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Applicant Conference

**Hospital Preparedness Program (HPP)
Request for Applications (RFA) HHS0012827
September 29, 2023, at 10:00 AM**

Introduction

Speaker

Dedra Williams, Grants Specialist,
Procurement and Contacting Services
(PCS), Health and Human Services
Commission (HHSC)



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Applicant Conference Agenda

- Grant Opportunity Activities
- Hospital Preparedness Program RFA
Overview
- Questions Submittal Process
- Closing Comments



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Grant Opportunity Activities

Procurement and Contracting Services (PCS)

Grant Opportunity Roles

- **Procurement and Contracting Services (PCS)**
Responsible for all procurement and grant opportunity activities.
- **Preparedness Management Unit (PMU)**
Responsible for project scope, grant requirements, performance and programmatic monitoring.
- **Contract Management Section (CMS)**
Responsible for all contract management activities, development of contract templates and resulting contract documents.



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Schedule of Events

Deadline for Submitting Questions

October 13, 2023 by 5:00PM

Any questions arising from today's webinar or anytime prior to the questions deadline, must be submitted in writing to Dedra.Williams@hhs.texas.gov

HHSC Posts Responses to Applicant Questions

Estimated Deadline **October 20, 2023**

Deadline for Submission of Solicitation Responses

November 6, 2023 at 10:30AM

Anticipated Contract Start Date

July 1, 2024



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Solicitation Access



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- HHSC will post all official communication regarding this RFA on the following website, including the notice of award:
 - The HHS Grants Website is located at: <https://resources.hhs.texas.gov/rfa>
- DSHS reserves the right to cancel this RFA or to make no award if it determines such action is in the best interest of the State.
- DSHS may, in its discretion, reject any and all applications or portions thereof.

Submission Methods



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- Applicants must correctly deliver Solicitation Responses by one of the methods below:
 - Option #1: Applicant shall submit the following through the Online Bid Room utilizing the procedures in [Exhibit I, HHS Online Bid Room Instructions](#).
- OR
 - Option #2: Applicant shall submit responsive applications via USB on three USB drives – One (1) labeled “Original” and One (1) labeled “Copy” and one labeled “Public Information Copy” to the correct mailing address at:

Overnight/Express/Priority Mail	Hand Delivery
Health and Human Services Commission ATTN: Response Coordinator Tower Building, Room 108 1100 W. 49th St., MC 2020 Austin, Texas 78756	Health and Human Services Commission ATTN: Response Coordinator Procurement & Contracting Services Building 1100 W. 49th St., MC 2020 Austin, Texas 78756

Submission Methods

Please note:

To gain access to the Online Bid Room, current grantees will need to register on the Enterprise Portal again, using a different email address. Please register at the link below and make sure to choose the fourth option (I represent a business or organization responding to an HHSC, DFPS, DSHS, OIG, TCCO solicitation using the HHS Online Bid Room). This will ensure current grantees get access to the Online Bid Room. Once the current grantees have re-registered, PCS will process the grantee's account immediately and the credentials for the Portal and Online Bid Room will be sent to the applicant by PCS's system.

<https://hhsportal.hhs.state.tx.us/iam/portal/Home/portalHome/reqappaccess/>



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HHS Sole Point of Contact

- Please direct all communication regarding administration of this RFA to the HHSC Sole Point of Contact, Dedra Williams, in writing at Dedra.Williams@hhs.texas.gov.
- To promote fairness in the application process, HHSC prohibits all communication between applicants and other HHSC-PCS or DSHS staff members concerning administration of this RFA.



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Project Overview

Hospital Preparedness Program (HPP)



Purpose

- Grant funding will be utilized to enhance the ability of hospitals and healthcare systems to prepare for health and medical emergencies and disasters with a primary focus on Healthcare Coalition (HCC) building, regional healthcare system preparedness, and EMTF component development.
- It will also 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.
- Ensure the healthcare system can maintain operations and surge to provide acute medical care during all hazards and emergencies in accordance with the specifications contained in this RFA.

2017-2022 Health Care Preparedness and Response Capabilities



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- Foundation for Health Care and Medical Readiness – Goal: The Community has a sustainable HCC that can identify hazards and risks and prioritize and address gaps through planning, training, exercising, and acquiring resources.
- Health Care and Medical Response Coordination – Goal: Healthcare organizations, HCCs, and their jurisdictions collaborate to share and analyze information, manage resources, and coordinate strategies to deliver acute medical care to all populations during emergencies and planned events.
- Continuity of Health Care Service Delivery – Goal: Healthcare organizations, with support from HCCs, provide uninterrupted medical care to all populations in the face of damaged or disabled healthcare infrastructure. Healthcare workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or improved operations.
- Medical Surge – Goal: Healthcare organizations – including hospitals, Emergency Medical Services (EMS) providers, and other out of hospital providers – deliver timely and efficient care to their patients even when the demand for healthcare services exceeds available supply.



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Eligible Population

- The eligible population under this RFA consists of governmental entities, non-governmental, not-for-profit organizations, for-profit entities, associations and public and or private entities.
- Individuals are not eligible to apply.



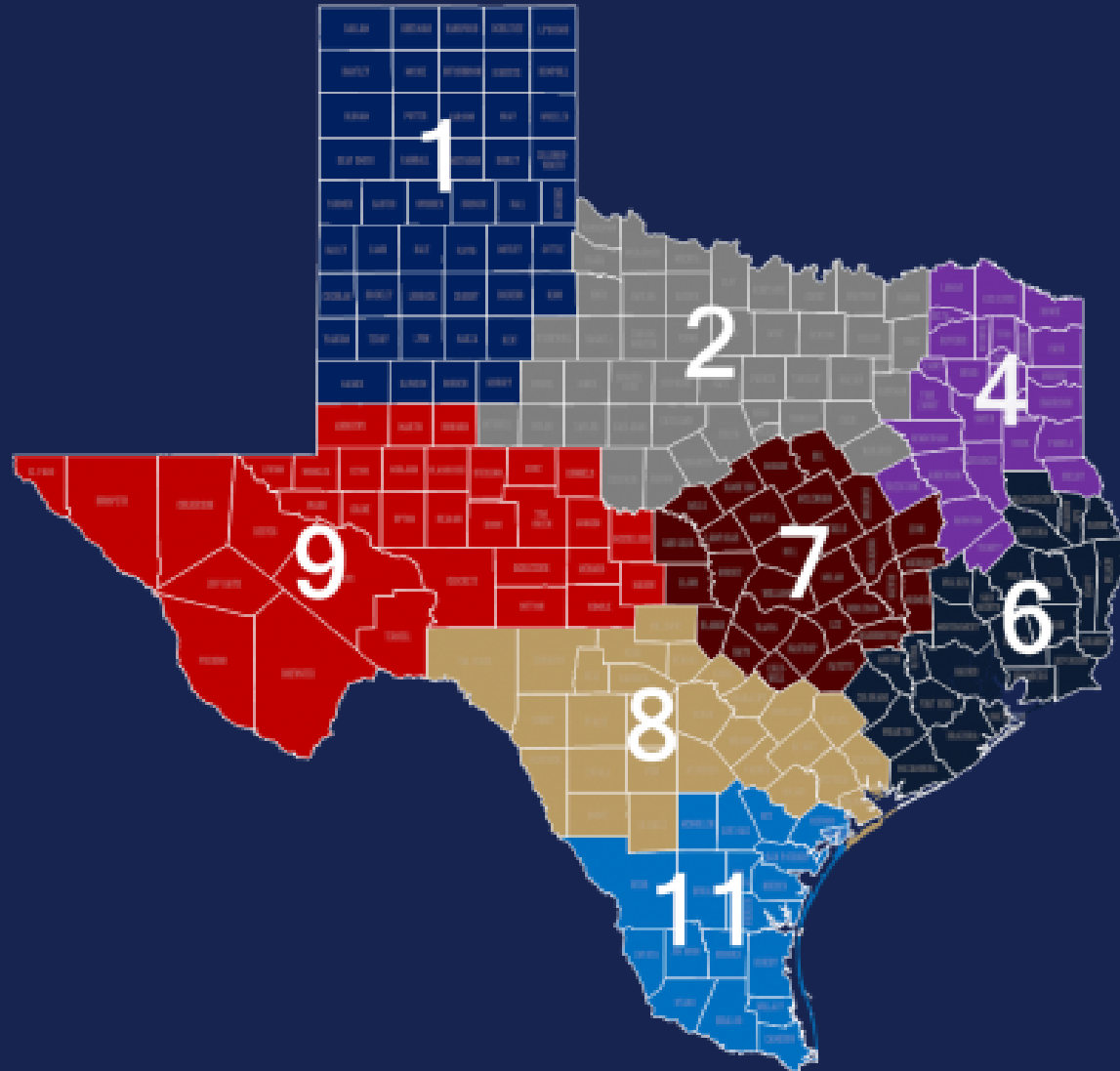
Eligible Service Area

- Texas' 22 Trauma Service Areas, as defined under Tex. Admin. Code Section 157.122, provide the boundaries for the 22 healthcare coalitions and eight (8) EMTF service areas.
- The service areas eligible for Project funding under this RFA are:
 - Emergency Medical Task Force (EMTF) 1 (Healthcare Coalition (HCCs) A and B);
 - EMTF 2 (HCCs C, D, and E);
 - EMTF 4 (HCC F and G);
 - EMTF 6 (HCC H, Q, and R);
 - EMTF 9 (HCC I, J, and K);
 - EMTF 7 (HCC L, M, N, O);
 - EMTF 8 (HCC S and P); and
 - EMTF 11 (HCC T, U, and V)

Emergency Medical Task Force (EMTF) Regions



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Healthcare Coalitions (HCCs)



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- Grantee shall use awarded funding to build and sustain the HPP Capabilities through regional HCCs. The goals of the HCCs include, but are not limited to, convening governmental jurisdictions, communities, health and emergency response systems, and other ESF-8 partners to plan for preventing, protecting against, responding to, mitigating, and rapidly recovering from emergencies and disasters through planning, training, exercising, and the acquisition of appropriate equipment and supplies.
- Grantee shall serve as the lead organization for each HCC it manages. Additionally, Grantee must ensure active participation in the HCC from the following core members:
 - Hospitals (a minimum of two [2] acute care hospitals);
 - Emergency Medical Services (“EMS”);
 - Emergency management organizations; and
 - Public health agencies.

Healthcare Coalitions (HCCs)



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- Grantee should recruit other organizations outside of the core members, 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.
- Grantee shall ensure federal preparedness funds are directed to priority areas within each HCC region by identifying gaps, determining priorities, and developing plans for building and sustaining the preparedness capabilities. Decisions shall be based on risks and threats and vulnerabilities identified based on stakeholder input and a variety of data sources.
- Grantee must demonstrate measurable and sustainable progress toward achieving all HPP Capabilities over the five-year Project Period. In addition, Grantee must ensure all activities and programs meet the needs of at-risk individuals in their awarded HCC/EMTF region(s).

Healthcare Coalitions (HCCs)



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- Grantee shall ensure DSHS Public Health Region (PHR) Medical Directors and Preparedness and Response Managers (PARM) have knowledge of ongoing Healthcare System Preparedness activities within the PHR. The HPP Grantee shall regularly communicate with the Regional Medical Director, PARM, or their designee to discuss the status of HPP activities. The frequency of the PHR and HPP Grantee communications shall be determined by mutual agreement and documented in writing.
- Grantee shall participate in all hospital reporting required by the System Agency, Governor, and Federal guidance. Data may be collected for real-world events and drills. Required metrics shall be specified by the System Agency for situational awareness and planning. Grantee is required to review HCC data for anomalies or inconsistencies.

Healthcare Coalitions (HCCs)



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- The Grantee shall provide staff to support the RHMOC during an Activation . The Grantee shall support the RHMOC(s) virtually or in-person, at the discretion of the RHMOC director(s). If the Grantee's awarded EMTF region(s) overlaps with multiple PHRs, DSHS may require the Grantee to support more than one RHMOC at a time.
- Grantee shall be accessible (24/7) for emergency or disaster-related needs. Upon award, Grantee shall provide the System Agency with contact information for no fewer than two (2) individuals who can be reached 24 hours a day and maintain current and redundant contact information with the System Agency and in the EMResource platform.
- Grantee shall complete other activities as set forth in the resulting Contract.

Emergency Medical Task Force (EMTF)



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- The EMTF Coordinator shall serve as the primary point of contact for the EMTF State Coordinating Organization (“SCO”) and DSHS Center for Health Emergency Preparedness and Response (“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 occur.
- Grantee shall provide administrative support and project management for the State standardization of the Texas EMTF. EMTF components include:
 - Ambulance Strike Teams (AST);
 - Medical Ambulance Buses (AmBus) and associated personnel.
 - Ambulance Staging Management Team (ASMT);
 - Air Medical Strike Team (AMST);
 - Mobile Medical Units (MMU);
 - Registered Nurse Strike Teams (NST);
 - Medical Incident Support Teams (MIST);
 - Ambulance Staging Manager Teams (ASM);
 - Infectious Disease Response Units (IDRU);
 - Tactical Medical Unit;
 - Texas Mass Fatality Operations Response Teams (TMORT);
 - Wildland Fire Medical Support Unit; and
 - Professional medical support staff for clinical and other services.

Emergency Medical Task Force (EMTF)



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- Grantee shall maintain the following resources and assets to provide the required EMTF response during the duration of the Grant Agreement term:
 - Five Ambulance Strike Teams (AST) (an AST is comprised of five staffed ambulances and a staffed command vehicle)
 - One AmBus located in their EMTF region;
 - Five Nurse Strike Teams (NSTs) (a NST is a team of five nurses and a strike team leader)
 - One Mobile Medical Unit (MMU)
 - A MIST, ASM, and IDRU
- Grantee shall maintain written, binding agreements with qualified contractors that maintain resources and assets

Emergency Medical Task Force (EMTF)



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- Grantee shall be responsible for developing a program for and exercise that includes functional or full-scale exercises for each of the EMTF components, as directed by the System Agency.
- Grantee may be awarded one or more of the eight Texas EMTF regions and must have a coordinator who is committed full-time to the EMTF program for each EMTF region awarded. Grantee shall maintain an office for each assigned EMTF coordinator that is physically located within the EMTF region Grantee supports.
- Grantee is required to participate in 100%, and attend in-person at least 75%, of EMTF strategic governance, EMTF operational governance, and workgroup meetings and calls.

Emergency Medical Task Force (EMTF)



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- Grantee shall 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 or by DSHS directly to the EMTF Coordinator (as the primary point of contact) via “State Mission Assignment” (SMA). Activation may occur at any time, day, or night, including weekends and holidays. DSHS, via email, will issue the SMA. The SMA will contain the scope of work details, payment/reimbursement methodology and other requirements.
- If a Grantee self-deploys without activated by DSHS, the Grantee may not be eligible for reimbursement.
- The Grantee must adhere to all DSHS EMTF deployment resource requirements, reimbursement policies, and allowable cost guidelines for deployment posted on the DSHS website located at <https://www.dshs.texas.gov/disaster-response-recovery>. DSHS reserves the right to update and maintain this website with current agency guidance, as applicable.

Emergency Medical Task Force (EMTF)



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- DSHS resources such as bariatric wheelchairs and cots, and other supplies and equipment may be pre-positioned regionally with Grantees to expedite asset deployment during disaster response. Some assets, such as AmBuses, may be housed with an EMS provider within an EMTF region. The Grantee shall maintain these resources in deployable condition and shall utilize resources purchased by DSHS or with HPP funds allocated to their EMTF region(s) to support local responses within their awarded EMTF region(s).
- Upon award, the Grantee shall develop and maintain a plan for the awarded EMTF region(s) describing how and when the EMTF resources shall be utilized for local response activities within the region separate from a State Mission Assignment response and how and when resources will be shared with neighboring non-Grantee EMTF regions. Reimbursement for non-State Activation will be considered on a case-by-case basis.
- Grantee shall be prepared for disaster response Activation at any time, day, or night, including weekends and holidays. DSHS, via e-mail, will issue an SMA to Grantee's primary point of contact for EMTF. Grantee shall, upon award, provide DSHS with after hours and weekend contact information for the primary point of contact.



Program Requirements

- Grantee shall have at least one 100% HPP-funded full-time staff person assigned to support each HCC within their awarded EMTF region(s). Staff assigned to support a specific HCC shall commit no less than 80% of their time to projects specific to that TSA. Grantee shall maintain an office within each HCC region they represent for staff assigned to that HCC region to work.
- Grantee shall attend, in-person, the Texas HPP Grantee and Joint HPP-Public Health Emergency Preparedness (PHEP) meetings scheduled and facilitated by DSHS within the Contract Term, as well as other meetings as directed by System Agency.
- Grantee shall conduct a Regional Healthcare Vulnerability Assessment (“HVA”).
- Grantee shall conduct an assessment of capacity and capability using HPP HCC Capability Planning Guide (“CPG”) and the 2017-2022 Health Care Preparedness and Response Capabilities.



Program Requirements

- Grantee, with input from HCC membership, must 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 shall be designated as co-lead hospitals for the HCC, as required by ASPR.
- Grantees must develop and submit a work plan and budget to System Agency and ASPR annually. Agency approved work plans and budgets must be shared with HCC members and be uploaded, as shared, into the Coalition Assessment Tool (“CAT”).
- Grantees 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.
- Grantee and HCC members should conduct a Healthcare Vulnerability Assessment (HVA) to identify and plan for risks and submit the completed HVA to DSHS.



Program Requirements

- Grantee, with input from the HCC, must develop each year a Response Strategy Annex related to specific medical surge issues. DSHS will provide guidance each year about the specific annex requirements.
- Grantee 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.
- Grantee shall conduct a Medical Response and Surge Exercise “MRSE” in each HCC in their region. Grantee may decide when to host an MRSE within each HCC Region, but it must be completed early enough within each Contract year to allow for submission of the exercise workbook to DSHS within the Contract year. MRSE results will be documented in the CAT.



Program Requirements

- Grantee shall maintain and submit annually an inventory of HPP/DSHS funded equipment and supplies defined as Controlled Assets and real property.
- Grantee shall complete and submit all ASPR- and DSHS- required reports and data requests by the deadlines provided. 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, as requested.
- Grantee shall submit, on the template provided by DSHS, a regional Integrated Preparedness Plan (IPP) for each HCC.



Program Requirements

- Grantee shall provide EMTF Coordinator's 24/7 contact information to the EMTF SCO and DSHS CHEPR and notify both of changes as they are made.
- Grantee shall make available, rosters and/or list of agreements which demonstrate that the service requirements described herein have been fulfilled.
- Grantee's subcontractor agreements to fulfill the EMTF service requirements must be made available for DSHS review upon request by DSHS. Participating organizations must have executed subcontractor agreements in place to be eligible for reimbursement.
- Grantee's EMTF program must participate in a functional, full-scale exercise, or real-world response at least once during the five-year Project Period. Grantee shall submit status reports for all the covered EMTF components, which shall include details about completed and planned exercises and training.
- Grantee shall 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.



Program Requirements

- Grantee shall establish and convene regional EMTF workgroup(s), to include multiple HCC regional subject matter experts, as applicable. Provide a report on the activities of the workgroups.
- Grantee shall contribute relevant regional information to the EMTF SCO and DSHS CHEPR for inclusion in the EMTF System Annual Report.
- Grantee shall submit an annual cumulative report of the equipment and other property on HHS DSHS Grantee's Property Inventory Report.
- Grantee shall provide additional information/reports to DSHS CHEPR or the EMTF SCO, upon request within 48-72 hours. This may include short turn-around requests such as during an active response or legislative session.

Application Exhibits

- There are multiple exhibits that must be submitted to ensure a complete Application.
- **Article IX, Submission Checklist**, contains a complete list of exhibits the Application must contain to be considered responsive.
- Exhibits include a **Program Narrative** and **Project Work Plan**, which includes a list of exhibits that must be attached to the Project Work Plan and submitted with the Application:
 - See RFA Section 5.1.3, Project Work Plan, to determine if these exhibits apply.
 - See **Article X, List of Exhibits**, for the complete list and notice regarding available exhibit templates.
- Evaluation and final selection criteria are detailed in the RFA; see Sections 9.4 and 10.1.



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Exceptions

Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA, including terms and conditions, sought by the Applicant must be specifically detailed in writing by the Applicant on Exhibit H, Exceptions Form, in this Application and submitted to HHSC for consideration. DSHS will accept or reject each proposed exception. **DSHS will not consider exceptions submitted separately from the Application or at a later date.**



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Questions Submittal Process

Procurement and Contracting Services (PCS)

Questions Submittal Process

All questions **must** be submitted in writing to the Sole Point of Contact using the formatting below from **Section 7.3, Questions and Requests for Clarification**, of the RFA HHS0012827:

- A. Identifying RFA number;
- B. Section number;
- C. Paragraph number;
- D. Page number;
- E. Text of passage being questioned; and
- F. Question.

Submit via email to: Dedra.Williams@hhs.texas.gov by **5PM on October 13, 2023**.

HHSC and DSHS cannot respond to questions received after this deadline.

Tentative date answers to questions posted on HHS Grants website as an addendum to the RFA HHS0012827 is **October 20, 2023 by 5PM**.



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Closing Comments

Procurement and Contracting Services (PCS)

Closing Comments

- In the event of any conflict between this presentation and the RFA, the RFA language controls.
- Applicants are responsible for meeting the RFA requirements, including any Addenda.
- All Addenda must be signed and submitted with the original Application.
- Applicants must check the HHS Grants website frequently for any Addenda that may have been added to this solicitation.

HHS Grants Website Link:

<https://resources.hhs.texas.gov/rfa/hhs0012827>



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Sole Point of Contact

Dedra Williams

HHSC Procurement and
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Dedra.Williams@hhs.texas.gov



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Thank you

Hospital Preparedness Program (HPP)

RFA No. HHS0012827