



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (Hereinafter referred to as the Department)

Agency Ref, #: SG-2025-00482-1
 Budget Account: 3218

SUBAWARD AMENDMENT # 1

Program Name: Public Health Preparedness Bureau of Bureau of Health Protection and Prevention Donielle Allen / DAllen@health.nv.gov	Subrecipient Name: Northern Nevada Public Health Andrea Esp / aesp@nnph.org
Address: 4126 Technology Way Carson City, Nevada 89706	Address: 1001 E 9Th St Bldg B Reno, Nevada, 89512-2845
Subaward Period: 07/01/2024 through 06/30/2025	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to: Scope of Work Term Budget Funding Source

Reason for Amendment: [Another subawardee identified savings and chose to de-obligate funds to be used by Northern Nevada Public Health.](#)

Required Changes

Current Language: Total reimbursement through this subaward will not exceed \$20,507.00. See Section B, C and D of the original subaward.

Amended Language: Total reimbursement through this subaward will not exceed \$61,507.00. See attached Section C revised on Nov 22, 2024.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$10,041.00	(\$10,041.00)	\$0.00
2. Travel	\$4,562.00	(\$4,562.00)	\$0.00
3. Operating	\$0.00	\$18,592.00	\$18,592.00
4. Equipment	\$1,202.00	\$39,798.00	\$41,000.00
5. Contractual/Consultant	\$1,911.00	(\$1,911.00)	\$0.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$986.00	(\$986.00)	\$0.00
TOTAL DIRECT COSTS	\$18,702.00	\$40,890.00	\$59,592.00
8. Indirect Costs	\$1,805.00	\$110.00	\$1,915.00
TOTAL APPROVED BUDGET	\$20,507.00	\$41,000.00	\$61,507.00

Incorporated Documents:

Section B: Description of Services, Scope of Work and Deliverables revised on Nov 22, 2024

Section C: Budget and Financial Reporting Requirements revised on Nov 22, 2024

Section D: Request for Reimbursement revised on Nov 22, 2024

Section E: Audit Information Request revised on Nov 22, 2024

Section F: Current or Former State Employee Disclaimer revised on Nov 22, 2024

Section G: Business Associate Addendum revised on Nov 22, 2024

Section H: Matching Funds Agreement revised on Nov 22, 2024

Exhibit A: Original Notice of Subaward and all previous amendments

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Name	Signature	Date
Chad Kingsley, District Health Officer	Chad Kinglsey	3/4/2025
Janice Hadlock-Burnett, Bureau Chief	Janice Hadlock-Burnett	3/7/2025
for Cody Phinney, Administrator, DPBH	Cody Phinney	3/18/2025

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Federal Award Computation		Match	
Total Obligated by this Action:	\$41,000.00	Match Required L Y Y N	10.00%
Cumulative Prior Awards this Budget Period:	\$20,507.00	Amount Required this Action:	\$4,100.00
Total Federal Funds Awarded to Date:	\$61,507.00	Amount Required Prior Awards:	\$2,050.70
		Total Match Amount Required:	\$6,150.70
Research and Development Y Y L N			
Federal Budget Period		Federal Project Period	
7/1/2023 through 6/30/2025		7/1/2019 through 6/30/2025	
FOR AGENCY USE ONLY			
FEDERAL GRANT #: 4 U3REP190613-05-06	Source of Funds: Nevada Healthcare Preparedness Program (HPP)	% Funds: 100.00	CFDA: 93.889
			FAIN: U3REP190613
			Federal Grant Award Date by Federal Agency: 6/5/2024
Budget Account	Category	GL	Function
3218	23	8516	-
			Sub-org
			-
			Job Number
			9388924
Non-Federal Source Of Funds	% Funds	Amount	Budget Account
	0.00		
			Category
			GL
			Function
			Sub-Org
Job Number:	Description:		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

SECTION B

**Description of Services, Scope of Work and Deliverables
revised on Nov 22, 2024**

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Northern Nevada Public Health, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Northern Nevada Public Health

Primary Goal: See attachment.

Objective	Activities	Due Date	Documentation Needed
1. See attachment.	See attachment.	06/30/2025	See attachment.

Washoe County Health District (WCHD)

ASPR Hospital Preparedness Program (HPP)

Detailed Work Plan

July 1, 2023 through June 30, 2024 (BP5)

ASPR-HPP Requirements

All HCCs must fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: Please see pg. 48-49 of the FOA for the HCC staffing support requirements.

CLINICAL ADVISOR

Percentage of FTE supporting the HCC: 5%

Is this position's HCC time paid by HPP funds, in-kind or other?

HPP Funds and in-kind

Name of Advisor's agency and position (unrelated to coalition)

Renown Health (Trauma Critical Care RN and Charge Nurse) and Northern Nevada Medical Center (Director ED & RN)

HCC READINESS & RESPONSE COORDINATOR (RRC)

Percentage of FTE supporting the HCC: 95%

Is this position's time paid by HPP funds, in-kind or other?

HPP Funds

Name of RRC's agency and position (unrelated to coalition)

Washoe County Health District, Public Health Emergency Response Coordinator

- Additionally, All HPP subrecipients must complete the HPP Exercise Form for all HCC-sponsored exercises.

HPP Coalition Assessment Tool (CAT) Upload Requirements

All items below are required to be completed in HPP Scope of Work annually. Feel free to add additional planned activities under each item below to provide greater activity reporting detail to HPP Scope of Work, if deemed necessary by HPP subrecipient. Time reporting requirements, if specified, are highlighted in purple text.

- 1) **Capability 1, Objective 1, Activity 2 (PHASE 1):** Upload documentation in the CAT regarding HCC recruitment of entities outlined in HPP FOA, as well as ensuring applicable transfer agreements with pediatric, trauma, and burn centers are incorporated into the corresponding specialty surge annex. (see HPP FOA pg.46-47)
- 2) **Capability 1, Objective 1, Activity 3 (PHASE 1):** HCC will update and maintain the information annually related to its governance and maintain updated documentation in the CAT. (see HPP FOA pg.47)
- 3) **Capability 1, Objective 2, Activity 1 (PHASE 1):** HCC will annually update and maintain their HVA to identify risks and impacts and upload into the CAT. (see HPP FOA pg. 49)
- 4) **Capability 1, Objective 3, Activity 1 (PHASE 1):** HCC will update and maintain the Preparedness Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; maintain current HCC Preparedness Plan uploaded into the CAT. (see HPP FOA pg.52)
- 5) **Capability 1, Objective 4, Activity 2 (PHASE 2):** HCCs will submit a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents; uploaded into the CAT. (see HPP FOA pg. 55)
- 6) **Capability 2, Objective 1, Activity 2 (PHASE 1):** HCC will coordinate the development of its Response Plan by involving core members and other HCC members; HCC will review and update Response Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; plan uploaded into CAT. (see HPP FOA pg. 56)
- 7) **Capability 2, Objective 1, Activity 2 (PHASE 1):** HCC Response Plan describes the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management; uploaded into CAT. (see HPP FOA pg. 57)
- 8) **Capability 2, Objective 2, Activity 1 (PHASE 1):** HCC will define and integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EIs); uploaded into the CAT. (see HPP FOA pg.58)
- 9) **Capability 3, Objective 3, Activity 1 (PHASE 1):** HCC will conduct a supply chain integrity assessment by FY21 (BP3-SFY22) to evaluate equipment and supplies that will be in demand during emergencies and develop mitigation strategies to address potential shortfalls; uploaded into the CAT. (see HPP FOA pg. 62)

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- 10) Capability 3, Objective 3, Activity 2 (PHASE 1):** Annually as appropriate, HCC will document required information regarding purchasing pharmaceuticals and other medical materiel or supplies with HPP funds; upload HCC protocol documentation into the CAT. (see HPP FOA pg. 63)
- 11) Capability 4, Objective 1, Activity 3 (PHASE 1):** HCC will develop complementary coalition-level specialty surge annexes to the base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs; upload into the CAT. (see HPP FOA pg. 70-73) **FY 22 Radiation (BP4-SFY23)**
- 12) Capability 4, Objective 1, Activity 3 (PHASE 1):** HCC will collaborate with the Nevada PHP Program (HPP recipient) to integrate the required crisis care elements into their HCC Response Plan by FY21 (BP3-SFY22); uploaded into the CAT. (see HPP FOA pg. 76)
- 13) Capability 4, Objective 2, Activity 1 (PHASE 3):** At least once during the HPP Project Period, HCCs with an FCC must participate in the NDMS patient movement exercise; upload exercise documentation into the CAT. (see HPP FOA pg. 77)
- 14) Capability 4, Objective 2, Activity 1 (PHASE 3):** HCC will review and update the information at minimum of every 2 years, and encouraged to update on any major changes in HCC membership, related to the HCC Surge Estimator Tool, which was completed by January 1, 2020; maintain updated documentation in the CAT. (see HPP FOA pg. 78)
- 15) Capability 4, Objective 2, Activity 3 (PHASE 3):** HCC Response Plans should coordinate the use of alternate care systems, in collaboration with state and local public health agencies and emergency management organization, prior to the conclusion of FY21 (BP3-SFY22); maintain updated HCC Response Plan into the CAT. (see HPP FOA pg. 78)
- 16) Capability 4, Objective 2, Activity 4, 5, 6, 9 (PHASE 3):** HCC will validate specialty surge annexes via a standardized TTX/discussion exercise format and submit the results and data sheets to ASPR uploaded in the CAT. (see HPP FOA pgs. 79-80)

CAPABILITY 1: Foundation for Health Care and Medical Readiness

HPP Capabilities, Objectives, and Activities	Proposed Activity Details			Anticipated Completion Date
PHASE 1: Plan and Prepare				
Objective 1: Establish and Operationalize a Health Care Coalition				
Activity 1: Define Health Care Coalition Boundaries	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) Review and revise, if necessary, IHCC bylaws.	Agenda, meeting minutes	Q2	
	2) As appropriate, core membership will approve all HCC plans and bylaws.	Meeting notes	Q3	
Output(s) for planned activities for Capability 1, Objective 1, Activity 1 (PHASE 1):				
	1) Bylaws (as necessary)			
Recurring Statewide Objective: Each HCC will demonstrate engagement in exercises and/or real-world events by June 30, 2024.				
Activity 2: Identify Health Care Coalition members	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) At least two HCC representatives will be included on at least one HCC exercise planning team by March 31, 2024.	Exercise documents	Q3	
	2) Core members should be represented at all HCC meetings, virtually or in person. Core members should sign all HCC-related documentation. Core members should participate in ALL HCC exercises. (see HPP FOA pg. 46)	Sign-in sheets, meeting notes	Q1/Q2/Q3/Q4	

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	<p>3) Contact healthcare facilities for update of point-of-contact (POC) spreadsheet quarterly For example, hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, clinics</p>	Healthcare Contact List	Q1/Q2/Q3/Q4
	<p>4) Representation from additional functional entities is essential for the purpose of supporting acute health care service delivery. HCC will recruit and incorporate the following entities into their membership. These entities include, but are not limited to the following:</p> <ul style="list-style-type: none"> - Medical Supply Chain organizations - Pharmacies - Blood Banks - Clinical Labs - Federal Health Care Organizations - Outpatient Care Centers & LTC 	Healthcare Contact List	Q1/Q2/Q3/Q4
	<p>5) As requested, HCC will provide representation at other HCC meetings and events. For example, HCC meetings, PODs, trainings, and exercises</p>	Meeting notes	Q4
<p>Output(s) for planned activities for Capability 1, Objective 1, Activity 2 (PHASE 1):</p> <p>1) Attendance Records 2) Updated Member Spreadsheet</p>			
Activity 3: Establish Health Care Coalition Governance	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) HCC will fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the Clinical Advisor and HCC Readiness and Response Coordinator (RRC). (see HPP FOA pg. 48-49; required documentation in scope of work and budget)</p> <ul style="list-style-type: none"> • Scope of work for Clinical Advisor will be reviewed, if necessary 	Meeting notes & Scope of work	Q2

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	<p>2) The HCC will annually update and maintain the following information related to its governance. For example, bylaws, Preparedness Planning Guidelines and Response Guide.</p> <ul style="list-style-type: none"> • IHCC membership <ul style="list-style-type: none"> ○ Identification of core members • HCC led or co-led by hospitals or healthcare organizations • ESF # lead agency with IHCC jurisdiction • Member guidelines for participation • Appropriate policies and procedures • HCC integration with existing state, local, and member specific incident management structures and roles. 	<p>Agenda, meeting minutes</p>	<p>Q3</p>
<p>Output(s) for planned activities for Capability 1, Objective 1, Activity 3 (PHASE 1):</p> <p>1) Clinical Advisor Scope of work</p> <p>2) Bylaws, Response Guide, Preparedness Planning Guidelines</p>			
<p>Objective 2: Identify Risks and Needs</p>			
<p>Recurring Statewide Objective: Nevada will include at-risk populations (HPP Medical Surge focus is for a Radiological Event in FY22 and Chemical Event in FY23) into planning and exercise activities by June 30, 2024.</p>			
<p>Activity 1: Assess Hazard Vulnerabilities and Risks</p>	<p align="center">Planned activity(s)</p>	<p align="center">Activity Documentation</p>	<p align="center">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	<p>1) HCC will annually update and maintain their HVA to identify risks.</p> <ul style="list-style-type: none"> • Send out HVA template during first quarter • Collect partner HVAs during first quarter • Collate partner HVAs into one document during second quarter to create coalition HVA • Review and approve coalition HVA results during a second quarter HCC meeting 	<p>Meeting notes</p>	<p>Q3</p>
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 1 (PHASE 1):</p> <p>1) HVA</p>			

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Activity 2: Assess	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Regional Health Care Resources	1) HCC will review and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency, and available for verification during site visit. (see HPP FOA pg. 50) <ul style="list-style-type: none"> • HCC will maintain an inventory of the resources belonging to the coalition 	Inventory Tracking Policy/procedures	Q4
	2) Coalition members to complete the coalition resource and gap analysis, adopted and modified from ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool. <ul style="list-style-type: none"> • Send out resource and gap analysis survey during first quarter • Analyze survey results during the second quarter • Conduct provider type meetings to identify goals. • Identify top goals by provider type for the calendar year in second quarter 	Agenda, meeting notes, resource and gap analysis	Q3
	Output(s) for planned activities for Capability 1, Objective 2, Activity 2 (PHASE 1): 1) Coalition Goals & Objectives 2) Inventory policy		
Activity 3: Prioritize	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Resource Gaps and Mitigation Strategies	1) Track HCC's FY24 goals, objectives and activities. <ul style="list-style-type: none"> • For example, provide status at coalition meetings. 	Tracking sheet, meeting notes	Q1/Q2/Q3/Q4
	2) Present HCC's 2023 accomplishments as it relates to goals, objectives and activities For example, presentation by HCC Chair to the District Board of Health.	Presentation	Q3

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	Output(s) for planned activities for Capability 1, Objective 2, Activity 3 (PHASE 1):		
	1) Goals and Objectives for FY 2) District Board of Health presentation		
Recurring Statewide Objective: Each of Nevada’s HCCs will utilize CMS (Center for Medicare and Medicaid Services) data, at least two times per year, by June 30, 2024.			
Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs People with Disabilities, and Others with Unique Needs	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HHS emPOWER data will be obtained through the Nevada State PHP Program or HHS emPOWER website beginning July 1, 2023 during exercises or real-world events.	De-identified data	Q1/Q3
	2) The Nevada PHP Programs and each HCC will review data and identify populations with unique health needs and incorporate, as appropriate, into community emergency planning initiatives by June 30, 2024. <ul style="list-style-type: none"> • Update HCC Preparedness Planning guidelines with whole community data. <ul style="list-style-type: none"> ○ For example: incorporation of empower data and research the utilization of the Agency for Toxic Substances and Disease Registry Social Vulnerability Index 	Meeting notes	Q3
	3) (Joint HPP/PHEP Activity) HPP and PHEP recipients should conduct inclusive risk planning throughout the project period for the whole community including children, pregnant individuals, senior citizens, individuals with access and functional needs, including people with disabilities; individuals with pre-existing conditions; and others with unique needs and vulnerabilities.	Meeting notes	Q1/Q2/Q3/Q4
	4) (Joint HPP/PHEP Activity) HPP and PHEP recipients should involve each funded HCC and its members in risk planning. In addition, HPP and PHEP recipients are encouraged to involve experts in chronic conditions and maternal and child health in risk planning.	Meeting notes	Q1/Q2/Q3/Q4

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	<p>5) As requested, work with organizations that work with at risk populations to prepare for emergencies, including exercises and updating response guidelines</p> <ul style="list-style-type: none"> • Examples: AFN training, education, exercises, emergency preparedness materials to healthcare partners. 	Meeting notes, Exercise AAR's	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 4 (PHASE 1):</p> <p>1) De-identified data sets 2) HCC Preparedness Planning Guidelines</p>			
<p>Activity 5: Assess and Identify Regulatory Compliance Requirements</p>	<p align="center">Planned activity(s)</p>	<p align="center">Activity Documentation</p>	<p align="center">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	<p>1) HCC, if requested, will assist with review, update and training of the Isolation and Quarantine Plan and Public Health/Legal Regulatory Plan.</p>	Meeting notes	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 5 (PHASE 1):</p> <p>1) Isolation and Quarantine Plan</p>			
<p align="center">Objective 3: Develop a Health Care Coalition Preparedness Plan</p>			
<p>Activity 1: Develop a Health Care Coalition Preparedness Plan</p>	<p align="center">Planned activity(s)</p>	<p align="center">Activity Documentation</p>	<p align="center">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	<p>1) 1) HCC will update and maintain their preparedness plan annually and following major incidents or large-scale exercises. The plan must be approved by all its core members organizations. All of the HCC's additional member organizations should be given an opportunity to provide input into the preparedness plan, and all member organizations must receive a final copy of the plan.</p> <ul style="list-style-type: none"> • Gather annual HVA information from first quarter • Review and update guidelines during second quarter • Update with annual coalition resource and gap analysis information in second quarter • Approved by all core member organizations • All member organizations will be provided a final copy upon approval 	Agendas, meeting notes	Q3

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	Output(s) for planned activities for Capability 1, Objective 3, Activity 1 (PHASE 1): 1) HCC Preparedness Planning Guidelines		
Objective 5: Ensure Preparedness is Sustainable			
Activity 1: Promote the Value of Health Care and Medical Readiness	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Upon receipt, HHC Readiness and Response Coordinator will distribute state coalition newsletter to the HCC.	Email	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 5, Activity 1 (PHASE 1): 1) Newsletters		
Activity 2: Engage Health Care Executives	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to promote health care executive’s engagement in debriefs related to exercises, planned events, and real incidents. <ul style="list-style-type: none"> Healthcare executives from the core leadership of the coalition will be represented in no-notice exercise debrief 	Meeting notes	Q4
	Output(s) for planned activities for Capability 1, Objective 5, Activity 2 (PHASE 1): 1) AAR/IPs		
Activity 3: Engage Clinicians	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC Clinical Advisor, in collaboration with the HCC Readiness and Response Coordinator, will engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning. (see HPP FOA pg. 52)	Meeting notes, Timesheets	Q1/Q2/Q3/Q4
	2) Continue to reach out and engage HCC members and other response organizations to promote HCC preparedness efforts to clinicians, community leaders, and others as deemed appropriate.	Meeting notes, emails	Q1/Q2/Q3/Q4

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	Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 1): 1) Timesheets		
Activity 4: Engage Community Leaders	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (see HPP FOA pg. 53)	Meeting notes, exercise documents	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 5, Activity 4 (PHASE 1): 1) AAR/IPs		
Activity 5: Promote Sustainability of Health Care Coalitions	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually, HCCs should be available to offer HCC members Technical Assistance (TA) in meeting CMS Emergency Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member’s requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (see HPP FOA pgs. 53-54) <ul style="list-style-type: none"> • Review and update financial structure and funding sources, as appropriate, such as bylaws and preparedness plan 	Meeting notes	Q4
	Output(s) for planned activities for Capability 1, Objective 5, Activity 5 (PHASE 1): 1) By-laws 2) Preparedness Planning Guidelines		

PHASE 2: Train and Equip

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Objective 4: Train and Prepare the Health Care and Medical Workforce

Recurring Statewide Objective: Annually, Nevada will provide NIMS and other training opportunities for personnel identified as responders during an emergency activation beginning July 1, 2024. (see HPP FOA pg. 54)

Activity 1: Promote Role-Appropriate National Incident Management System Implementation	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) NIMS and other training sign-in sheets, for sponsored trainings, will be maintained and provided to Nevada State PHP upon request.	Training information, sign in sheets, certificates	Q1/Q2/Q3/Q4
	2) Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education and levels and need.	Training certificates	Q2
	3) Continue to promote NIMS training opportunities to HCC and request certificates.	Agendas, training information, certificates	Q1/Q2/Q3/Q4
	4) Assist HCC members, as requested, with incorporating NIMS components into their emergency operations plans. <ul style="list-style-type: none"> • For example: review of plans, trainings 	Email	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 4, Activity 1 (PHASE 2):			
1) Training Certificates (if provided by individual)			
Activity 2: Educate and Train on Identified Preparedness and Response Gaps	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will develop a list of planned training activities based on the 2023 and 2024 goals and objectives and appropriate improvement items from AARs. Training activities may include but are not limited to initial education, continuing education, appropriate certifications and just in time training. Awareness and operational level training on all aspects of HCC functions focused on preparedness, response and recovery should be conducted.	Meeting notes	Q1/Q2/Q3

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	Output(s) for planned activities for Capability 1, Objective 4, Activity 2 (PHASE 2): 1) Goals & Objectives tracking form		
PHASE 3: Exercise and Respond			
Objective 4: Train and Prepare the Health Care and Medical Workforce			
Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will plan and conduct in an exercise based on the identified needs from AAR's, HVAs and Resource and Gap Analysis.	Exercise documentation	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 4, Activity 3 (PHASE 3): 1) AAR/IP		
Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will follow HSEEP fundamentals for coalition sponsored exercises.	Exercise documentation	Q1/Q2/Q3/Q4
	2) HCC will promote individual members to follow HSEEP fundamentals for individual exercises.	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 4, Activity 4 (PHASE 3): 1) Coalition exercise documents in HSEEP format			
Objective 5: Ensure Preparedness is Sustainable			
Activity 3: Engage Clinicians	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC Clinical Advisor, in collaboration with the HCC Readiness and Response Coordinator, will engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning. (see HPP	Meeting notes	Q1/Q2/Q3/Q4

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	FOA pg. 52)		
	Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 3): 1) Meeting notes		
Activity 4: Engage Community Leaders	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	2) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (see HPP FOA pg. 53)	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 3):		
Activity 5: Promote Sustainability of Health Care Coalitions	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	3) Annually, HCCs should be available to offer HCC members Technical Assistance (TA) in meeting CMS Emergency Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member’s requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (see HPP FOA pgs. 53-54)	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 3): 1) Meeting notes		
PHASE 4: Evaluate and Share Lessons Learned			

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Objective 4: Train and Prepare the Health Care and Medical Workforce			
Activity 5: Evaluate Exercises and Responses to Emergencies	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) AARs from previous years will be used to train staff and update plans. <ul style="list-style-type: none"> • Example: Anthrax, triennial exercises , Comms exercises 	AAR/IP tracking sheet	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 4, Activity 5 (PHASE 4):		
1) Updated plans 2) Coalitions Goals & Objectives			
Activity 6: Share Leading Practices and Lessons Learned	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) After action reports will be shared with HCC members, when available.	Meeting notes, email	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 4, Activity 6 (PHASE 4):		
1) AAR/IPs			

CAPABILITY 2: Health Care and Medical Response Coordination

HPP Capabilities, Objectives, and Activities	Proposed Activity Details			Anticipated Completion Date
PHASE 1: Plan and Prepare				
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans				
Activity 1: Develop a Health Care Organization Emergency Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) As requested, HCC will assist healthcare member organizations to develop individual EOPs (see page 26 in Capabilities document) <ul style="list-style-type: none"> • Example: Provide guidance documents, resources, ASPR Tracie website 	Emails	Q1/Q2/Q3/Q4	
	2) As requested, HCC will participate in the review, revision, and training/exercising of county response plans. <ul style="list-style-type: none"> • HCC will participate in LEPC <ul style="list-style-type: none"> ○ For example: hazard mitigation, damage assessment, behavioral health and Medical Examiner plans, Family Assistance center 	Meeting notes	Q1/Q2/Q3/Q4	
	Output(s) for planned activities for Capability 2, Objective 1, Activity 1 (PHASE 1):			
	1) County Plans, if updated			
Activity 2: Develop a Health Care Coalition Response Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	

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	1) Review and update HCC Response Plan describes the HCC’s operational roles that support strategic planning, situational awareness, information sharing, and resource management. (see HPP FOA pg. 57)	Meeting notes	Q1/Q2/Q3
Output(s) for planned activities for Capability 2, Objective 1, Activity 2 (PHASE 1):			
1) Response Guide			
Objective 2: Utilize Information Sharing Processes and Platforms			
Recurring Statewide Objective: Nevada will exercise processes to share real-time information related to an incident, the current state of the health care delivery system, and situational awareness across the various response organizations and levels of government during exercises and real-world events throughout the budget period.			
Activity 1: Develop Information Sharing Procedures	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will review and update, if necessary the integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EIs). (see HPP FOA pg.58)	Meeting notes	Q1/Q2/Q3
	2) HCC in coordination with its public health agency members and HPP and PHEP recipients will review and revise, if necessary, processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses by June 30, 2023. (FOA pg. 58)	Meeting notes	Q4
	Output(s) for planned activities for Capability 2, Objective 2, Activity 1 (PHASE 1):		
1) Response Guide and Preparedness Planning Guidelines			
Activity 2: Identify Information Access and Data Protection Procedures	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to provide training/exercising, as requested, and promote information sharing platform to provide situational awareness.	Meeting notes, training materials	Q1/Q2/Q3/Q4

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	2) Update WebEOC “REG-Ops-Healthcare Representative” Contact information within the system to ensure accurate.	WebEOC system access	Q2/Q4
Output(s) for planned activities for Capability 2, Objective 2, Activity 2 (PHASE 1):			
1) Healthcare Contact List			
Activity 3: Utilize Communications Systems and Platforms	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Coalition will conduct two redundant communication drills. • For example: WebEOC, 800 MHz, Code Red and Ham radio	Exercise documents	Q2/Q4
	2) Keep communication system or app updated for redundant communications, based on updated Point of Contact quarterly information.	Contact spreadsheet	Q1/Q2/Q3/Q4
	3) Participate in weekly Washoe County Amateur Radio Emergency Services Hospital Net.	Net Control Log	Q1/Q2/Q3/Q4
	4) As appropriate, HCC will continue to share pertinent emergency information with HCC members, the ESF-8 lead agency and other stakeholders.	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 2, Objective 2, Activity 3 (PHASE 1):			
1) Healthcare Contact List			
2) AAR/IPs			
3) 800 MHz and Ham Stats log			
PHASE 2: Train and Equip			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Activity 4: Communicate with the Public during an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	Completed in FY21/FY22.		

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	Output(s) for planned activities for Capability 2, Objective 3, Activity 4 (PHASE 2): N/A		
PHASE 3: Exercise and Respond			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Statewide Objective: Nevada will conduct a supply chain integrity assessment to evaluate equipment and supplies that will be in demand during emergencies by June 30, 2024. (FOA pg. 62)			
Activity 1: Identify and Coordinate Resource Needs during an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to train its members on WebEOC, as one of the information sharing platforms.	Meeting notes, sign in sheets	Q1/Q2/Q3/Q4
	2) Continue to train and exercise on the Healthcare Operating Status Form. Examples include: redundant communications, WebEOC training, exercises	Training	Q1/Q2/Q3/Q4
	3) Continue to ensure multiple HCC members, as deemed appropriate, understand and have access to the coalition’s information sharing systems/platforms.	User information to platforms	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 2, Objective 3, Activity 1 (PHASE 3): 1) Healthcare Contact List 2) Sign in sheets		
Activity 2: Coordinate Incident Action Planning During an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will review the Communications Plan within the Response Guide and update, if necessary. (page 30 HPP Capabilities document)	Meeting notes	Q1/Q2/Q3

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	Output(s) for planned activities for Capability 2, Objective 3, Activity 2 (PHASE 3): 1) Response Guide		
Activity 3: Communicate with Health Care Providers, Non- Clinical Staff, Patients, and Visitors during an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC should assist members with developing the ability to rapidly alert and notify their employees, patients, and visitors to provide situational awareness, protect their health and safety, and facilitate provider-to-provider communication. Will be validated through site visit and included in HCC Response Plans. (FOA pg. 60) <ul style="list-style-type: none"> • For example: review resource and gap analysis question related to the ability to alert and notify staff, patients, and visitors to better understand members’ needs 	Emails	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 2, Objective 3, Activity 3 (PHASE 3): 1) As necessary, meeting notes reviewing the resource gap analysis questions		

CAPABILITY 3: Continuity of Health Care Service Delivery

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare			
Objective 1: Identify Essential Functions for Health Care Delivery			
Activity 1: Identify Essential Functions for Health Care Delivery	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If necessary, HCC will update the essential functions for health care delivery in coalition plans.	Meeting notes/ plans (if appropriate)	Q1/Q2/Q3
Output(s) for planned activities for Capability 3, Objective 1, Activity 1 (PHASE 1): 1) Response Guide 2) Preparedness Planning Guidelines			
Objective 2: Plan for Continuity of Operations			
Activity 1: Develop a Health Care Organization Continuity of Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If request, the HCC will provide technical assistance on continuity of operations planning.		Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 2, Activity 1 (PHASE 1): No Planned activities or outputs.			
Activity 2: Develop a	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Health Care Coalition Continuity of Operations Plan	<p>1) HCC will update the HCC continuity of operations (COOP) plan within the Response plan, if necessary. It needs to continue to include:</p> <ul style="list-style-type: none"> a. Activation and response functions b. Multiple points of contact for each HCC member c. Orders of succession and delegations of authority for leadership continuity d. Immediate actions and assessments to be performed in case of disruptions e. Safety assessment and resource inventory to determine ongoing HCC operations f. Redundant, replacement, or supplemental resources, including communications systems g. Strategies and priorities for addressing disruptions to mission critical systems such as electricity, water, and medical gases. h. List of essential records and forms, including locations of electronic and hard copies of each. 	Meeting notes, to include identified potential updates	Q1/Q2/Q3
<p>Output(s) for planned activities for Capability 3, Objective 2, Activity 2 (PHASE 1): 1) Response Guide</p>			
Activity 3: Continue Administrative and Finance Functions	<p align="center">Planned activity(s)</p>	<p align="center">Activity Documentation</p>	<p align="center">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	Nothing planned for this activity		
<p>Output(s) for planned activities for Capability 3, Objective 2, Activity 3 (PHASE 1): N/A</p>			
Activity 4: Plan for Health Care Organization Sheltering-	<p align="center">Planned activity(s)</p>	<p align="center">Activity Documentation</p>	<p align="center">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	1) If request, the HCC will provide technical assistance on continuity of operations planning.		Q1/Q2/Q3/Q4

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in-Place	Output(s) for planned activities for Capability 3, Objective 2, Activity 4 (PHASE 1): N/A		
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency			
Activity 1: Assess Supply Chain Integrity	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	No work planned for this activity, completed FY21.		
	Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 1): N/A		
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) All HPP recipients, HCCs or HCC members purchasing pharmaceuticals and other medical materiel or supplies (e.g., PPE) with HPP funds must document the following: <ul style="list-style-type: none"> • Strategies for acquisition, storage, rotation with day-to-day supplies, and use • Inventory Management Program Protocols for all cached material • Policies relating to the activation and deployment of their stockpile • Policies relating to the disposal of expired materials 	Meeting minutes	Q1/Q2/Q3/Q4
	2) Review and revise (if necessary) the inventory tracking policy.	Meeting minutes	Q1/Q2/Q3/Q4
	3) Review and revise, if necessary, the policy related to the activation and deployment of any stockpile (Pharmaceuticals, PPE, supplies) and a policy relating to the disposal of expired	Policy or SOP	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 3, Objective 3, Activity 2 (PHASE 1): 1) Inventory Tracking Policy 2) Supply/Storage tracking SOP		

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Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks			
Activity 1: Develop Strategies to Protect Health Care Information Systems and Networks	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Information that is received by HCC will be shared with all partners in regard to how to protect information systems and networks.	Emails	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 3, Objective 4, Activity 1 (PHASE 1): N/A		
Objective 6: Plan for Health Care Evacuation and Relocation			
Activity 1: Develop and Implement Evacuation and Relocation Plans	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (see HPP FOA pg. 63)	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 1): 1) MAEA plan		
Activity 2: Develop and Implement Evacuation Transportation Plans	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will provide MAEA training and purchase supplies as identified, as needed.	Training documents	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 3, Objective 6, Activity 2 (PHASE 1): 1) Sign in sheets		
Objective 7: Coordinate Health Care Delivery System Recovery			
Activity 1: Plan for Health Care Delivery System Recovery	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	Nothing planned for this activity.		
	Output(s) for planned activities for Capability 3, Objective 7, Activity 1 (PHASE 1): N/A		

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Activity 2: Assess Health Care Delivery System Recovery after an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	Nothing planned for this activity.		
	Output(s) for planned activities for Capability 3, Objective 7, Activity 2 (PHASE 1): N/A		
PHASE 2: Train and Equip			
Objective 5: Protect Responders' Safety and Health Activities			
Activity 1: Distribute Resources Required to Protect the Health Care Workforce	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will support and promote regional PPE procurement and provide documentation in HCC Preparedness Plan. (see HPP FOA pg. 65)	Meeting notes	Q1/Q2/Q3
	Output(s) for planned activities for Capability 3, Objective 5, Activity 1 (PHASE 2): 1) Preparedness Plan		
Activity 2: Train and Exercise to Promote Responders' Safety and Health	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will equip, train, and provide resources necessary to protect responders, employees and their families from hazards during response and recovery operations and document in HCC training planning. (see HPP FOA pg. 65)	Meeting notes	Q1/Q2/Q3
	2) Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (see HPP FOA pg. 65)	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 3, Objective 5, Activity 2 (PHASE 2): 1) Training sign in forms, if applicable 2) Yearly Goals & Activity sheet		
	Planned activity(s)	Activity Documentation	Completion Quarter

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Activity 3: Develop Health Care Worker Resilience			(Q1, Q2, Q3, Q4)
	Nothing planned for this activity.		
	Output(s) for planned activities for Capability 3, Objective 5, Activity 3 (PHASE 2): N/A		
Objective 6: Plan for Health Care Evacuation and Relocation			
Activity 1: Develop and Implement Evacuation and Relocation Plans	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (see HPP FOA pg. 63)	Meeting notes	Q1/Q2/Q3/Q4
	Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (see HPP FOA pg. 65)	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 2): 1) Training materials		
PHASE 3: Exercise and Respond			
Objective 7: Coordinate Health Care Delivery System Recovery			
Activity 3: Facilitate Recovery Assistance and Implementation	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If requested, HCC will facilitate recovery assistance and implementation with coalition partners.	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 3, Objective 7, Activity 3 (PHASE 3): 1) Response plan		
PHASE 4: Evaluate and Share Lessons Learned			
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency			

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Activity 1: Assess Supply Chain Integrity	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Review HCC Inventory Tracking Policy and make identified updates.	Meeting notes	Q4
Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 4): 1) HCC Inventory Tracking Policy			

CAPABILITY 4: Medical Surge

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare			
Objective 1: Plan for a Medical Surge			
Recurring Statewide Objective: Annually, volunteers will be invited to participate in training and exercise opportunities sponsored by HCCs, LHAs and the Nevada State PHP Program. (see HPP FOA pg. 66-67)			
Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Related to trainings, training opportunities will be distributed to volunteers as the trainings are identified as appropriate.	Meeting notes/emails	Q1/Q2/Q3/Q4
	2) Incorporate MRC process into Response plan to ensure that health care-centric roles during acute care medical surge response can be filled. MRC duties that can be funded by HPP include, Triage support staff, ED staff, Medical Shelter clinical staff and field hospital clinical staff.	Response plan	Q3
	3) Ensure that Acute care hospitals participate in NDMS and enter into forma agreements with NDMS. This is intended to improve HCC’s surge capacity and enhance hospital preparedness in a response to a medical surge event.	NDMS agreements	Q4
	4) NDMS receiving facilities should be ready to receive and treat patients during a NDMS activation. HCC’s can invest HPP resources in the following areas: Patient reception planning, NDMS exercises and decontamination resources, PPE and CBRN monitoring devices.	Emails	Q4

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	Output(s) for planned activities for Capability 4, Objective 1, Activity 1 (PHASE 1): 1) Response plan 2) NDMS agreements		
Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will work with Public Health and EMS coalition members to confirm that regional plans include disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment.	Meeting notes	Q1
	Output(s) for planned activities for Capability 4, Objective 1, Activity 2 (PHASE 1): 1) MCI plan		
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will develop a complementary coalition-level Chemical annex to the base medical surge/trauma mass casualty response plan(s); upload into the CAT. (see HPP FOA pg. 70-73)	Meeting notes	Q3
	2) HCC will collaborate with the Nevada PHP Program to integrate crisis care elements into their response plan. (HPP FOA pg. 76)	Meetings notes	Q3
Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1) – Statewide Objective 1: 1) Response plan 2) CBRNE Plan			
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If requested, HCC will assist in any plan updates that public health, Washoe County or PHEP program make. Specifically processes to reunify families, reunification considerations for children and family notification and initiation of reunification process.	Meeting sign in sheets	Q1/Q2/Q3/Q4

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	2) HCC will develop complementary coalition-level Chemical annex to the base medical surge/trauma mass casualty response plan(s); upload into the CAT. (see HPP FOA pg. 70-73. Coordinate with PHEP program and regional partners to choose most concerning chemical threat hazard for Washoe County, identify risks, gaps and mitigation requirements and use the information created to design a chemical tabletop exercise. (ORR/FOA/Quad)	List of chemical threats/list of gaps/list of resources	Q1/Q2/Q3/Q4
	3) In coordination with the PHEP program and regional partners conduct concept of operations meeting, initial planning meeting and create exercise documentation for chemical exercise. (FOA/AAR/Quad)	Situation Manual/Sign in sheets/agendas	Q1/Q2/Q3/Q4
	4) Conduct Chemical exercise. (FOA/AAR/Quad)	Exercise announcements/sign in sheets	Q1/Q2/Q3/Q4
	5) Develop AAR-IP. (FOA/AAR/Quad)	AAR-IP	Q1/Q2/Q3/Q4
	6) HCC will collaborate with the Nevada PHP Program to integrate crisis care elements into their response plan. (HPP FOA pg. 76)	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1):			
<ul style="list-style-type: none"> 1) Reunification plans 2) Response/Preparedness Plan 3) AAR/IP 			
Objective 2: Respond to a Medical Surge			
Activity 3: Develop an Alternate Care System	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Revise and review Alternate Care Site Plan as needed based on exercises and real-world events.	Meetings notes	Q4
	Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 1):		
1) Alternate Care site plan, if appropriate			
PHASE 3: Exercise and Respond			

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Objective 2: Respond to a Medical Surge			
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) (Joint HPP/PHEP Activity) HPP and PHEP recipients should coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction’s response to incidents. HPP recipients and HCC should incorporate the use of volunteers to support acute care medical surge response training, drills, and exercises throughout the five-year project period.	Meeting notes	Q1/Q2/Q3/Q4
	2) Documented identification of “trusted insider” and planning committee.	MRSE Tool document, meeting notes	Q3
	3) Within two weeks of exercise, committee will pull HCC acute care census for planning purposes.	Emails	Q3
	4) Provide the Nevada PHP Program with all surge test exercise documentation, to include the After-Action Report within 90 days of exercise.	MRSE tool	Q3
Output(s) for planned activities for Capability 4, Objective 2, Activity 1 (PHASE 3): 1) AAR/IP 2) MRSE Tool			
Activity 2: Implement Out-of- Hospital Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Review after action report from NDMS and identify any areas to incorporate into regional response plans.	Exercise Documentation	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 2 (PHASE 3): 1) AAR /IP			
Activity 3: Develop an Alternate Care System	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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	1) Nevada PHP Program will request Technical Assistance and additional detail regarding this FOA requirement to help guide activities.	Emails	Q1
	2) Annually as appropriate, HCC will coordinate with PHEP to address the public health, medical and mental health needs of those impacted by an incident at congregate locations. (see HPP FOA pg. 79)	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 3): 1) Meeting notes discussing public health, medical and mental health needs of those impacted by an incident at congregate locations, if appropriate			
Activity 4: Provide Pediatric Care during a Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCCs must validate their Pediatric Surge Annex via a standardized tabletop/discussion exercise format that meets HSEEP principles for exercises and planning and submit the results and data sheet to ASPR. The status of the Pediatric Care Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.	Meeting notes	Q1/Q2/Q3/Q4
	2) Update MCI plan with partners and verify burn, pediatrics, , CBRNE, etc. do not need to be updated. include pediatric items as needed.	Meeting notes	Q3
Output(s) for planned activities for Capability 4, Objective 2, Activity 4 (PHASE 3): 1) MCI plan			
Activity 5: Provide Surge	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Management during a Chemical or Radiation Emergency Event	<p>1) HCC will validate their Chemical Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p> <p>The status of the Chemical Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.</p>	Meeting notes	Q4
	<p>2) HCC will validate their Radiation Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p> <p>The status of the Radiation Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.</p>	Meeting notes	Q4
	<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 5 (PHASE 3):</p> <p>1) CBRNE Plan</p>		
Activity 6: Provide Burn Care during a Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) HCC will validate their Burn Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p> <p>The status of the Burn Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.</p> <p>This was already completed in BP3.</p>	Meeting sign in	Q3
	<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 6 (PHASE 3):</p> <p>1) MCI Plan</p>		
Activity 7: Provide	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

**Nevada HPP Subgrantee Scope of Work
BP5 – FY23 – SFY24**

<p>Trauma Care during a Medical Surge Response</p>	<p>1) Educational materials that are received by HCC regarding Trauma Care during a medical surge response, will be pushed out to partners for their education.</p>	<p>Emails</p>	<p>Q1/Q2/Q3/Q4</p>
<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 7 (PHASE 3): 1) N/A</p>			
<p>Activity 8: Respond to Behavioral Health Needs during a Medical Surge Response</p>	<p style="text-align: center;">Planned activity(s)</p>	<p style="text-align: center;">Activity Documentation</p>	<p style="text-align: center;">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	<p>1) HCC will share Behavioral Health training opportunities for healthcare partners during a medical Surge Response if one becomes available.</p>	<p>Email</p>	<p>Q4</p>
<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 8 (PHASE 3): 1) Training sign in sheets (if applicable)</p>			
<p>Activity 9: Enhance Infectious Disease Preparedness and Surge Response</p>	<p style="text-align: center;">Planned activity(s)</p>	<p style="text-align: center;">Activity Documentation</p>	<p style="text-align: center;">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	<p>1) When appropriate during an infectious disease outbreak, HCC will coordinate required activities to ensure the ability to surge to meet the demands during a highly infectious disease response. (see HPP FOA pg. 80)</p>	<p>Email</p>	<p>Q4</p>
	<p>2) HCC will validate their Infectious Disease and Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p> <p>HCCs may receive credit for the infectious disease annex exercise evolving from the COVID-19 response. The HCCs will respond to questions in and upload AAR/IP in the CAT.</p> <p>The status of the Infectious Disease Preparedness and Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.</p>	<p>Meeting notes</p>	<p>Q4</p>
<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 9 (PHASE 3): 1) N/A</p>			

**Nevada HPP Subgrantee Scope of Work
BP5 – FY23 – SFY24**

Activity 10: Distribute Medical	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Countermeasures during Medical Surge Response	1) (Joint HPP/PHEP activity) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands for distributing medical countermeasures: <ul style="list-style-type: none"> • Establish a medical common operating picture • Develop or update plans accordingly • Establish key indicators in EEIs • Provide real-time information sharing • Coordinate public messaging 	Emails	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 10 (PHASE 3): 1) N/A			
Activity 11: Manage Mass Fatalities	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) As requested, update with regional partners, the Mass Fatality Plans	Meeting notes	Q1/Q2/Q3/Q4
	2) As requested, update with regional partners, the Family Assistance Center Plan	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 11 (PHASE 3): 1) Mass Fatality Plan 2) Family Assistance Center Plan			

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**SECTION C
Budget and Financial Reporting Requirements
revised on Nov 22, 2024**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to:
 This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant # 4
 U3REP190613-05-06 from Nevada Healthcare Preparedness Program (HPP). Its contents are solely the responsibility of the authors and do not
 necessarily represent the official views of the Department nor Nevada Healthcare Preparedness Program (HPP).+

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 4
 U3REP190613-05-06 from Nevada Healthcare Preparedness Program (HPP).

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs	Including Fringe					Total:	\$0
Staff - Non-PHP to participate in exercises/planning	\$0.00	0.00%	100.00%	12.00	100.00%	\$0.00	L
Non PHP staff to be able to participate in PHP exercises and plannings							

In-State Travel	Total:	\$0

Out of State Travel	OSMot Days	Total:	\$0

Operating						Total:	\$18,592
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?		
Bleeding control kits, NCI/MEAE supplies, alpha kit supplies, and/or exercise supplies	\$18,592.00	1.0	1.0	\$18,592.00	L		
Operating supplies to support IHCC objectives and identified gaps from the Hazard & Vulnerability Assessment. Items could include, but are not limited to, bleeding control kits, MCI/MAEA tags, MCI/MEAE supplies, alpha kit supplies, and/or exercise supplies.							

Equipment						Total:	\$41,000
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?		
AmbuBus	\$41,000.00	1	1	\$41,000.00	Y		
Purchase of an AmbuBus will increase the ability respond and transport during an MCI or healthcare evacuation without exhausting 911 resources. It can also be made available to loan out to other jurisdictions in preparation of a mass gathering.							

Contractual/Contractual and all Pass-thru Subawards	Total:	\$0

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Training					Total:	\$0
Other					Total:	\$0
					\$0.00	Y

TOTAL DIRECT CHARGES	\$59,592
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Indirect Charges	Indirect Rate:	10.3%	\$1,915
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Indirect Methodology: Proposed rate between Washoe County and Nevada DHHS. Indirect rate is calculated on the total costs minus equipment.
Indirect rate is 10.3%

TOTAL BUDGET	\$61,507
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Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$61,507.00								\$61,507.00

EXPENSE CATEGORY

Personnel	\$0.00								\$0.00
Travel	\$0.00								\$0.00
Operating	\$18,592.00								\$18,592.00
Equipment	\$41,000.00								\$41,000.00
Contractual/Consultant	\$0.00								\$0.00
Training	\$0.00								\$0.00
Other Expenses	\$0.00								\$0.00
Indirect	\$1,915.00								\$1,915.00
TOTAL EXPENSE	\$61,507.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$61,507.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
Total Indirect Cost	\$1,915.00	Total Agency Budget							\$61,507.00
Percent of Subrecipient Budget									100.00%

B. Explain any items noted as pending:

--

C. Program Income Calculation:

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within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**

the program upon termination of this agreement.

The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."

Note: If match funds are required, Section H: Matching Funds Agreement must accompany the subaward packet.

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

Total reimbursement through this subaward will not exceed **\$61,507.00**;

Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;

Indicate what additional supporting documentation is needed in order to request reimbursement;

A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.

Any work performed after the BUDGET PERIOD will not be reimbursed. If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement. If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.
; and

Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.

Any work performed after the BUDGET PERIOD will not be reimbursed.

If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.

If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:

Providing technical assistance, upon request from the Subrecipient;

Providing prior approval of reports or documents to be developed;

Forwarding a report to another party, i.e. CDC.

The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

All reports on expenditure and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.

The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Status Reports and Request for Funds must be submitted by the 20th of each month in accordance with the guidelines and all forms prescribed by the program for invoicing purposes, unless specific exceptions are provided in writing by the awarding program manager.

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All subgrantees are expected to fulfill grant obligations and spend down all awarded funding within the subaward budget period. For all 12-month budget period awards, sub-awardees should have approximately 67% of the awarded budget within the first eight (8) months of the budget period. If a sub-awardee has not spent approximately 67% of the awarded budget within the first eight (8) months of the budget period, the sub-awardee may not be eligible for future carry-over opportunities.

< *****The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

< *****The site visit/monitoring schedule may be clarified here. The Department will conduct at least annual site visits with the Subrecipient to monitor progress on goals and objectives outlined in the Scope of Work and to meet and converse with staff working on the project to determine successes and challenges associated with the project.

< *****The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.

< *****All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.

< *****This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after the date of termination. This subaward agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

< *****A Request for Reimbursement is due on a Monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.

< *****Reimbursement is based on actual expenditures incurred during the period being reported.

< *****Payment will not be processed without all reporting being current.

< *****Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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**SECTION D
Request for Reimbursement
revised on Nov 22, 2024**

<u>Program Name:</u> Public Health Preparedness	<u>Subrecipient Name:</u> Northern Nevada Public Health
<u>Address:</u> 4126 Technology Way, Carson City, Nevada 89706	<u>Address:</u> 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<u>Subaward Period:</u> 07/01/2024 - 06/30/2025	<u>Subrecipient's:</u> EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(must be accompanied by expenditure report/back-up)

Month(s)	Calendar Year
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Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2. Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%
3. Operating	\$18,592.00	\$0.00	\$0.00	\$0.00	\$18,592.00	0.00%
4. Equipment	\$41,000.00	\$0.00	\$0.00	\$0.00	\$41,000.00	0.00%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8. Indirect	\$1,915.00	\$0.00	\$0.00	\$0.00	\$1,915.00	0.00%
Total	\$61,507.00	\$0.00	\$0.00	\$0.00	\$61,507.00	0.00%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Healthcare Preparedness Program (HPP)	\$4,100.00	\$2,050.70	\$0.00	\$0.00	\$0.00	0.00%

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties.

Authorized Signature _____ Title _____ Date _____

FOR DEPARTMENT USE ONLY

Is program contact required? Yes No Contact Person _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted by an independent accounting firm.
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? L Yes No
3. When does your organization's fiscal year end? 6/30/2024
4. What is the official name of your organization? Northern Nevada Public Health
5. How often is your organization audited? Annually
6. When was your last audit performed? 12/27/2023
7. What time-period did your last audit cover? 7/1/2022 - 6/30/2023
8. Which accounting firm conducted your last audit? Eide Bailly

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION F

Current or Former State Employee Disclaimer

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES Y If YES, list the names of any current or former employees of the State and the services that each person will perform.
- NO L Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name

Services

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

And

Northern Nevada Public Health

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, HIPAA, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5, the HITECH Act, and regulation promulgated there under by the U.S. Department of Health and Human Services (the HIPAA Regulations) and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
 7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
 8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
 9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
 10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
 11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
 12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the

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individual. Refer to 45 CFR 160.103.

13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e)(2)(ii)(E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media,

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when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e)(2)(i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any

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breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

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5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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**SECTION H
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as %Department-D and Northern Nevada Public Health (referred to as %Subrecipient-E

Program Name	Public Health Preparedness	Subrecipient Name	Northern Nevada Public Health
Federal grant Number	4 U3REP190613-05-06	Subaward Number	
Federal Amount	\$61,507.00	Contact Name	Northern Nevada Public Health
Non-Federal (Match) Amount	\$6,150.70	Address	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
Total Award	\$61,507.00		
Performance Period	07/01/2019 through 06/30/2025		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded	\$61,507.00
Required Match Percentage	10.00%
Total Required Match	\$6,150.70

	Approved Budget Category		Budgeted Match
1	Personnel	\$	\$0.00
2	Travel	\$	\$0.00
3	Operating	\$	\$1,859.20
4	Contract/Consultant	\$	\$0.00
5	Supplies	\$	\$4,100.00
6	Training	\$	\$0.00
7	Other	\$	\$0.00
8	Indirect	\$	\$191.50
	Total	\$	\$6,150.70

Compliance with this section is acknowledged by signing the subaward cover page of this packet.



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (Hereinafter referred to as the Department)

Agency Ref, #: SG-2025-00482-1
 Budget Account: 3218

SUBAWARD AMENDMENT # 1

Program Name: Public Health Preparedness Bureau of Bureau of Health Protection and Prevention Donielle Allen / DAllen@health.nv.gov	Subrecipient Name: Northern Nevada Public Health Andrea Esp / aesp@nnph.org
Address: 4126 Technology Way Carson City, Nevada 89706	Address: 1001 E 9Th St Bldg B Reno, Nevada, 89512-2845
Subaward Period: 07/01/2024 through 06/30/2025	Amendment Effective Date: Upon approval by all parties.

This amendment reflects a change to: Scope of Work Term Budget Funding Source

Reason for Amendment: Another subawardee identified savings and chose to de-obligate funds to be used by Northern Nevada Public Health.

Required Changes

Current Language: Total reimbursement through this subaward will not exceed \$20,507.00. See Section B, C and D of the original subaward.

Amended Language: Total reimbursement through this subaward will not exceed \$61,507.00. See attached Section C revised on Nov 22, 2024.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$10,041.00	(\$10,041.00)	\$0.00
2. Travel	\$4,562.00	(\$4,562.00)	\$0.00
3. Operating	\$0.00	\$18,592.00	\$18,592.00
4. Equipment	\$1,202.00	\$39,798.00	\$41,000.00
5. Contractual/Consultant	\$1,911.00	(\$1,911.00)	\$0.00
6. Training	\$0.00	\$0.00	\$0.00
7. Other	\$986.00	(\$986.00)	\$0.00
TOTAL DIRECT COSTS	\$18,702.00	\$40,890.00	\$59,592.00
8. Indirect Costs	\$1,805.00	\$110.00	\$1,915.00
TOTAL APPROVED BUDGET	\$20,507.00	\$41,000.00	\$61,507.00

Incorporated Documents:

Section B: Description of Services, Scope of Work and Deliverables revised on Nov 22, 2024

Section C: Budget and Financial Reporting Requirements revised on Nov 22, 2024

Section D: Request for Reimbursement revised on Nov 22, 2024

Section E: Audit Information Request revised on Nov 22, 2024

Section F: Current or Former State Employee Disclaimer revised on Nov 22, 2024

Section G: Business Associate Addendum revised on Nov 22, 2024

Section H: Matching Funds Agreement revised on Nov 22, 2024

Exhibit A: Original Notice of Subaward and all previous amendments

By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.

Name	Signature	Date
Chad Kingsley, District Health Officer		3-4-2025
Janice Hadlock-Burnett, Bureau Chief		
for Cody Phinney, Administrator, DPBH		

D
EP

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Federal Award Computation		Match	
Total Obligated by this Action:	\$41,000.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	10.00%
Cumulative Prior Awards this Budget Period:	\$20,507.00	Amount Required this Action:	\$4,100.00
Total Federal Funds Awarded to Date:	\$61,507.00	Amount Required Prior Awards:	\$2,050.70
		Total Match Amount Required:	\$6,150.70
Research and Development <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Federal Budget Period		Federal Project Period	
7/1/2023 through 6/30/2025		7/1/2019 through 6/30/2025	
FOR AGENCY USE ONLY			
FEDERAL GRANT #: 4 U3REP190613-05-06	Source of Funds: Nevada Healthcare Preparedness Program (HPP)	% Funds: 100.00	CFDA: 93.889
			FAIN: U3REP190613
			Federal Grant Award Date by Federal Agency: 6/5/2024
Budget Account	Category	GL	Function
3218	23	8516	-
			-
			9388924
Non-Federal Source Of Funds	% Funds	Amount	Budget Account
	0.00		
Job Number:	Description:		

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SECTION B

**Description of Services, Scope of Work and Deliverables
revised on Nov 22, 2024**

*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

Northern Nevada Public Health, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Northern Nevada Public Health

Primary Goal: See attachment.

Objective	Activities	Due Date	Documentation Needed
1. See attachment.	See attachment.	06/30/2025	See attachment.

Washoe County Health District (WCHD)

ASPR Hospital Preparedness Program (HPP)

Detailed Work Plan

July 1, 2023 through June 30, 2024 (BP5)

ASPR-HPP Requirements

<p>All HCCs must fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: Please see pg. 48-49 of the FOA for the HCC staffing support requirements.</p>	
<p><u>CLINICAL ADVISOR</u></p> <p>Percentage of FTE supporting the HCC: 5%</p> <p>Is this position's HCC time paid by HPP funds, in-kind or other? <u>HPP Funds and in-kind</u></p> <p>Name of Advisor's agency and position (unrelated to coalition) <u>Renown Health (Trauma Critical Care RN and Charge Nurse) and Northern Nevada Medical Center (Director ED & RN)</u></p>	<p><u>HCC READINESS & RESPONSE COORDINATOR (RRC)</u></p> <p>Percentage of FTE supporting the HCC: 95%</p> <p>Is this position's time paid by HPP funds, in-kind or other? <u>HPP Funds</u></p> <p>Name of RRC's agency and position (unrelated to coalition) <u>Washoe County Health District, Public Health Emergency Response Coordinator</u></p>

- Additionally, All HPP subrecipients must complete the HPP Exercise Form for all HCC-sponsored exercises.

HPP Coalition Assessment Tool (CAT) Upload Requirements

All items below are required to be completed in HPP Scope of Work annually. Feel free to add additional planned activities under each item below to provide greater activity reporting detail to HPP Scope of Work, if deemed necessary by HPP subrecipient. Time reporting requirements, if specified, are highlighted in purple text.

- 1) **Capability 1, Objective 1, Activity 2 (PHASE 1):** Upload documentation in the CAT regarding HCC recruitment of entities outlined in HPP FOA, as well as ensuring applicable transfer agreements with pediatric, trauma, and burn centers are incorporated into the corresponding specialty surge annex. (see HPP FOA pg.46-47)
- 2) **Capability 1, Objective 1, Activity 3 (PHASE 1):** HCC will update and maintain the information annually related to its governance and maintain updated documentation in the CAT. (see HPP FOA pg.47)
- 3) **Capability 1, Objective 2, Activity 1 (PHASE 1):** HCC will annually update and maintain their HVA to identify risks and impacts and upload into the CAT. (see HPP FOA pg. 49)
- 4) **Capability 1, Objective 3, Activity 1 (PHASE 1):** HCC will update and maintain the Preparedness Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; maintain current HCC Preparedness Plan uploaded into the CAT. (see HPP FOA pg.52)
- 5) **Capability 1, Objective 4, Activity 2 (PHASE 2):** HCCs will submit a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents; uploaded into the CAT. (see HPP FOA pg. 55)
- 6) **Capability 2, Objective 1, Activity 2 (PHASE 1):** HCC will coordinate the development of its Response Plan by involving core members and other HCC members; HCC will review and update Response Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; plan uploaded into CAT. (see HPP FOA pg. 56)
- 7) **Capability 2, Objective 1, Activity 2 (PHASE 1):** HCC Response Plan describes the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management; uploaded into CAT. (see HPP FOA pg. 57)
- 8) **Capability 2, Objective 2, Activity 1 (PHASE 1):** HCC will define and integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EElis); uploaded into the CAT. (see HPP FOA pg.58)
- 9) **Capability 3, Objective 3, Activity 1 (PHASE 1):** HCC will conduct a supply chain integrity assessment by FY21 (BP3-SFY22) to evaluate equipment and supplies that will be in demand during emergencies and develop mitigation strategies to address potential shortfalls; uploaded into the CAT. (see HPP FOA pg. 62)

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- 10) Capability 3, Objective 3, Activity 2 (PHASE 1):** Annually as appropriate, HCC will document required information regarding purchasing pharmaceuticals and other medical materiel or supplies with HPP funds; upload HCC protocol documentation into the CAT. (see HPP FOA pg. 63)
- 11) Capability 4, Objective 1, Activity 3 (PHASE 1):** HCC will develop complementary coalition-level specialty surge annexes to the base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs; upload into the CAT. (see HPP FOA pg. 70-73) [FY 22 Radiation \(BP4-SFY23\)](#)
- 12) Capability 4, Objective 1, Activity 3 (PHASE 1):** HCC will collaborate with the Nevada PHP Program (HPP recipient) to integrate the required crisis care elements into their HCC Response Plan by FY21 (BP3-SFY22); uploaded into the CAT. (see HPP FOA pg. 76)
- 13) Capability 4, Objective 2, Activity 1 (PHASE 3):** At least once during the HPP Project Period, HCCs with an FCC must participate in the NDMS patient movement exercise; upload exercise documentation into the CAT. (see HPP FOA pg. 77)
- 14) Capability 4, Objective 2, Activity 1 (PHASE 3):** HCC will review and update the information at minimum of every 2 years, and encouraged to update on any major changes in HCC membership, related to the HCC Surge Estimator Tool, which was completed by January 1, 2020; maintain updated documentation in the CAT. (see HPP FOA pg. 78)
- 15) Capability 4, Objective 2, Activity 3 (PHASE 3):** HCC Response Plans should coordinate the use of alternate care systems, in collaboration with state and local public health agencies and emergency management organization, prior to the conclusion of FY21 (BP3-SFY22); maintain updated HCC Response Plan into the CAT. (see HPP FOA pg. 78)
- 16) Capability 4, Objective 2, Activity 4, 5, 6, 9 (PHASE 3):** HCC will validate specialty surge annexes via a standardized TTX/discussion exercise format and submit the results and data sheets to ASPR uploaded in the CAT. (see HPP FOA pgs. 79-80)

CAPABILITY 1: Foundation for Health Care and Medical Readiness

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare			
Objective 1: Establish and Operationalize a Health Care Coalition			
Activity 1: Define Health Care Coalition Boundaries	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Review and revise, if necessary, IHCC bylaws.	Agenda, meeting minutes	Q2
	2) As appropriate, core membership will approve all HCC plans and bylaws.	Meeting notes	Q3
Output(s) for planned activities for Capability 1, Objective 1, Activity 1 (PHASE 1):			
	1) Bylaws (as necessary)		
Recurring Statewide Objective: Each HCC will demonstrate engagement in exercises and/or real-world events by June 30, 2024.			
Activity 2: Identify Health Care Coalition members	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) At least two HCC representatives will be included on at least one HCC exercise planning team by March 31, 2024.	Exercise documents	Q3
	2) Core members should be represented at all HCC meetings, virtually or in person. Core members should sign all HCC-related documentation. Core members should participate in ALL HCC exercises. (see HPP FOA pg. 46)	Sign-in sheets, meeting notes	Q1/Q2/Q3/Q4

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	<p>3) Contact healthcare facilities for update of point-of-contact (POC) spreadsheet quarterly For example, hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, clinics</p>	Healthcare Contact List	Q1/Q2/Q3/Q4
	<p>4) Representation from additional functional entities is essential for the purpose of supporting acute health care service delivery. HCC will recruit and incorporate the following entities into their membership. These entities include, but are not limited to the following:</p> <ul style="list-style-type: none"> - Medical Supply Chain organizations - Pharmacies - Blood Banks - Clinical Labs - Federal Health Care Organizations - Outpatient Care Centers & LTC 	Healthcare Contact List	Q1/Q2/Q3/Q4
	<p>5) As requested, HCC will provide representation at other HCC meetings and events. For example, HCC meetings, PODs, trainings, and exercises</p>	Meeting notes	Q4
	<p>Output(s) for planned activities for Capability 1, Objective 1, Activity 2 (PHASE 1):</p> <p>1) Attendance Records</p> <p>2) Updated Member Spreadsheet</p>		
<p>Activity 3: Establish Health Care Coalition Governance</p>	<p>Planned activity(s)</p>	<p>Activity Documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p>
	<p>1) HCC will fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the Clinical Advisor and HCC Readiness and Response Coordinator (RRC). (see HPP FOA pg. 48-49; required documentation in scope of work and budget)</p> <ul style="list-style-type: none"> • Scope of work for Clinical Advisor will be reviewed, if necessary 	<p>Meeting notes & Scope of work</p>	<p>Q2</p>

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	<p>2) The HCC will annually update and maintain the following information related to its governance. For example, bylaws, Preparedness Planning Guidelines and Response Guide.</p> <ul style="list-style-type: none"> • IHCC membership <ul style="list-style-type: none"> ◦ Identification of core members • HCC led or co-led by hospitals or healthcare organizations • ESF # lead agency with IHCC jurisdiction • Member guidelines for participation • Appropriate policies and procedures • HCC integration with existing state, local, and member specific incident management structures and roles. 	<p>Agenda, meeting minutes</p>	<p>Q3</p>
<p>Output(s) for planned activities for Capability 1, Objective 1, Activity 3 (PHASE 1):</p> <p>1) Clinical Advisor Scope of work</p> <p>2) Bylaws, Response Guide, Preparedness Planning Guidelines</p>			
<p>Objective 2: Identify Risks and Needs</p>			
<p>Recurring Statewide Objective: Nevada will include at-risk populations (HPP Medical Surge focus is for a Radiological Event in FY22 and Chemical Event in FY23) into planning and exercise activities by June 30, 2024.</p>			
<p>Activity 1: Assess Hazard Vulnerabilities and Risks</p>	<p>Planned activity(s)</p> <p>1) HCC will annually update and maintain their HVA to identify risks.</p> <ul style="list-style-type: none"> • Send out HVA template during first quarter • Collect partner HVAs during first quarter • Collate partner HVAs into one document during second quarter to create coalition HVA • Review and approve coalition HVA results during a second quarter HCC meeting 	<p>Activity Documentation</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q3</p>
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 1 (PHASE 1):</p> <p>1) HVA</p>			

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Output(s) for planned activities for Capability 1, Objective 2, Activity 3 (PHASE 1):			
1) Goals and Objectives for FY			
2) District Board of Health presentation			
Recurring Statewide Objective: Each of Nevada’s HCCs will utilize CMS (Center for Medicare and Medicaid Services) data, at least two times per year, by June 30, 2024.			
Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs People with Disabilities, and Others with Unique Needs	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HHS emPOWER data will be obtained through the Nevada State PHP Program or HHS emPOWER website beginning July 1, 2023 during exercises or real-world events.	De-identified data	Q1/Q3
	2) The Nevada PHP Programs and each HCC will review data and identify populations with unique health needs and incorporate, as appropriate, into community emergency planning initiatives by June 30, 2024. <ul style="list-style-type: none"> Update HCC Preparedness Planning guidelines with whole community data. <ul style="list-style-type: none"> For example: incorporation of empower data and research the utilization of the Agency for Toxic Substances and Disease Registry Social Vulnerability Index 	Meeting notes	Q3
	3) (Joint HPP/PHEP Activity) HPP and PHEP recipients should conduct inclusive risk planning throughout the project period for the whole community including children, pregnant individuals, senior citizens, individuals with access and functional needs, including people with disabilities; individuals with pre-existing conditions; and others with unique needs and vulnerabilities.	Meeting notes	Q1/Q2/Q3/Q4
	4) (Joint HPP/PHEP Activity) HPP and PHEP recipients should involve each funded HCC and its members in risk planning. In addition, HPP and PHEP recipients are encouraged to involve experts in chronic conditions and maternal and child health in risk planning.	Meeting notes	Q1/Q2/Q3/Q4

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	<p>5) As requested, work with organizations that work with at risk populations to prepare for emergencies, including exercises and updating response guidelines</p> <ul style="list-style-type: none"> Examples: AFN training, education, exercises, emergency preparedness materials to healthcare partners. 	Meeting notes, Exercise AAR's	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 4 (PHASE 1):</p> <p>1) De-identified data sets</p> <p>2) HCC Preparedness Planning Guidelines</p>			
<p>Activity 5: Assess and Identify Regulatory Compliance Requirements</p>	<p>Planned activity(s)</p> <p>1) HCC, if requested, will assist with review, update and training of the Isolation and Quarantine Plan and Public Health/Legal Regulatory Plan.</p>	<p>Activity Documentation</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 5 (PHASE 1):</p> <p>1) Isolation and Quarantine Plan</p>			
<p>Objective 3: Develop a Health Care Coalition Preparedness Plan</p>			
<p>Activity 1: Develop a Health Care Coalition Preparedness Plan</p>	<p>Planned activity(s)</p> <p>1) HCC will update and maintain their preparedness plan annually and following major incidents or large-scale exercises. The plan must be approved by all its core members organizations. All of the HCC's additional member organizations should be given an opportunity to provide input into the preparedness plan, and all member organizations must receive a final copy of the plan.</p> <ul style="list-style-type: none"> Gather annual HVA information from first quarter Review and update guidelines during second quarter Update with annual coalition resource and gap analysis information in second quarter Approved by all core member organizations All member organizations will be provided a final copy upon approval 	<p>Activity Documentation</p> <p>Agendas, meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q3</p>

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Output(s) for planned activities for Capability 1, Objective 3, Activity 1 (PHASE 1):			
1) HCC Preparedness Planning Guidelines			
Objective 5: Ensure Preparedness is Sustainable			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
Activity 1: Promote the Value of Health Care and Medical Readiness	1) Upon receipt, HHC Readiness and Response Coordinator will distribute state coalition newsletter to the HCC.	Q1/Q2/Q3/Q4	Email
Output(s) for planned activities for Capability 1, Objective 5, Activity 1 (PHASE 1):			
1) Newsletters			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
Activity 2: Engage Health Care Executives	1) HCC will continue to promote health care executive's engagement in debriefs related to exercises, planned events, and real incidents. <ul style="list-style-type: none"> Healthcare executives from the core leadership of the coalition will be represented in no-notice exercise debrief 	Q4	Meeting notes
Output(s) for planned activities for Capability 1, Objective 5, Activity 2 (PHASE 1):			
1) AAR/IPs			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
Activity 3: Engage Clinicians	1) HCC Clinical Advisor, in collaboration with the HCC Readiness and Response Coordinator, will engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning. (see HPP FOA pg. 52)	Q1/Q2/Q3/Q4	Meeting notes, Timesheets
	2) Continue to reach out and engage HCC members and other response organizations to promote HCC preparedness efforts to clinicians, community leaders, and others as deemed appropriate.	Q1/Q2/Q3/Q4	Meeting notes, emails

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Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 1):			
Activity	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Activity 4: Engage Community Leaders	1) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (see HPP FOA pg. 53)	Meeting notes, exercise documents	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 5, Activity 4 (PHASE 1):			
1) AAR/IPs			
Activity 5: Promote Sustainability of Health Care Coalitions	1) Annually, HCCs should be available to offer HCC members Technical Assistance (TA) in meeting CMS Emergency Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member's requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (see HPP FOA pgs. 53-54)	Meeting notes	Q4
Output(s) for planned activities for Capability 1, Objective 5, Activity 5 (PHASE 1):			
1) By-laws			
2) Preparedness Planning Guidelines			
PHASE 2: Train and Equip			

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Objective 4: Train and Prepare the Health Care and Medical Workforce			
Recurring Statewide Objective: Annually, Nevada will provide NIMS and other training opportunities for personnel identified as responders during an emergency activation beginning July 1, 2024. (see HPP FOA pg. 54)			
Activity 1: Promote Role-Appropriate National Incident Management System Implementation	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) NIMS and other training sign-in sheets, for sponsored trainings, will be maintained and provided to Nevada State PHP upon request.	Training information, sign in sheets, certificates	Q1/Q2/Q3/Q4
	2) Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education and levels and need.	Training certificates	Q2
	3) Continue to promote NIMS training opportunities to HCC and request certificates.	Agendas, training information, certificates	Q1/Q2/Q3/Q4
	4) Assist HCC members, as requested, with incorporating NIMS components into their emergency operations plans. <ul style="list-style-type: none"> For example: review of plans, trainings 	Email	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 4, Activity 1 (PHASE 2):		
	1) Training Certificates (if provided by individual)		
Activity 2: Educate and Train on Identified Preparedness and Response Gaps	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will develop a list of planned training activities based on the 2023 and 2024 goals and objectives and appropriate improvement items from AARs. Training activities may include but are not limited to initial education, continuing education, appropriate certifications and just in time training. Awareness and operational level training on all aspects of HCC functions focused on preparedness, response and recovery should be conducted.	Meeting notes	Q1/Q2/Q3

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<p>Output(s) for planned activities for Capability 1, Objective 4, Activity 2 (PHASE 2):</p> <p>1) Goals & Objectives tracking form</p>			
<p>PHASE 3: Exercise and Respond</p>			
<p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p>			
<p>Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and</p>	<p>Planned activity(s)</p> <p>1) HCC will plan and conduct in an exercise based on the identified needs from AAR's, HVAs and Resource and Gap Analysis.</p>	<p>Activity Documentation</p> <p>Exercise documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>
<p>Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements</p>	<p>Planned activity(s)</p> <p>1) HCC will follow HSEEP fundamentals for coalition sponsored exercises.</p> <p>2) HCC will promote individual members to follow HSEEP fundamentals for individual exercises.</p>	<p>Activity Documentation</p> <p>Exercise documentation</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>
<p>Output(s) for planned activities for Capability 1, Objective 4, Activity 3 (PHASE 3):</p> <p>1) AAR/IP</p>			
<p>Output(s) for planned activities for Capability 1, Objective 4, Activity 4 (PHASE 3):</p> <p>1) Coalition exercise documents in HSEEP format</p>			
<p>Objective 5: Ensure Preparedness is Sustainable</p>			
<p>Activity 3: Engage Clinicians</p>	<p>Planned activity(s)</p> <p>1) HCC Clinical Advisor, in collaboration with the HCC Readiness and Response Coordinator, will engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning. (see HPP</p>	<p>Activity Documentation</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>

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	FOA pg. 52)			
	Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 3):			
	1) Meeting notes			
Activity 4: Engage Community Leaders	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	2) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (see HPP FOA pg. 53)	Meeting notes	Q1/Q2/Q3/Q4	
	Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 3):			
Activity 5: Promote Sustainability of Health Care Coalitions	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	3) Annually, HCCs should be available to offer HCC members Technical Assistance (TA) in meeting CMS Emergency Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member's requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (see HPP FOA pgs. 53-54)	Meeting notes	Q1/Q2/Q3/Q4	
	Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 3):			
	1) Meeting notes			
PHASE 4: Evaluate and Share Lessons Learned				

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Objective 4: Train and Prepare the Health Care and Medical Workforce			
Activity 5: Evaluate Exercises and Responses to Emergencies	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) AARs from previous years will be used to train staff and update plans. <ul style="list-style-type: none"> • Example: Anthrax, triennial exercises , Comms exercises 	AAR/IP tracking sheet	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 4, Activity 5 (PHASE 4): 1) Updated plans 2) Coalitions Goals & Objectives		
Activity 6: Share Leading Practices and Lessons Learned	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) After action reports will be shared with HCC members, when available.	Meeting notes, email	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 4, Activity 6 (PHASE 4): 1) AAR/IPs		

CAPABILITY 2: Health Care and Medical Response Coordination

HPP Capabilities, Objectives, and Activities	Proposed Activity Details			Anticipated Completion Date
PHASE 1: Plan and Prepare				
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans				
Activity 1: Develop a Health Care Organization Emergency Operations Plan	<p>Planned activity(s)</p> <p>1) As requested, HCC will assist healthcare member organizations to develop individual EOPs (see page 26 in Capabilities document)</p> <ul style="list-style-type: none"> • Example: Provide guidance documents, resources, ASPR Tracie website <p>2) As requested, HCC will participate in the review, revision, and training/exercising of county response plans.</p> <ul style="list-style-type: none"> • HCC will participate in LEPC <ul style="list-style-type: none"> ○ For example: hazard mitigation, damage assessment, behavioral health and Medical Examiner plans, Family Assistance center 	<p>Activity Documentation</p> <p>Emails</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>	
Output(s) for planned activities for Capability 2, Objective 1, Activity 1 (PHASE 1):				
1) County Plans, if updated				
Activity 2: Develop a Health Care Coalition Response Plan	<p>Planned activity(s)</p>	<p>Activity Documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p>	

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	<p>1) Review and update HCC Response Plan describes the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management. (see HPP FOA pg. 57)</p>	Meeting notes	Q1/Q2/Q3
	<p>Output(s) for planned activities for Capability 2, Objective 1, Activity 2 (PHASE 1):</p> <p>1) Response Guide</p>		
<p>Objective 2: Utilize Information Sharing Processes and Platforms</p>			
<p>Activity 1: Develop Information Sharing Procedures</p>	<p>Recurring Statewide Objective: Nevada will exercise processes to share real-time information related to an incident, the current state of the health care delivery system, and situational awareness across the various response organizations and levels of government during exercises and real-world events throughout the budget period.</p>		
	<p>Planned activity(s)</p> <p>1) HCC will review and update, if necessary the integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EEIs). (see HPP FOA pg.58)</p> <p>2) HCC in coordination with its public health agency members and HPP and PHEP recipients will review and revise, if necessary, processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses by June 30, 2023. (FOA pg. 58)</p>	<p>Activity Documentation</p> <p>Meeting notes</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3</p> <p>Q4</p>
	<p>Output(s) for planned activities for Capability 2, Objective 2, Activity 1 (PHASE 1):</p> <p>1) Response Guide and Preparedness Planning Guidelines</p>		
<p>Activity 2: Identify Information Access and Data Protection Procedures</p>	<p>Planned activity(s)</p> <p>1) HCC will continue to provide training/exercising, as requested, and promote information sharing platform to provide situational awareness.</p>	<p>Activity Documentation</p> <p>Meeting notes, training materials</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>

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	2) Update WebEOC “REG-Ops-Healthcare Representative” Contact information within the system to ensure accurate.	WebEOC system access	Q2/Q4
Output(s) for planned activities for Capability 2, Objective 2, Activity 2 (PHASE 1): 1) Healthcare Contact List			
Activity 3: Utilize Communications Systems and Platforms	<p align="center">Planned activity(s)</p> <p>1) Coalition will conduct two redundant communication drills. <ul style="list-style-type: none"> For example: WebEOC, 800 MHz, Code Red and Ham radio </p> <p>2) Keep communication system or app updated for redundant communications, based on updated Point of Contact quarterly information.</p> <p>3) Participate in weekly Washoe County Amateur Radio Emergency Services Hospital Net.</p> <p>4) As appropriate, HCC will continue to share pertinent emergency information with HCC members, the ESF-8 lead agency and other stakeholders.</p>	<p align="center">Activity Documentation</p> <p>Exercise documents</p> <p>Contact spreadsheet</p> <p>Net Control Log</p> <p>Meeting notes</p>	<p align="center">Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q2/Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
Output(s) for planned activities for Capability 2, Objective 2, Activity 3 (PHASE 1): 1) Healthcare Contact List 2) AAR/IPS 3) 800 MHz and Ham Stats log			
PHASE 2: Train and Equip			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Activity 4: Communicate with the Public during an Emergency	<p align="center">Planned activity(s)</p> <p>Completed in FY21/FY22.</p>	<p align="center">Activity Documentation</p>	<p align="center">Completion Quarter (Q1, Q2, Q3, Q4)</p>

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	Output(s) for planned activities for Capability 2, Objective 3, Activity 4 (PHASE 2): N/A		
PHASE 3: Exercise and Respond			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Statewide Objective: Nevada will conduct a supply chain integrity assessment to evaluate equipment and supplies that will be in demand during emergencies by June 30, 2024. (FOA pg. 62)			
Activity 1: Identify and Coordinate Resource Needs during an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to train its members on WebEOC, as one of the information sharing platforms.	Meeting notes, sign in sheets	Q1/Q2/Q3/Q4
	2) Continue to train and exercise on the Healthcare Operating Status Form. Examples include: redundant communications, WebEOC training, exercises	Training	Q1/Q2/Q3/Q4
	3) Continue to ensure multiple HCC members, as deemed appropriate, understand and have access to the coalition's information sharing systems/platforms.	User information to platforms	Q1/Q2/Q3/Q4
Activity 2: Coordinate Incident Action Planning During an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	Output(s) for planned activities for Capability 2, Objective 3, Activity 1 (PHASE 3): 1) Healthcare Contact List 2) Sign in sheets	Meeting notes	Q1/Q2/Q3
	1) HCC will review the Communications Plan within the Response Guide and update, if necessary. (page 30 HPP Capabilities document)	Meeting notes	Q1/Q2/Q3

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Output(s) for planned activities for Capability 2, Objective 3, Activity 2 (PHASE 3):			
1) Response Guide			
	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency	<p>1) HCC should assist members with developing the ability to rapidly alert and notify their employees, patients, and visitors to provide situational awareness, protect their health and safety, and facilitate provider-to-provider communication. Will be validated through site visit and included in HCC Response Plans. (FOA pg. 60)</p> <ul style="list-style-type: none"> For example: review resource and gap analysis question related to the ability to alert and notify staff, patients, and visitors to better understand members' needs 	Emails	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 2, Objective 3, Activity 3 (PHASE 3):			
1) As necessary, meeting notes reviewing the resource gap analysis questions			

CAPABILITY 3: Continuity of Health Care Service Delivery

HPP Capabilities, Objectives, and Activities		Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare				
Objective 1: Identify Essential Functions for Health Care Delivery				
Activity 1: Identify Essential Functions for Health Care Delivery	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) If necessary, HCC will update the essential functions for health care delivery in coalition plans.	Meeting notes/ plans (if appropriate)	Q1/Q2/Q3	
	Output(s) for planned activities for Capability 3, Objective 1, Activity 1 (PHASE 1):			
	1) Response Guide			
	2) Preparedness Planning Guidelines			
Objective 2: Plan for Continuity of Operations				
Activity 1: Develop a Health Care Organization Continuity of Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) If request, the HCC will provide technical assistance on continuity of operations planning.		Q1/Q2/Q3/Q4	
	Output(s) for planned activities for Capability 3, Objective 2, Activity 1 (PHASE 1):			
	No Planned activities or outputs.			
Activity 2: Develop a	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	

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<p>Health Care Coalition Continuity of Operations Plan</p>	<p>1) HCC will update the HCC continuity of operations (COOP) plan within the Response plan, if necessary. It needs to continue to include:</p> <ul style="list-style-type: none"> a. Activation and response functions b. Multiple points of contact for each HCC member c. Orders of succession and delegations of authority for leadership continuity d. Immediate actions and assessments to be performed in case of disruptions e. Safety assessment and resource inventory to determine ongoing HCC operations f. Redundant, replacement, or supplemental resources, including communications systems g. Strategies and priorities for addressing disruptions to mission critical systems such as electricity, water, and medical gases. h. List of essential records and forms, including locations of electronic and hard copies of each. 	<p>Meeting notes, to include identified potential updates</p>	<p>Q1/Q2/Q3</p>
<p>Output(s) for planned activities for Capability 3, Objective 2, Activity 2 (PHASE 1):</p> <p>1) Response Guide</p>			
<p>Activity 3: Continue Administrative and Finance Functions</p>	<p>Planned activity(s) Nothing planned for this activity</p>	<p>Activity Documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p>
<p>Output(s) for planned activities for Capability 3, Objective 2, Activity 3 (PHASE 1): N/A</p>			
<p>Activity 4: Plan for Health Care Organization Sheltering-</p>	<p>Planned activity(s) 1) If request, the HCC will provide technical assistance on continuity of operations planning.</p>	<p>Activity Documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3/Q4</p>

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In-Place	Output(s) for planned activities for Capability 3, Objective 2, Activity 4 (PHASE 1): N/A		
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency			
Activity 1: Assess Supply Chain Integrity	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	No work planned for this activity, completed FY21.		
Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 1): N/A			
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) All HPP recipients, HCCs or HCC members purchasing pharmaceuticals and other medical materiel or supplies (e.g., PPE) with HPP funds must document the following: <ul style="list-style-type: none"> • Strategies for acquisition, storage, rotation with day-to-day supplies, and use • Inventory Management Program Protocols for all cached material • Policies relating to the activation and deployment of their stockpile • Policies relating to the disposal of expired materials 	Meeting minutes	Q1/Q2/Q3/Q4
	2) Review and revise (if necessary) the inventory tracking policy.	Meeting minutes	Q1/Q2/Q3/Q4
	3) Review and revise, if necessary, the policy related to the activation and deployment of any stockpile (Pharmaceuticals, PPE, supplies) and a policy relating to the disposal of expired	Policy or SOP	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 3, Activity 2 (PHASE 1):			
	1) Inventory Tracking Policy		
	2) Supply/Storage tracking SOP		

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Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
Activity 1: Develop Strategies to Protect Health Care Information Systems and Networks	1) Information that is received by HCC will be shared with all partners in regard to how to protect information systems and networks.	Emails	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 4, Activity 1 (PHASE 1): N/A			
Objective 6: Plan for Health Care Evacuation and Relocation			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
Activity 1: Develop and Implement Evacuation and Relocation Plans	1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (see HPP FOA pg. 63)	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 1): 1) MAEA plan			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
Activity 2: Develop and Implement Evacuation Transportation Plans	1) HCC will provide MAEA training and purchase supplies as identified, as needed.	Training documents	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 6, Activity 2 (PHASE 1): 1) Sign in sheets			
Objective 7: Coordinate Health Care Delivery System Recovery			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
Activity 1: Plan for Health Care Delivery System Recovery	Nothing planned for this activity.		
Output(s) for planned activities for Capability 3, Objective 7, Activity 1 (PHASE 1): N/A			

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	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Activity 2: Assess Health Care Delivery System Recovery after an Emergency	Nothing planned for this activity.		
	Output(s) for planned activities for Capability 3, Objective 7, Activity 2 (PHASE 1): N/A		
PHASE 2: Train and Equip			
Objective 5: Protect Responders' Safety and Health Activities			
Activity 1: Distribute Resources Required to Protect the Health Care Workforce	Planned activity(s) 1) Annually as appropriate, HCC will support and promote regional PPE procurement and provide documentation in HCC Preparedness Plan. (see HPP FOA pg. 65)	Activity Documentation Meeting notes	Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3
	Output(s) for planned activities for Capability 3, Objective 5, Activity 1 (PHASE 2): 1) Preparedness Plan		
Activity 2: Train and Exercise to Promote Responders' Safety and Health	Planned activity(s) 1) Annually as appropriate, HCC will equip, train, and provide resources necessary to protect responders, employees and their families from hazards during response and recovery operations and document in HCC training planning. (see HPP FOA pg. 65) 2) Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (see HPP FOA pg. 65)	Activity Documentation Meeting notes	Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3
	Output(s) for planned activities for Capability 3, Objective 5, Activity 2 (PHASE 2): 1) Training sign in forms, if applicable 2) Yearly Goals & Activity sheet		Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3/Q4
	Planned activity(s)	Activity Documentation	Completion Quarter

**Nevada HPP Subgrantee Scope of Work
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<p>Activity 3: Develop Health Care Worker Resilience</p>	<p>Nothing planned for this activity.</p>	<p>Output(s) for planned activities for Capability 3, Objective 5, Activity 3 (PHASE 2): N/A</p>	<p>(Q1, Q2, Q3, Q4)</p>
<p>Objective 6: Plan for Health Care Evacuation and Relocation</p>			
<p>Activity 1: Develop and Implement Evacuation and Relocation Plans</p>	<p>Planned activity(s)</p> <p>Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (see HPP FOA pg. 63)</p> <p>Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (see HPP FOA pg. 65)</p>	<p>Activity Documentation</p> <p>Meeting notes</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
<p>Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 2): 1) Training materials</p>			
<p>PHASE 3: Exercise and Respond</p>			
<p>Objective 7: Coordinate Health Care Delivery System Recovery</p>			
<p>Activity 3: Facilitate Recovery Assistance and Implementation</p>	<p>Planned activity(s)</p> <p>1) If requested, HCC will facilitate recovery assistance and implementation with coalition partners.</p>	<p>Activity Documentation</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>
<p>Output(s) for planned activities for Capability 3, Objective 7, Activity 3 (PHASE 3): 1) Response plan</p>			
<p>PHASE 4: Evaluate and Share Lessons Learned</p>			
<p>Objective 3: Maintain Access to Non-Personnel Resources during an Emergency</p>			

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	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Activity 1: Assess Supply Chain Integrity	1) Review HCC Inventory Tracking Policy and make identified updates. Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 4): 1) HCC Inventory Tracking Policy	Meeting notes	Q4

CAPABILITY 4: Medical Surge

HPP Capabilities, Objectives, and Activities	Proposed Activity Details	Anticipated Completion Date															
PHASE 1: Plan and Prepare																	
Objective 1: Plan for a Medical Surge																	
Recurring Statewide Objective: Annually, volunteers will be invited to participate in training and exercise opportunities sponsored by HCCs, LHAs and the Nevada State PHP Program. (see HPP FOA pg. 66-67)																	
Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan	<table border="1"> <thead> <tr> <th data-bbox="669 562 734 865">Planned activity(s)</th> <th data-bbox="669 865 734 1627">Activity Documentation</th> <th data-bbox="669 1627 734 1806">Completion Quarter (Q1, Q2, Q3, Q4)</th> </tr> </thead> <tbody> <tr> <td data-bbox="734 562 815 865">1) Related to trainings, training opportunities will be distributed to volunteers as the trainings are identified as appropriate.</td> <td data-bbox="734 865 815 1627">Meeting notes/emails</td> <td data-bbox="734 1627 815 1806">Q1/Q2/Q3/Q4</td> </tr> <tr> <td data-bbox="815 562 993 865">2) Incorporate MRC process into Response plan to ensure that health care-centric roles during acute care medical surge response can be filled. MRC duties that can be funded by HPP include, Triage support staff, ED staff, Medical Shelter clinical staff and field hospital clinical staff.</td> <td data-bbox="815 865 993 1627">Response plan</td> <td data-bbox="815 1627 993 1806">Q3</td> </tr> <tr> <td data-bbox="993 562 1156 865">3) Ensure that Acute care hospitals participate in NDMS and enter into forma agreements with NDMS. This is intended to improve HCC's surge capacity and enhance hospital preparedness in a response to a medical surge event.</td> <td data-bbox="993 865 1156 1627">NDMS agreements</td> <td data-bbox="993 1627 1156 1806">Q4</td> </tr> <tr> <td data-bbox="1156 562 1258 865">4) NDMS receiving facilities should be ready to receive and treat patients during a NDMS activation. HCC's can invest HPP resources in the following areas: Patient reception planning, NDMS exercises and decontamination resources, PPE and CBRN monitoring devices.</td> <td data-bbox="1156 865 1258 1627">Emails</td> <td data-bbox="1156 1627 1258 1806">Q4</td> </tr> </tbody> </table>	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	1) Related to trainings, training opportunities will be distributed to volunteers as the trainings are identified as appropriate.	Meeting notes/emails	Q1/Q2/Q3/Q4	2) Incorporate MRC process into Response plan to ensure that health care-centric roles during acute care medical surge response can be filled. MRC duties that can be funded by HPP include, Triage support staff, ED staff, Medical Shelter clinical staff and field hospital clinical staff.	Response plan	Q3	3) Ensure that Acute care hospitals participate in NDMS and enter into forma agreements with NDMS. This is intended to improve HCC's surge capacity and enhance hospital preparedness in a response to a medical surge event.	NDMS agreements	Q4	4) NDMS receiving facilities should be ready to receive and treat patients during a NDMS activation. HCC's can invest HPP resources in the following areas: Patient reception planning, NDMS exercises and decontamination resources, PPE and CBRN monitoring devices.	Emails	Q4	
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)															
1) Related to trainings, training opportunities will be distributed to volunteers as the trainings are identified as appropriate.	Meeting notes/emails	Q1/Q2/Q3/Q4															
2) Incorporate MRC process into Response plan to ensure that health care-centric roles during acute care medical surge response can be filled. MRC duties that can be funded by HPP include, Triage support staff, ED staff, Medical Shelter clinical staff and field hospital clinical staff.	Response plan	Q3															
3) Ensure that Acute care hospitals participate in NDMS and enter into forma agreements with NDMS. This is intended to improve HCC's surge capacity and enhance hospital preparedness in a response to a medical surge event.	NDMS agreements	Q4															
4) NDMS receiving facilities should be ready to receive and treat patients during a NDMS activation. HCC's can invest HPP resources in the following areas: Patient reception planning, NDMS exercises and decontamination resources, PPE and CBRN monitoring devices.	Emails	Q4															

Nevada HPI Subgrantee Scope of Work
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Output(s) for planned activities for Capability 4, Objective 1, Activity 1 (PHASE 1):			
	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan	1) HCC will work with Public Health and EMS coalition members to confirm that regional plans include disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment.	Meeting notes	Q1
	Output(s) for planned activities for Capability 4, Objective 1, Activity 2 (PHASE 1):		
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan	1) MCI plan		
	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will develop a complementary coalition-level Chemical annex to the base medical surge/trauma mass casualty response plan(s); upload into the CAT. (see HPP FOA pg. 70-73)	Meeting notes	Q3
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan	2) HCC will collaborate with the Nevada PHP Program to integrate crisis care elements into their response plan. (HPP FOA pg. 76)	Meetings notes	Q3
	Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1) – Statewide Objective 1:		
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan	1) Response plan		
	2) CBRNE Plan		
	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If requested, HCC will assist in any plan updates that public health, Washoe County or PHEP program make. Specifically processes to reunify families, reunification considerations for children and family notification and initiation of reunification process.	Meeting sign in sheets	Q1/Q2/Q3/Q4

**Nevada HPP Subgrantee Scope of Work
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	<p>2) HCC will develop complementary coalition-level Chemical annex to the base medical surge/trauma mass casualty response plan(s); upload into the CAT. (see HPP FOA pg. 70-73. Coordinate with PHEP program and regional partners to choose most concerning chemical threat hazard for Washoe County, identify risks, gaps and mitigation requirements and use the information created to design a chemical tabletop exercise. (ORR/FOA/Quad)</p> <p>3) In coordination with the PHEP program and regional partners conduct concept of operations meeting, initial planning meeting and create exercise documentation for chemical exercise. (FOA/AAR/Quad)</p> <p>4) Conduct Chemical exercise. (FOA/AAR/Quad)</p> <p>5) Develop AAR-IP. (FOA/AAR/Quad)</p> <p>6) HCC will collaborate with the Nevada PHP Program to integrate crisis care elements into their response plan. (HPP FOA pg. 76)</p>	<p>List of chemical threats/list of gaps/list of resources</p> <p>Situation Manual/Sign in sheets/agendas</p> <p>Exercise announcements/sign in sheets</p> <p>AAR-IP</p> <p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1):			
<p>1) Reunification plans</p> <p>2) Response/Preparedness Plan</p> <p>3) AAR/IP</p>			
Objective 2: Respond to a Medical Surge			
<p>Activity 3: Develop an Alternate Care System</p>	<p>Planned activity(s)</p> <p>1) Revise and review Alternate Care Site Plan as needed based on exercises and real-world events.</p>	<p>Activity Documentation</p> <p>Meetings notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q4</p>
Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 1):			
<p>1) Alternate Care site plan, if appropriate</p>			
PHASE 3: Exercise and Respond			

Nevada HPP Subgrantee Scope of Work
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Objective 2: Respond to a Medical Surge		Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response	1)	(Joint HPP/PHEP Activity) HPP and PHEP recipients should coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction's response to incidents. HPP recipients and HCC should incorporate the use of volunteers to support acute care medical surge response training, drills, and exercises throughout the five-year project period.	Meeting notes	Q1/Q2/Q3/Q4
	2)	Documented identification of "trusted insider" and planning committee.	MRSE Tool document, meeting notes	Q3
	3)	Within two weeks of exercise, committee will pull HCC acute care census for planning purposes.	Emails	Q3
	4)	Provide the Nevada PHP Program with all surge test exercise documentation, to include the After-Action Report within 90 days of exercise.	MRSE tool	Q3
Output(s) for planned activities for Capability 4, Objective 2, Activity 1 (PHASE 3):				
1) AAR/IP				
2) MRSE Tool				
Activity 2: Implement Out-of-Hospital Medical Surge Response	Planned activity(s)		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1)	Review after action report from NDMIS and identify any areas to incorporate into regional response plans.	Exercise Documentation	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 2 (PHASE 3):				
1) AAR /IP				
Activity 3: Develop an Alternate Care System	Planned activity(s)		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

**Nevada HPP Subgrantee Scope of Work
BP5 – FY23 – SFY24**

	<p>1) Nevada PHP Program will request Technical Assistance and additional detail regarding this FOA requirement to help guide activities.</p> <p>2) Annually as appropriate, HCC will coordinate with PHEP to address the public health, medical and mental health needs of those impacted by an incident at congregate locations. (see HPP FOA pg. 79)</p>	<p>Emails</p> <p>Meeting notes</p>	<p>Q1</p> <p>Q1/Q2/Q3/Q4</p>
<p>Activity 4: Provide Pediatric Care during a Medical Surge Response</p>	<p>Planned activity(s)</p> <p>1) HCCs must validate their Pediatric Surge Annex via a standardized tabletop/discussion exercise format that meets HSEEP principles for exercises and planning and submit the results and data sheet to ASPR.</p> <p>The status of the Pediatric Care Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.</p> <p>2) Update MCI plan with partners and verify burn, pediatrics, , CBRNE, etc. do not need to be updated. include pediatric items as needed.</p>	<p>Activity Documentation</p> <p>Meeting notes</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p> <p>Q3</p>
<p>Activity 5: Provide Surge</p>	<p>Planned activity(s)</p>	<p>Activity Documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p>

Nevada HPP Subgrantee Scope of Work
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<p>Management during a Chemical or Radiation Emergency Event</p>	<p>1) HCC will validate their Chemical Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p> <p>The status of the Chemical Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.</p> <p>2) HCC will validate their Radiation Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p> <p>The status of the Radiation Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.</p>	<p>Meeting notes</p>	<p>Q4</p>
<p>Activity 6: Provide Burn Care during a Medical Surge Response</p>	<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 5 (PHASE 3):</p> <p>1) CBRNE Plan</p> <p>Planned activity(s)</p> <p>1) HCC will validate their Burn Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p> <p>The status of the Burn Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.</p> <p>This was already completed in BP3.</p>	<p>Meeting notes</p>	<p>Q3</p>
<p>Activity 7: Provide</p>	<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 6 (PHASE 3):</p> <p>1) MCI Plan</p> <p>Planned activity(s)</p>	<p>Activity Documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p>

**Nevada HPP Subgrantee Scope of Work
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Trauma Care during a Medical Surge Response	1) Educational materials that are received by HCC regarding Trauma Care during a medical surge response, will be pushed out to partners for their education.	Emails	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 7 (PHASE 3): 1) N/A			
Activity 8: Respond to Behavioral Health Needs during a Medical Surge Response	<p align="center">Planned activity(s)</p> 1) HCC will share Behavioral Health training opportunities for healthcare partners during a medical Surge Response if one becomes available.	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4) Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 8 (PHASE 3): 1) Training sign in sheets (if applicable)			
Activity 9: Enhance Infectious Disease Preparedness and Surge Response	<p align="center">Planned activity(s)</p> 1) When appropriate during an infectious disease outbreak, HCC will coordinate required activities to ensure the ability to surge to meet the demands during a highly infectious disease response. (see HPP FOA pg. 80) 2) HCC will validate their Infectious Disease and Surge Annex via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79) HCCs may receive credit for the infectious disease annex exercise evolving from the COVID-19 response. The HCCs will respond to questions in and upload AAR/IP in the CAT. The status of the Infectious Disease Preparedness and Surge Annex must be included in the HCC Specialty Surge Annex and Tabletop Exercise (TTX) Summary and must be completed by the end of BP5.	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4) Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 9 (PHASE 3): 1) N/A			

Nevada HPP Subgrantee Scope of Work
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	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
<p>Activity 10: Distribute Medical Countermeasures during Medical Surge Response</p>	<p>1) (Joint HPP/PHEP activity) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands for distributing medical countermeasures:</p> <ul style="list-style-type: none"> • Establish a medical common operating picture • Develop or update plans accordingly • Establish key indicators in EEIs • Provide real-time information sharing • Coordinate public messaging <p>Output(s) for planned activities for Capability 4, Objective 2, Activity 10 (PHASE 3):</p> <p>1) N/A</p>	<p>Emails</p>	<p>Q1/Q2/Q3/Q4</p>
<p>Activity 11: Manage Mass Fatalities</p>	<p>Planned activity(s)</p> <p>1) As requested, update with regional partners, the Mass Fatality Plans</p> <p>2) As requested, update with regional partners, the Family Assistance Center Plan</p> <p>Output(s) for planned activities for Capability 4, Objective 2, Activity 11 (PHASE 3):</p> <p>1) Mass Fatality Plan</p> <p>2) Family Assistance Center Plan</p>	<p>Activity Documentation</p> <p>Meeting notes</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**SECTION C
Budget and Financial Reporting Requirements
revised on Nov 22, 2024**

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant # 4 U3REP190613-05-06 from Nevada Healthcare Preparedness Program (HPP). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor Nevada Healthcare Preparedness Program (HPP)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 4 U3REP190613-05-06 from Nevada Healthcare Preparedness Program (HPP).

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs		Including Fringe				Total:		\$0	
Staff - Non-PHP to participate in exercises/planning	\$0.00	0.00%	100.00%	12.00	100.00%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non PHP staff to be able to participate in PHP exercises and plannings									

In-State Travel	Total:	\$0
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Out of State Travel	OSMot Days	Total:	\$0
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Operating						Total:		\$18,592	
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?				
Bleeding control kits, NCI/MEAE supplies, alpha kit supplies, and/or exercise supplies	\$18,592.00	1.0	1.0	\$18,592.00	<input checked="" type="checkbox"/>				
Operating supplies to support IHCC objectives and identified gaps from the Hazard & Vulnerability Assessment. Items could include, but are not limited to, bleeding control kits, MCI/MAEA tags, MCI/MEAE supplies, alpha kit supplies, and/or exercise supplies.									

Equipment						Total:		\$41,000	
	Amount	# of FTE or Units	# of Months or Occurrences	Cost	Subject to Indirect?				
AmbuBus	\$41,000.00	1	1	\$41,000.00	<input type="checkbox"/>				
Purchase of an AmbuBus will increase the ability respond and transport during an MCI or healthcare evacuation without exhausting 911 resources. It can also be made available to loan out to other jurisdictions in preparation of a mass gathering.									

Contractual/Contractual and all Pass-thru Subawards	Total:	\$0
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Training					Total:	\$0
Other					Total:	\$0
					\$0.00	<input type="checkbox"/>

TOTAL DIRECT CHARGES	\$59,592
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Indirect Charges	Indirect Rate:	10.3%	\$1,915
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Indirect Methodology: Proposed rate between Washoe County and Nevada DHHS. Indirect rate is calculated on the total costs minus equipment.
Indirect rate is 10.3%

TOTAL BUDGET	\$61,507
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Applicant Name: Northern Nevada Public Health

Form 2

PROPOSED BUDGET SUMMARY

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

FUNDING SOURCES	Public Health Preparedness	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$61,507.00								\$61,507.00

EXPENSE CATEGORY

Personnel	\$0.00								\$0.00
Travel	\$0.00								\$0.00
Operating	\$18,592.00								\$18,592.00
Equipment	\$41,000.00								\$41,000.00
Contractual/Consultant	\$0.00								\$0.00
Training	\$0.00								\$0.00
Other Expenses	\$0.00								\$0.00

Indirect	\$1,915.00								\$1,915.00
TOTAL EXPENSE	\$61,507.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61,507.00
These boxes should equal 0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Indirect Cost	\$1,915.00							Total Agency Budget	\$61,507.00
								Percent of Subrecipient Budget	100.00%

B. Explain any items noted as pending:

C. Program Income Calculation:

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- *"The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or subrecipient has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*

Note: If match funds are required, Section H: Matching Funds Agreement must accompany the subaward packet.

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed **\$61,507.00**;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Indicate what additional supporting documentation is needed in order to request reimbursement;
 - A complete financial accounting of all expenditures to the Department within 30 days of the **CLOSE OF THE SUBAWARD PERIOD**. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
Any work performed after the **BUDGET PERIOD** will not be reimbursed. If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement. If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.
The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.
; and
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the **CLOSE OF THE SUBAWARD PERIOD**. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the **BUDGET PERIOD** will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. CDC.
 - The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.All reports on expenditure and requests for reimbursement processed by the Department are **SUBJECT TO AUDIT**. The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.
This subaward agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.
Financial Status Reports and Request for Funds must be submitted by the 20th of each month in accordance with the guidelines and all forms prescribed by the program for invoicing purposes, unless specific exceptions are provided in writing by the awarding program manager.

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All subgrantees are expected to fulfill grant obligations and spend down all awarded funding within the subaward budget period. For all 12-month budget period awards, sub-awardees should have approximately 67% of the awarded budget within the first eight (8) months of the budget period. If a sub-awardee has not spent approximately 67% of the awarded budget within the first eight (8) months of the budget period, the sub-awardee may not be eligible for future carry-over opportunities.

- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- The site visit/monitoring schedule may be clarified here. The Department will conduct at least annual site visits with the Subrecipient to monitor progress on goals and objectives outlined in the Scope of Work and to meet and converse with staff working on the project to determine successes and challenges associated with the project.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a Monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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**SECTION D
Request for Reimbursement
revised on Nov 22, 2024**

<u>Program Name:</u> Public Health Preparedness	<u>Subrecipient Name:</u> Northern Nevada Public Health
<u>Address:</u> 4126 Technology Way, Carson City, Nevada 89706	<u>Address:</u> 1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
<u>Subaward Period:</u> 07/01/2024 - 06/30/2025	<u>Subrecipient's:</u> EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(must be accompanied by expenditure report/back-up)

Month(s)	Calendar Year
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Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
2. Travel	\$0.00	\$0.00	\$0.00	0.0000	\$0.00	0.00%
3. Operating	\$18,592.00	\$0.00	\$0.00	\$0.00	\$18,592.00	0.00%
4. Equipment	\$41,000.00	\$0.00	\$0.00	\$0.00	\$41,000.00	0.00%
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00%
8. Indirect	\$1,915.00	\$0.00	\$0.00	\$0.00	\$1,915.00	0.00%
Total	\$61,507.00	\$0.00	\$0.00	\$0.00	\$61,507.00	0.00%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Complete
Nevada Healthcare Preparedness Program (HPP)	\$4,100.00	\$2,050.70	\$0.00	\$0.00	\$0.00	0.00%

I, a duly authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature

Title

Date

FOR DEPARTMENT USE ONLY

Is program contact required? Yes No

Contact Person

Reason for contact:

Fiscal review/approval date:

Scope of Work review/approval date:

ASO or Bureau Chief (as required):

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? Yes No
3. When does your organization's fiscal year end? 6/30/2024
4. What is the official name of your organization? Northern Nevada Public Health
5. How often is your organization audited? Annually
6. When was your last audit performed? 12/27/2023
7. What time-period did your last audit cover? 7/1/2022 - 6/30/2023
8. Which accounting firm conducted your last audit? Eide Bailly

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION F

Current or Former State Employee Disclaimer

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

- YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name	Services
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Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

And

Northern Nevada Public Health

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
 7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
 8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
 9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
 10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
 11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
 12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the

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- individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
 14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
 15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
 16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
 17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
 18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
 19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
 20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media,

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when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any

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breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).
2. **Prohibited Uses and Disclosures:**
 - a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
 - b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
- b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
- c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

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NOTICE OF SUBAWARD**

5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**SECTION H
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Northern Nevada Public Health (referred to as "Subrecipient").

Program Name	Public Health Preparedness	Subrecipient Name	Northern Nevada Public Health
Federal grant Number	4 U3REP190613-05-06	Subaward Number	
Federal Amount	\$61,507.00	Contact Name	Northern Nevada Public Health
Non-Federal (Match) Amount	\$6,150.70	Address	1001 E 9Th St Bldg B, Reno, Nevada 89512-2845
Total Award	\$61,507.00		
Performance Period	07/01/2019 through 06/30/2025		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded	\$61,507.00
Required Match Percentage	10.00%
Total Required Match	\$6,150.70

	Approved Budget Category		Budgeted Match
1	Personnel	\$	\$0.00
2	Travel	\$	\$0.00
3	Operating	\$	\$1,859.20
4	Contract/Consultant	\$	\$0.00
5	Supplies	\$	\$4,100.00
6	Training	\$	\$0.00
7	Other	\$	\$0.00
8	Indirect	\$	\$191.50
	Total	\$	\$6,150.70

Compliance with this section is acknowledged by signing the subaward cover page of this packet.