharmacies, blood banks, clinical labs, FQHCs, outpatient care centers, long term care organizations should be recruited.
50. The Contractor shall include the 10 sustainability elements identified in the *Hospital Preparedness Program Funding Opportunity Announcement (FOA)*, pages 53-54 in the Sustainability Plan.
51. The Contractor shall include in the updated Sustainability Plan, lessons learned through the COVID19 pandemic identified through after-action reporting.
52. The Contractor shall utilize the HCC NIMS Assessment completed in BP1 to identify NIMS gaps and train to those gaps.
53. The Contractor shall require all HCC leadership positions be trained to ICS 100, 200, 700 and 800.
54. The Contractor shall require the HCC's Readiness and Response Coordinator, Clinical Advisor, and HCC Chair as well as representatives from HCC hospitals, EMS, emergency management and public health agencies attend the IPPW.

Capability 2

55. 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 employees, healthcare providers, non-clinical staff patients and visitors during an emergency
 - k. How the HCCs integration with the jurisdictions ESF-8 lead agency ensures sharing information with local, state, and federal officials.
 - l. How all HCC Core Member Organizations (EMS, PH, hospitals, EM and BH) have been included in the plan development.

Standards and Requirements

56. The Contractor shall ensure that the HCC EEI include the current operational status of member organizations, elements of electronic health records, and resource needs and resource availability.
57. CDPHE will provide the Response Plan Checklist via email no later than seven (7) days after contract execution.
58. The Contractor shall include in the information sharing system processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during response.
59. The Contractor shall include the following in the Information Sharing Plan:
 - a. A developed process for creating regional situational awareness regarding any health and medical crisis.
 - b. Identified communication and coordination role for the HCC in relationship to each county jurisdiction.
60. The Contractor shall include Crisis and Emergency Risk Communication content in PIO training.
61. The Contractor shall include in PIO training HCC member organization PIOs designated to act in that capacity during an emergency.
62. The Contractor shall, at a minimum, require two (2) employees from each HCC member organization be given access to and training in the HCC's information sharing platforms.

Capability 3

63. The Contractor shall require the HCC COOP be informed by the COOPs of its member organizations.
64. The Contractor shall determine if the HCC COOP shall be a stand-alone document or incorporated into the Response Plan.
65. The Contractor shall include in its COOP the minimum elements identified in the *Hospital Preparedness Program Funding Opportunity Announcement (FOA)*, pages 60 and 61.
66. The Contractor shall include the following steps in the Supply Chain Integrity Assessment:
 - a. Each HCC member examines its supply chain vulnerabilities.
 - b. Each HCC member collaborates with other health care organizations, supply manufacturers and distributors to determine:
 1. access to critical supplies
 2. amounts available in regional systems
 3. Potential alternate delivery options
67. The Contractor shall include the following elements in the Supply Chain Integrity Assessment:
 - 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
68. 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

Standards and Requirements Standards and Requirements	<p>c. Policies relating to the activation and deployment of their stockpile.</p> <p>d. Policies relating to the disposal of expired materials.</p> <p>e. Method used for tracking HCC and HCC Member Organizations cached equipment, pharmaceuticals, medical material, or supplies.</p> <p>69. The Contractor shall include the Inventory Management Program Protocols the Preparedness Plan.</p> <p>70. The Contractor shall ensure the Inventory Management Program must have a shared database for actual HCC accountability for all equipment, pharmaceuticals, medical material, or supplies purchased with HPP funds.</p> <p>71. The Contractor shall utilize at their discretion, the CDPHE responder health and safety plan template in the development of an HCC responder health and safety plan. This template is available at the following website: https://drive.google.com/file/d/0B5d0uz7Z6nu-UDR6VzlGUjYzWTJcCk3VzEtS3B6UllaNTRV/view</p> <p>Capability 4</p> <p>72. The Contractor shall utilize existing CHA NDMS guidance to educate hospitals about NDMS membership.</p> <p>73. The Contractor shall ensure the HCC Volunteer Management Plan includes, at a minimum the following:</p> <ol style="list-style-type: none"> a. Identify situations that would require supplemental staffing in hospitals and leverage existing hospital and health system staff sharing agreements and resources, to include volunteers b. Develops rapid credential verification processes to facilitate emergency response c. Identifies and addresses to the extent possible volunteer liability, licensure, workers compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use d. Leverages existing government and non-governmental volunteer registration programs, such as ESAR-VHP and MRC personnel to identify and staff health care – centric roles during acute care medical surge response events e. Incorporate the use of volunteers to support acute care medical surge response training, drills, and exercises f. Method used to integrate volunteers into exercises, drills, and training <p>74. The Contractor shall determine if the HCC Volunteer Management Plan shall be a standalone plan or included in the HCC Response Plan.</p> <p>75. The Contractor shall coordinate the following activities with CDPHE during an infectious disease outbreak to meet surge demands:</p> <ol style="list-style-type: none"> a. Establish a Medical Common Operating Picture b. Develop or update plans accordingly c. Establish key indicators and EEIs d. Provide real-time information sharing e. Coordinate public messaging <p>76. The Contractor shall ensure the Clinical Advisor’s review of the HCC’s Response Plan and Surge Annexes will address the following:</p> <ol style="list-style-type: none"> a. Appropriate distribution and re-distribution of patients b. Considerations for a Medical Operations Coordination Cell (MOCCs) 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.
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	<p>77. The Contractor shall utilize the <i>Annex Guidance</i> within the <i>Hospital Preparedness Program Funding Opportunity Announcement (FOA)</i>, pages 70 to 74 in the development of their Response Plan Annexes.</p> <p>78. The Contractor shall submit in CO-SHARE AAR/IPs for all tabletop exercises and functional exercises within sixty (60) days of event conclusion.</p> <p>79. The Contractor shall collaborate with CDPHE to integrate crisis standards of care elements into the HCC Response Plan.</p> <p>80. The Contractor shall utilize the <i>Colorado Crisis Standards of Care</i> to create the HCC Response Plan Crisis Standards of Care Annex. This document is incorporated and made part of this contract by reference and available at the following websites: https://drive.google.com/file/d/15IFdDuBgW_fmZA94X-knxWedB3wZZi72/view</p> <p>81. The Contractor shall focus on policy implementation related to scarce resource coordination between the HCC and member organizations in the Crisis Standards of Care draft tabletop exercise.</p> <p>82. The Contractor shall include in the Crisis Standards of Care draft tabletop exercise adherence to federal nondiscrimination laws in decision making, communications, identification of alternate sources or strategies to address a deficit in space, staff, or supplies (or a combination of these factors), and resource allocation decision making, as necessary at the HCC level for competing resource demands.</p> <p>83. The Contractor shall track Surge Annex Tabletop Exercise attendance through a sign in sheet that includes at a minimum date, name, agency, and contact information.</p> <p>84. The Contractor shall submit AAR/IPs in CO-SHARE for full-scale exercises and real events no later than 120 days following event conclusion.</p> <p>85. Annexes shall be validated via a standardized tabletop discussion exercise that meets HSEEP principles for exercises and planning.</p> <p>86. The Contractor shall utilize the following when completing the Surge Estimator Tool:</p> <ol style="list-style-type: none"> a. Only use hospitals that provide emergency services b. Aggregate hospital data only c. DO NOT submit individual hospital information <p>Primary Activity 7</p> <p>87. The Contractor shall comply with the HCC Sub-Awardee Agreement plan.</p> <p>88. The Contractor shall comply with the Hospital Preparedness Program Funding Opportunity Announcement (FOA) for funding the 1.0 FTE, pages 48-49.</p> <p>89. The Contractor shall assure their HCC RRC is not assigned to any other HCC.</p> <p>90. The Contractor shall direct the HCC RRC to coordinate planning and operational readiness activities with all Colorado HCCs.</p> <p>91. The Contractor shall make reimbursements to HCCs no later than 45 days following receipt of reimbursement request from facilities. CDPHE shall be notified if any reimbursements that falls outside of this timeframe.</p> <p>92. The Contractor shall include in the monthly report to the HCC Steering Committee funds spent, invoices received, checks cut, issues with payments to vendors, record of receipt, proof of purchase, funds remaining and current spend plan.</p> <p>93. 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.</p>
<p>Expected Results of Activity(s)</p>	<p>1. Colorado HCCs will have increased capacity to respond to emergency medical surge events by providing leadership, information management, resource management and communication support to all HCC member organizations.</p>

<p>Measurement of Expected Results</p>	<ol style="list-style-type: none"> 1. Data contained in: <ol style="list-style-type: none"> a. CAT survey data b. Coalition Surge Test c. After Action Reports d. Deliverables e. Activity Tracking f. Plans g. Governance Document h. Assessments 2. Confirmation of equipment and supplies purchased, distributed & redistributed by Fiscal Agent 	
	<p>Completion Date</p>	
<p>Deliverables</p>	<ol style="list-style-type: none"> 1. The Contractor shall submit the HCC reimbursement request using the standardized invoice form via email to CDPHE Contract Monitor. 2. The Contractor shall submit the HCC Budget electronically to via CAT and CO-SHARE. 3. The Contractor shall submit a copy of each HCC Sub-Awardee Agreement Plan electronically via email to the OEPR Program Manager. 4. The Contractor shall submit the HCC Member Organization List electronically via CO-SHARE. 5. The Contractor shall submit the HCC Activity Tracker electronically via CO-SHARE. 6. The Contractor shall submit the updated Response Plan electronically via CO-SHARE and CAT. 7. The Contractor shall submit the updated Response Plan Checklist electronically via CO-SHARE. 8. The Contractor shall submit the updated HCC governance document electronically via to CO-SHARE and CAT. 9. The Contractor shall submit communications drill data electronically via COSHARE and CAT. 10. The Contractor shall submit quarterly financial reports electronically via CO-SHARE. 11. The Contractor shall submit the HCC EEI electronically via CO-SHARE. 12. The Contractor shall submit the completed HCC Sustainability Plan electronically via CO-SHARE. 13. The Contractor shall submit an updated JRA electronically via CO-SHARE and CAT. 14. The Contractor shall submit the names of individuals attending the Regional ESF#8 IPPW electronically via CO-SHARE. 	<p>No later than 10 days after receiving a request from HCC OR No later than September 30, 2021, December 31, 2021, and March 31, 2022</p> <p>No later than 7/30/2021</p> <p>No later than 7/30/2021</p> <p>No later than 8/31/2021</p> <p>No later than September 30, 2021, December 31, 2021, and March 31, 2022</p> <p>No later than 9/30/2021</p> <p>No later than 9/30/2021</p> <p>No later than 9/30/2021</p> <p>No later than 9/30/2021 and 3/30/2022</p> <p>No later than 30 days following September 30, 2021, December 31, 2021 and March 31, 2022</p> <p>No later than 12/30/2021</p> <p>No later than 12/30/2021</p> <p>No later than 12/30/2021</p> <p>No later than 12/30/21</p>

Deliverables	15. The Contractor shall submit Crisis Standards of Care Annex electronically via CO-SHARE and CAT.	No later than 12/30/2021
	16. The Contractor shall submit Clinical Advisor HCC Crisis Standards of Care Plan Review electronically via CO-SHARE	No later than 12/30/2021
	17. The Contractor shall submit the HCC Surge Estimator Tool electronically via CAT.	No later than 03/31/2022
	18. The Contractor shall submit a BP 4 Draft HCC Work Plan electronically via CAT and CO-SHARE.	No later than 1/30/2022
	19. The Contractor shall submit a BP 4 Draft HCC Budget electronically via CAT and CO-SHARE.	No later than 1/30/2022
	20. The Contractor shall submit the information-sharing plan electronically via CO-SHARE	No later than 3/31/2022
	21. The Contractor shall submit the HCC Resource Inventory Assessments electronically via CO-SHARE and CAT.	No later than 3/31/2022
	22. The Contractor shall submit the updated HCC Preparedness Plan electronically via CO-SHARE and CAT.	No later than 3/31/2022
	23. The Contractor shall submit Annex electronically via CO-SHARE and CAT.	No later than 3/31/2022
	24. The Contractor shall submit the Clinical Advisor Response Plan Annex Review electronically via CO-SHARE	No later than 3/31/2022
	25. The Contractor shall submit COVID19 CAT Data Sheet electronically via COSHARE	No later than 3/31/2022
	26. The Contractor shall submit a completed COVID-19 AAR/IP survey assessment tool electronically via CO-SHARE.	No later than 3/31/2022
	27. The Contractor shall submit CST data electronically via CAT.	No later than 6/15/2022
	28. The Contractor shall submit the HCC Resource Inventory report electronically via CO-SHARE	No later than 6/15/2022
	29. The Contractor shall submit the dates and attendance of PIO training completed electronically via CO-SHARE.	No later than 6/15/2022
	30. The Contractor shall submit the final HCC COOP electronically via CO-SHARE and CAT.	No later than 6/15/2022
	31. The Contractor shall submit the Full Supply Chain Integrity Assessment electronically via CO-SHARE and CAT.	No later than 6/15/2022
	32. The Contractor shall submit the Inventory Management Program Protocol electronically via CO-SHARE and CAT.	No later than 6/15/2022
	33. The Contractor shall submit the draft HCC Responder Health and Safety Plan electronically via CO-SHARE and CAT.	No later than 6/15/2022
	34. The Contractor shall submit the updated HCC Volunteer Management Plan electronically via CO-SHARE	No later than 6/15/2022
	35. The Contractor shall submit the 4th quarterly financial report electronically via CO-SHARE	No later than 6/30/2022
	36. The Contractor shall submit the After-Action Report and Improvement Plan for Annex Tabletop Exercises electronically via CO-SHARE.	No later than 60 days following Tabletop Exercises and no later than June 30, 2022

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 **(10)** calendar days of discovery of a compliance issue. Within **(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.