

1. DATE ISSUED MM/DD/YYYY 03/29/2020

1a. SUPERSEDES AWARD NOTICE dated 08/09/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.889 - National Bioterrorism Hospital Preparedness Program

3. ASSISTANCE TYPE Formula Grant

4. GRANT NO. 6 U3REP190554-01-02 Formerly

5. TYPE OF AWARD Other

4a. FAIN U3REP190554

5a. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 07/01/2019 Through 06/30/2024

7. BUDGET PERIOD MM/DD/YYYY From 07/01/2019 Through 06/30/2021

8. TITLE OF PROJECT (OR PROGRAM) MISSOURI HPP COOPERATIVE AGREEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ASSISTANT SECRETARY FOR PREPAREDNESS & RESPONSE

200 C Street, SW  
 Washington, DC 20024

**NOTICE OF AWARD**  
 AUTHORIZATION (Legislation/Regulations)  
 Pub. L. 109-148 119 Stat. 2680, 2786 (2005)

9a. GRANTEE NAME AND ADDRESS  
 HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF  
 920 Wildwood Dr  
 Jefferson City, MO 65109-5796

9b. GRANTEE PROJECT DIRECTOR  
 Mr. Haroun Kamara  
 PO BOX 570  
 COMMUNITY AND PUBLIC HEALTH  
 Jefferson City, MO 65102-0570  
 Phone: 573-522-9152

10a. GRANTEE AUTHORIZING OFFICIAL  
 Ms. Tonya R Loucks  
 920 Wildwood Drive  
 Jefferson City, MO 65109-5796  
 Phone: 573-751-6014

10b. FEDERAL PROJECT OFFICER  
 Ms. Angela Krutsinger  
 200 C Street, S.W.  
 Assistant Secretary Preparedness and Response  
 Washington, DC 20024  
 Phone: 816-426-3290

ALL AMOUNTS ARE SHOWN IN USD

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>		<b>12. AWARD COMPUTATION</b>	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 4,296,912.00	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/> II		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS	302,339.00	c. Less Cumulative Prior Award(s) This Budget Period 3,636,821.00	
b. Fringe Benefits	163,263.00	<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b> 660,091.00	
c. Total Personnel Costs	465,602.00	<b>13. Total Federal Funds Awarded to Date for Project Period</b> 4,296,912.00	
d. Equipment	0.00	<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	3,601.00	YEAR	TOTAL DIRECT COSTS
f. Travel	9,425.00	a. 2	d. 5
g. Construction	0.00	b. 3	e. 6
h. Other	1,043,815.00	c. 4	f. 7
i. Contractual	3,038,978.00	<b>15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b>	
j. TOTAL DIRECT COSTS	4,561,421.00	a. DEDUCTION	
k. INDIRECT COSTS	99,173.00	b. ADDITIONAL COSTS	
<b>I. TOTAL APPROVED BUDGET</b>	4,660,594.00	c. MATCHING	
m. Federal Share	4,296,912.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	363,682.00	e. OTHER (See REMARKS)	
		<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b>	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS (Other Terms and Conditions Attached -  Yes  No)

This award is revised the add an Administrative Supplement in support of COVID-19 Funding in the amount of \$660,091. Please reference special Conditions on 2nd page of award.

GRANTS MANAGEMENT OFFICIAL:

Virginia Simmons, Chief Grants Management Officer  
 200 Independence Ave., S.W.  
 Room 638-G  
 Washington, DC 20201  
 Phone: 202-260-0400

17.OBJ CLASS 41.51	18a. VENDOR CODE	18b. EIN	19. DUNS 878092600	20. CONG. DIST. 03
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 9-199TWQZ	b. U3REP0554A	c. HOS07	d. \$0.00	e. 75-19-0140
22. a. 0-199COV8	b. U3REP0554CV	c. HOS07	d. \$660,091.00	e. 75-2024-0140
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 03/29/2020
GRANT NO. 6 U3REP190554-01-02	

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
07/01/2019	06/30/2021	Annual	09/28/2021

# AWARD ATTACHMENTS

Missouri Department of Health

6 U3REP190554-01-02

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1. Special Terms & Conditions

## Minnesota

Within 60 days of receiving the award, recipients must submit the following:

1. a work plan,
2. a detailed budget and budget narrative/justification, and
3. required budget forms.

In response to the COVID-19 outbreak, Congress appropriated emergency supplemental funding to support the urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines of this pandemic. As part of this emergency supplemental funding, ASPR provides \$42,000,000 for the Hospital Preparedness Program (HPP) cooperative agreement. This funding should support health care coalitions (HCCs), emergency medical services (EMS), state/jurisdiction Ebola treatment centers<sup>1</sup>, and other health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks. Recipients may request retroactive compensation for HCCs and health care facilities, including state/jurisdiction special pathogen treatment centers for any of the activities described herein that were conducted as part of COVID-19 response beginning January 20, 2020. Recipients must request retroactive compensation at the time of the budget submission. The request should include the following information:

- Time period;
- Line item budget for the period; and
- Narrative description of the COVID-19 preparedness activities

Any state or jurisdiction special pathogen treatment center<sup>2</sup> that accepted funds through the funding opportunity for health care system preparedness for Ebola and other novel, highly pathogenic diseases (to include COVID-19) must assure that preparedness activities under this award are not conducted in a manner to restrict health care services based on an individual's home jurisdiction and that any facilities that received funds under this award may not restrict services based on an individual's home jurisdiction.

Activities supported by this funding include:

- Recipients must provide funding for each state or jurisdiction special pathogen treatment center within 30 days. See funding tables for more information.
- Recipients must limit their direct costs (excluding subawards to HCCs and health care facilities) to no more than 10 percent of the allocation. ASPR will consider requests for exemptions on a case-by-case basis.
- Recipients may update the jurisdiction's Ebola and other special pathogens concept of operations (CONOPS) for health care system response to COVID-19 to include approaches for the assessment, transport, and treatment of persons suspected or confirmed to have COVID-19.

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<sup>1</sup> Due to COVID-19 response, ASPR is renaming these centers as state/jurisdiction special pathogen treatment centers. As such, they are referred as such throughout this document.

<sup>2</sup> As part of the Regional Treatment Network for Ebola and Other Special Pathogens, ASPR funded state and jurisdiction Ebola treatment centers. These centers are staffed, equipped, and have been assessed to have current capabilities, training, and resources to provide the complex treatment necessary to care for a person with Ebola and other special pathogens while minimizing risk to health care workers.

- Ensure a physician is in the state or jurisdiction emergency operations center full time to manage patient facility assignments (right bed for the right patient) within their state or jurisdiction so that EMS and hospitals do not need to transfer patients. This EOC physician should have insight into available resources at hospitals and other health care facilities.
  - Implement a health care system CONOPS for COVID-19 that captures an all-of-health care approach where a multiplicity of facilities and provider types are contributing to the response.
  - Update the existing patient transport plan to include an approach for intra- and inter-state transport of potential or confirmed COVID-19 patients.
- Recipients may develop or augment operations for coordination with EMS and interfacility transport systems and 9-1-1/Public Safety Answering Points as part of COVID-19 CONOPs planning.
  - Provide funding, as necessary, to EMS agencies for COVID-19 preparedness activities, such as personal protective equipment (PPE), training, and exercises.
  - Provide training and technical support, as necessary, to EMS agencies and 9-1-1/Public Safety Answering Points on screening 911 callers in order to direct non-acute patients to the appropriate care setting and to implement evolving protocols related to the dispatch of EMS for COVID suspected patients, and EMS response in general.
  - Leverage surveillance systems and situational awareness to inform coordination with EMS, interfacility transport systems, and other health care facilities for increasing surge capacity.
- HCCs and state/jurisdiction special pathogen treatment centers as well as EMS and other health care facilities should improve and maintain health care worker readiness for COVID-19 and other special pathogens.
  - Provide health care facility-level training of staff, specifically focusing on health care worker safety when caring for a COVID-19 patients or PUIs (e.g., PPE donning/doffing, rapid identification and isolation of a patient, safe treatment protocols, and the integration of behavioral health support) and early recognition, isolation, and activation of the facility's updated plan.
  - Purchase PPE in accordance with CDC guidelines and with attention to supply chain shortages, and share, in real time, situational awareness regarding PPE models/types and supply levels with their HCCs and state or jurisdiction public health department.
  - Conduct just-in-time training and final preparations to ensure state/jurisdiction special pathogen treatment centers can provide surge capacity and are able to accept a COVID-19 patient in cases where other facilities have exceeded capacity.
  - Receive and participate in training, peer review, and consultations on their readiness to ensure adequate preparedness and trained clinical staff knowledgeable in treating patients with COVID-19 in the U.S.
  - Ensure the competency of health care workers to identify, assess, and treat suspected or confirmed patients with COVID-19 and maintain continuity of operations for other critical activities through training and other educational opportunities.
- HCCs and state/jurisdiction special pathogen treatment centers as well as EMS and other health care facilities should examine and enhance physical infrastructure to ensure infection control for COVID-19 preparedness and response, as necessary.
  - Reconfigure patient flow in emergency departments to provide isolation capacity for PUIs for COVID-19 and other potentially infectious patients.

- Examine physical infrastructure needs, which may include minor retrofitting and alteration of inpatient care areas for enhanced infection control (e.g., donning/doffing rooms).
- Consider alternative or innovative models to reconfigure patient flow or transition to inpatient care, as necessary, such as leveraging alternative care sites (e.g., ambulatory surgical centers) or telemedicine to ensure all patients reach care.
- Identify alternate care sites (on facility grounds or within close proximity) and additional sites (offsite) for sub-acute care patients to increase capacity.
- Ensure capability to maintain continuity of operations, leveraging alternative or innovative models, such as alternative care sites or telemedicine to support other critical operations. Support clinical laboratories' capability and capacity for COVID-19 response.
- Ensure capability and capacity to handle COVID-19 contaminated waste.
- HCCs and state/jurisdiction special pathogen treatment centers as well as EMS and other health care facilities should collaborate with a multiplicity of provider types to ensure capabilities to care for target populations<sup>3</sup>:
  - Consider including a focus on individuals at risk for high morbidity and mortality from COVID-19 in the development and execution of activities described above, including collaborating with health care facilities that directly serve these individuals such as long term residential and home health care.
- HCCs and state/jurisdiction special pathogens treatment centers may support clinical care providers in their implementation of crisis care by developing and/or implementing crisis standards of care as necessary with support from medical ethicists.
- Recipients, HCCs and state/jurisdiction special pathogens treatment centers must meet performance measures specific to health care system preparation and response to COVID-19, when those have been made available.
  - Note: Performance measures for COVID-19 supplemental funding have not been finalized. ASPR and NETEC will work with recipients post award to develop the evaluation and performance measurement strategy.

To determine the exact amount of the administrative supplement for Minnesota, we utilized a funding formula specific to COVID-19. Metrics comprising the formula are: 1) capturing the risk of transmission as a function of population and 2) the size of the at-risk population based on age and underlying conditions. Those recipients with a high risk of transmission with large at-risk populations are most vulnerable to the impacts of COVID-19 and will receive a greater proportion of funding. Based on the formula, all state and jurisdiction special pathogen centers must be allocated \$186,440. No more than 10% of each supplemental award can be used for direct costs, per the limit outlined in the administrative supplement. The additional funding **must** be allocated per the table below. Any deviations to the table below must be approved by ASPR.

<b>Total Award for Minnesota</b>	<b>\$788,758</b>
Set-aside for Special Pathogen Treatment Center(s)	\$186,440

<sup>3</sup> As of March 2020, this target population includes older adults, individuals with underlying chronic health conditions, individuals with access and functional needs that may limit the individual's ability to seek or access care outside the home, individuals living in congregate care settings, and other populations at increased risk for morbidity and mortality from COVID-19.

Direct cost maximum for Minnesota	\$78,875
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<b>Special Pathogen Treatment Center(s) Name</b>	<b>Required allocation</b>
1. Mayo – St. Mary Hospital	\$186,440

## Mississippi

Within 60 days of receiving the award, recipients must submit the following:

4. a work plan,
5. a detailed budget and budget narrative/justification, and
6. required budget forms.

In response to the COVID-19 outbreak, Congress appropriated emergency supplemental funding to support the urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines of this pandemic. As part of this emergency supplemental funding, ASPR provides \$42,000,000 for the Hospital Preparedness Program (HPP) cooperative agreement. This funding should support health care coalitions (HCCs), emergency medical services (EMS), state/jurisdiction Ebola treatment centers<sup>4</sup>, and other health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks. Recipients may request retroactive compensation for HCCs and health care facilities, including state/jurisdiction special pathogen treatment centers for any of the activities described herein that were conducted as part of COVID-19 response beginning January 20, 2020. Recipients must request retroactive compensation at the time of the budget submission. The request should include the following information:

- Time period;
- Line item budget for the period; and
- Narrative description of the COVID-19 preparedness activities

Any state or jurisdiction special pathogen treatment center<sup>5</sup> that accepted funds through the funding opportunity for health care system preparedness for Ebola and other novel, highly pathogenic diseases (to include COVID-19) must assure that preparedness activities under this award are not conducted in a manner to restrict health care services based on an individual's home jurisdiction and that any facilities that received funds under this award may not restrict services based on an individual's home jurisdiction.

Activities supported by this funding include:

- Recipients must provide funding for each state or jurisdiction special pathogen treatment center within 30 days. See funding tables for more information.
- Recipients must limit their direct costs (excluding subawards to HCCs and health care facilities) to no more than 10 percent of the allocation. ASPR will consider requests for exemptions on a case-by-case basis.
- Recipients may update the jurisdiction's Ebola and other special pathogens concept of operations (CONOPS) for health care system response to COVID-19 to include approaches for the assessment, transport, and treatment of persons suspected or confirmed to have COVID-19.
  - Ensure a physician is in the state or jurisdiction emergency operations center full time to

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<sup>4</sup> Due to COVID-19 response, ASPR is renaming these centers as state/jurisdiction special pathogen treatment centers. As such, they are referred as such throughout this document.

<sup>5</sup> As part of the Regional Treatment Network for Ebola and Other Special Pathogens, ASPR funded state and jurisdiction Ebola treatment centers. These centers are staffed, equipped, and have been assessed to have current capabilities, training, and resources to provide the complex treatment necessary to care for a person with Ebola and other special pathogens while minimizing risk to health care workers.

manage patient facility assignments (right bed for the right patient) within their state or jurisdiction so that EMS and hospitals do not need to transfer patients. This EOC physician should have insight into available resources at hospitals and other health care facilities.

- Implement a health care system CONOPS for COVID-19 that captures an all-of-health care approach where a multiplicity of facilities and provider types are contributing to the response.
- Update the existing patient transport plan to include an approach for intra- and inter-state transport of potential or confirmed COVID-19 patients.
- Recipients may develop or augment operations for coordination with EMS and interfacility transport systems and 9-1-1/Public Safety Answering Points as part of COVID-19 CONOPs planning.
  - Provide funding, as necessary, to EMS agencies for COVID-19 preparedness activities, such as personal protective equipment (PPE), training, and exercises.
  - Provide training and technical support, as necessary, to EMS agencies and 9-1-1/Public Safety Answering Points on screening 911 callers in order to direct non-acute patients to the appropriate care setting and to implement evolving protocols related to the dispatch of EMS for COVID suspected patients, and EMS response in general.
  - Leverage surveillance systems and situational awareness to inform coordination with EMS, interfacility transport systems, and other health care facilities for increasing surge capacity.
- HCCs and state/jurisdiction special pathogen treatment centers as well as EMS and other health care facilities should improve and maintain health care worker readiness for COVID-19 and other special pathogens.
  - Provide health care facility-level training of staff, specifically focusing on health care worker safety when caring for a COVID-19 patients or PUIs (e.g., PPE donning/doffing, rapid identification and isolation of a patient, safe treatment protocols, and the integration of behavioral health support) and early recognition, isolation, and activation of the facility's updated plan.
  - Purchase PPE in accordance with CDC guidelines and with attention to supply chain shortages, and share, in real time, situational awareness regarding PPE models/types and supply levels with their HCCs and state or jurisdiction public health department.
  - Conduct just-in-time training and final preparations to ensure state/jurisdiction special pathogen treatment centers can provide surge capacity and are able to accept a COVID-19 patient in cases where other facilities have exceeded capacity.
  - Receive and participate in training, peer review, and consultations on their readiness to ensure adequate preparedness and trained clinical staff knowledgeable in treating patients with COVID-19 in the U.S.
  - Ensure the competency of health care workers to identify, assess, and treat suspected or confirmed patients with COVID-19 and maintain continuity of operations for other critical activities through training and other educational opportunities.
- HCCs and state/jurisdiction special pathogen treatment centers as well as EMS and other health care facilities should examine and enhance physical infrastructure to ensure infection control for COVID-19 preparedness and response, as necessary.
  - Reconfigure patient flow in emergency departments to provide isolation capacity for PUIs for COVID-19 and other potentially infectious patients.

- Examine physical infrastructure needs, which may include minor retrofitting and alteration of inpatient care areas for enhanced infection control (e.g., donning/doffing rooms).
- Consider alternative or innovative models to reconfigure patient flow or transition to inpatient care, as necessary, such as leveraging alternative care sites (e.g., ambulatory surgical centers) or telemedicine to ensure all patients reach care.
- Identify alternate care sites (on facility grounds or within close proximity) and additional sites (offsite) for sub-acute care patients to increase capacity.
- Ensure capability to maintain continuity of operations, leveraging alternative or innovative models, such as alternative care sites or telemedicine to support other critical operations. Support clinical laboratories' capability and capacity for COVID-19 response.
- Ensure capability and capacity to handle COVID-19 contaminated waste.
- HCCs and state/jurisdiction special pathogen treatment centers as well as EMS and other health care facilities should collaborate with a multiplicity of provider types to ensure capabilities to care for target populations<sup>6</sup>:
  - Consider including a focus on individuals at risk for high morbidity and mortality from COVID-19 in the development and execution of activities described above, including collaborating with health care facilities that directly serve these individuals such as long term residential and home health care.
- HCCs and state/jurisdiction special pathogens treatment centers may support clinical care providers in their implementation of crisis care by developing and/or implementing crisis standards of care as necessary with support from medical ethicists.
- Recipients, HCCs and state/jurisdiction special pathogens treatment centers must meet performance measures specific to health care system preparation and response to COVID-19, when those have been made available.
  - Note: Performance measures for COVID-19 supplemental funding have not been finalized. ASPR and NETEC will work with recipients post award to develop the evaluation and performance measurement strategy.

To determine the exact amount of the administrative supplement for Mississippi, we utilized a funding formula specific to COVID-19. Metrics comprising the formula are: 1) capturing the risk of transmission as a function of population and 2) the size of the at-risk population based on age and underlying conditions. Those recipients with a high risk of transmission with large at-risk populations are most vulnerable to the impacts of COVID-19 and will receive a greater proportion of funding. Based on the formula, all state and jurisdiction special pathogen centers must be allocated \$186,440. No more than 10% of each supplemental award can be used for direct costs, per the limit outlined in the administrative supplement. The additional funding **must** be allocated per the table below. Any deviations to the table below must be approved by ASPR.

<b>Total Award for Mississippi</b>	<b>\$446,289</b>
Set-aside for Special Pathogen Treatment Center(s)	N/A

<sup>6</sup> As of March 2020, this target population includes older adults, individuals with underlying chronic health conditions, individuals with access and functional needs that may limit the individual's ability to seek or access care outside the home, individuals living in congregate care settings, and other populations at increased risk for morbidity and mortality from COVID-19.

Direct cost maximum for Mississippi	\$44,628
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## Missouri

Within 60 days of receiving the award, recipients must submit the following:

7. a work plan,
8. a detailed budget and budget narrative/justification, and
9. required budget forms.

In response to the COVID-19 outbreak, Congress appropriated emergency supplemental funding to support the urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines of this pandemic. As part of this emergency supplemental funding, ASPR provides \$42,000,000 for the Hospital Preparedness Program (HPP) cooperative agreement. This funding should support health care coalitions (HCCs), emergency medical services (EMS), state/jurisdiction Ebola treatment centers<sup>7</sup>, and other health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks. Recipients may request retroactive compensation for HCCs and health care facilities, including state/jurisdiction special pathogen treatment centers for any of the activities described herein that were conducted as part of COVID-19 response beginning January 20, 2020. Recipients must request retroactive compensation at the time of the budget submission. The request should include the following information:

- Time period;
- Line item budget for the period; and
- Narrative description of the COVID-19 preparedness activities

Any state or jurisdiction special pathogen treatment center<sup>8</sup> that accepted funds through the funding opportunity for health care system preparedness for Ebola and other novel, highly pathogenic diseases (to include COVID-19) must assure that preparedness activities under this award are not conducted in a manner to restrict health care services based on an individual's home jurisdiction and that any facilities that received funds under this award may not restrict services based on an individual's home jurisdiction.

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- Recipients may update the jurisdiction's Ebola and other special pathogens concept of operations (CONOPS) for health care system response to COVID-19 to include approaches for the assessment, transport, and treatment of persons suspected or confirmed to have COVID-19.
  - Ensure a physician is in the state or jurisdiction emergency operations center full time to

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<sup>7</sup> Due to COVID-19 response, ASPR is renaming these centers as state/jurisdiction special pathogen treatment centers. As such, they are referred as such throughout this document.

<sup>8</sup> As part of the Regional Treatment Network for Ebola and Other Special Pathogens, ASPR funded state and jurisdiction Ebola treatment centers. These centers are staffed, equipped, and have been assessed to have current capabilities, training, and resources to provide the complex treatment necessary to care for a person with Ebola and other special pathogens while minimizing risk to health care workers.

manage patient facility assignments (right bed for the right patient) within their state or jurisdiction so that EMS and hospitals do not need to transfer patients. This EOC physician should have insight into available resources at hospitals and other health care facilities.

- Implement a health care system CONOPS for COVID-19 that captures an all-of-health care approach where a multiplicity of facilities and provider types are contributing to the response.
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  - Purchase PPE in accordance with CDC guidelines and with attention to supply chain shortages, and share, in real time, situational awareness regarding PPE models/types and supply levels with their HCCs and state or jurisdiction public health department.
  - Conduct just-in-time training and final preparations to ensure state/jurisdiction special pathogen treatment centers can provide surge capacity and are able to accept a COVID-19 patient in cases where other facilities have exceeded capacity.
  - Receive and participate in training, peer review, and consultations on their readiness to ensure adequate preparedness and trained clinical staff knowledgeable in treating patients with COVID-19 in the U.S.
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- HCCs and state/jurisdiction special pathogens treatment centers may support clinical care providers in their implementation of crisis care by developing and/or implementing crisis standards of care as necessary with support from medical ethicists.
- Recipients, HCCs and state/jurisdiction special pathogens treatment centers must meet performance measures specific to health care system preparation and response to COVID-19, when those have been made available.
  - Note: Performance measures for COVID-19 supplemental funding have not been finalized. ASPR and NETEC will work with recipients post award to develop the evaluation and performance measurement strategy.

To determine the exact amount of the administrative supplement for Missouri, we utilized a funding formula specific to COVID-19. Metrics comprising the formula are: 1) capturing the risk of transmission as a function of population and 2) the size of the at-risk population based on age and underlying conditions. Those recipients with a high risk of transmission with large at-risk populations are most vulnerable to the impacts of COVID-19 and will receive a greater proportion of funding. Based on the formula, all state and jurisdiction special pathogen centers must be allocated \$186,440. No more than 10% of each supplemental award can be used for direct costs, per the limit outlined in the administrative supplement. The additional funding **must** be allocated per the table below. Any deviations to the table below must be approved by ASPR.

<b>Total Award for Missouri</b>	<b>\$660,091</b>
Set-aside for Special Pathogen Treatment Center(s)	N/A

<sup>9</sup> As of March 2020, this target population includes older adults, individuals with underlying chronic health conditions, individuals with access and functional needs that may limit the individual's ability to seek or access care outside the home, individuals living in congregate care settings, and other populations at increased risk for morbidity and mortality from COVID-19.

Direct cost maximum for Missouri	\$66,009
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