Cooperative Agreement for Emergency Response: COVID-19 Public Health Crisis Response

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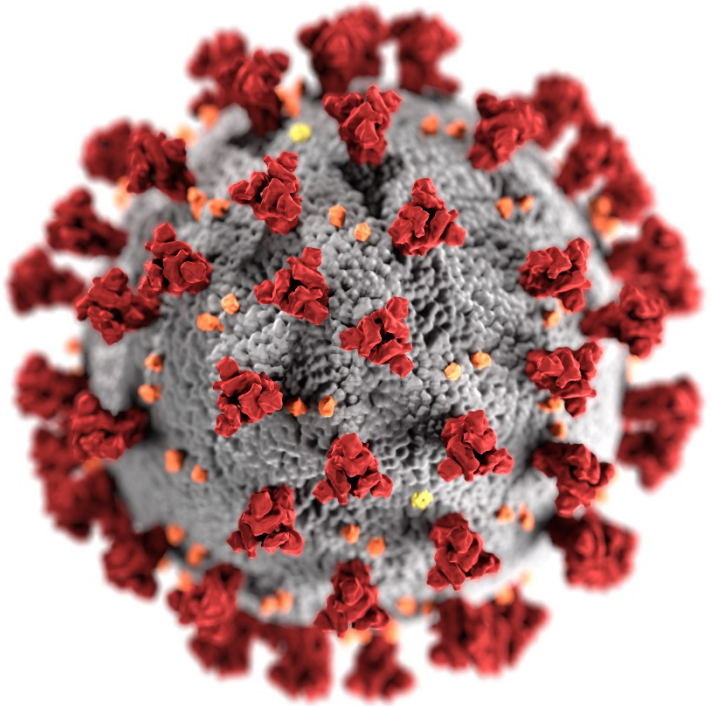
COVID-19 Crisis Response Cooperative Agreement: Components A and B Supplemental Funding Interim Guidance

March 18, 2020



For more information: **www.cdc.gov/COVID19**

Overview of Presentation

- Coronavirus Disease 2019 (COVID-19) Background
- Public Health Crisis Response Cooperative Agreement Overview
- COVID-19 Supplemental Funding Strategy
- COVID-19 Supplemental Funding Required Activities
- COVID-19 Supplemental Funding Allowable Activities
- Submission and Reporting Requirements
- Discussion

COVID-19 Background

- Expanding outbreak of respiratory illness first identified in China caused by a novel coronavirus
- The virus that causes COVID-19 can spread from person to person, causing disease ranging from mild to severe and death
- The federal government is working closely with international, state, local, tribal, and territorial partners to respond to this public health threat
- Public health response is multilayered, including:
  - Detecting, minimizing introductions of virus in United States to reduce spread and impact
  - Implementing community interventions to prevent and reduce spread (community mitigation)
- Additional financial support for state and local public health is necessary to support these activities

Public Health Crisis Response Cooperative Agreement Overview

- CDC has activated CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response (Crisis Response Cooperative Agreement) for this event (www.cdc.gov/phpr/readiness/funding-crisis.htm)
- Mechanism previously supported hurricane recovery and opioid overdose responses
- Mechanism supported initial COVID-19 funding ($25 million to 21 jurisdictions)
- 65 jurisdictions are on Crisis Response Cooperative Agreement approved but unfunded (ABU) list:
  - 50 states
  - Eight territories and freely associated states
  - Six directly funded localities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and Washington, DC)
  - One tribal nation (Cherokee Nation)

Coronavirus Preparedness and Response Supplemental Appropriations Act

- Signed into law on March 6, 2020
- $8.3 billion in total funding
- $2.2 billion to CDC to prevent, prepare for, and respond to coronavirus
  - No less than $950 million for grants and cooperative agreements
    - $475 million allocated within 30 days of date of enactment
    - Recipients that received an FY 2019 Public Health Emergency Preparedness (PHEP) award shall receive no less than 90% of FY 2019 PHEP award
    - No less than $40 million to tribes, tribal organizations, etc.
- Funding is for state, local, territorial, and tribal health departments to conduct surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities

COVID-19 Supplemental Funding Strategy

- Components A and B of the Crisis Response Cooperative Agreement will be used to award approximately $570 million to all jurisdictions on the ABU list
  - This funding is **in addition** to funding already awarded to select jurisdictions via Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement and Crisis Response Cooperative Agreement Component A
- Specific funding amounts outlined in Appendix 1 of the guidance document
- Additional funding for tribes being awarded via another mechanism

COVID-19 Supplemental Funding Guidance

- CDC issued Components A and B Supplemental Funding Interim Guidance on March 16
- This guidance updates CDC's COVID-19 Crisis Response Cooperative Agreement - Component A Interim Guidance released to select jurisdictions on March 4, 2020
- Award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19
- Guidance outlines:
  - Required activities
  - Allowable activities

COVID-19 Components A and B: Required Activities

Surveillance, Laboratory Testing, and Reporting

- Jurisdictions are required to implement and scale up laboratory testing and data collection to enable identification and tracking of COVID-19 cases in the community and are responsible for immediate implementation of real-time reporting to CDC
  - Conduct surveillance to identify cases, report case data in a timely manner, identify contacts, characterize disease transmission, and track relevant epidemiologic characteristics including hospitalization and death
  - Conduct surveillance to monitor virologic and disease activity in the community and healthcare settings
  - Implement routine and enhanced surveillance to support the science base that informs public health interventions that mitigate the impact of COVID-19, including understanding of clinical characteristics, infection prevention and control practices, and other mitigation requirements
  - Establish or enhance core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization, and reporting
  - Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g., school closures and cancellation of mass gatherings)
  - Conduct surveillance to monitor disruption in healthcare systems caused by COVID-19 (e.g., personal protective equipment shortages)

COVID-19 Components A and B: Required Activities

Community Intervention Implementation Plan

- Recipients must develop brief COVID-19 community intervention implementation plan that describes how the state and local jurisdictions will achieve the response's three mitigation goals: 1) Slow transmission of disease, 2) Minimize morbidity and mortality, and 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.
  - Minimize potential spread and reduce morbidity and mortality of COVID-19 in communities
  - Plan and adapt for disruption caused by community spread and interventions to prevent further spread
  - Ensure healthcare system response is integrated part of community interventions
  - Ensure integration of community mitigation interventions with health system preparedness and response plans and interventions

COVID-19 Components A and B: Allowable Activities

- **Domain 1: Incident Management for Early Crisis Response**
  - Emergency Operations and Coordination
  - Responder Safety and Health
  - Identification of Vulnerable Populations
- **Domain 2: Jurisdictional Recovery**
  - Jurisdictional Recovery
- **Domain 3: Information Management**
  - Information Sharing
  - Emergency Public Information and Warning and Risk Communication
- **Domain 4: Countermeasures and Mitigation**
  - Nonpharmaceutical Interventions
  - Quarantine and Isolation Support
  - Distribution and Use of Medical Materiel
- **Domain 5: Surge Management**
  - Surge Staffing
  - Public Health Coordination with Healthcare Systems
  - Infection Control
- **Domain 6: Biosurveillance**
  - Public Health Surveillance and Real-time Reporting
  - Public Health Laboratory Testing, Equipment, Supplies, and Shipping
  - Data Management

COVID-19 Components A and B: Other Guidance

- Prior approval from CDC required for:
  - Alteration or renovation of nonfederal facilities that directly support activities in six domains of allowable activities
  - Reimbursement for pre-award costs incurred on or after January 20, 2020, for certain public health expenses

Reporting: 1. Revised Budget, Budget Narrative, and Letter

- Recipients must revise and submit their budgets (SF-424A) and budget narratives as amendments in GrantSolutions by **April 20, 2020**
- CDC will provide an optional budget narrative template
  - If recipient uses another format, it must include all categories on recommended template and align with the SF-424A
- Submission must include letter on agency letterhead with signatures from jurisdiction's preparedness director, laboratory director, and state epidemiologist (or their designees) indicating all have provided input into plans, strategies, and investment priorities

Reporting: 2. Work Plan

- Recipients must revise and submit their work plans as an amendment in GrantSolutions by **May 4, 2020**
- Work plan must align with allowable activities
- CDC will provide optional work plan template
  - If recipient uses another format, it must include all categories on the recommended template and align with allowable activities

Reporting: 3. Performance Measures

- CDC will work with funded jurisdictions within first 30 days of award to finalize performance measures and will provide additional guidance and information as needed
- CDC will use REDCap system for performance monitoring and reporting

Reporting: 4. Additional Reporting

- Monthly progress reports on status of timelines, goals, and objectives as defined by CDC in approved work plans
- Monthly fiscal reports as defined in REDCap (beginning 60 days after NOAs are issued)
- CDC may require recipients to develop annual progress reports (APRs)
  - CDC will provide APR guidance and optional templates should they be required

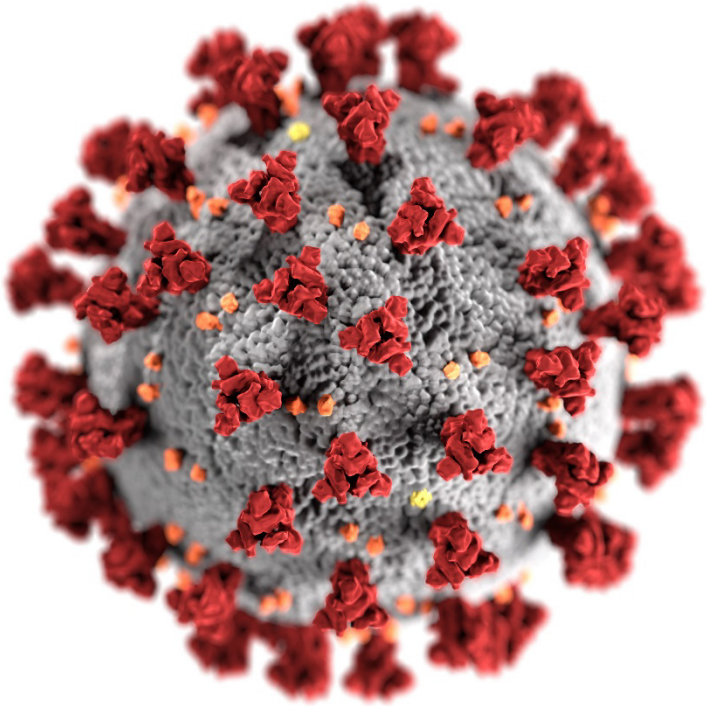
Current Timeline

- Performance Period: **March 16, 2020 – March 15, 2021**
  - **March 16, 2020**: Notice of Awards (NOAs) issued
  - **April 20, 2020**: Revised budgets, budget narratives, and letters due in GrantSolutions
  - **May 4, 2020**: Work plans due in GrantSolutions
  - **May 15, 2020**: Community intervention implementation plan summaries due (60 days)
  - Other reporting:
    - Monthly progress reports
    - Monthly fiscal reports (beginning 60 days after NOA)
    - Performance measure data due (TBD)
  - **June 14, 2021:** deadline for all eligible expenditures to be liquidated

Questions

- Jurisdictions that encounter any difficulties submitting the required documents should contact CDC at DSLRCrisisCoAg@cdc.gov prior to submission deadline
- Please send additional questions to DSLRCrisisCoAg@cdc.gov

Discussion



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.