PHEP ORR Questions and Answers

October 2021

Q1: **Who is responsible for what forms and when they must be submitted? This was indicated clearly in previous ORR guidance documents, but the new guidance does not specify. (e.g., the Critical Contact Sheet; local partners have never been required to submit this form)**
CDC's expects all forms to be completed by all applicable jurisdictions. Beginning in Budget Period 4 (BP4), Cities Readiness Initiative (CRI) local planning jurisdictions will be required to complete and submit Critical Contact Sheets. CDC made this change based on feedback from state and local representatives who participated in CDC work groups on the ORR expansion. These stakeholders indicated that states would benefit from having local CRI critical contact information documented. CDC will update this requirement in the final PHEP ORR guidance for Budget Period 3 (BP3), forecasting the change for the next budget period.

Q2: **There is concern that the guidance elements won't match the questions in the system (e.g., the last iteration of ORR guidance didn't show every element of the ORR)**
The new PHEP ORR IT system embeds guidance tips and information for every question. The PDF version of the PHEP ORR interim guidance was developed to provide jurisdictions with a "preview" of the ORR questions or elements prior to the system launch.

Q3: **QDoes the new ORR have a skip pattern like the previous iteration?**
The new PHEP ORR system will automatically skip questions when applicable.

Q4: **What is the scoring and/or weighting? Will this be released as an appendix along with the final guidance?**
Yes. The guidance will include an appendix that will explain the methodology for the capability status algorithm.

Q5: **PPHR/PHAB exemptions could be helpful, but what elements would be waived?**
This is described on page 4 of the interim guidance.
PHAB:Current accreditation exempts recipients from review of planning measures for Capability 13: Public Health Surveillance and Epidemiological Investigation with relevant ORR credit applied for those measures. States have the option to exempt local planning jurisdictions with current PHAB accreditation from Capability 13 review.
PPHR: This is a criteria-based training and recognition program created by the National Association of County and City Health Officials (NACCHO) and CDC to help local health departments (LHDs) develop core public health preparedness competencies. This intensive 18-month program provides LHDs with the structure to build training and preparedness capacity using a continuous quality improvement model. Local planning jurisdictions with current PPHR recognition may be exempt from Section 2: Evaluation of Plans (capability planning elements) of

the ORR. States will designate any local exemptions as applicable.

The Jurisdictional Structure Sheet (JSS) form allows states to confirm the organizational configuration they maintain for preparedness planning and evaluation at the local level. States will also indicate on the JSS form whether a local jurisdiction is exempted from a planning capability. State preparedness directors or their proxies must complete and submit the JSS before any local ORRs can begin.

Q6: **How would SLTT partners provide evidence for accreditation received?**
PHAB accreditation and NACHHO recognition data are sent directly to CDC. Jurisdictions do not need to provide this information to CDC.

Q7: **Will the reviewers (i.e., states) have leeway with acceptable documentation and other things as they did in the past?**
CDC has waived local jurisdictional ORRs for BP3 and has not yet finalized the implementation strategy for local reviews. However, the PHEP ORR interim guidance provides examples of acceptable documentation and explicitly states that these are examples only. The guidance does not dictate the type of supporting evidence that might be submitted and deemed sufficient for every measure. CDC is revising the interim guidance to replace the current header "required documentation" with "documentation."

Q8: **What mechanisms (process or system) will be used to submit questions related to guidance?**
For programmatic questions or technical assistance needs, recipients should submit requests to the Online Technical Resource and Assistance Center (On-TRAC) at On-TRAC - Online Technical Resource and Assistance Center. Or, as always, recipients can contact their project officers for assistance. Recipients can submit technical questions or issues related to the IT system to DSLRITSupport@cdc.gov.

Q9: **Who does the whole ORR? What guidance will SLTTs get from CDC regarding this?**
In March 2021, CDC released the PHEP ORR interim guidance and implementation plan for BP3. CDC plans for all 62 PHEP recipients to complete the ORR in BP3 and submit related evidence or documentation. CDC has adapted its PHEP ORR implementation for BP3, streamlining requirements for recipients due to their ongoing COVID-19 response activities. Data collection will be significantly reduced to include previously reported descriptive data such as critical contact sheets; PHEP benchmark data, primarily related to laboratory testing; and select new operational elements. CDC is modifying two of the exercise requirements, enabling recipients to use their COVID-19 response activities to meet the operational elements. CDC will provide more specific information on these revisions in the coming weeks.

Local ORRs will begin in BP4. CDC will provide updated guidance regarding local evaluations once it has finalized the implementation process. CDC is discussing local evaluation strategies both internally and with a small external work group consisting of preparedness directors, local representatives, and ASTHO and NACCHO representatives. CDC will provide updates as they become available in the DSLR Friday Update newsletter and on monthly recipient conference calls.

Q10: **Is CDC addressing/discussing any of these internally or in forthcoming updates or guidance documents?**
CDC is considering local evaluation strategies and has convened discussions both internally and with a small external work group consisting of preparedness directors, local representatives, and ASTHO and NACCHO representatives. CDC will provide updates as they become available in the DSLR Friday Update and on monthly recipient conference calls.

CDC continues to address internally all facets of the expanded ORR process and will provide updates to recipients during routine recipient conference calls, through written guidance, and information in the DSLR Friday Update.

A new recurring feature in the DSLR Friday Update highlights relevant aspects of the PHEP ORR interim guidance and the planned implementation during the second half of BP3. DSLR is also planning a series of training webinars on the PHEP ORR and will include information on the webinar series in a future Friday Feature. For additional information regarding the Friday Feature series or if there are topics you would like for CDC to address, contact preparedness@cdc.gov.

Q11: **Is CDC exploring any mechanisms to upload data or import from DCIPHER to the new system?**
Yes. All supporting evidence uploaded into DCIPHER will be accessible to each jurisdiction. This information will be archived in a document library that recipients can download, review, and revise as needed to respond to BP3 questions. In addition, CDC will populate the Critical Contact Sheet form with the most recent data recipients submitted.

Q12: **If there is no advance access to the reporting system (unavailable until BP4), how will jurisdictions have time for training and data entry?**
CDC plans to have the new reporting system open for PHEP recipients in BP3. CDC is currently finalizing a comprehensive training plan for recipients and their local health departments. The training will include both IT system training and content orientation sessions. Information on the training sessions will be included in the bimonthly PHEP ORR Friday Feature published in the DSLR Friday Updater. Currently, CDC cannot forecast when local jurisdictions will have access to the new IT system. However, CDC recognizes the need to provide ample time for training and data entry and is planning accordingly.

Q13: **There are significant concern regarding the combined burden (on states and local jurisdictions) of manually entering previous info and the new requirements/elements into the new system. Has this been addressed?**
CDC acknowledges the burden associated with the additional data entry requirements and has taken significant steps to address these issues. CDC is uploading evidence recipients previously submitted in DCIPHER into a document library in the new system. Those documents will be accessible for recipients to reference as evidence for the new PHEP ORR measures. In addition, responses to DCIPHER forms from prior budget periods will be viewable by selecting the corresponding budget period for which the data were entered. This includes all points of dispensing (POD) details submitted by local jurisdictions. Any edits to archived data, including POD information, must be entered into the relevant active form in the new PHEP ORR system.

Other PHEP ORR questions are either new or may have been revised from those asked in previous ORR cycles. In these cases, recipients can reference their previous answers to similar questions, revise as needed to answer the BP3 questions, and enter the information on the new BP3 forms.

CDC will populate the Critical Contact Sheet form with the most recent data recipients submitted. That data will be live in the active forms. All other previously submitted data will be available in the document library.

Q14: **Will states be required to assess all jurisdictions/counties receiving PHEP funding or only those cities/metro areas participating in the CRI project?**
CDC is discussing local evaluation strategies both internally and with a small external work group consisting of preparedness directors, local representatives, and ASTHO and NACCHO representatives. Currently, only local jurisdictions receiving CRI funding are required to participate in the ORR process. However, CDC has waived local CRI reviews for BP3. CDC will provide updates on the implementation strategy for local reviews once they are finalized in the DSLR Friday Update and on monthly recipient conference calls.

Q15: **There is an increase in workload for states and locals without a proportional increase in funds to support the work. How can we alleviate the additional burden?**
CDC recognizes the increased workload associated with the additional PHEP ORR requirements and has taken steps to help mitigate the burden. CDC used the additional $20 million in fiscal year 2021 PHEP funding that it received to enhance its support of state, local, and territorial health departments. Specifically, CDC used the additional funding to increase the base or core funding for all 62 PHEP recipients. In addition, CDC increased CRI funding by $11.8 million to support state and local efforts to meet the expanded PHEP ORR requirements.

CDC is taking into account the workload associated with the new PHEP ORR requirements and how this may affect local implementation. CDC is also considering the original intent of the CRI program and its MCM focus as it deliberates the local implementation strategy for the PHEP ORR. The goal of the PHEP ORR is to identify strengths and gaps in preparedness and response and needed improvements. This will inform future PHEP program priorities, requirements, and the delivery of technical assistance.