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| **General Clarification on Criteria Evidence** |
| **Element/Evidence Provided by Applicant** | **Question** | **Clarification** |
| The applicant submits evidence within a plan or application. | What is the difference between when the criteria say, “The application” and “The plan?” | Throughout 10.0 version, criteria elements have been updated to reflect whether the evidence requested should be in the “the plan” or “the application”. The guidance is as follows: **Plan:** In the context of PPHR ‘the plan’ refers to the LHD’s written all-hazards response plan, including both base plan and accompanying annexes and appendices. Anything that is written by the LHDs and applies to the LHD’s roles in emergency response constitutes “the plan.” **Application:** In the context of PPHR “the application” refers to any information contained within the application package submitted as evidence to meet the PPHR criteria.\*Criteria elements which have an asterisk (\*) following them indicates that the evidence provided can exist outside the ‘the plan’ however, the plan should still reference where to find that information.Applicants should carefully read the PPHR criteria in order to submit their evidence accurately.  |
| **Application Guideline #1.** If you are not the lead agency for a particular task (evidence elements or sub-measure), you must provide a description that includes the following:* Identification of the lead agency;
* Description of the roles and responsibilities of the lead agency;
* Description of the support roles and responsibilities of the applicant;
* Description of how the applicant partners with the lead agency to plan for, and prepare to deliver, the emergency service addressed in the evidence element;
* Description of the applicant’s coordination and communication process for supporting the work of the lead agency;
* Description of how the applicant will work with the lead agency during or following an emergency response;
* An example of how this collaboration has worked in the past, how it was exercised, or how it is addressed in your workforce development plan; and

If applicable, description of the authority or documentation formalizing the relationship with the lead agency (e.g., mutual aid agreements, contracts, regulatory obligations).  | 1. Does the evidence need to include the lead agency’s plan?

If an applicant is “not the lead” for an entire sub-measure, can they submit evidence to meet application guideline #1 once for the entire sub-measure? | 1. In order to address the lead agency’s and the applicant’s roles, it will be necessary to incorporate elements from the lead agency’s plan into the applicant’s plan. While a copy of the lead agency’s plan in its entirety may be helpful for certain criteria, a copy of the entire plan is not required.
2. Not necessarily. For some criteria elements within a sub-measure, the evidence may be the same. However, the activities listed in different elements may have different lead agencies, or the processes for communication and coordination may differ. Therefore, each criteria elements must be considered individually.

Moreover, the applicant must provide hyperlinks to evidence for every criteria element, even if the hyperlink(s) are the same as those of other elements in the sub-measure. |
| **Application Guideline #2.** If there is an evidence element or sub-measure that your agency has not yet addressed or if documentation is not yet available, you must provide a description that includes the following: * Explanation of why the specific item has not been addressed;
* Steps/milestones of a plan to address the item;
* Timeline for steps/milestones; and

Listing of partners and description of their responsibilities to address the item.  | Can an applicant receive a score of Met if they fulfill Application Guidance #2? | No. Application guidance #2 is a mechanism to allow on LHD to receive a Partially Met instead of a Not Met when they have not yet developed the evidence to meet some of the criteria. The highest score an applicant can receive by satisfying Application Guidance #2 is a Partially met. |
| Applicant includes another agency’s plan, and that plan is in draft form. | Can an applicant receive a Met when it submits another agency’s draft plan as evidence for a criteria element? | It depends. If the draft document is the primary/only evidence, then the applicant cannot receive a Met. If the applicant has also submitted their own plans, not in draft form, that successfully meet the criteria on their own, and the draft is just included to provide additional supporting evidence, then they may receive a Met.  |
| Applicant includes evidence written into the comments section of the criteria crosswalk instead of hyperlinking to evidence in their plans (not comments/clarification on evidence submitted, but rather the evidence itself). | Should applicants receive credit for information written into the crosswalk when they have not linked to it in their plan? | It depends on the criteria. If the criteria say, “The **application** demonstrates…” or something similar, then the applicant can receive a score of Met. However, the criteria say “The **plan** contains…” or something similar, then the evidence must be in the plan to receive a score of Met.  |
| Criteria element says: “The plan describes the process for ­­\_\_\_\_\_\_.” | Is it acceptable for applicants to only list a statement about the process but not provide details about the process? | No. The applicant must describe the process in some detail. Just stating that a process exists or stating that the LHD will follow another agency’s process (e.g. that of the state health department) is not enough to receive a score of Met. |
| The applicant is hyperlinking to the same evidence for multiple consecutive criteria elements. | Is it acceptable for the applicant to provide the hyperlink(s) once and tell reviewers that they also apply to the subsequent criteria elements? | No. Applicants must provide hyperlink(s) to evidence for every criteria element, even if it is the same evidence provided for the element preceding or following.  |

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| **Clarification on Specific Criteria Elements** |
| **Section B Version 5.0 Criteria Element** | **Clarification needed** | **Guidance** |
| **1.a.a2.** The plan describes the expedited administrative processes used during a response to an event that differ from standard procedures for all of the following:* + - * Accepting and allocating federal/state funds;
			* Spending federal/state funds;
			* Managing/hiring workforce; and
			* Contracting/procuring or mutual aid.[\*](file:///C%3A%5CUsers%5Clphonharath%5CDesktop%5CPPHR%20Re-recognition%20Criteria%20Version%205.0%20Draft%20%236.docx#StarredElement)
 | Is this criteria asking for how these processes occur day-to-day or during an emergency? | This criteria is only asking for how the processes is carried out during an emergency. Applicants should focus on how processes may be changed, adapted, and expedited to account for the time and resource constraints of an emergency. A description of how preparedness funds (e.g. PHEP funds) are accepted, allocated, and spent on a routine (non-emergency) basis should not be the focus of the evidence provided.  |
| **G.** Mass Care | What is meant by congregate location? | For this sub-measure, congregate location refers to general needs shelters, medical needs shelters, and alternate care sites. |
| **h1.** The plan describes a streamlined process for responding to information requests during a public health response.GuidanceMeasure 1.L.l6: The purpose of a streamlined process is to avoid duplication of effort and distraction from response activates. | What does “information requests during a public health response” mean?  | Information requests during a public health response include data and situational awareness reports to partners and stakeholders such as various state offices, hospitals, emergency management, incident commanders, elected officials etc. For additional guidance, applicants may review NACCHO’s [*Administrative Preparedness: Emergency Reporting Practices for Health Departments*](https://www.naccho.org/uploads/header-images/public-health-preparedness/Admin-Prep_Reporting.pdf). |
| **i2.** Theapplication contains documentation of legal authority, or memoranda of understanding with outside entities, that includes suspending/altering normal operations to complete medical countermeasure dispensing.Guidance says: *Measure 1.I.i2:*  Outside entities may include partners such as schools serving as open POD locations, private companies or community organizations serving as closed POD sites, and transportation companies assisting with distribution of countermeasures or supporting resources. If the applicant references legal statutes or authorities, NACCHO recommends they also include an initial implementation process for this statute or authority. | What is the intent of having outside entities specify that they will suspend normal operations? | The applicant needs to be sure that the outside entity that is agreeing to assist with mass prophylaxis/immunization, such as a school that will serve as a mass vaccination site or a trucking company that will transport SNS assets, is agreeing to prioritize this role over its normal activities. If the normal activities are given priority, the applicant might not be able to respond to the disease threat with the speed required to prevent disease spread. |
| **i10.** The plan describes the process for determining the method of dispensing the jurisdiction will implement:* open/closed PODs
* medical vs. non-medical
* alternate modalities
 | What is meant by medical vs. non-medical? | A medical model for MCM dispensing could refer to the type of individuals allowed to dispense medications i.e. licensed medical professionals vs. trained volunteers; it may also refer to the screening process for individuals receiving medical countermeasures i.e. medical POD requires a medical screening for every individual receiving the countermeasure vs. a non-medical model such as a head of household. Applicants should go into detail regarding their process for determining which of these models they will use and why, not just stating which model they will use. The intent is to provide evidence that applicants have thought through these considerations based on their jurisdictional capacity, likely threats etc. |
| **1.Q.o1.** The plan describes the process for transitioning from response to short- and long-term recovery. | What does the process for transition from response to recovery look like? | Some examples of processes that indicate the recovery phase is underway are demobilization of response staff and volunteers or services and infrastructure being restored to normal day-to-day operations. Recovery considerations should begin at the outset of a response, so short-term recovery may be taking place simultaneously with certain response actions.  |
| **Measure 2.** Conduct of Regular Training Needs Assessments | If reviewers identify serious problems with a training needs assessment, can the applicant conduct a new assessment to meet the criteria? | Yes, although it will require re-answering many associated criteria elements. If an applicant has serious problems with their training needs assessment and decides to conduct a new one during the resubmission period, they must resubmit evidence for all of Measures 2 and 3 and Narrative Question 4. To demonstrate the PPHR quality improvement process, applicants must show that the priorities identified in the training needs assessment are carried through the workforce development plan. |
| **Measure 3.** The agency establishes a list of priority staff (e.g., members of the public health preparedness division, all expected responders) who need training on priority training topics, based on the results of the training needs assessment and past corrective actions.  | Do all agency staff need to be trained, or do these requirements only apply to priority staff? | While it is recommended to assess and train all staff, the requirement is only for priority staff. However, the applicant does need to define who constitutes priority staff (e.g. members of a public health preparedness division). |
| **3.E.** Just-in-time Training | How long can just-in-time trainings be? | Just-in-time trainings can span from about 15 minutes to one hour in length and ideally should not last longer than 30 minutes. The training materials must be able to be delivered in less than hour in order to meet the criteria. |
| **3.E.e2i-v.** The workforce development plan includes training curricula (presentations and other materials) for the following just-in-time training topics:Guidance says: *Measure 3.E.e2:* The just-in-time training curricula must describe job responsibilities and information on how to perform the duties associated with specific jobs and should reflect the agency’s all-hazards plan. The amount of training material provided must be able to be delivered in less than an hour. Evidence must include curricula (presentations or other materials being delivered). Submitting only job action sheets will not satisfy the requirements. | 1. Can these criteria be met by just submitting job action sheets?
2. How should the training curricula be incorporated into their response plan?
 | 1. No. The criteria require just-in-time training curricula. While job action sheets can constitute part of the evidence, additional training materials are needed to meet the criteria. Please see the hyperlinked criteria guidance for more information.
2. The applicant may incorporate the training curricula into their response plan in any way that makes sense for the plan's format, but they should be able to be easily accessed by staff and volunteers in an emergency.
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| **3a.E.e2iii.** [The workforce development plan contains training curricula (presentations and other materials) for the following just-in-time training topics:] Applicable NIMS components reflecting the agency’s all-hazards plan. | Do applicants need submit a JITT solely devoted to NIMS for this criteria element, or can they submit a JITT on a different topic that covers NIMS components? | Applicants may submit a JITT on a different topic that covers NIMS components, as long NIMS is comprehensively covered, and the material is tailored to the applicant’s jurisdiction and all-hazards plan. |
| **Goal III.** Goal III demonstrates the use of NIMS and Homeland Security Exercise and Evaluation Program (HSEEP) concepts and principles.  | Do objectives have to be in SMART format (specific, measurable, achievable, realistic, and task-oriented), as HSEEP used to require? | While use of SMART objectives is encouraged, HSEEP and the PPHR criteria no longer require that objectives be in SMART format.  |
| **4.A.** Multi-Agency After-Action Report Improvement Plan | 1. Is it acceptable to submit more than one AAR to meet different criteria in this measure?
2. Is it acceptable to submit an AAR that was not written by the applicant (for example, for a regional exercise)?
 | 1. No. The applicant may submit one AAR to meet all the criteria in this measure. If the applicant wants to answer reviewer requests for additional evidence using a new AAR, they must re-answer all criteria elements in this measure using the new AAR.
2. Yes. However, if there are aspects of the AAR that are not specific enough to the applicant’s agency, the applicant may have to develop additional documentation (see next question below).
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| **4.A3.** Analysis of Capabilities*and***4.A4.** Improvement Plan | Is it acceptable to submit evidence for this sub-measure that is not specific to the applicant (for example, from an AAR for a regional exercise)? | It depends. In order to demonstrate the successful implementation of quality improvement processes, the applicant must provide evidence that specifically describes health department capabilities and improvement planning. If this is not evident in the AAR, the applicant may develop their own analysis of capabilities based on the exercise and submit that as evidence. |
| **4.A.a4i/4.B.b2i.** The application identifies any strengths or weaknesses regarding administrative preparedness or legal preparedness.  | Is it acceptable for applicants to put N/A or to omit evidence for this element if their improvement plan does not have any of these items? | Yes, applicants may put **N/A** or omit evidence for this element if their improvement plan does not identify any strengths or weaknesses regarding administrative preparedness or legal preparedness. |
| **4.B.b1iv.** The AAR/IP lists the following: * Notable strengths;
* Key areas for improvement; and
* If applicable, broad observations that cut across multiple capabilities.
 | Is it acceptable for applicants to put N/A or to omit evidence for the third bullet point in this element if they do not have any high-level observations? | Yes, applicants may put N/A or omit evidence for **the third bullet** point in this element if they have no high-level observations from their exercise or response that cut across multiple capabilities. Evidence must still be provided for the first two bullet points. |
| **5.B.b1.** The exercise plan shows anticipated participation in an exercise involving community-based organizations. | Do local government agencies count as community-based organizations? | Not for the purposes of this criteria element. Examples of acceptable agencies include local nonprofits, community associations, and faith-based organizations. |

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| **Clarification for Other Sections** |
| **Section/Criteria Element** | **Question** | **Clarification** |
| **Section A**. Required Document Checklist | What is the significance of these checklist elements and how do applicants meet them?  | These elements are asking for the five foundational documents that constitute a PPHR application. The applicant must link to these documents and must also link to evidence demonstrating that they meet all requirements for when they were last updated. These elements *must* be included and must meet all listed requirements in order for the remainder of the application to be reviewed. |
| **Section B.** Select Criteria Elements | What is the rationale for including these particular criteria elements in the re-recognition criteria? | Section B includes important elements that were added or significantly modified since the version of the criteria used by the applicant for their previous PPHR application. It also includes select elements from Goals 2 and 3 that illustrate a continuous quality improvement process between all-hazards planning, workforce development, and exercise and response evaluation. |
| **Section C. Narrative Questions** |
| **Section C.** All questions | What are some tips for writing a good narrative response? | A good narrative response is concise, focused, and fact-filled. It should provide specific details that answer the question. While responses should be long enough to include all necessary details, overly lengthy responses may make it more difficult for reviewers to focus on the most important information. |
| **Section C.** All questions. | How should applicants structure their narrative responses? | Each narrative question contains a number of sub-questions. It is recommended that applicants respond to each of these questions in order, so that the narrative has a logical flow. Applicants must answer each sub-question fully and clearly to receive a score of Met. |
| **Section C.** All questions | During the additional evidence period or resubmission, can an applicant provide a new example for one of the narrative questions? | Yes. An applicant may change the example(s) provided for any of the narrative questions, either based on a reviewer recommendation or because a better example was identified. Applicants should be aware if they provide a new example that example should address all parts of the narrative question (i.e. all bullet points under the question text). |
| **Section C.** All questions.  | Does the quality of writing for the narrative questions affect the scoring? | No. Reviewers are instructed not to judge the narratives-based writing quality. However, if problems with the writing (e.g .typos, grammatical errors, narrative organization and flow interfere with the reviewers’ ability to understand the narrative, the lack of clarity may result in a lower score. |
| **Section C, Questions 1-3, 5.** Describe [x] significant additions or revisions to your plan.  | Do the changes described need to appear in Section C Plan Revisions Matrix?  | The definition of “significant additions or revisions” is the same throughout the document, so all changes described in the narrative section should also appear in the matrix. It is also recommended that applicants link again to the plan changes within the appropriate narrative section to assist reviewers in connecting the narratives to the associated plan revisions. |
| **Section C, Questions 1-5.** ….How have these changes improved your ability to respond? | Do applicants have to demonstrate an improved response capability, for example through an exercise or response, in order to receive a score of Met? | No. If the applicant is able to demonstrate an improved response capability, then they should do so, but it is not required. To receive a score of Met, the applicant must describe how they *expect* that the changes *will* improve their ability to respond. |
| **Section C, Questions 1-3.** Describe [x] significant additions or revisions to [x] plan as a result of….. | Can applicants use the same revision for multiple questions? | No. The addition or revision examples described for each narrative question should be separate unique examples.Additionally, it is important that applicants read and clearly understand the motivation [as a result of…] portion of each narrative question. Reviewers may comment that the motivating factor did not align with question intent and therefore an applicant cannot receive a score of M. |
| **Section C, Questions 5-6.** | Both of these questions ask about changes to exercises, what is the difference between them? | Narrative question 5 should focus on changes to your exercise PROCESS. This is how you plan, execute and evaluate exercise.Narrative question 6 should focus on your current exercise plan and how that has been informed by the past 5 years of exercises you have conducted. Specifically, this question should speak to the incorporation of prior evaluation results into your current plan. |
| Section D: Matrix |
| **Section D.** Plan Revisions Matrix | What time period needs to be covered in the plan revisions matrix?  | The matrix must include all significant plan changes and updates that were made between the previous recognition date and the date that the current application is submitted.At a minimum, applicants should include all revisions and updates noted in Section C. Additionally, NACCHO recommends including at least one significant example from each of the five years since previous recognition. If an applicant does not have a significant example from a particular year NACCHO recommends including an explanation in the chart of why there were no significant updates or revisions. |