TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. 537-17-0313-00001

AMENDMENT NO. 4

The Department of State Health Services ("**DSHS**" or "**System Agency**") and Coastal Bend Regional Advisory Council (**"RAC"**) Trauma Service Area ("**TSA**")-U ("**Grantee**"), each a "**Party**" and collectively the "**Parties**," to that certain Hospital Preparedness Program ("**HPP**") grant Contract effective July 1, 2017, and denominated DSHS Contract No. 537-17-0313-00001 (the "**Contract**"), as amended, now desire to further amend the Contract.

Whereas, the System Agency has chosen to exercise its option to extend the Contract;

Whereas, the Parties have chosen to amend the Contract in accordance with**, Section 9.01 of Attachment C** of the Contract, **Grantee Uniform Terms & Conditions;**

Whereas, the Parties want to revise the Budget Summary to make additional funds available; and

Whereas, the Parties want to revise the Federal Funding Accountability and Transparency Act Certification and the Statements of Work.

Now, therefore, the Parties hereby amend and modify the Contract as follows:

1. **Section III** of the Contract, **Duration**, is hereby amended to reflect a revised termination date of June 30, 2021 and add the following language:

   As outlined in the Notice of Funding Opportunity: Hospital Preparedness Program – Public Health Emergency Preparedness Cooperative Agreement Department of Health and Human Services (CDC-RFA-TP17-17010201SUPP18), FY2019, effective July 1, 2019, marked the beginning of the new five-year period of performance. Therefore, the new five-year project period is from July 1, 2019, through June 30, 2024.

2. **Section IV** of the Contract, **Budget**, is hereby amended by adding funds for the period from July 1, 2020, through June 30, 2021 ("Grant's fourth term") in the amount of **$1,071,901.00**. The total not-to-exceed amount of this Contract is increased to **$4,374,182.00**. All expenditures under the Contract will be in accordance with **Attachment B-4, Revised First, Second, Third and Fourth Term Budget Summary.**

3. **Attachment B-3** of the Contract, **Revised First, Second, and Third Term Budget Summary** is hereby amended and restated with **Attachment B-4, Revised First, Second, Third and Fourth Term Budget Summary.**

4. **Attachment A-3** of the Contract, **Revised Future Terms Statement of Work**, is hereby amended and restated with **Attachment A-4, Revised Future Terms Statement of Work**.

5. **Attachment F-2** of the Contract**, Federal Funding Accountability and Transparency Act Certification,** is hereby amended and replaced in its entirety with **Attachment F-3, Federal Funding Accountability and Transparency Act Certification.**

6. **Attachment J-1** of the Contract **Revised Emergency Medical Task Force Statement of Work,** is hereby amended and restated with **Attachment J-2, Revised Emergency Medical Task Force Statement of Work**.

7. This Amendment shall be effective as of July 1, 2020.
8. Except as amended and modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

Signature Page Follows

SIGNATURE PAGE FOR AMENDMENT NO. 4
DSHS CONTRACT NO. 537-17-0313-00001

Department of State Health Services

By: DocuSigned by: Jennifer Sims FF74006FBA8747E...

Jennifer Sims

Deputy Commissioner

Date of Execution: April 16, 2020

Coastal Bend Regional Advisory Council TSA-U

By: DocuSigned by: Felicia Powell F1A9F98093A542D...

Name: Felicia Powell

Title: Trauma Services Manager/TSA U RAC chair

Date of Execution: April 8, 2020

The following Attachments are attached and incorporated as part of the Contract:

Attachment A-4:	**Revised Future Terms Statement of Work**
Attachment B-4:	**Revised First, Second, Third and Fourth Term Budget Summary**
Attachment F-3:	**Federal Funding Accountability and Transparency Act Certification**
Attachment J-2:	**Revised Emergency Medical Task Force Statement of Work**

Attachment A-4

Revised Future Terms Statement of Work

I. Grantee Responsibilities & Requirements

A. General and Administrative Responsibilities:

Grantee will:

1. In its lead role as the regional Hospital Preparedness Program ("**HPP**") Health Care Coalition ("**HCC**") and Emergency Medical Task Force ("**EMTF**") organization for DSHS, work to enhance the ability of hospitals and healthcare systems to prepare for health and medical emergencies and disasters with a primary focus on HCC building, regional healthcare system preparedness, and EMTF component development in the current Contract Budget Period ("**BP**").

2. Serve as the HCC lead in the following three (3) HCC regions, which align geographically with trauma service area ("**TSA**") regions (each hereinafter referred to as an ("**HCC Region"**), which together comprise the EMTF-11 region:

   a. TSA-T which includes the following county/ies: Jim Hogg, Webb, and Zapata;
   b. TSA-U which includes the following county/ies: Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, and San Patricio; and
   c. TSA-V which includes the following county/ies: Cameron, Hidalgo, Starr, and Willacy.

3. Ensure all HCC-funded projects must be tied to:

   a. A hazard or risk identified in the current HCC Regional Hazard Vulnerability Assessment ("**HVA**"), to be updated on an annual basis within the current Contract term; and
   b. An identified capability gap, as defined in the HPP HCC Capability Planning Guide ("**CPG**") and the 2017-2022 Health Care Preparedness and Response Capabilities (the "**Capabilities**") that is currently available online and can be accessed at https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf; or
   c. An activity identified during after action reviews and corrective action processes.

4. Enhance the ability of participating HCC members to improve acute care medical surge capacity and enhance community preparedness for health and medical emergencies by conducting activities at the local/regional level related to the 2017-22 Health Care Preparedness and Response Capabilities.

5. Require its staff to attend DSHS-sponsored HPP and joint HPP/Public Health Emergency Preparedness ("**PHEP**") meetings and trainings in their entirety, as directed by DSHS.

6. With input from HCC membership, develop a committee of Clinical Advisors, to advise the Grantee and HCC members during relevant preparedness, response, and recovery activities. Membership of the Clinical Advisors committee should be drawn, whenever possible, from across the multiple HCCs supported by the Grantee. The hospitals from which the Clinical Advisors are drawn will be designated as co-lead hospitals for the HCC, as required by Assistant Secretary for Preparedness and Response (**"ASPR"**). Additional information will be provided as to qualifications, specialties, and expectations of the committee.

7. Submit an updated list of subrecipient agreements with HCC members upon request. If Grantee is purchasing equipment and/or supplies for HCC members, Grantee will not deliver or transfer items to the HCC members until a subrecipient agreement has been executed.

8. Ensure subrecipient costs associated with this Contract are allowable and that subcontractor/subrecipient expenditures are approved and in compliance with grant and DSHS guidelines. Grantee may request assistance from DSHS to determine if an expenditure is in compliance.

9. Oversee the program performance of its subrecipients and conduct ongoing monitoring of subrecipients' fiscal and programmatic performance.

10. Review travel requests from subrecipients that will be funded with HPP funds and only authorize the use of HPP funds for travel that is associated with meeting the Health Care Preparedness and Response Capabilities. Grantee may request assistance from DSHS to determine if a travel request meets the Capabilities. All out-of-state travel funded with HPP funds must be pre-approved in writing by DSHS.

11. Maintain an inventory system, in the format requested by DSHS, to monitor all HPP-funded equipment and supplies held by Grantee and its subrecipients, including participating HCC members. The Grantee's subrecipients must also have a property control system to maintain an inventory of HPP-funded equipment and supplies and as long as the subrecipient can provide Grantee an HPP inventory list when requested, they may utilize their own system. If Grantee's subrecipient does not have an existing property control system or inventory system in place, the subrecipient will be required to adopt a system established or provided by Grantee.

12. When requested, be required to provide DSHS or the Health and Human Services ("**HHS**") ASPR an inventory, by HCC, of all HPP-funded equipment and supplies, including but not limited to description, quantity, model, serial number/unique identifier (if applicable), location, and the responsible party/entity that the equipment and supplies are assigned to or in custody of.

13. Maintain an inventory of equipment, supplies defined as Controlled Assets, and real property, and submit an annual cumulative report of the equipment and other property on HHS DSHS Grantee's Property Inventory Report to the assigned DSHS contract manager by email.

14. At the expiration or termination of this Contract for any reason, revert title to any remaining equipment and supplies purchased with funds received under this Contract to DSHS. Title may be transferred to any other party designated by DSHS. DSHS may, at its option and to the extent allowed by law, transfer the reversionary interest to such property to Grantee.

15. Not transfer custody or reassign storage of HPP-funded equipment, caches, and mobile/deployable resources outside of the designated HCC Region without written pre-approval by DSHS. The pre-approval requirement does not apply to HPP resources deployed in response to an emergency incident or event or EMTF resources.

16. Communicate with the DSHS Public Health Region ("**PHR**") Regional Medical Director or their designee to discuss the ongoing status of the HPP activities in order to ensure that the Regional Medical Director has a situational awareness of ongoing hospital preparedness activities within the PHR. The frequency of the PHR and HPP Grantee communications will be determined by mutual agreement between the Regional Medical Director and the HPP Grantee Executive Director, or comparable position.

17. Represent the HPP HCC at multi-jurisdictional planning meetings addressing issues related to medical services during a disaster.

18. Ensure that HCC members and subcontractors/subrecipients comply with the U.S. Department of Homeland Security's Project 25 Compliance Assessment Program ("**P25-CAP**"), as amended, when purchasing communications equipment, which must interoperate and meet performance measures outlined in the P25 standards and the Texas Statewide Communications Interoperability Plan.

19. Ensure HCCs and their members equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations. Personal protective equipment ("**PPE**"), Medical Countermeasures ("**MCM**"), workplace violence training, psychological first aid training, and other interventions specific to an emergency should be readily available to the entire health care workforce.

20. Ensure that any HCC or HCC member purchasing PPE with HPP funds must document the following:

    a. Strategies for acquisition, storage, rotation with day-to-day supplies, and use;
    b. Inventory Management Program Protocols for all cached materials;
    c. Policies relating to the activation and deployment of their stockpile; and
    d. Policies relating to the disposal of expired materials.

21. Comply with the reporting requirements in the Deliverables Reporting Calendar and the Annual HCC Requirements document, which will be emailed to Grantee no later than thirty (30) days from the start of the Contract term and is incorporated herein by reference and made a part of this Contract. The Annual HCC Requirements document will describe deliverables required only within that budget period. The Deliverables

Reporting Calendar will include deadlines for all deliverables described herein, as well as submission instructions. Failure to comply with submission instructions may result in DSHS implementing a payment hold or taking such other remedy as is authorized under this Contract. All reports must be submitted to DSHS or its designee by 11:59 p.m. Central Time on the due date identified in the Deliverables Reporting Calendar and in the specified format. Reports submitted in portable documents format ("**PDF**") will not be accepted. If no format is specified, Grantee must submit the information in a Word document attached to an email to DSHS.

22. Ensure all plans, policies, procedures, and schedules required under this Section will be made available on a timely basis for a desk or fiscal review.

23. Cooperate with DSHS quality assurance ("**QA**") activities in a timely manner, which includes but is not limited to:

    a. Submitting data;
    b. Participating in on-site studies or audits;
    c. Responding to queries and complaints;
    d. Participating in telephone conferences; and
    e. Completing corrective action requirements to the satisfaction of DSHS.

24. Establish reimbursement, accounting, and financial management systems and prepare routine financial data and reports as required by DSHS.

25. Submit Monthly Supporting Documentation that reports expenditures by individual allocations (e.g., EMTF and HCC, etc.) separately. Monthly expenditures should be broken down by each budget category, the activities conducted, and administrative costs incurred. Reporting must include a breakdown of direct and indirect salary costs by position and by month. The Monthly Supporting Documentation also tracks expenditures by HPP Health Care Preparedness and Response Capabilities as required for the HPP end-of-year ("**EOY**") report. Both the monthly categorical expenditures and the capability breakdown must be included in the Monthly Supporting Documentation. If documentation is incomplete, it may result in a delay in payment.

26. Monitor Program Income generated by grant and sub-grant supported activities and ensure Program Income is used to further the Program. Compile information quarterly and submit documentation upon DSHS request.

27. Ensure that Grantee's procurement processes are consistent with processes required for federal, state, and public funds, such as written policies and/or procedures, requests for proposals, multiple bids or quotes, cost/price analysis and the execution of written contracts or purchase orders.

28. Ensure that new Board of Directors (**"BOD"**) members complete the DSHS online training that can be accessed at:
    https://www.youtube.com/watch?v=5PDjnMchkMA&feature=youtube.

29. Submit a "Board Responsibilities Attestation Form," signed within the Contract term by all new members that acknowledges their personal accountability for Contract funds and affirmation that they viewed the DSHS online training prior to signing the

attestation form. The online training and submission of the form must be completed within thirty (30) days of assuming office.

30. Submit the following documents upon request by DSHS:

    a. Categorical budgets by allocation as well as by budget period;
    b. Organizational chart;
    c. Board of Directors list;
    d. Job descriptions with salary ranges for all positions being charged to HPP and referenced in the categorical budget. Includes direct cost categories;
    e. Signed Contractual staff agreements/contracts;
    f. Procurement policy;
    g. Travel policy;
    h. Human Resources ("**HR**")/hiring policy or equivalent;
    i. Personnel/Employee Handbook or equivalent;
    j. Grantee address, phone number(s), and website addresses;
    k. Grantee point of contact name(s), telephone number(s), and email addresses; and
    l. Two 24/7/365 emergency contact names and phone numbers. Grantee may not use an answering service for after-hours calls from DSHS. DSHS must be provided with direct contact information for appropriate after-hours contacts.

    Grantee must notify DSHS of any changes to the above information within ten (10) days of such change.

31. Comply with all applicable federal and state laws, rules, regulations, standards, and guidelines, as amended, including, but not limited to, the following:

    a. The ASPR HPP Cooperative Agreement;

    b. Health Care Preparedness and Response Capabilities, Office of the Assistant Secretary for Preparedness and Response, Hospital Preparedness Program that is currently available online and can be accessed at: https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capablities.pdf;

        - 2019 HPP Performance Measures Implementation Guidance that is currently available online and can be accessed at: https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/hpp-pmi-guidance-2017.pdf;

    c. Healthy People 2020 that is currently available online and can be accessed at: https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness;

        - Preparedness objectives for Healthy People 2020 that is currently available online and can be accessed at: https://www.healthypeople.gov/2020/topics-objectives/topic/preparedness/objectives;

    d. HHS Pandemic Influenza Plan that is currently available online and can be accessed at: https://www.cdc.gov/flu/pandemic-resources/national-strategy/index.html;

    e. Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health;

f. Homeland Security Presidential Directive ("**HSPD**")-5 (Management of Domestic Incidents) that is currently available online and can be accessed at: https://www.dhs.gov/publication/homeland-security-presidential-directive-5;

g. HSPD-21 (Public Health and Medical Preparedness) that is currently available online and can be accessed at: https://fas.org/irp/offdocs/nspd/hspd-21.htm;

h. Presidential Policy Directive-8 (National Preparedness);

i. National Health Security Strategy that is currently available online and can be accessed at: https://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx;

j. Centers for Medicare and Medicaid Services ("**CMS**"): Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (Rule CMS-3178-F) that is currently available online and can be accessed at: https://www.federalregister.gov/documents/2016/09/16/2016-21404/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid;

k. Homeland Security Exercise and Evaluation Program ("**HSEEP**") that is currently available online and can be accessed at: https://www.fema.gov/media-library-data/20130726-1914-25045-8890/hseep_apr13_.pdg;

l. International Health Regulation Monitoring and Evaluation Framework that is currently available online and can be accessed at: https://www.who.int/ihr/publications/WHO_HSE_GCR_2016_2/en/;

m. National Response Framework that is currently available online and can be accessed at: https://www.fema.gov/media-library-data/20130726-1914-25045-1246/final_national_response_framework_20130501.pdf;

n. National Incident Management System (**"NIMS"**) that is currently available online and can be accessed at: https://www.fema.gov/national-incident-management-system;

o. National Preparedness Goal that is currently available online and can be accessed at: https://www.fema.gov/national-preparedness-goal;

p. State of Texas Emergency Management Plan, Annexes and Appendices;

q. Texas Homeland Security Strategic Plan that is currently available online and can be accessed at: https://www.dps.texas.gov/director_staff/txHomelandSecStratPlan2015-2020.pdf;

r. Medical Surge Capacity and Capability ("**MSCC**") a Management System for Integrating Medical and Health Resources During Large-Scale Emergencies, The CNA Corporation, September 2007 that is currently available online and can be accessed at: http://www.phe.gov/preparedness/planning/mscc/handbook/pages/default.aspx ;

s. Occupational Safety and Health Administration ("**OSHA**") Best Practices for Hospital-Based First Receivers of Victims from Mass Casualty Incidents Involving the Release of Hazardous Substances, that is currently available online and can be accessed at: http://www.osha.gov/dts/osta/bestpractices/html/hospital_firstreceivers.html;

t. Current Texas Statewide Communications Interoperability Plan that is currently available online and can be accessed at: http://www.txdps.state.tx.us/LawEnforcementSupport/communications/interop/txicc/scip.htm ; and

u. Licensing Of Wholesale Distributors Of Prescription Drugs - Including Good Manufacturing Practices (25 Texas Administrative Code, §§229.419 – 229.430) that is currently available online and can be accessed at: http://www.dshs.state.tx.us/dmd.

32. Provide opportunities for all HCC members to participate in at least one regional or statewide exercise that tests/validates all four of the Health Care Preparedness and Response Capabilities by June 30, 2024. Opportunities to meet this requirement include but are not limited to: annual Coalition Surge Tests ("**CSTs**"), specialty annex tabletop exercises, regional or statewide exercises sponsored by DSHS, EMTF exercises, and jurisdictionally-sponsored exercises. Exercises should specifically address the needs of the at-risk population within the medical needs population. Grantee will participate in exercises planned by DSHS or other state and federal agencies, as needed to assess the health and medical response capacity and capability of the regional HPP.
33. Ensure that HCCs with a National Disaster Medical System ("**NDMS**") Federal Coordinating Center ("**FCC**") participate in an NDMS patient movement exercise at least once during the project period.
34. Notify DSHS thirty (30) days in advance, or when the date is determined if less than thirty (30) days out, of Grantee's plans to participate in or conduct local or regional exercises that will be fully or partially funded with HPP funds or other state and federal funds, conducted to address HPP requirements, or using resources that are funded with HPP funds (equipment, staff, etc.). Notification shall be made by submitting a "Notification of Exercise" form in accordance with the exercise guidance provided by the Center for Health Emergency Preparedness and Response ("**CHEPR**") Exercise Team.
35. Cooperate with DSHS to coordinate planning, training and exercises with DSHS PHR, Local Health Department ("**LHD**"), the Texas Division of Emergency Management ("**TDEM**"), and other agencies at the discretion of DSHS, to ensure consistency and coordination of requirements at the local and regional level and to eliminate duplication of effort between the various state- and federally-funded programs.
36. Ensure that lessons learned from exercises are used to determine HCC priorities and to update Response Strategies and Annexes.
37. Ensure HPP-funded exercises are in compliance with the DSHS Exercise Guidance and the current ASPR cooperative agreement exercise requirements, including engaging health care executives in post-exercise hotwash discussions whenever possible, especially after the Coalition Surge Test ("**CST**").
38. Submit After Action Reports/Improvement Plans ("**AAR/IP**") for exercises conducted to fulfill HPP programmatic requirements or using resources funded with HPP funds, and those exercises sponsored by DSHS or other state or federal agencies in which the Grantee and/or Coalition members participate, within sixty (60) days of exercise completion.
39. Ensure that HPP funds are not used for stand-alone, single-facility exercises.

40. Be permitted to provide salary reimbursement for exercise participation to HCC member organizations, not individuals. Backfill is not allowed.
41. Promote NIMS implementation and use of appropriate situational awareness tools among HCC members, and make available EMResource, WebEOC, and NIMS training to all HCC members as needed and appropriate. Grantee will make documentation of training available for DSHS review upon request.
42. Ensure redundancy of the ability to use information-sharing platforms within Grantee's organization and the HCC membership. Assist HCC members with accounts and view options in EMResource and WebEOC, as appropriate, and provide technical assistance as needed.
43. Serve as the regional administrator for HPP-related systems and report hospital available beds to DSHS according to the categories provided by DSHS. Grantee will maintain a current operational bed tracking, accountability and availability system. Ensure that the DSHS State HPP Coordinator and Grantee's Program Liaison receive all outgoing available bed requests and other notifications shared with HCC members.
44. Provide situational awareness data to the State Medical Operations Center ("**SMOC**"), ASPR, and the Centers for Disease Control and Prevention ("**CDC**") during emergency response operations and at other times, as requested by DSHS, and within designated timeframes. Grantee will participate in federal health care situational awareness initiatives for the duration of the five-year project period.
45. Provide opportunities for all HCC members to participate in training on the use of the Texas Disaster Volunteer Registry ("**TDVR**") if the HCC member is interested in using the TDVR to recruit, credential, notify, deploy, and demobilize volunteers for the health and medical emergency or disaster.

B. Healthcare Coalition Requirements:

Unless otherwise noted, the following activities must be conducted and reported for each individual HCC covered by Grantee.

*Grantee**:***

1. Must employ and assign at least one 100% full-time staff person to support each HCC within Grantee's EMTF region. Staff assigned to support a specific HCC in an HCC Region will commit no less than 80% of their time to projects specific to that HCC. Grantee will maintain an office within each HCC Region for staff assigned to that HCC to work from.
2. Must submit updated lists of individuals who should have access to EMResource and the WebEOC Lonestar Server (at the Grantee level). Grantees will be responsible for managing users below the Grantee level.
3. Serves as the lead organization for each HCC it manages. Additionally, Grantee must ensure active participation in the HCC from the following core members:
    a. Hospitals (a minimum of two [2] acute care hospitals);
    b. Emergency Medical Services (**"EMS"**) (including inter-facility and other non-EMS patient transport systems);
    c. Emergency management organizations; and

d. Public health agencies (PHEP recipients are required to participate in coalitions).

Core members should be represented at all HCC meetings, either virtually or in person, and should approve all HCC-related documentation such as governance, preparedness strategies, and response strategies and associated annexes. Core members should be represented in all HCC exercises.

4. Should also recruit other organizations, including those organizations which support acute health care service delivery such as medical supply chain organizations, pharmacies, blood banks, clinical labs, federal health care organizations, outpatient care centers, and long-term care entities into the HCC membership. These organizations are not recognized as core members but should be integrated into the HCC in a manner appropriate to and consistent with their roles in supporting medical surge activities.
5. Must maintain a list of current members of the HCC and must provide the information to DSHS or ASPR upon request and in the format requested. For the purpose of this requirement, a member is any organization that participates in an HCC-sponsored event during the referenced budget period. While an organization may be reported as a member, the organization cannot receive funds or material goods from the HCC without an executed subrecipient agreement. HCCs may determine requirements for organizations to have voting privileges and include such information in the HCC governance structure.
6. Must develop and submit a work plan to DSHS and ASPR annually. Additional detail and template will be provided.
7. Must share their approved budgets in the template provided by ASPR and any amendments with HCC members and must upload those budgets, as shared, into the Coalition Assessment Test ("**CAT**"). Grantee must provide documentation (email, meeting minutes, etc.) showing the budgets were shared to DSHS.
8. Must develop and submit a list of technical assistance ("**TA**") requirements/needs for the Grantee and the HCC. List may be by HCC or may be for Grantee in its entirety. After submission, Grantee will work with assigned HPP Liaison to develop a TA plan.
9. Must, in collaboration with the HCC and its members, define and implement an HCC governance structure and necessary processes to execute activities related to health care delivery system readiness and coordination. Additional guidance will be provided by DSHS CHEPR.
10. Must coordinate with and support all Emergency Support Function ("**ESF**")-8 lead agencies, including local health departments and DSHS PHRs, within the boundaries of each HCC Region.
    a. Coordination may take the form of ESF-8 lead agencies participating in coalition meetings and joint planning, training, and exercising activities; and
    b. Grantee will support the Regional Health and Medical Operations Center(s) ("**RHMOC**") during a response. Grantee will support the RHMOC(s) virtually or in person, at the discretion of the RHMOC Director(s). If Grantee's EMTF region overlaps with multiple PHRs, Grantee may be required to support more than one RHMOC at a time.
11. Must hold six (6), at a minimum, ***bimonthly*** local/regional HPP HCC meetings in each assigned HCC region and provide administrative support, which includes but is not

limited to meeting notes/minutes, agendas, and hosting a website. Grantee will submit documentation of meetings to DSHS upon request and/or during quality assurance visits. Include HPP Liaison and HPP mailbox in meeting notifications to HCC members, including cancellations. If unable to hold meetings bimonthly, contact liaison and contract manager immediately to discuss alteration of schedule.

12. Grantee and HCC members should maintain an HVA to identify and plan for risks and submit the completed HVA to DSHS. The regional HVAs should be made available to HCC member organizations to assist in the development of their facility-level HVAs.
    a. HVAs must be reviewed and updated annually (within the Contract term, July 1 through June 30) throughout the five-year project period;
    b. HVAs will be uploaded to the Coalition Assessment Tool; and
    c. Grantee and HCC members should participate, as requested, in development of Jurisdictional Risk Assessments ("**JRA**") within their service areas.
13. Review and update the HCC Preparedness Strategy at least annually, based on lessons learned from exercises, real-world events, the HVA, and other gap identification methods. The HCC Preparedness Strategy must be approved annually by the core membership and non-core members must be given an opportunity to provide input into the Strategy. Grantee will be required to upload the document to the CAT annually, along with documentation of HCC core membership approval.
14. HCC Response Strategies must be updated after exercises but at least annually throughout the project period, and the most current version of the Response Strategy must be uploaded to the CAT. The uploaded version must be approved by the HCC core members. Grantee will be required to upload the document to the CAT annually, along with documentation of HCC core membership approval.
15. Each year of the project period the HCC must develop an annex to the Response Strategy related to specific medical surge issues. DSHS will provide more guidance each year about the specific annex requirements.
16. Each HCC must validate the annexes developed each year via a tabletop/discussion exercise in that same year. DSHS will provide more guidance.
17. As part of inclusive planning for populations at risk, Grantees and HCCs must:
    a. Obtain de-identified data from the U.S. Department of Health and Human Services emPOWER map at least once every six months to identify populations with unique health care needs, which will be verified by DSHS twice annually via the CAT;
    b. Obtain data from the CDC Agency for Toxic Substances and Disease Registry ("**ATSDR**") Social Vulnerability Index at least once per year, and verify effort of such via the CAT; and
    c. In addition, Grantee and HCC will:
        i. Support HCC members with situational awareness related to populations at risk;
        ii. Support HCC member agencies in developing or augmenting existing response plans for these populations, especially mechanisms for family reunification;
        iii. Identify potential health care delivery system support for these populations (pre- and post-event) that can prevent stress on hospitals during an emergency;

iv. Assess needs and contribute to medical planning that may enable individuals to remain in their residences during certain emergencies. When not possible, coordinate with ESF-8 lead agency to support ESF-6 lead agency for planning for the inclusion of medical care at shelter sites; and

v. Coordinate with ESF-8 lead agency to assess medical transport needs for these populations.

18. Verify and update a pre-event specific essential elements of information ("**EEI**") template provided by ASPR. Develop and maintain primary and redundant communications systems and platforms capable of sending EEIs. Procedures for sharing EEIs should be integrated into the HCC response strategies.

    Each HCC must be able to demonstrate its ability to use these systems to effectively coordinate information during emergencies and planned events, and on a regular basis. HCC must complete a drill using the primary communications plan system/platform and one redundant communications system/platform not connected to the power grid at least once every six months and report the results via the CAT.

19. Ensure HCC members, especially those representing health care organizations, public health agencies, and emergency management organizations, are included in evacuation, transportation, and relocation planning efforts and during exercises and real-world events.

    Each HCC will conduct a CST. Grantee may decide when to host the CST within each HCC Region, but it must be completed early enough each year to allow for submission of the exercise workbook to DSHS within the Contract year. Grantee should submit a Notice of Exercise to DSHS CHEPR for each CST and submit the completed exercise workbook within sixty (60) days of completion of the exercise. CST results will be documented in the CAT.

20. Complete and submit ASPR- and DSHS-required reports and data requests by the deadlines provided, including those related to Ebola planning. This will include use of the ASPR-provided CAT to self-assess progress toward meeting program requirements and the 2017-2022 Health Care Preparedness and Response Capabilities. This may also include reports related to NIMS compliance, Alternate Care Sites ("**ACS**"), and other items previously captured in the EOY and Mid-Year Reports, if applicable.

21. Submit, on the template provided by DSHS, a regional Multi-Year Training and Exercise Plan ("**MYTEP**") for each HCC.

22. Submit, on the template provided by DSHS, an annual Training Plan, which must be provided to ASPR.

II. Grantee Restrictions

*Grantee will **not**:*

A. Use funds for/to:

1. Other than for normal and recognized executive-legislative relationships, no funds may be used for or to:

a. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;

b. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before any legislative body; and

c. See Additional Requirement ("**AR**") 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees that is currently available online and can be accessed at: http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf;

2. Research;
3. Construction or major renovations;
4. Clinical care, defined as "directly managing the medical care and treatment of patients";
5. Reimbursement of pre-award costs;
6. Supplant existing state or federal funds for activities described in the budget;
7. Serve as a conduit for an award to another party or provider who is ineligible. The Grantee must perform a substantial role in carrying out project objectives;
8. Overtime;
9. Payment or reimbursement of backfilling costs for staff, including health care personnel for exercises;
10. Fund stand-alone, single-facility exercises;
11. Pay for training courses, exercises, and planning resources if similar offerings are available at no cost;
12. Pay the salary of an individual at a rate in excess of the previous year salary plus the cost-of-living adjustment ("**COLA**") percentage as provided by the Texas Comptroller of Public Accounts that is currently available online and can be located at: https://comptroller.texas.gov/economy/key-indicators/;
13. Fund the salaries of their elected and/or appointed Board of Directors and Executive Board Members;
14. Purchase food or meals. The only exception to this restriction includes expenditures related to:

    a. Staff travel costs that are allowed in the Grantee's travel policy and approved by DSHS; and/or

    b. Training and/or exercise events if the event outcome is significantly impacted in a negative way due to the event being stopped so that participants can leave to get a meal. This exception requires DSHS written pre-approval for food or meals;

15. Purchase clothing for promotional purposes, such as those items with HCC and/or health care organization names/logos. Clothing that can be used for PPE and/or response purposes, and can be re-issued, may be purchased. Clothing purchases require written pre-approval from DSHS;

16. Payment or reimbursement of mileage from staff residence to the staff member's routine duty station;
17. Employ individuals who also work for an organization that receives funds or benefits from the HPP;
18. HPP funds may be used (with prior written approval from DSHS and ASPR) to purchase HCC material-handling equipment such as industrial or warehouse-use trucks, e.g., forklifts, lift trucks, etc. Vehicles must be of a type not licensed to travel on public roads. HPP funds cannot be used to purchase over-the-road passenger vehicles;
19. HPP funds may not be used to fund individual health care entities to meet CMS conditions of participation;
20. Impose policies, procedures, or expenses upon Grantee's subrecipients that are supplemental to DSHS requirements which may create:
    a. Barriers for services to be delivered to clients, and/or;
    b. Undue burden upon the administrative, fiscal, and/or programmatic structures;
21. Require HCC members to pay a "membership fee" as a condition of receiving HPP funds, equipment, supplies, and/or services or as a requirement to be eligible for reimbursement for HPP-related expenditures. Grantee may charge a "fee-for-service" for preparedness activities not required under this Contract; and
22. Ensure DSHS funds received under this Contract are not used to purchase buildings or real property without prior written approval from DSHS. Any costs related to the initial acquisition of the buildings or real property are not allowable without written pre-approval.

III. Scope of Work

Grantee will perform all activities in accordance with the terms of this Contract; Request for Applications ("**RFA**") for Statewide Hospital Preparedness Program, DSHS Solicitation No. 537-7-0131, which is attached hereto as **Attachment G** and incorporated herein by reference; Grantee's Solicitation Response Revised Documents, which is attached hereto as **Attachment I** and incorporated herein by reference; and Grantee's response to the RFA including any revisions, which is attached hereto as **Attachment H** and incorporated herein by reference. In the event of a conflict, the following order of precedence shall prevail:

1. This Attachment A-6, Revised Future Terms Statement of Work;
2. Attachment G, DSHS Solicitation No. 537-7-0131;
3. Attachment I, Grantee's Solicitation Response Revised Documents;
4. Attachment H, Grantee's Solicitation Response.

IV. Performance Measures

DSHS will monitor the Grantee's performance of the requirements set forth within **Attachment A-4, Revised Future Terms Statement of Work** and compliance with the Contract's terms and conditions.

V. Invoice and Payment

A. Grantee will request payments using the State of Texas Purchase Voucher ("**Form B-13**") that is currently available online and can accessed at: http://www.dshs.texas.gov/grants/forms.shtm. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services
Claims Processing Unit, MC 1940
P.O. Box 149347
Austin, Texas 78714-9347
Fax: (512) 458-7442
Email: invoices@dshs.texas.gov, CMSInvoices@dshs.texas.gov, HPP@dshs.texas.gov, and your assigned Program Liaison.

B. Grantee will be paid on a cost reimbursement basis as set forth in **Attachment B-4**, **Revised First, Second, Third and Fourth Term Budget Summary**.

C. DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of unanticipated financial shortfalls, and if the HPP Grantee is not meeting the monthly spending percentages/deadlines as determined by DSHS. DSHS Contract Management Section will monitor Grantee's expenditures on a monthly basis. If expenditures are below that projected in Grantee's total Contract amount, Grantee's budget may be subject to a decrease for the remainder of the Contract term. Positions that remain vacant after ninety (90) days may result in a decrease in funds and/or the elimination of the position.

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Attachment B-4

Revised First, Second, Third and Fourth Term Budget Summary

BUDGET CATEGORIES	July 1, 2017 - June 30, 2018 (FY18)	July 1, 2018 - June 30, 2020 (FY19)					July 1, 2019 - June 30, 2020 (FY20)						July 1, 2020 - June 30, 2021 (FY21)					FY18, FY19, FY20 & FY21 GRAND TOTAL
	HEALTHCARE COALITION (HCC)-T, U, V, and EMERGENCY MEDICAL TASK FORCE (EMTF)-11 TOTAL	REVISED HCC-T	REVISED HCC-U	REVISED HCC-V	REVISED EMTF-11	FY19 ALLOCATION TOTAL	REVISED HCC-T	REVISED HCC-U	REVISED HCC-V	EMTF-11	ACTIVE SHOOTER SYMPOSIUM PROJECT	FY20 ALLOCATION TOTAL	HCC-T	HCC-U	HCC-V	EMTF-11	FY21 ALLOCATION TOTAL	
PERSONNEL	$ 370,760	$ 78,651	$ 77,500	$148,348	$ 71,701	$ 376,200	$ 78,816	$ 75,223	$185,483	$ 73,242	$ -	$ 412,764	$ 78,816	$ 75,223	$185,483	$ 73,242	$ 412,764	$ 1,572,488
FRINGE BENEFITS	$ 122,352	$ 12,429	$ 10,524	$ 24,535	$ 11,698	$ 59,186	$ 17,340	$ 18,054	$ 42,432	$ 14,815	$ -	$ 92,641	$ 17,340	$ 18,054	$ 42,432	$ 14,815	$ 92,641	$ 366,820
TRAVEL	$ 73,394	$ 11,604	$ 15,866	$ 21,074	$ 25,479	$ 74,023	$ 11,987	$ 14,317	$ 22,803	$ 22,769	$ -	$ 71,876	$ 11,987	$ 14,317	$ 22,803	$ 22,769	$ 71,876	$ 291,169
EQUIPMENT	$ -			$ 6,411	$ -	$ 6,411	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,411
SUPPLIES	$ 24,000		$ 7,274	$ 23,103	$ -	$ 30,377	$ 200	$ 1,000	$ 946	$ 4,042	$ -	$ 6,188	$ 200	$ 1,000	$ 946	$ 4,042	$ 6,188	$ 66,753
CONTRACTUAL	$ 259,886	$ 43,476	$ 37,460	$269,303	$ -	$ 350,239	$ 24,055	$ 28,001	$194,002	$ -	$ -	$ 246,058	$ 24,055	$ 28,001	$194,002	$ -	$ 246,058	$ 1,102,241
OTHER	$ 183,573	$ 11,115	$ 83,880	$ 23,220	$ 22,858	$ 141,073	$ 23,080	$ 83,521	$ 47,704	$ 16,868	$ 28,000	$ 199,173	$ 23,080	$ 83,521	$ 47,704	$ 16,868	$ 171,173	$ 694,992
DIRECT COSTS	$ 1,033,965	$157,275	$232,504	$515,994	$131,736	$ 1,037,509	$155,478	$220,116	$493,370	$131,736	$ 28,000	$ 1,028,700	$155,478	$220,116	$493,370	$131,736	$ 1,000,700	$ 4,100,874
INDIRECT COSTS	$ 67,225	$ 7,394	$ 42,248	$ 14,039	$ -	$ 63,681	$ 9,191	$ 44,637	$ 17,373	$ -	$ -	$ 71,201	$ 9,191	$ 44,637	$ 17,373	$ -	$ 71,201	$ 273,308
TOTAL	$ 1,101,190	$164,669	$274,752	$530,033	$131,736	$ 1,101,190	$164,669	$264,753	$510,743	$131,736	$ 28,000	$ 1,099,901	$164,669	$264,753	$510,743	$131,736	$ 1,071,901	$ 4,374,182

Attachment J-2

Revised Emergency Medical Task Force (EMTF) Statement of Work

I. Grantee Responsibilities & Requirements

A. General Responsibilities:

Grantee will:

1. Employ a Coordinator for the EMTF region who is committed full-time to the EMTF program. EMTF Coordinator must maintain an office within the region they represent and support. EMTF Coordinator will serve as the primary point of contact for the EMTF State Coordinating Organization ("**SCO**") and DSHS CHEPR for EMTF deliverables and deployments and must be available after hours and on weekends. The EMTF Coordinator must provide current 24/7 contact information to the EMTF SCO and DSHS CHEPR and notify both of changes as they are made.
2. Provide a progress report on addressing gaps in rostering components listed below. Plan should include coordination/collaboration with adjacent regions, if necessary, to fulfill rostering requirements if unable to do so from within awarded EMTF region. Grantee will also provide a final report later on the resolution of the rostering gaps. The rostering components are as follows:
    a. Roster five (5) Ambulance Strike Teams ("**ASTs**"). An AST is comprised of five (5) staffed ambulances and one (1) staffed command vehicle;
    b. Roster and staff each ambulance bus (**"AmBus"**) located in covered EMTF region(s);
    c. Roster a minimum of one (1) Nurse Strike Team ("**NST**"). An NST is a team of five (5) nurses and one (1) strike team leader;
    d. Roster one (1) mobile medical unit ("**MMU**"), as directed by DSHS; and
    e. Roster medical incident support team ("**MIST**"), ambulance staging manager (**"ASM"**), and Infectious Disease Response Unit ("**IDRU**"), as directed by DSHS.
3. Make available rosters and/or list of agreements which demonstrate that the roster requirements described herein have been fulfilled. Agreements should be made available for review and/or submission upon request by DSHS. Participating organizations must have an executed agreement in place in order to be eligible for reimbursement.
4. Each roster component of the EMTF program must participate in a functional, full-scale exercise; or real-world response (participation must be a substantive part of exercise activities or real-world event (utilization of real-world response must be pre-approved by CHEPR)) at least once during the two-year period from July 1, 2019, to June 30, 2021. Grantee will submit status reports for all the covered EMTF components, which will include details about completed and planned exercises and trainings.
    a. Grantee must submit a Notice of Exercise, After Action Report and associated Corrective Action/Improvement Plan for review and approval by DSHS in order to receive credit for exercise(s);

b. EMTF components may be exercised individually or collectively, and may be exercised along with other HPP or other preparedness exercises, as long as the EMTF role in the exercise is substantive;
c. In some cases, additional funds may be made available to support the exercising of EMTF components as part of a larger state-level exercise; and
d. Provide training for each of the rostered teams and assets that is in line with statewide standardization efforts and typing documents.

5. Conduct unannounced semiannual call-down drills for each of the EMTF components. Submit results of drills to the EMTF SCO for inclusion in the SCO report to DSHS.
6. Participate in and successfully complete unannounced drills conducted by the SCO. Some drills may be outside of normal business hours. Drills may include:
   a. Call-downs of regional EMTF coordinators;
   b. Regional rostering drills; and
   c. Mobile Satellite ("**MSAT**") tests.
7. Maintain deployment readiness of regional iPhone caches, per provided guidance. Ensure proper approval is obtained from DSHS prior to activating phones from the cache for use.
8. Participate in six (6) EMTF operational governance and two (2) EMTF strategic governance workgroup meetings and calls. Attend at least 50% of the in-person meetings. Where possible the attendees should be the EMTF Coordinator or participating members of the EMTF components.
9. Establish and convene regional EMTF workgroup(s), to include multiple TSA region subject matter experts, as applicable. Provide a report on the activities of the workgroups.
10. Update WebEOC boards to show response capability of the EMTF assets within the region at a frequency determined by DSHS CHEPR and the EMTF SCO. Grantee may be required to update the status at more frequent intervals during exercises or a response.
11. Contribute relevant regional information to the EMTF SCO and DSHS CHEPR for inclusion in the EMTF System Annual Report.
12. Maintain resources purchased with HPP funds or by DSHS (such as ventilators, bariatric wheelchairs and cots, and other supplies and equipment which are prepositioned with Grantee) in deployable condition. Grantee will make inventory lists available for review by DSHS CHEPR upon request. Grantee will utilize or make available these resources to support local and/or regional responses within EMTF region.
13. Limit supply and equipment purchases to those items included on the standardized equipment/supply lists. If additional funding is available, other supplies or equipment may be purchased for EMTF that are not on the standardized lists, although prior written DSHS approval must be obtained.
14. Activate EMTF personnel and resources for state missions only at the request of the DSHS SMOC Director, Incident Commander or his/her designees. This request may be relayed through the EMTF SCO. Activation may occur at any time, day or night, including weekends and holidays. DSHS, via email, will issue the mission task to the

EMTF Coordinator (as the primary point of contact). The mission task form/deployment order must be signed and returned to DSHS in order for the Grantee to be activated for a state mission. The deployment letter will contain the scope of work details, payment methodology, and the deployment period. Upon written acceptance of deployment activation, the EMTF's response team/staff and resources must be en route to the designated mission task site within twelve hours from the time they receive the official deployment notification from DSHS. If Grantee self-deploys without proper notification from DSHS, Grantee may not be eligible for reimbursement. There may be situations when a mutual aid response converts to a state mission, at the discretion of DSHS. In those circumstances the state mission assignment will reflect the date/time from which the response is considered a state mission and eligible for state reimbursement of associated costs.

15. Participate in ongoing development of the IDRU and Texas Mortuary Operations Response Team ("**TMORT**") concepts. Participation may include training and/or exercises.
16. Provide additional information/reports to DSHS CHEPR or the EMTF SCO, upon request. This may include short turn-around requests such as during an active response or during legislative session.

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