



Executive Board Meeting

February 27, 2017

Meeting Notes

The Executive Board of the North Central Florida Health Care Coalition (NCFHCC) met on Monday, February 27, 2017, at 2:00 p.m. at the Alachua County Emergency Operations Center in Gainesville, Florida.

Documents provided to the NCFHCC Board:

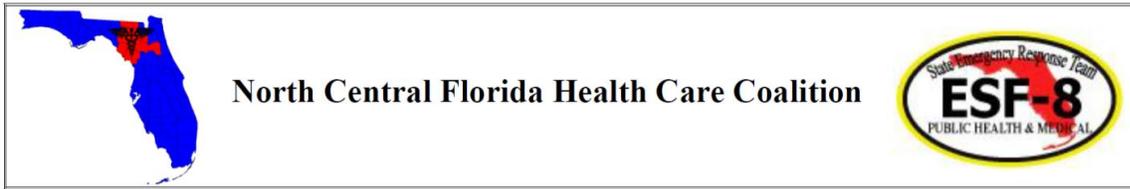
1. NCFHCC Board Meeting Agenda – February 27, 2017
2. Northeast Florida Regional Council cover letter to DRAFT Functional Exercise proposal for North Central Florida Healthcare Coalition – February 22, 2017
3. Northeast Florida Regional Council DRAFT – H7N9 Flu Pandemic – Functional Exercise proposal
4. Approved changes to the NCFHCC website: www.ncfhcc.org.
5. Training Schedule: 2017 Division 6.2 Infectious Substances Packaging and Shipping Training for Sentinel Laboratory partners (including hospital and health department laboratory personnel and non-essential laboratory personal if space is available) Sponsored by Bureau of Public Health Laboratories through the CDC Cooperative Agreement Grant for Public Health Emergency Preparedness
6. State of Florida, Department of Health Contract Renewal# 0001 Original Contract# COP43 NCFHCC Contract with DOH – July 1, 2016-June 30, 2017 (reissued due to pages missing from previously distributed copy)

Call to Order

Validation of Voting Members Present (Quorum)

The meeting was called to order by Chair Harold Theus, with a validation of a quorum, with the following four (4) Board members present:

- Harold Theus, Chair, Deputy Chief Alachua County Fire Rescue
- Ebbin Spellman, Proxy Treasurer/Secretary, UF Health Shands, Safety and Emergency Preparedness
- Mary Garcia, Public Health Discipline, Administrator / Health Officer, DOH Putnam County



- Jen Horner, Emergency Management Discipline, Program Coordinator, Alachua County

For others in attendance, please see attached sign-in sheet. Introductions were made.

Approval of Minutes

The printed copy of the minutes from the January 23, 2017 meeting will be provided at the next Board meeting, March 27, 2017 from 2:00 p.m. to 4:00 p.m. An electronic version was emailed to the Board on February 1, 2017.

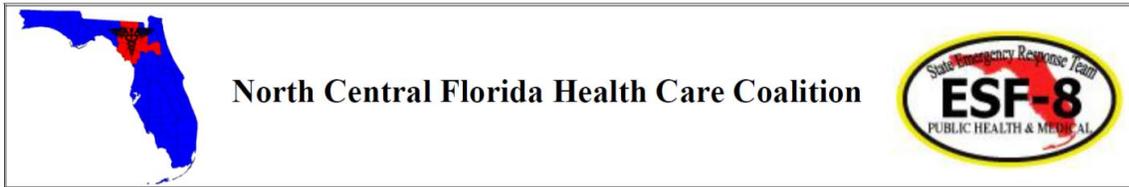
The Board requested that a printed copy of meeting minutes be provided for review and archival at the start of Board meetings in which those minutes may be approved.

Approval of January 23, 2017 meeting minutes was moved for approval by Ebbin Spellman and seconded by Jen Horner. Motion passed unanimously.

Northeast Florida Regional Council – Proposal: Functional Exercise

Eric Anderson, Senior Regional Planner presented a proposal to the Board to test regional preparedness and response efforts to a global flu pandemic. The exercise would take place over one full day broken into two parts, a morning and afternoon component. The morning component is executive in nature with activation of POD (Point of Dispensing) Plans, developing a Public Health informational message, selection of POD types to be activated as well as coordination with any POD partnerships, such as with CVS or Walgreens, and establishing a process for transfer of County Strategic National Stockpile of Mass Prophylaxis and Immunizations. The afternoon component is geared towards the actual response and would include training staff, POD setup, and opportunity for staff to dispense as well as access POD services. Hospitals can participate using the Closed POD concept as well as beginning preparations for a mass surge of people, following the Public Health emergency message. Both County Health Departments and Hospitals will follow the exercise with a hotwash to determine strengths and weaknesses. Finally, an After-Action Report & Improvement Plan will be developed based on observations from Exercise Evaluators and provided to North Central Healthcare Coalition for review.

A subcontract must be approved by the Florida Department of Health before it can be executed. WellFlorida Council will work with Mr. Anderson on drafting this subcontract.



Mary Garcia made a motion to move forward with subcontracting Northeast Florida Regional Council to conduct and oversee the POD Functional Exercise presented by Mr. Anderson in the amount of \$15,000.00. Ebbin Spellman seconded the motion. Motion was approved unanimously.

Chair Updates

Chair Harold Theus provided an update on developments since the last Board meeting. These updates included the resignation of Myesha Ponder and the hiring of Donald Greist and Chris Abarca. Chris was introduced by Harold to the Board. The contract between NCFHCC and WellFlorida Council has been approved by Dawn Webb. Updates on other completed administrative business included, verified liability insurance coverage and changed registered agents to Chair Harold Theus and Vice-chair Dan Mann.

Coordinator Updates

Status of 2016-2017 Deliverables (7/1/2016 – 6/30/2017)

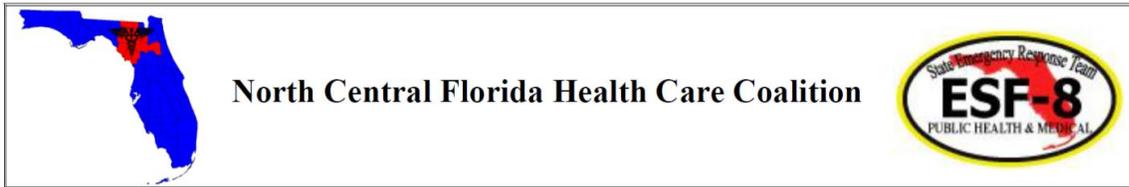
Quarter 3:

The Training and Exercise Work Plan (MYTEP Report) has been submitted. Other deliverables that are in-progress include: Work Plan, Participation in HCC and TF Meetings, Communication Capability Test, and Mission Ready Packages.

Participation in Webinar and Conference Calls

Health Care Coalition Surge Evaluation Tool Exercise

Donald Greist participated in the webinar, on February 7, 2017. Information gained from the webinar: The Health Care Coalition (HCC) Surge Evaluation Tool is designed to help health care coalitions identify gaps in their surge planning through a no- or low-notice drill. The drill's foundation comes from a real-world health care system disaster challenge: evacuations of hospitals or other patient care facilities. Further, the tool incorporates the real-world lessons learned of health care coalitions who contributed significantly to the tool's development. The HCC Surge Evaluation Tool tests a coalition's ability to work in a coordinated way to find appropriate destinations for patients using a simulated evacuation of at least 20 percent of a health care coalition's acute care, inpatient beds. As part of the ASPR HPP Cooperative Agreement, starting in 2017, all health care coalitions will be required to utilize the HCC Surge Evaluation Tool to help them operationalize plans and close gaps.



Webinar slides:

<https://asprtracie.hhs.gov/documents/hpp%20coalition%20surge%20test%20webinar%20final.pdf>

Webinar recording: <https://attendee.gotowebinar.com/recording/3230502981902838017>

ASPR Health Care Coalition Surge Test website:

<https://www.phe.gov/Preparedness/planning/hpp/Pages/coalition-tool.aspx>

Overview: 2017 Funding Opportunity Announcement for HPP-PHEP Cooperative Agreement
Donald Greist and Chris Abarca participated in a conference call on February 21, 2017 hosted by ASPR to provide an overview of the HCC requirements in the FOA. The 2017 funding opportunity announcement (FOA) for the HPP-PHEP Cooperative Agreement is now available on Grants.gov. The FOA (and new Capabilities) will guide the work of the Health Care Coalitions for the next 5 years.

Grant: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=290860>

ASPR 2017-2022 Health Care Preparedness and Response Capabilities:

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

Health Care Coalition Task Force (HCCTF) Monthly Call

Donald Greist and Chris Abarca participated in a conference call on February 23, 2017 hosted by Bureau of Preparedness and Response, Florida Department of Health. Discussion items included, 2017 funding opportunity announcement (FOA) for the HPP-PHEP Cooperative Agreement, Medical Surge Tool, and CMS Emergency Preparedness Rule. Agenda Attached.

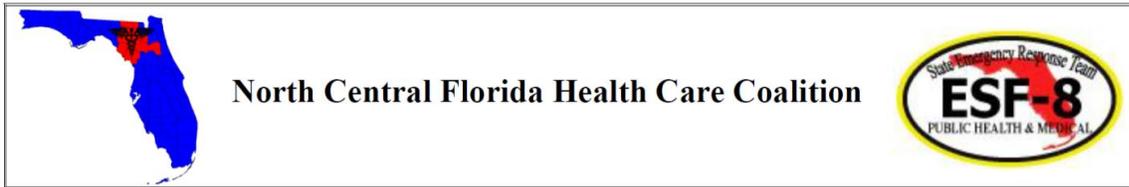
Announcing the Functional Exercise & Preparing Communication Capability Test and Mission Ready Package

Announcing the Functional Exercise

The Board decided that when announcing the upcoming Functional Exercise to the Coalition members it would also be an ideal time to request any communication/contact updates as well as request members to respond with any Mission Ready Packages they may have available for the Coalition. An email will be provided to Chief Theus for review and edit, and will be forwarded on to the discipline heads for further dissemination to all Coalition members.

Communication Capability Test

The Board determined the best way to update members' communication/contact information would be for the discipline heads to email members in their own discipline to confirm contact



information and request any needed updates. An email along with a distribution list will be provided to each discipline head so that they may forward it on to their corresponding members.

Mission Ready Packages

Likewise, the Board determined the best way to request submissions from Coalition members on any Mission Ready Packages available would be for the discipline heads to email their corresponding members. An email along with the Mission Ready Package request form will be provided to each discipline head so that they may forward it on to their corresponding members.

Website: www.ncfhcc.org Updates

Printed copies of the new design and text changes for the NCFHCC website were reviewed by the Board. These changes have already been approved by the Board. WellFlorida will have these changes implemented following the Board meeting. Also, NCFHCC coordinator will be trained to update and add content to the website as resources become available. All minutes and previously composed documents will also be published to the NCFHCC website for the Coalition member's use.

Old Business

Quarter 4 Task 8 Exercise – Full Scale Exercise

This item was resolved early in the meeting through the approval by the Board to subcontract Northeast Florida Regional Council to conduct and oversee the POD Functional Exercise presented by Mr. Anderson in the amount of \$15,000.00.

Project Proposal Submission and Scoring Process

It was determined at a previous meeting that since NCFHCC is in the process of changing their contract year from a calendar year to match the state fiscal year that submissions for projects would begin at the start of the next fiscal year, July 1, 2017.

Schedule next Coalition General Membership Meeting

The Board decided to table this business until the next Board meeting.



North Central Florida Health Care Coalition



New Business

Approval of Expenditures:

An approval of expenditure in the amount of \$375.00 for Powell and Jones, CPAs to file NCFHCC's 990 was needed. *Mary Garcia made a motion to vote to approve the expenditure for the 990. Jen Horner seconded the motion. Motion carried unanimously.*

An approval of expenditure in the amount of \$194.72 for MyFlorida Market Place vendor fee was needed. *Mary Garcia made a motion to approve the spending. Ebbin Spellman seconded the motion. Motion passed unanimously*

Next Meeting

The next meeting of the NCFHCC Board will be held on **Monday, March 27, 2017 at the Alachua County Emergency Operations Center from 2:00 p.m. – 4:00 p.m.** With no further business, the meeting was adjourned at 4:00 p.m. by Chair Harold Theus.



North Central Florida Health Care Coalition



Board Meeting

Date: February 27, 2017

Location: Alachua County Emergency Operations Center

Name:	Agency:	Contact Information (if updating):
Ebbin A. Spellman	UF Health Shands	espe@pp1@shands.ufl.edu
Jen Horner	Alachua Co. EM	JHorner@alachuacounty.us
May Garcia	DOH - Putnam	MAY.GARCIA@FLHEALTH.GOV
CHRIS LEAVITT	UF HEALTH	leavie@SHANDS.UF.EDU
Donald Greist	Well Florida Council	dgreist@wellflorida.org
Harold Thew	ACFR	
Chris Abarca	Well Florida Council	cabarca@wellflorida.org
Eric Anderson	Northeast Florida Regional Council	



Board Meeting Agenda

Date/Time: Monday, February 27, 2017, 14:00 – 16:00 (2 PM – 4 PM)

Location: Alachua County Emergency Operations Center

1100 SE 27th Street, Gainesville, FL 32641

1. Call to Order
 - Validation of voting members present
 - Approval of minutes from January 23, 2017 (Action: motion is required)
2. Presentation by Eric Anderson from Northeast Florida Regional Council on conducting a functional or full-scale exercise
3. Financials
 - Financial Report
 - Current Budget Allocations
4. Coordinator Updates
 - Quarter 3 & 4 Deliverables
 - Website: www.ncfhcc.org
 - Subcontract execution
5. Old Business
 - Quarter 4 Task 8 Exercise – Full Scale Exercise
 - Project Proposal Submission and Scoring Process
 - Schedule next Coalition Member Meeting
6. New Business
 - 990 – approval of expenditure \$375.00 Powell and Jones, CPA to file Jan. 1 – Dec. 31, 2016 (Action: motion is required)
 - MyFlorida Market Place Vendor Fee – approval of expenditure \$194.72 (Action: motion is required)
7. Next Meeting: Monday, March 27, 2017, 14:00 – 16:00 (2 PM – 4 PM)



Serving the communities of Baker, Clay, Duval, Flagler, Nassau, Putnam and St. Johns Counties

100 Festival Park Avenue
Jacksonville, FL 32202
☎ (904) 279-0880
📠 (904) 279-0881
🌐 www.nefrc.org
✉ info@nefrc.org

Bringing Communities Together

February 22, 2017

North Central Florida Healthcare Coalition,

Please find enclosed a DRAFT Functional Exercise proposal for the North Central Florida Healthcare Coalition, to be implemented before the May 30, 2017 contact deadline.

Please note this exercise will only be successful if there is a commitment to participate from County Health Departments and Hospitals in the North Central HCC region. Efforts will need to be made by HCC members/staff to garner commitments from these organizations.

A successful regional exercise should include a minimum of 4 County Health Departments and a hospital.

The cost for implementation of this functional exercise will be \$15,000 as the draft proposal currently stands. This proposal was developed without consultation of North Central Florida HCC staff or membership. This exercise proposal may be refined or augmented to meet North Central HCC goals and objectives but may result in changes to the final exercise fee.

Please contact me if you have any questions.

All the best,

Eric B. Anderson

Eric B. Anderson, AICP
Sr. Regional Planner, NE Florida LEPC Coordinator
Northeast Florida Regional Council
100 Festival Park Avenue
Jacksonville, Florida 32202
ph: (904) 279-0880 fax: (904) 279-0881
eanderson@nefrc.org

Follow Us.



EQUAL OPPORTUNITY EMPLOYER

DRAFT - H7N9 Flu Pandemic – Functional Exercise

This exercise has been developed to test regional preparedness and response efforts to a global flu pandemic.

County Health Departments (CHD) are the first line of defense against a flu pandemic. CHDs have developed specific plans for dealing with these types of threats. The Strategic National Stockpile Mass Prophylaxis and Immunizations Plans (**commonly referred to as Points of Dispensing or POD Plans**) have been specifically developed to provide guidance on how to best distribute life-saving medicine or immunizations in the communities the Health Department services.

The POD Plans are detailed and cover such areas as POD activation, receiving/managing supplies from the Strategic National Stockpile (SNS), public notification, POD setup/operations, coordination with community partners, and use of alternate POD partners to assist with distribution of medicine/immunizations.

Test Emergency Capabilities Associated to:

- Emergency Operations
- Information Sharing
- Health Care System Recovery (specifically continuity of operations)
- Medical Surge (specifically patient movement)
 - Ability to coordinate management of medical surge
 - Provide appropriate levels of patient care
 - Provide no less than 20 percent immediate bed availability of staffed beds for patients within four hours of a disaster that involves medical surge.

Exercise Participants: County Health Departments, County Emergency Management, County EMS, and local hospitals.

****This exercise will only work if North Central HCC members can contact their local CHDs and Hospitals and get a commitment to participate. A successful regional exercise should include a minimum of 4 CHDs and a hospital. This exercise proposal may be refined or augmented to meet North Central HCC goals and objectives. ****

Morning: Preparedness Actions

Start Ex:

The Exercise will begin with a 30 minute Webinar from a Central Location (Alachua Co/Gainesville) – local health department senior leadership from counties in the North Central Florida HCC region will participate. Conducting the Webinar are Eric Anderson (NEFRC) and Health Department staff.

- Welcome & Introductions
- Exercise Brief
- Overview of the H7N9 Flu pandemic sweeping over the world
- Overview of CDC preparedness actions
- Overview of Governor's SNS package request. State Surgeon General orders to activate CHD POD Plans
- SNS Package Distribution to local counties from the SLRC in Orlando

Morning Action Items:

Once the Webinar presentation is complete, Health Department staff will provide directives on behalf of the Health Department to County Health Department senior leadership. Participating County Health Departments will be asked to complete the following, in preparation for receiving the SNS package at their designated POD location at 12pm.

1. Activation of the CHD POD Plan, which includes notification of all CHD staff to muster at the Primary POD location at a set time.
2. Public Information – develop the public information message that will go out to the public regarding the public health emergency, accessing the POD, and general expectations. This must include information for priority patients (providing appropriate levels of patient care).
3. Select the types of PODs or POD partnerships that would be implemented with this type of event. (Ex: Walk-up POD, drive-thru POD, Closed POD, hybrid POD)
4. Coordinate with alternative POD partners (closed/hybrid PODs) on implementation of their POD plan, and establish the process for transfer of supplies from the County's SNS cache.
5. **Notify and coordinate with local emergency management, EMS, and hospitals regarding CHD needs for POD implementation, as well as anticipated effects of**

this public health emergency (security, public info, anticipation of medical surge, etc.)

6. Collect the necessary resources to implement the POD (tables, chairs, signage, etc.)

Afternoon: Response Actions

- I. Participating CHD will setup the POD and conduct 2 evolutions of POD operations. Splitting staff into A and B shifts will allow for a shift to operated stations while the other shift acts as the public accessing the POD. Volunteers from the community could be integrated into the public accessing the POD.

CHD will be expected to:

- i. Conduct POD & SNS Rapid Training (Just in time Training) to staff
 - ii. Setup the POD – use layout from the POD Plan
 - iii. Shift A – staff POD and dispense, Shift B & Volunteers – access the POD
 - iv. Shift B – staff POD and dispense, Shift A & Volunteers – access the POD
 - v. Conduct Hotwash to determine strengths and weaknesses of their CHD POD Plan
- II. Participating Hospitals will coordinate the use of the Closed POD concept. Implementation of the hospital closed PODs will be initiated and coordinate by local CHD officials during the morning session, as part of action items 3, 4, and 5.

Additionally, participating hospitals will also need to discuss plans/processes for dealing with the mass surge of people that are anticipated with the local notification of a public health emergency. Hospital staff will need to highlight plans/processes for dealing with the following:

- i. Management of Medical Surge
 - a. Processing/prioritization of patients (sick vs worried well, age, etc.)
 - b. Hospital staffing levels
 - c. Determination of appropriate personal protective measures (PPE)
 - d. Accommodate a 20% immediate bed availability of staffed beds within 4 hours of the local Public Health Emergency notification.
- ii. Conducting a hotwash on strengths and weakness of their hospital Mass Surge Plan

Exercise Hotwash and Participant Feedback:

Each participating CHD and hospital location will conduct a post-exercise hotwash with a designated exercise controller/evaluator provided by the Northeast Florida Regional Council. Additionally, a participant feedback form will be provided to exercise participants to collect additional information regarding their thoughts and recommendations.

These comments will be collected, analyzed, and included in the final after-action report (AAR-IP) for the Pandemic Flu Functional Exercise.

After-Action Report & Improvement Plan (AAR-IP):

The AAR-IP will be developed from observations and comments collected by Exercise Evaluators, participant comments during hot washes, and participant feedback forms. The analysis will be from a regional perspective but will highlight strengths and weaknesses from the region's ability to prepare and respond to a global flu pandemic.

The improvement plan matrix will be developed and finalized in consultation with the North Central Florida Healthcare Coalition Executive Committee.

The Northeast Florida Regional Council will provide the following:

- An HSEEP compliant Functional Exercise, which includes:
 - 3 Planning Meetings (Initial, Midterm, Final)
 - Exercise Plan (ExPlan)
 - Exercise Evaluation Guides (EEGs)
 - After-Action Report & Improvement Plan (AAR-IP)
- Webinar capabilities in consultation with the host facility for morning Start Ex
- Exercise staff, to include:
 - Overall exercise controller
 - Exercise controller/evaluator for each participating CHD POD site and hospital

Changes to NCFHCC.org:



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[Healthcare Coalitions](#)
[Our Team](#)
[Coalition Documents](#)
[Meetings](#)

Helping Communities Prepare for Disasters or Emergencies

Find information about what to do in case of an Ebola or other highly-infectious disease threat occurs.

[View Our Resources](#)



As a Healthcare Coalition,

the North Central Florida Healthcare Coalition (NCFHCC) coordinates healthcare system preparedness and resilience through all sectors of the healthcare system. A Healthcare Coalition is a collaborative network of healthcare organizations and their respective public and private sector response partners. The primary goal of NCFHCC is to better prepare communities in the event of catastrophic events (i.e., natural disasters, man-made disasters, emergencies etc.). If interested in joining NCFHCC, please contact us.

[Contact Us](#)

Resources

Ebola & Highly-infectious Diseases

- Ebola/Highly Infectious Disease Resources for Frontline Hospitals
- Frontline Hospital Training Webinar – May 23, 2016
- Florida Healthcare Coalition Task Force Infectious Disease Patient Movement Workshop – After-Action Report/Improvement Plan – May 11, 2016
- Gap Analysis – Regional Domestic Task Force Region 3 Infectious Disease Response

General

- Administrative Plan
- Assessment Report
- By-Laws
- Concept of Operations
- Florida Department of Health Mission Ready Package Workbook
- Patient Tracking & Monitoring Plan
- Strategic Plan
- Template for Mission Ready Packages

Meetings

- Meeting Minutes – 9-19-2016
- Meeting Minutes – 6-13-2016
- Meeting Minutes – 12-14-2015
- Meeting Minutes – 3-14-2015

Events & Trainings

- CDP HAZMAT Operations Course – August 21-27
- Emergency Management Association Georgia (EMAG) Emergency Management Summit and Training – Abstract Submission
- Florida Week at Center for Domestic Preparedness – March 26-April 1
- Cybersecurity and Highly Infectious Disease Summit – May 26
- Ebola R&D Summit – May 11-12

Search...

Health Department Announcements

- New Information On 'Prepare Yourself' Webpage
- Training for Special Needs Shelter Staff
- CDP 2016 Week of Training to Florida in 2017
- Sharing Lessons from Orlando Shooting

Articles

- Where to Go During a Communications Shutdown
- State Warns First Responders About Deadly Opioid Drug

Insert "Project Application" above "Ebola" when info is ready.

Move "General" to COALITION DOCUMENTS under ABOUT US.

Move "Meetings" to MEETINGS under ABOUT US.

Home Page:

Add new menu items:

About Us

Healthcare Coalitions

Our Team

Coalition Documents

Meetings

Become a Member

Text for each page:

Healthcare Coalitions

The development and sustainment of Healthcare Coalitions (HCC) is a federal initiative and a requirement of the Hospital Preparedness Program (HPP) Cooperative Agreement funded by the Assistant Secretary for Preparedness and Response (ASPR). The purpose of HCCs is to ensure that local providers and other healthcare partners plan collaboratively for the risks facing the healthcare community and identify available local resources.

Healthcare Coalitions have been defined as “a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multi-agency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.”—*Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness*.

The Coalition is intended as a vehicle to coordinate and maintain current hospital preparedness levels while enhancing disaster preparedness and resiliency in other portions of the healthcare system. These efforts also help improve medical surge capacity and capability, further enhancing a community’s health system preparedness for disasters and public health emergencies.

North Central Florida HealthCare Coalition (NCFHCC), which launched in 2016, is NOT designed nor intended to be a disaster response organization. Disaster response activities are managed through existing ESF 8 structures within local jurisdictions as defined in county Comprehensive Emergency Management Plans (CEMP). The NCFHCC does serve a multi-jurisdictional and multi-agency function to coordinate actions and resources during response, based on the networks built through the Coalition process.

It is also recognized that NCFHCC activities will serve to enhance and expand local ESF 8 Health and Medical and regional response capabilities and capacities.

NCFHCC functions include:

Function 1: Develop, Refine or Sustain Healthcare Coalitions

Function 2: Coordinate Healthcare Planning to Prepare the Healthcare System for a Disaster

Function 3: Identify and Prioritize Essential Healthcare Assets and Services

Function 4: Determine Gaps in Healthcare Preparedness and Identify Resources for Mitigation of These Gaps

Function 5: Coordinate Training to Assist Healthcare Responders to Develop the Necessary Skills to Respond

Function 6: Improve Healthcare Response Capabilities through Coordinated Exercise and Evaluation

Function 7: Coordinate with Planning for At-Risk Individuals and Those with Special Medical Needs

OUR TEAM

The general membership of the North Central Florida HealthCare Coalition (NCFHCC) are made up of multi-discipline, multi-jurisdictional partners. These include public, private and governmental agencies that are a

part of the overall healthcare system in the 11 county region. Disciplines include, but are not limited to: Health Providers, Medical First Responders, Public Health officials, Emergency Management, to name a few.

NCFHCC is headed by a board of directors with seven voting members. Voting members include three at-large members that represent the member counties and four discipline representatives. As the Coalition grows additional disciplines will be added to the Board.

The Board is responsible for the business and affairs of the Coalition and is governed by these bylaws and State and Federal regulations as set forth by the Florida Department of Health and the U.S. Department of Health and Human Services, Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements.

- List the current executive officers
- List the current board members

COALITION DOCUMENTS

- Coalition Documents – Move the bylaws, charter and all the coalition plans here. Plans should include the following since they were 2015-16 deliverables
 - Comms Plan
 - Risk Assessment
 - Strategic Plan
 - COOP
 - Patient Tracking
 - Resource Coordination Process
- NOTE: Move items from RESOURCES page under “General” to this page.

MEETINGS

At top of page have space to add UPCOMING MEETING.

NOTE: Move “Meetings” from RESOURCES page here.

BECOME A MEMBER

Become a member of North Central Florida HealthCare Coalition

The Coalition aims for active involvement from the following health and medical system partners within the Coalition’s boundaries:

1. Public Health agencies*
2. Emergency Management agencies*
3. Hospitals*

4. Emergency Medical System (EMS) agencies (public and private, including Fire Department-based)*
5. Federally Qualified Health Centers and Community Health Centers
6. Nursing Homes, Assisted Living Facilities, and Group Homes
7. Home healthcare industry
8. Dialysis and ambulatory surgical agencies
9. Blood banks, stand-alone medical laboratories and poison control agencies
10. Medical Examiners and funeral homes
11. Mental health/behavioral health providers
12. Healthcare associations and professional medical associations
13. Pharmacies and pharmacy associations
14. Primary care providers and walk-in clinics
15. Higher education agencies directly involved in healthcare profession education
16. Medical Reserve Corps (MRC) units
17. Volunteer organizations with a health and medical mission (Red Cross or similar)
18. Community organizations with a health and medical mission
19. Faith-based or non-profit organizations
20. Private organizations with a health and medical system role

If interested in receiving additional information about the Coalition , its functions or mission, please contact an Executive Board member (link to Our Team page) or use the Contact Us form (link to Contact page) for your request.

NOTE: Either add a downloadable application form, create a link to an application form or add features to the Contact Us page.

RESOURCES

Delete “General” and “Meetings.” When ready, add Project Application to top of page with description and links to forms.

Below is Dan’s rough text:

During the 2016-17 fiscal year, the Northcentral Florida Healthcare Coalition has allocated money to fund projects for its member organizations. Interested members must complete the Project Submission Form included in the Project Submission Package found below.

The application must be completed in its entirety; applicants must submit all requested information. Incomplete applications and applications that do not meet the requested standards may be rejected, or be at a disadvantage, in comparison with those that are complete.

The application process opens on TBD. Your completed application must be received, via email, by the deadline date of Day, Month Date, Year at Time EST. Please contact someone, someone@nchcc.org with any questions.

The Northeast Florida Healthcare Coalition’s Project Funding Guidelines include:

TBD

Include link to most current submission package

CONTACT US

Add "Phone"

Add other features as needed. See above.

From: Shepard, Lela [<mailto:Lela.Shepard@flhealth.gov>]

Sent: Wednesday, February 15, 2017 9:29 AM

Subject: Training available: Division 6.2 Infectious Substances Packaging and Shipping Training for lab partners (including hospital and CHD lab personnel)

Good morning HCCTF members, attached (and below) you will find a message and training schedule from our Bureau of Public Health Laboratories about a training being offered for our **Sentinel Laboratory partners, including hospital and health department laboratory personnel and non-sentinel laboratory personnel** (if space is available) titled, Infectious Substances Packaging and Shipping Training. This training is open to those who are responsible for the packaging and shipping of infectious substances and diagnostic specimens. This course **offers five (5) Continuing Education Unit (CEU)** contact hours. **Space is limited** and advance registration is required. To register, please log in to your **FL TRAIN** account <https://fl.train.org/Desktopshell.aspx>. The schedule is attached.

If needed, a manual registration may be requested through email by contacting betty.wheeler@flhealth.gov or leah.kloss@flhealth.gov . Manual registration forms are to be used only if you are unable to register through FL TRAIN. If you have questions or problems creating an account with TRAIN, please contact Betty Wheeler at betty.wheeler@flhealth.gov or at 904-791-1568 or Leah Kloss at leah.kloss@flhealth.gov or 813-233-2278.

Lela M. Shepard, MS, PMP, CPM
Health Care System Preparedness Manager
Bureau of Preparedness and Response
Florida Department of Health
4052 Bald Cypress Way
Tallahassee, Florida 32399
Phone: 850-245-4444, ext. 3396
Email: lela.shepard@flhealth.gov

From: Ritchie, Mary H.

Sent: Tuesday, February 14, 2017 10:41 AM

Subject: Division 6.2 Infectious Substances Packaging and Shipping Training

[Here is the schedule for the packaging and shipping training. Please see announcement below for registration instructions.](#)

[Thanks again for everyone's participation in the multi-agency call this morning!](#)

--Mary

The Bureau of Public Health Laboratories is sponsoring, through the CDC Cooperative Agreement Grant for Public Health Emergency Preparedness, 2017 Division 6.2 Infectious Substances Packaging and Shipping Training for our Sentinel Laboratory partners, including hospital and health department laboratory personnel and non-sentinel laboratory personnel if space is available. This training is open to those who are responsible for the packaging and shipping of infectious substances and diagnostic specimens.

Infectious Substances Packaging and Shipping Training is required every two years to maintain certification. Saf-T-Pak has been contracted to conduct 20 live classes throughout the state. **All classes are scheduled from 9:00 am to 4:30 pm local time but may run longer.**

This training covers general awareness/familiarization, function specific, safety, and security awareness as required by the 49CFR 172.704. A hands-on exercise will emphasize how to properly package and ship Category A and Category B infectious substances and other dangerous goods, such as dry ice, by air and ground. Upon successful completion of the written assessment, a certificate of training will be awarded. This course offers five (5) Continuing Education Unit (CEU) contact hours. **Space is limited and advance registration is required.**

To register, please log in to your **FL TRAIN** account <https://fl.train.org/Desktopshell.aspx>. If you do not currently have a FL TRAIN account, click the box "Create Account" and complete the required information. Once registered as a TRAIN user, the course can be found by typing in the search box either "FDOH 2017 Division 6.2 Infectious Substances Packaging and Shipping" or the course identification number 1068198. Click on the registration tab. If you would like to receive CEUs, select credit type and type your license number in the box. If you do not have a license, select "none" and type "none" in the box. Then select the session you wish to attend by clicking on "Get Approval". You will receive an email notification once you are approved only if you elect to receive emails from TRAIN.

The schedule is attached. If needed, a manual registration may be requested through email by contacting betty.wheeler@flhealth.gov or leah.kloss@flhealth.gov. Manual registration forms are to be used **only** if you are unable to register through FL TRAIN.

If you have questions or problems creating an account with TRAIN, please contact Betty Wheeler at betty.wheeler@flhealth.gov or at 904-791-1568 or Leah Kloss at leah.kloss@flhealth.gov or 813-233-2278.

Mary H. Ritchie, PhD
Bioterrorism Laboratory Program Advisor
Bureau of Public Health Laboratories
Division of Disease Control and Health Protection
Florida Department of Health

1217 Pearl Street
Jacksonville, FL 32202

Tel: 904-791-1767
Cell: 904-945-9437
Email: mary.ritchie@flhealth.gov

2017 TRAINING SCHEDULE (2-sided)

1. Tuesday, March 14, 2017 Florida Department of Health-Escambia – 1295 W. Fairfield Dr, Pensacola, FL 32501 Room #302/303
2. Wednesday, March 15, 2017 Florida Department of Health-Okaloosa – 810 E. James Lee Blvd. Crestview, FL 32539 Room #73 A&B
3. Wednesday, March 29, 2017 Florida Department of Health-Bay– 597 W 11th St, Panama City, FL 32401 Auditorium
4. Tuesday, April 4, 2017 Florida Department of Health-Marion – 1801 SE 32nd Ave, Ocala, FL 34471 Auditorium # 1&2
5. Wednesday, April 12, 2017 Department of Agriculture and Consumer Affairs – Conner Administration Building, 3125 Conner Boulevard, Tallahassee, FL 32399 Eyster Auditorium
6. Friday, April 26, 2017 Florida Department of Health-Volusia – 1845 Holsonback Drive, Daytona Beach, FL 32117 Main Conference Room 516A
7. Friday, April 28, 2017 Florida Department of Health/Bureau of Laboratories-Jacksonville, 1217 Pearl Street, Jacksonville, FL 32202 2nd Floor Porter Auditorium
8. Tuesday, May 2, 2017 Florida Department of Health-Lee – 83 Pondella Dr, N Ft Myers, FL 33903 – Large Conference Room
9. Wednesday, May 3, 2017 DeSoto County EOC – 2200 NE Roan Street, Arcadia, FL 34266 – Meeting Room
10. Monday, May 8, 2017 Florida Department of Health/Bureau of Laboratories-Tampa, 3602 Spectrum Blvd, Tampa FL 33612 Conference Ctr
11. Wednesday, May 10, 2017 Florida Department of Health-Miami-Doral – 8600 NW 17th St, Miami, FL 33126 2nd Floor Conference room
12. Thursday, May 11, 2017 Florida Department of Health-Miami-Doral – 8600 NW 17th St, Miami, FL 33126 2nd Floor Conference room
13. Monday, May 15, 2017 Florida Department of Health-Orange – 6101 Lake Ellenor Dr, Orlando, FL 32809 Auditorium
14. Tuesday, May 16, 2017 Florida Department of Health-Orange – 6101 Lake Ellenor Dr, Orlando, FL 32809 Auditorium
15. Friday, May 19, 2017 Florida Department of Health/Bureau of Laboratories-Tampa, 3602 Spectrum Blvd, Tampa FL 33612 Conference Ctr
16. Monday, May 22, 2017 Florida Department of Health-Palm Beach – 800 Clematis St, West Palm Beach, FL 33401 Auditorium

(2-sided)

- 17. Tuesday, May 23, 2017** Florida Department of Health-Palm Beach - 800 Clematis St, West Palm Beach, FL 33401 Auditorium
- 18. Monday, June 26, 2017** Florida Department of Health-Broward – 780 SW 24th St. FT Lauderdale FL 33315 Administrative Auditorium-2nd floor
- 19. Tuesday, June 27, 2017** Florida Department of Health-Broward – 780 SW 24th St. FT Lauderdale FL 33315 Administrative Auditorium-2nd floor
- 20. Thursday, June 29, 2017** Florida Department of Health/Bureau of Laboratories- Jacksonville, 1217 Pearl Street, Jacksonville, 32202 FL 2nd Floor Porter Auditorium

STATE OF FLORIDA

DEPARTMENT OF HEALTH

CONTRACT RENEWAL # 0001

ORIGINAL CONTRACT # COP43

THIS RENEWAL is entered into between the State of Florida, Department of Health, hereinafter referred to as the "Department" and North Central Florida Health Care Coalition, Inc., hereinafter referred to as the "provider".

As stated on page 19 Attachment I, paragraph D.1., of Contract #COP43, the department is exercising its option to renew this contract if mutually agreed to by both parties beginning on July 1, 2016 and ending on June 30, 2017 in an amount not to exceed \$115,000.00 as stated in the original contract, as amended.

All terms and conditions of said original Contract and any supplements and amendments thereto shall remain in force and effect for this renewal.

IN WITNESS WHEREOF, the parties have executed this Renewal by their undersigned officials as duly authorized.

PROVIDER: North Central Florida Health
Care Coalition, Inc.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY : _____

SIGNED BY: _____

NAME: Harold Theus

NAME: Wayne A. North

TITLE: President

TITLE: Director, Division of Emergency
Preparedness and Community Support

DATE: _____

DATE: _____

FEDERAL ID NUMBER: 38-3861436

AMENDMENT #0001

This amendment, entered into between the State of Florida, Department of Health, hereinafter referred to as the "Department" and North Central Florida Health Care Coalition, Inc., hereinafter referred to as "Provider", amends contract #COP43-R1.

The Department and Provider have agreed to amend this contract to decrease funding, revise program tasks, performance measures, and the financial consequences.

1. Standard Contract, Section II, A. Contract Amount, "\$115,000.00" is deleted and replaced with "\$111,271.00."
2. Attachment I, pages 7 through 19, is deleted in its entirety and replaced with the revised Attachment I.
3. Exhibit 4, Attestation of No Meeting is deleted in its entirety and replaced with the revised Exhibit 4, Work Plan.
4. Exhibit 6, Community Capability Test Checklist is deleted in its entirety and replaced with the revised Exhibit 6, Deployable Resources/Mission Ready Pack.
5. Exhibit 7, HCC MYTEP is deleted in its entirety and replaced with the revised Exhibit 7, MYTEP Report.
6. Exhibit 8, Attestation of Qualifying Exercise is deleted in entirety and replaced with the revised Exhibit 8, Invoice.
7. This amendment shall begin on July 1, 2016, or the date on which the amendment has been signed by both parties, whichever is later.

All provisions in the contract and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the contract.

This amendment and all its attachments are hereby made a part of the contract.

IN WITNESS THEREOF, the parties hereto have caused this 22 page amendment to be executed by their officials thereunto duly authorized.

PROVIDER: North Central Florida Health Care Coalition, Inc.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

SIGNED BY : _____

SIGNED BY: _____

NAME: Harold Theus

NAME: Wayne A. North

TITLE: President

TITLE: Director, Division of Emergency Preparedness and Community Support

DATE: _____

DATE: _____

FEDERAL ID NUMBER: F38-3861436

ATTACHMENT I

A. Services to be Provided

1. Definition of Terms

- a. After Action Report – Improvement Plan (AAR-IP): A plan to improve the efficiency and responsiveness of a Health Care Coalition (HCC) in response to deficiencies noted during an exercise or real life event.
- b. Florida Emergency Support Function 8 (ESF8): A coordinated preparedness effort of organizations within Florida designed to respond to incidents and events that may impact public health and healthcare within the State. The Department is the lead agency of the ESF 8 at the state level.
- c. Full-Scale Exercise: In a full-scale exercise, events are projected through an exercise scenario with event updates that drive activity at the operational level. Full-scale exercises are usually conducted in a real-time, stressful environment that is intended to mirror a real incident. Personnel and resources may be mobilized and deployed to the scene, where actions are performed as if a real incident had occurred. The full-scale exercise simulates reality by presenting complex and realistic problems that require critical thinking, rapid problem solving, and effective responses by trained personnel.
- d. Functional Exercises: Exercises designed to validate and evaluate capabilities; multiple functions and sub-functions; or interdependent groups of functions. Functional exercises are typically focused on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions. In functional exercises, events are projected through an exercise scenario with event updates that drive activity typically at the management level. A functional exercise is conducted in a realistic real-time environment. Movement of personnel and equipment is usually simulated.
- e. HCC: Collaborative networks of health care organizations and their respective public and private sector response partners that serve as a multi-agency coordination group that assists Emergency Management & Health and Medical with preparedness, response, recovery, and mitigation activities related to health care organization disaster operations. To be considered as participating, the HCC must be recognized by the Department's Community Preparedness Section.
- f. HCC Member Organizations: Individual organizations within Provider's HCC that participate in HCC preparedness planning and training.
- g. Medical Surge: Incidents that exceed the limits of the normal medical infrastructure of an affected community.
- h. Mission Ready Packages: Specific response and recovery resources capabilities that are organized, developed, trained, and exercised prior to an emergency or disaster. Mission Ready Packages allow for the rapid

identification, location, request, order, and tracking of specific resources quickly and effectively.

- i. Quarter: A three-month period of the contract. The quarters for this contract are July to September (first quarter); October to December (second quarter); January to March (third quarter); and April to June (fourth quarter).
- j. Real World: An actual response to a local, regional, state, or federal emergency incident or event (e.g., flood, hurricane, fire, flooding, contagious disease, and terrorism response).
- k. Service Area: The geographical area in which Provider will provide services under this contract are located in Hamilton, Suwannee, Lafayette, Gilchrist, Levy, Columbia, Alachua, Union, Bradford, Dixie and Putnam County.
- l. Training and Exercise Planning Workshop (TEPW): A meeting to develop training and exercise priorities, Multi-Year Training and Exercise Plan (MYTEP), for the next three years.
- m. The Office of the Assistant Secretary for Preparedness and Response (ASPR): A federal program within the U.S. Department of Health and Human Services that focuses on preparedness planning and response and building federal emergency medical operational capabilities.

2. General Description

- a. General Statement: This contract is to prepare HCC member organizations for emergencies and to increase their communication and coordination capabilities.
- b. Authority: Sections 252.35(2)(a)3, and 381.0011(7), Florida Statutes.

B. Manner of Service Provision

- 1. Scope of Work: Provider will provide resources and participate in activities that support the development of communication and preparedness of HCC member organizations and participate in disaster preparedness training and exercises to increase their ability to respond to crises.
 - a. Tasks: Provider will perform the following tasks.
 - 1) Prepare a work plan (Exhibit 4) for the first year of the contract and submit it to the Contract Manager for approval within 15 days from the date of contract execution. Include the following information in the Work Plan:
 - a) Identify the HCC task force members and their designees, and;

- b) An allocation methodology outlining projected costs for the contract term.
- 2) Update the Exhibit 4 each quarter and submit it to the Contract Manager within 15 days from the end of each quarter. Include the following information in the quarterly work plan:
- a) Administrative information about the healthcare coalition including the HCC chair's name and contact information, the HCC's organizational structure, all member organizations by discipline, the healthcare coalition's fiduciary agent, if applicable, and counties within the healthcare coalition;
 - b) List the top five hazards identified in the HCC's latest hazard/community vulnerability assessment; the top five risks derived from assessments, after-action reports and other sources; and the top three training and exercise needs from the HCC's previous year's training and exercise plan workshop;
 - c) Identify projects aimed at closing gaps in healthcare preparedness and responses within the service area;
 - d) List of supplies and equipment in the service area capable of being used to support medical surge or mass casualty incidents;
 - e) Review the durability of equipment and cache in the service area and its capability to handle a mass casualty or medical surge event;
 - f) Identify how Provider will engage community services (e.g., long term care, public health, emergency medical services, and dialysis centers) in planning and response efforts related to surge capacity in large scale events or incidents;
 - g) Update the names of the HCC task force members or their designees as needed; and,
 - h) An allocation methodology outlining projected costs for each quarter.
- 3) Ensure each HCC task force member or their designee attend a minimum of seven teleconferences and two face-to-face meetings by June 30 of each contract year. Have each HCC task force member or their designee complete a brief summary for each meeting and teleconference they attend. Submit each completed

summary to the Contract Manager within 15 days from the end of each quarter.

- 4) Perform a HCC communication capability test a minimum of once each quarter. The test should assess the functionality and interoperability of communications systems used by HCC member organizations. Document the test results in Exhibit 5 and submit it to the Contract Manager within 15 days from the end of each quarter.
- 5) During quarters one through three of each contract year, prepare the Mission Ready Packages (Exhibit 6) for each HCC member, in coordination with the Department and submit it to the Contract Manager for approval within 15 days from the end of each quarter. For each quarterly requirement listed below, document in Exhibit 6, how the HCC worked with the ESF8 Planning and Operations Section as follows:
 - a) First Quarter: Submit a list of identified resources within the HCC coalitions jurisdiction that could be available to other regions within the state during a disaster.
 - b) Second Quarter: Submit the first completed draft of the Mission Ready Packages to the Contract Manager.
 - c) Third Quarter: Submit the second completed draft of the Mission Ready Packages to the Contract Manager.
- 6) Submit the final approved version of the Exhibit 6 to the Contract Manager within 15 days from the end of the fourth quarter.
- 7) Ensure members or their designees participate in TEPW exercises by January 30 of each year of the contract. Prepare the MYTEP Report (Exhibit 7) and submit it to the Contract Manager within 15 days prior to the scheduled TEPW event.
- 8) Participate in a minimum of one Homeland Security Exercise and Evaluation Program's functional or full-scale exercise with participation from HCC member organizations by May 30 of each contract year. During the exercise, test emergency capabilities related to emergency operations, information sharing and medical surge (specifically patient movement), and health care system recovery (specifically continuity of operations). Use the previous year's Florida emergency AAR-IPs, hazard vulnerability analyses and the principles of the preparedness cycle to determine capabilities to exercise. A real world event with participation from HCC member organizations may substitute for the functional or full-scale exercise. Include the following in the HCC AAR-IP:

- a) An evaluation of medical surge capability of HCC member organizations during a real response event or an exercise; and;
 - b) Provide documentation of HCC member organizations' health care facilities ability to coordinate management of medical surge, provide appropriate levels of patient care, to provide no less than 20 percent immediate bed availability of staffed beds for patients suffering from severe medical conditions within four hours of a disaster that involves medical surge.
- 9) Prepare the HCC AAR-IP and submit it to the Contract Manager within 60 calendar days following the scheduled functional or full-scale exercise or event, but no later than May 30 of each contract year, whichever is earlier.
- 10) Complete the annual ASPR HPP survey within 10 days from the date of receipt from the Department or by June 30, whichever is earlier and submit it to the Contract Manager. The Department will provide the survey format.
- b. Deliverables: Provider will complete the following deliverables in the time and manner indicated:
- 1) Quarterly: Provision of HCC development and preparedness activities as specified in Tasks B.1.a.1) through B.1.a.10).
- c. Performance Measures: Deliverables must be met at the following minimum level of performance:
- 1) Deliverable B.1.b.1):
 - a) Work plans must be submitted as specified.
 - b) A minimum of seven teleconferences and two face-to-face meetings must be attended by each HCC Task Force member or their designee as specified.
 - c) At least one HCC member communication capability test must be performed each quarter as specified.
 - d) The HCC communications capability test results must be submitted as specified.
 - e) A list of identified resources within the HCC coalitions jurisdiction must be submitted as specified.
 - f) The first completed draft of Exhibit 6 must be submitted as specified.

- g) The second completed draft of Exhibit 6 must be submitted as specified.
 - h) Final approved version of Exhibit 6 must be submitted as specified.
 - i) Participate in the TEPW exercises as specified.
 - j) The HCC MYTEP Report must be submitted as specified.
 - k) At least one functional exercise, full-scale exercise, or real event must be attended as specified.
 - l) The HCC AAR-IP must be submitted as specified.
 - m) The ASPR HPP survey must be submitted as specified.
2. Financial Consequences: Failure of Provider to complete or submit the deliverables in the time and manner specified will result in a reduction in payment for that deliverable as follows:
- a) Deliverable B.1.b.1):
 - 1) Failure to submit the Work Plans as specified will result in a 20 percent reduction in that quarter's invoice.
 - 2) Failure of each HCC task force member or their designee to attend the minimum number of teleconferences and face-to-face meetings as specified will result in a 20 percent reduction in that quarter's invoice for each member that does not attend the teleconferences or face-to-face meeting.
 - 3) Failure to perform a minimum of one HCC member communication capability test as specified will result in a 10 percent reduction in that quarter's invoice.
 - 4) Failure to submit the results of the HCC communications capability test as specified will result in a 10 percent reduction in that quarter's invoice.
 - 5) Failure to submit a list of identified resources within the HCC jurisdiction as specified will result in a 10 percent reduction in that quarter's invoice.
 - 6) Failure to submit the first draft of the Mission Ready Package as specified will result in a 10 percent reduction in that quarter's invoice.
 - 7) Failure to submit the second draft of the Mission Ready Package as specified will result in a 10 percent reduction in that quarter's invoice.

- 8) Failure to submit the final approved version of the Mission Ready Package as specified will result in a 10 percent reduction in that quarter's invoice.
- 9) Failure to participate in the TEPW exercises as specified will result in a 10 percent reduction in that quarter's invoice.
- 10) Failure to submit the HCC MYTEP Report as specified will result in a 10 percent reduction in that quarter's invoice.
- 11) Failure to attend a minimum of one functional exercise, full-scale exercise, or real event as specified will result in a 10 percent reduction in that quarter's invoice.
- 12) Failure to submit the HCC AAR-IP as specified will result in a 10 percent reduction in that quarter's invoice.
- 13) Failure to submit the ASPR HPP survey as specified will result in a 10 percent reduction in that quarter's invoice.

3. Service Location and Equipment:

- a. Service Delivery Location: Services will be performed at Provider's primary office located at 224 South East 24th Street, Gainesville, Florida 32641.
- b. Service Times: Service times are at the discretion of Provider and should be reasonable to accommodate Provider's HCC members.
- c. Changes in Location and Times:
 - 1) Provider will notify the Contract Manager in advance of changing the time or location of any scheduled activities. Such changes will only be allowed if the Department's Contract Manager approves of the change in advance of either the rescheduled event or the originally scheduled time of the event, whichever is earliest.
 - 2) Changes in location or time due to emergencies must be made to ensure the safety of participants and the availability of HCC members to provide health care services in the event of an emergency. Provider will notify the Department's Contract Manager within seven days of any change in time or location made due to an emergency.

4. Staffing Requirements

- a. Staffing Levels and Professional Qualifications: Provider is responsible for employing sufficient staff to perform all activities under this contract. All staff must have the experience, education, and qualifications to perform any duties assigned to them under this contract

- b. Staffing Level Changes: Provider will notify the Contract Manager of any changes in staffing that cause Provider to be unable to perform their duties under this contract.

C. Method of Payment:

1. Payment:

- a. This is a fixed price, fixed fee contract. The Department will pay Provider, upon satisfactory completion of the Deliverable outlined in Section B.1.b. and provided in accordance with the terms and conditions of this contract, four quarterly payments of \$27,817.75 not to exceed \$111,271.00 per year, subject to the availability of funds.
 - b. A unit of service will consist of one quarter of completed required deliverables as specified in Section B.1.b. A quarter of deliverables will include any deliverables due in that quarter, including annual deliverables scheduled for delivery in a particular quarter.
2. Invoice Requirements: Provider will request payment on a quarterly basis through submission of an invoice (Exhibit 8) to the Contract Manager within 15 calendar days following the end of the quarter for which payment is being requested. Each invoice must be on letterhead and contain a list of all deliverables completed during the invoice period, the amount of the invoice, a statement certifying the accuracy of the invoice, and the signature of an individual with the authority to bind Provider.

D. Special Provisions:

1. Contract Renewal: This contract may be renewed on a yearly basis for no more than three years beyond the initial contract or for the original term of the contract, whichever is longer and is subject to the same terms and conditions set forth in the initial contract. Renewals must be in writing, made by mutual agreement, and will be contingent upon satisfactory fiscal and programmatic performance evaluations as determined by the Department and will be subject to the availability of funds.
2. In-Kind/Match Contributions: Prepare an In-Kind/Match Contribution Letter which documents the in-kind contributions for this contract. For the purposes of this contract, in-kind is defined as non-federal, non-cash contributions. These contributions are generally of fair market value referred to as property, space, personnel, equipment, or contributions of services. The in-kind letter must include, at a minimum, verifiable details that document the amount and type of in-kind contribution Provider is contributing, and an attestation from Provider's Finance Director, which states no federal funds were used, nor has any duplication of cost sharing occurred.

End of Text



Agenda

Health Care Coalition Task Force (HCCTF) Call

February 2017

Date/Time: Thursday, February 23, 2017

2:00 – 3:00 p.m. EST

Teleconference Information: 1-888-670-3525; Participant code: 8481553898

Location: Building 4052, Room 111 (Map Room)

Point of Contact: Lela Shepard, Florida Department of Health, (850) 245-4444, ext. 3396

I. Welcome

II. HCCTF Member Roll Call

III. Discussion Items and Updates

- a. FOA, Med Surge Tool, and CMS Rule Updates Lela Shepard
- b. Important Dates and Meetings: Lela Shepard
 - HCCCTF Face-to-Face Meeting May 31-June 1 (Viera)
 - SpNS Symposium (April 5 and 6 in Orlando)
 - EMAG Conference (April 19-21 in Savannah, GA)
- c. 2016-17 HCC Contract Update Lela Shepard
 - a. Clarification on Equipment Category of budget
 - b. Subcontracts and 3rd quarter deliverables
- d. FLHealthStat Update Victor Johnson
- e. Governor's Hurricane Conference John Wilgis
- f. HCC Updates Coalition Leads
- g. Ad hoc discussion and questions Group Discussion

IV. Adjournment