Indiana Department of Health

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HOSPITAL PREPAREDNESS PROGRAM
BUDGET PERIOD 2: JULY 1ST, 2025 – JUNE 30TH, 2026
GRANT INFORMATION CFDA # 93.889:
ATTACHMENT A

INTRODUCTION

The Division of Emergency Preparedness (DEP) within the Indiana Department of Health (IDOH) is the entity responsible for administering the Health Care Preparedness Program (HPP) grant received from the Administration for Strategic Preparedness and Response (ASPR). The IDOH-DEP administers these funds through sub-recipient agreements which require various activities aimed at enhancing state and local preparedness to better respond to public health and health care emergencies. The Indiana Department of Health fully recognizes the intent and purpose of Hospital Preparedness Program funding available via ASPR as a whole-of-community endeavor that connects health care entities at the local, district, state, regional, and national levels to plan for and respond to emergencies and disasters by:

- Addressing community needs:
  - HPP funding allows HCCs to assist health care entities to meet the needs of their communities in times of emergency.
- Building connectivity:
  - HPP funding to HCCs assists with the integration and coordination with the Indiana Department of Health and the 10 district Indiana HCCs to ensure all Hoosiers who work, live, and play in the state of Indiana have equitable access to care.
- Saving lives
  - HPP funding to Indiana Health Care Coalitions assist with enabling the Indiana health care delivery system to continue to provide care during a disaster or emergency, improve patient outcomes, and save lives.

Intent of Agreement and Funding

The IDOH along with the 10 Indiana Health Care Coalitions (HCCs) will use both the upcoming ASPR released National Health Care Preparedness and Response Capabilities (once released by ASPR) and the Health Care Preparedness and Response Capabilities for Health Care Coalitions (formerly known as the 2017 – 2022 Health Care Preparedness and Response Capabilities) to support the approach to whole community health care readiness in the state of Indiana.

Both sets of capabilities serve as a guide for HCCs and the health care delivery system as a whole, and the activities laid out in the ASPR HPP cooperative agreement support both IDOH and the 10 Indiana HCC(s) in achieving them.

IDOH and the 10 Indiana HCC(s) will use the capabilities as a guide for how to work with partners across health care delivery system to prepare for, respond to, and recover from emergencies and disasters.

ASPR Four-Fully Established Health Care Preparedness and Response Capabilities:
Capability 1: Foundation for Health Care and Medical Readiness
Capability 2: Health Care and Medical Response Coordination
Capability 3: Continuity of Health Care Service Delivery
Capability 4: Medical Surge

Since the Hospital Preparedness Program inception in 2002, the cooperative agreement has continued to grow and evolve by incorporating lessons learned from recent responses. For this period of performance, we have incorporated new activities that reflect the readiness needs of the health care delivery system today, emphasizing preparation for extended downtime (including cyber incidents), patient movement, health care workforce support, and other critical priorities.

Additional

Funding provided by this agreement is intended to be used by the HCC(s) to develop and strengthen the 2024-2029 Health Care Preparedness and Response Capabilities during the budget period by conducting the deliverables listed in this document. Use of funds for activities that do not directly support deliverables in this document will not be allowed. IDOH recognizes deliverables in this document may require some HCC(s) to shift priorities to personnel rather than supplies/equipment in their budgets; however, IDOH believes that the value gained through the clinical and operational guidance, coordination, training, and exercise coordination provided by these personnel is essential to an HCC's ongoing readiness and ability to respond.

Cooperative Agreement

This grant opportunity is structured as a Cooperative Agreement between the Indiana Department of Health (IDOH) and the Health Care Coalition (HCC). As such, IDOH will provide direct guidance, assistance, direction, and oversite grant activities (development of deliverables, budgeting, invoicing, activities, work plan review, etc.). To facilitate this role, HCC(s) are encouraged to include as appropriate, IDOH in general meetings, executive meetings, workshops, work sessions and other activities where grant activity will or will have the potential to be discussed.

SAFECOM Requirements
Health Care Coalitions that use grant funds to support emergency communications activities must comply with current SAFECOM guidance for emergency communications grants, which is available on the SAFECOM webpage.

Fiscal Agent
The Health Care Coalition (HCC) may choose to use a fiscal agent. A fiscal agent may retain direct costs for the management and monitoring of this agreement during the budget period. Because the goal of the Indiana Department of Health (IDOH) is to support HCCs and their health care system partners, fiscal agents must limit their costs to no more than 15 percent of the award. IDOH requests that fiscal agents continue to strive to decrease their costs to allow more funds to be available to HCCs.

Funding policies and limitations General policies
HPP funding must primarily support strengthening health care delivery system preparedness through maintaining and continued strengthening of HCC(s) that collectively prepare and respond within the areas they serve, rather than individual health care organizations.

- HCC(s) may **not** use funds for individual health care entities to meet the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation.

Accountability Provisions
Any Health Care Coalition that fails to substantially meet the deliverables as listed in this document (including submission methods and due dates) are subject to the corrective actions and penalties outlined in this section. Specifically, those actions will be as follows:
1 to 30 days past due date:
Withholding funds until item is submitted, in collaboration with IDOH, the development of a corrective action plan to address and correct non-performance issue.
31 to 60 days past due date:
Withholding funds until item is submitted, meeting with IDOH and HCC Executive Board to review non-performance issues of HCC and corrective action plan.
61 or more days have passed since the due date:
Withholding funds until item is submitted, additional corrective action as deemed appropriate by the IDOH, additional penalties as deemed appropriate by the IDOH up to and including cancelation of the contract based upon non-performance of the HCC.
Any HCC with past due deliverables or other non-performance issues will not be able to enter future contracts with the IDOH DEP until all past due items are submitted. If non-performance issues are not fully resolved by the end of the current contract period the actions listed in this section, corrective action plans, and penalties will be extended into future contract periods as applicable.

Prior Approval For Funding Use

- With prior approval, HCC(s) may:

- Make changes in coordination with IDOH to the HCC budget.
- May use funds to procure leased or rental vehicles to transport people during times of need. Examples include transporting HCC leadership to planning meetings, to an exercise, or during a response.
- May use funds to procure leased or rental vehicles for moving materials, supplies, and equipment by HCC members.
- May use funds to enter into formal transportation agreements with commercial carriers for moving HCC materials, supplies, and equipment.
- May use funds to establish their HCC(s) as a separate legal entity.
- May use funds for expenses related to response
    - Funding for response The Pandemic and All-Hazards Preparedness and Advancing Innovation Act amended section 319C-2 of the PHS Act to allow HPP funds to be used for response activities. HCC may, on a limited, case-by-case basis requiring prior approval from the GMS and the FPO, use HPP funds to support response activities to the extent they are used for HPP's primary purpose: to prepare the health care delivery system for disasters and emergencies and to improve surge capacity. HCC may request to use funds for response if the response activities:
        - Are consistent with approved project goals
        - Can be used to fulfill training or exercise requirements, as described within the exercise and improvement section. We may issue guidance during specific events that may provide additional flexibility.

Meals

- HCC(s) should exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in approved spend plans and budgets. Refer to 45 CFR 75.432,
    - Meeting participants (majority) are traveling from a distance of more than 50 miles.
    - HCC(s) may not pay for guest meals (i.e., meals for non-essential attendees).
- Conference Meals
    - The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
        - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting (i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training).
        - Meal costs are not duplicated in participants per diem or subsistence allowances.

Clothing and personal protective equipment

- HCC(s) may not use funds to purchase promotional clothing or other promotional material. HCC(s) may purchase clothing used for PPE or response purposes, if it can be re-issued.

Training and exercises

- HCC(s) may not use funds to support standalone, single-facility exercises.
- HCC(s) may not spend HPP funds on training courses, exercises, and planning resources when similar offerings are available at no cost.

Vehicle and transportation costs

- HCC(s) may not use funds to purchase over-the-road passenger vehicles.
    - With prior approval, HCC(s) can use funds to purchase HCC material handling equipment such as industrial or warehouse-use trucks (e.g., forklifts, lift trucks, turret trucks). Vehicles must be of a type not licensed to travel on public roads.

Other limitations

- Generally, HCC(s) may not use funds to purchase furniture or equipment.
    - Clearly identify and justify any such proposed spending in the submitted HCC budget for your district HCC.
- HCC(s) may not use funds for research.
- HCC(s) may not use funds for clinical care.
    - ASPR clearly defines clinical care as "directly managing the medical care and treatment of patients."
- HCC may use funds for minor alteration and renovation (A&R) activities.
- HCC may not use funds for construction or major renovation.
    - ASPR defines real property A&R as "*work required to change the interior arrangements or installed equipment in an existing facility so that HCC may more effectively use it for its designated purpose or adapt it for an alternative use to meet a programmatic requirement*."
        - Minor A&R may include: Changes to physical characteristics (e.g., interior dimensions, surfaces), internal environments (e.g., ventilation, acoustics), or utility services.
        - Installation of fixed equipment (e.g., fume hoods, biological safety cabinets).
        - Replacement, removal, or reconfiguration of interior features (e.g., non-load bearing walls, doors, windows) to place equipment in a permanent location.
        - Making unfinished space suitable for purposes other than human occupancy (e.g., storage of pharmaceuticals).
        - Alterations to meet accessibility requirements.
        - HCC(s) may not use funds to purchase a house or other living quarters for those under quarantine.

Technical Assistance

Technical Assistance (TA) is available from IDOH for each deliverable. It is the responsibility of the Health Care Coalition (HCC) to ask IDOH for TA when needed. TA should be requested in advance of the deliverable due date as follows:

- Lists and administrative tasks: at least 30 days before the due date.
- Draft plans, processes, and annexes: at least 30 days before the due date
- Final plans, processes, and annexes: at least 30 days before the due date
- All other items: at least 30 days before the due date

HPP BP2 HCC Grant Requirements

The deliverables listed in this document are based upon requirements stipulated in the Notice of Funding Opportunity/Funding Opportunity Announcement (NOFO/FOA) provided by the Administration for Strategic for Preparedness and Response (ASPR) and other programmatic requirements placed upon the IDOH.

It is the responsibility of the HCC to:

- Complete each deliverable as listed
- Submit as listed, by the due date as listed

Several of the deliverables listed in this document have been worked on or developed in prior budget periods and only require updating, maintaining, or adding additional details.

These deliverables are intended to build on past work completed, not replace it.

All efforts have been made to accurately reflect the information provided in the NOFO/FOA within this document. If any errors, conflicts of information, or omitted content are noted in this document the information in the NOFO/FOA will be used. A copy of the NOFO/FOA is publicly available and can also be provided upon request to IDOH.

HPP BP2 Requirement 1

HPP Budget Period (BP2) Budget Submission

The Health Care Coalition (HCC) must complete and submit to IDOH the HPP BP2 HCC Budget (previously referred to as the HPP Workbook) each budget period. The HPP BP2 HCC budget must be reviewed and approved by the HCC Executive Board members before submission to IDOH.

Due: 30 days after an HCC Fully Executed Contract The budget must identify the percentage of funding received from IDOH HPP ASPR funding, other federal sources, and non-federal sources.

Submission: via IDOH REDCap link: https://redcap.isdh.in.gov/surveys/?s=XPJ3LN4W99MM8FR9

HPP BP2 Requirement 2

Sub Recipient Monitoring Quarterly Report via REDCap

Per the ASPR Notice of Funding Opportunity (NOFO), sub-recipients are responsible for providing programmatic and budget updates IDOH. To meet this request, one (1) quarterly report for Q1 through Q4 is required to report programmatic progress/barriers within HPP BP2.

Due Date: 9/30/2025, 12/30/2025, 3/31/2026, 6/30/2025

Submission: via IDOH REDCap link: https://redcap.isdh.in.gov/surveys/?s=JM3K8TFYLJR84XWN

HPP BP2 Requirement 3

Invoice Submission

Indiana Health Care Coalition(s) are required to invoice as expenses occur upon obtaining a HPP BP2 Fully Executed contract.

Due: As expenses occur

**Strongly encouraged to invoice at a minimum of once a quarter and by 12/30/2025 at a minimum.*
Submission: Invoices shall be submitted to invoices@health.in.gov and copy idohgrantsupport@health.in.gov. The subject line of the email must state the District HCC name and month of invoice submission.

HPP BP2 Requirement 4
CHEMPACK FUNDING TO DISTRICT CACHE HOST FACILITIES
The HCC is required to provide $500.00 to each CHEMPACK cache host facility (hospital, EMS, or other facility) within their district, for housing of the CHEMPACK container and meeting all ASPR and IDOH DEP program requirements.
Deliverable: Submit confirmation of payment via IDOH REDCap Link: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT
Due: Within 90 days of District HCC receiving fully executed contract from IDOH

HPP BP2 Requirement 5
HCC District CHEMPACK CACHE SITE APPROVAL & COORDINATION
The HCC is required to approve any CHEMPACK cache locations requesting relocation and placement within their district. The HCC may evaluate the placement of CHEMPACK cache locations within their district to best support their community needs based on population, threats, and hazards to the jurisdiction. The HCCs are only permitted to relocate the designated number of caches within their district upon approval from IDOH & ASPR. Cache host sites must maintain a level of readiness to maintain and deploy CHEMPACK assets during emergencies.

The IDOH Division of Emergency Preparedness MCM/CHEMPACK Program and Administration for Strategic Preparedness and Response (ASPR) Strategic National Stockpile (SNS) CHEMPACK Program have final approval of all CHEMPACK cache location movements.

Authorization from ASPR SNS is required prior to movement of a cache. Cache locations must ensure compliance with ASPR and IDOH CHEMPACK Program standards and procedures as outlined within the Indiana CHEMPACK Plan. These include, but are not limited to:

- An active DEA licensure
- Secure temperature-controlled room
- Appropriate staffing to facilitate product rotations
- Ability to facilitate cache movement and deployment during activation.

Deliverable: As needed, based on the needs determined by the District HCC and cache sites.

HPP BP2 Requirement 6

HCC MEMBERSHIP/PARTNER/STAKEHOLDER BI-ANNUAL REDUNDANT COMMUNICATIONS DRILLS

Each HCC is required to conduct a bi-annual communications drills. Drills must incorporate all HCC Core 4 members (Hospitals, Local Health Departments, Emergency Management Agency and Emergency Medical Services) from each county within the District HCC. Communication drills should incorporate 800 MHZ radios and utilize a mass notification system along with any other systems the HCC may have access to that would function in non-idealistic conditions. Communication Drill must have at a minimum of 75% of HCC membership participation.

Deliverable: Bi-Annual Communications Drill Completion and documentation submitted to IDOH via IDOH supplied REDCap link: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT

Due Date: 12/30/2025 and 6/30/2026

HPP BP2 Grant Requirement 7

DISTRICT HEALTH CARE COALITION WEBSITE

Indiana District HCCs must maintain a District HCC website to assist with HCC member recruitment, member resources, and HCC promotion. HCC website must contain HCC plans, meeting dates, training/exercise dates and instruction on how to become a member, HCC membership requirements, in addition to information regarding CORE 4 HCC Member description at a minimum. HCC Websites must contain the capability for password restriction to allow HCC members to access documents not for public use.

Deliverable: Establishment and ongoing updates to the District HCC Website

Due Date: HCC URL Website Link into IDOH REDCap:
https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT

HPP BP2 Grant Requirement 8

IDOH VIRTUAL FINANCIAL WORKSHOP ATTENDANCE

District HCCs are required to attend a virtual Sub-Recipient Financial Workshop scheduled for PHEP BP2 Quarter 2. Further details and invitations will be sent to HCC RRCs.

Deliverable: Attendance at the IDOH PHEP/HPP BP2 Virtual Subrecipient Financial Workshop IDOH DEP Virtual Financial Workshop

Due: Workshop scheduled to occur by 12/19/2025

HPP Grant Requirement 9

District HCC RRCs are required to participate in monthly IDOH/HCC RRC calls.

Deliverable: Participation in monthly IDOH/HCC sync RRC Calls.

Monthly IDOH/HCC RRC Sync Meeting Link

Call Dates:

7/21/2025, 8/18/2025, 9/15/2025,10/20/2025,11/17/2025,12/15/2025,1/20/2026,2/16/2026, 3/16/2026, 4/27/2026, 5/18/2026, 6/15/2026

HPP BP2 Grant Requirement 10

District HCC Integrated Preparedness Plan (IPP)/Integrated Preparedness Plan Workshop (IPPW)

District Integrated Preparedness Plan (IPP) / Integrated Preparedness Plan Workshop (IPPW). The purpose of the Integrated Preparedness Plan Workshop (IPPW) is to consider the range of District level preparedness activities within the Integrated Preparedness Cycle and, along with the guidance provided by IDOH leaders, identify, and set preparedness priorities and schedule preparedness activities for the multi-year Integrated Preparedness Plan (IPP) cycle. The district level IPP workshops foster collaboration and partnership across various stakeholders, identify local jurisdiction-specific preparedness needs and resource gaps, and prioritize training and exercise activities that enhance preparedness capabilities. The District HCC Integrated Preparedness Plan (IPP) / Integrated Preparedness Plan Workshop (IPPW) is required for HCC sub-recipients. HCCs should utilize the ASPR provided HCC Readiness Plan / T&E Plan template provided in BP1.

Deliverable: Host District HCC Integrated Preparedness Plan Workshop (IPPW) with district partners to inform the development of District HCC T&E Plan (IPP).
Due: 12/31/2025

Grant Requirement 11

State Health Regional Integrated Preparedness Plan (IPP) / Integrated Preparedness Plan Workshop (IPPW) Attendance

The purpose of the Integrated Preparedness Plan Workshop (IPPW) is to consider the range of preparedness activities within the Integrated Preparedness Cycle and, along with the guidance provided by IDOH leaders, identify, and set preparedness priorities and schedule preparedness activities for the multi-year Integrated Preparedness Plan (IPP) cycle. The IPP workshops shall foster collaboration and partnership across various stakeholders, identify regional-specific preparedness needs and resource gaps, and prioritize training and exercise activities that enhance regional and state preparedness capabilities.
Deliverable: HCC(s) shall participate in regional IDOH Integrated Preparedness Workshops specific to their region**.**
Northern – Districts 1, 2, 3, and 4: Central – Districts 5, 6, and 7: Southern – Districts 8, 9, and 10
Due: 6/30/2026

Grant Requirement 12

Emergency Information Systems Bi-Annual Updates

The HCCs are required to validate the facility information within the IDOH bed availability platform bi-annually. This will include facility names, resources, contact information, and essential elements of information collected by the system.
New Resource Request: https://forms.office.com/g/B59hZWr9YB
New User Request: https://forms.office.com/g/ki4JzXkM5r
Deliverable: Submission of update attestation of activity completion via REDCap: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT
Due: 12/31/2025, 06/30/202

ASPR HPP BP2 Health Care Coalition Grant Requirements
HPP BP2 Deliverables

HPP BP2 Requirement 13

HCC Management/Administration

All Indiana Health Care Coalitions are required to fund at least 1.0 full-time equivalent (FTE) (combined and may include in-kind support of dedicated time) to support the following requirements

HCC Clinical Advisor
The HCC Clinical Advisor gathers and provides clinical expertise to ensure that plans, exercises, and educational activities maintain clinical accuracy and relevance. Clinical Advisors act as the HCC's clinical point of contact with health care entities, EMS agencies, and external subject matter experts. HCCs may determine how best to fulfill their own needs for clinical advisement over the course of a BP (e.g., a single Clinical Advisor, a team of Clinical Advisors). In the annual workplan, HCCs will substantiate how their clinical advisement structure supports HCC plans.
HCC Clinical Advisor Requirements
▪ The Clinical Advisor must be an active clinician who practices as a lead or co-lead for an HCC active member health care organization. ▪ Clinical Advisors paid through HPP are required to have a history of involvement in emergency services or response activities. ▪ Both ASPR and IDOH require this individual have experience and skills in medical surge issues and hold a basic familiarity with chemical, burn, radiological, nuclear, explosive (CBRNE), trauma, pediatric emergency response, and downtime emergency principles.
HCC Readiness and Response Coordinator (RRC)
The HCC RRC serves as the HCC's administrative and programmatic point of contact during everyday operations, including managing communications, systems, and coordination with IDOH. The RRC oversees HCC planning activities, including coordinating training, facilitating exercises, ensuring financial sustainability, and developing budgets. HCC RRC can only be assigned to a single District HCC; however, they must coordinate with neighboring HCCs to improve planning and operational readiness. The HCC RRC is not required to live within the geographic boundaries of their HCC; however, their work duties are expected to occur within their HCC geographic area to strengthen their relationship with stakeholders and improve their ability to support HCC response activities. The individual should reside within a reasonable commuting radius, such that the individual can be present to work onsite with the HCC and its members.
HCC Readiness and Response Coordinator (RRC) Requirements
▪ Facilitate planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC ▪ Lead, participate in, and support the response activities of the coalition according to their plans ▪ Reviewing and activating the Readiness Plan ▪ Supporting the HCC in both steady state and in response ▪ Leading engagement with non-clinical community partners

- The HCC RRC is responsible for ensuring that the HCC meets all HPP performance measures and benchmarks.
- HCC RRCs must actively participate with the Indiana Department of Health in planning and training events as well as other HCC strengthening initiatives.

Due: HCC positions (RRC & Clinical Advisor) must be in place 45 days after a fully executed contract. The HCC must submit information within 45 days of receipt of a fully executed contract, *(meeting minutes or a signed letter from the HCC Executive Board meeting reflecting the approval of the HCC Executive Board for the HPP BP 2 (7/1/2025-6/30/2026) HCC RRC & Clinical Advisor.)*
Submission: via IDOH REDCap link: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT

HPP BP2 Grant Requirement 14
HCC Plan Submission
HCC plans must include the following components or be a standalone plan if chosen by the HCC that include the following:

- HCC Readiness Plan
- HCC Training and Exercise Plan

HCCs should utilize the ASPR provided HCC Readiness Plan / T&E Plan template provided in BP1. Additional supplemental content may be provided by the HCC if desired.
Due: 12/31/2025
Submission: via IDOH REDCap link: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT

HPP BP2 Grant Requirement 15
HCC Plan Submission
HCC plans must include the following components or be a standalone plan if chosen by the HCC that include the following:

- HCC Response Plan
- Information-Sharing Plan
- Resource Management Plan
- Medical Surge Support Plan

Due: 6/30/2026
Submission: via IDOH REDCap link: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT

HPP BP2 Requirement 16
HCC Governance Document
HCC(s) must, in collaboration with IDOH, work to maintain and update as needed the governance document for their specific district HCC. The HCC Governance Document must include the following components:

- Define the HCC's organizational structure, including HCC leadership and any decision-making structures (e.g., an advisory board).
- HCC(s) must specify if the HCC is:
    - A subcomponent of a local health department.
    - A non-profit or private structure (e.g., 501(c)(3), hospital-led).
- Describe the HCC's operational roles, including:
    - The process, personnel, and structure that the HCC uses to carry out core functions as defined by ASPR and listed in this document (e.g., planning committees, subject matter experts).
    - The responsibilities of the HCC Readiness and Response Coordinator as defined by ASPR previous guidance and approved by the HCC Executive board.
        - How the HCC integrates clinical expertise as defined by ASPR in this document under clinical advisor section.
- Describe your HCC's funding structure, including:
    - The funding sources (e.g., grant funding, donations, state funding) and the mechanism(s) the HCC uses to receive funds (e.g., fiduciary agent, direct funding by contract or subaward).
    - Any funding methods (e.g., cost-sharing staff between HCCs) that enhance or sustain HCC development
- Ensure HCC Governance documents define the geography that the HCC serves (e.g., urban, suburban, rural, frontier, or a mix), as well as the relevant counties, cities, townships, tribal land, and/or municipalities within the HCC's jurisdiction.

Due Date: 12/31/2025
Submission: via IDOH REDCap link: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT

HPP BP2 Requirement 17

HCC Members must also be able to communicate with their agency or organization decision-makers or executive leadership. HCC(s) must include membership of leaders of organizations from the following categories:

- Health Care (e.g., hospitals, health systems, health care facilities).
- Emergency management, including the ESF-8 lead agency coordinating health care response incident management.
- Emergency medical services (EMS) and patient transport services.
- Public health.

HCC(s) should include additional members such as health care critical infrastructure partners (e.g., utilities), and supply chain partners (e.g., manufacturers, distributors), as well as partners with expertise in areas such as cybersecurity (e.g., chief information security officers [CISOs]), specialty care delivery, mental and behavioral health, long-term care, and culturally and linguistically appropriate health care services. Your HCC(s) should strive to make strategic membership decisions based on the expertise needed to accomplish the following: carry out the core functions, address readiness gaps (for example, gaps

identified through assessments), and meet the needs of the communities your HCC serves, including communities most impacted by disasters as defined below:

- At-risk individuals, including children, pregnant individuals, older adults,
- individuals with disabilities, or others who may have access and functional needs in the event of an emergency, such as those with chronic physical or behavioral health conditions or immuno-compromised individuals.
- Individuals may also be at risk due to their geographic location and/or limited access to health care, such as those in rural, frontier, or otherwise isolated areas.
- Individuals and groups may be at risk due to the specific risk profile of a disaster or emergency.
- Populations are experiencing structural inequities, which include historically and currently marginalized communities.
- Other populations disproportionately impacted by disasters in your jurisdiction, identified through data collection or assessments.

In coordination with IDOH across all activities, HCC(s)must describe how they will engage these partners that represent and/or serve communities most impacted by disasters and address the specific health care needs of these communities. HCC(s) may need to engage and serve different communities based on their changing health care needs and the jurisdiction's evolving needs. Engage partners and their specific interest through breakout discussions. HCC Membership participation It is highly encouraged that membership be posted on the HCC website as well for members to have access to.

Deliverable: HCC Membership list must be compiled by the HCC and submitted to IDOH.
Due Date: 6/30/2026
Submission: via IDOH REDCap link: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT

HPP BP2 Requirement 18

HCC Community Coordination and Engagement

HCC(s) must be able to demonstrate how the HCC improves community coordination and engagement by doing the following:

- Describe how the HCC promotes a whole community approach to health care readiness.
- Identify the communities most impacted by disasters and their health care needs within the area your HCC serves. IDOH along with ASPR requires HCC(s) to specify the datasets or other inputs they used to identify these communities.
- Describe how the HCC collaborates with community partners and additional health care readiness partners in their jurisdiction. Examples of partners include:
    - Health care executives.
    - Community organizations that represent and/or serve communities most impacted by disasters. As HCC(s) conduct activities (e.g., develop plans) related to addressing the needs of communities most impacted by disasters, HCCs must collaborate with Local Health Departments (LHDs).

Due Date: 12/31/2025
Submission: Inclusion in HCC required plans

HPP BP2 Requirement 19

Jurisdiction information

HCC(s) must provide information regarding the HCC's County and/or city boundaries within the HCC District. HCC(s) must submit the jurisdictional information to IDOH. HCC(s) must update the information as needed during the HPP BP2 grant period to reflect on any jurisdictional boundary changes that occur.

Due Date: 12/31/2025

Submission: Inclusion in HCC required plans

HPP BP2 GRANT REQUIREMENT 20

Continuity Of Operations Plan

HCC(s) must develop/maintain a COOP that is informed by HCC members' COOP and, at a minimum, includes:

- **Activation.** Describe the processes to activate the COOP, including immediate actions and assessments in case of disruptions.
- **Contacts.** Provide multiple points of contact for each HCC member.
- **Leadership continuity.** Describe orders of succession and delegations of authority for leadership continuity.
- **Continuity determinations.** Describe processes for safety assessment and resource inventory to determine ongoing HCC operations.
- **Supplemental resources**. Describe redundant, replacement, or supplemental resources, including communications systems.
- **Critical infrastructure disruption mitigation**. Describe strategies for addressing disruptions to mission critical systems, including disruptions resulting from cyber incidents.
- **Essential records**. List essential records and forms, including locations of electronic and hard copies.

Deliverable: Submission of HCC COOP via IDOH Supplied REDCap link:
https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT

Due date: 6/30/2026

HPP BP2 GRANT REQUIREMENT 21

RECOVERY PLAN

The HCC Recovery plan must describe how the HCC will:

- **Integrate with key partners.** Integrate with the Health and Social Services Recovery Support Function lead agency, if activated, and with state emergency management to communicate the needs of health care, support information-sharing, and manage resource availability among HCC members. You and your HCC(s) must also work with these partners to contribute to the jurisdictional pre-disaster recovery planning process.
- **Support the workforce.** Support health care workforce recovery following emergencies. This includes mitigation of behavioral health impacts.

- **Recover critical infrastructure.** Prioritize critical infrastructure dependencies necessary for health care recovery (e.g., equipment user agreements, memorandums of understanding, mission ready package costs).
- **Manage community impact.** Identify and address anticipated and realized recovery needs and priorities for the communities that the HCC serves, including communities most impacted by disasters
- **Engage community partners.** Engage and support community partners to connect with recovery assistance programs including support with initial disaster cost estimation and assistance with state and federal disaster recovery funding application (if applicable).

Deliverable: Submission of HCC Recovery Plan via IDOH Supplied REDCap link: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT
Due date: 6/30/2026

HPP BP2 GRANT REQUIREMENT 22
Review and Update: HVA, Readiness Assessment, in coordination with IDOH
HCCs should review Hazard Vulnerability Assessment (HVA) and Readiness Assessments developed in budget period 1 to ensure they are current. HCCs are to provide updates to IDOH, as needed.
Deliverable: Updated HVA and Readiness Assessments, as needed.
Due date: 12/31/2025

HPP BP2 Grant Requirement 23
Medical Response and Surge Exercise (MRSE)
HCC(s) must plan and conduct at least one operation-based functional or full-scale MRSE. HCC members, and other partners must conduct the MRSE to evaluate their ability to deliver appropriate care to patients during medical surge. HCC must submit the Exercise Reporting Tool to IDOH within 90 days following the exercise. HCC(s) must submit both the MRSE and Exercise Reporting Tool. Please refer to the MRSE website for more information on MRSE requirements and resources, such as the MRSE Situation Manual, MRSE Evaluation Plan, and Recipient Review Guide. IDOH will distribute Medical Response and Surge Exercise (MRSE) HSEEP compliant materials and documentation for optional use among the HCCs.
Deliverable: Complete District MRSE and submit the MRSE Exercise After Action Report to IDOH via REDCap link: https://redcap.isdh.in.gov/surveys/?s=3N8ADEPTHTDHJHDT
Due Date: 6/30/2026