

**REPORT
ON THE
LIMITED AUDIT**

**COUNTY OF ALAMEDA
OAKLAND, CALIFORNIA**

**HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
CFDA NO. 93.889
FISCAL PERIOD
SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

**Audits Section – Richmond
Financial Audits Branch
Audits and Investigations
Department of Health Care Services**

**Section Chief: Louise Wong
Audit Supervisor: George Kaczmarek
Auditor: Edmund Yee**



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN, JR.
Governor

November 8, 2012

Elenita De Leon
Fiscal Officer
County of Alameda
Public Health Department
1000 Broadway, Suite 500
Oakland, CA 94607

Dear Ms. De Leon:

The claims for expenditures for services provided by County of Alameda Public Health Department under the Hospital Preparedness Program, HPP Funding Grant Agreement, and Federal Domestic Assistance Number: 93.889, for the fiscal period of September 1, 2005 through August 31, 2006, have been audited by the Financial Audits Branch of the Department of Health Care Services.

Except as set forth in the following paragraph, our audit was made in accordance with generally accepted government auditing standards as promulgated by the Comptroller General of the United States. Accordingly, our audit included such tests of the accounting records and other audit procedures, as we considered necessary under the circumstances.

The financial statements of County of Alameda for the year ending June 30, 2006, were examined by other auditors whose report dated January 9, 2007 expressed an unqualified opinion on those statements.

The scope of our review was limited to specific contract or program requirements relating to financial compliance and did not include sufficient work to determine whether the financial statements present fairly the financial position and the results of the financial operations. We have not duplicated the work performed by the other auditors.

As noted in the preceding paragraph, the scope of our work was not sufficient to enable us to express, and we do not express, an opinion on the financial position referred above.

The exit conference was held on June 18, 2012 at which time the results of the engagement were discussed.

This Audit Report includes the:

1. Executive Summary of Findings
2. Contract/Grant Compliance
3. Line Item Budget Expenditures
4. Financial Schedules

The report concludes that \$16,907 is due the Federal government. You will be receiving an invoice in that amount from the Department's Accounting Section.

Emergency Preparedness Office may require a corrective action plan in response to the findings in this report. If so, please send a copy of the corrective action plan to:

Patty Call, Chief
Healthcare Capacity Section
Planning and Policy Unit
Emergency Preparedness Office
California Department of Public Health
1615 Capitol Avenue, Suite 73.373
PO Box 997413, MS 7002
Sacramento, California 95899-7413

If you should have any further question, please contact Patty Call, Chief, Planning and Policy Unit, Emergency Preparedness Office at (916) 650-6456.

Original Signed by

Louise Wong, Chief
Audits Section – Richmond
Financial Audits Branch

Certified

cc: See Next Page

Betsey Lyman
Deputy Director

Susan Fanelli
Assistant Deputy Director

Patty Call, Chief
Planning and Policy Unit

Monica Steinhart
Fiscal Unit Chief
Planning and Policy Unit

Emergency Preparedness Office
California Department of Public Health
1615 Capitol Avenue, Suite 73.373
P.O. Box 997413, MS 7002
Sacramento, CA 95899-7413

TABLE OF CONTENTS

- I. EXECUTIVE SUMMARY OF FINDINGS
- II. INTRODUCTION
 - A. Description of Program
 - B. Description of Agency
 - C. Site Location
 - D. Funding Sources
 - E. Grant Goals and Objectives
 - F. Regulations
 - G. Abbreviations in this Report
- III. SCOPE OF AUDIT
- IV. GRANT COMPLIANCE
 - A. Hospital Preparedness Program (HPP) 2005/2006 Grant Budget Year Extension
 - B. Federal HPP Grant Funds
 - C. Redirection of Funds
 - D. Supplanting of Funds
 - E. Reporting Requirements
 - F. Single Audit
- V. LINE ITEM BUDGET EXPENDITURES
- VI. SYSTEMS AND PROCEDURES
- VII. SCHEDULES
 - 1. Summary Of Audited Program Expenditures
 - 1A. Summary of Program Expenditures
 - 1B. Redirection of Funds by Critical Benchmarks
 - 2. Schedule of Audit Adjustments
 - 3. Glossary of HPP Priority Areas and Critical Benchmarks
- VIII. CONTRACTOR'S RESPONSE TO AUDIT FINDINGS
- IX. PROGRAM'S RESPONSE TO AUDIT FINDINGS
- ATTACHMENT A

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

I. EXECUTIVE SUMMARY OF FINDINGS

The following information is a summary of our findings:

GRANT COMPLIANCE

1. The Hospital Preparedness Program (HPP) approved an extension of the budget year end date to the California Department of Public Health (CDPH) for the Year 4 award to August 31, 2007. This was done to allow the counties to complete emergency response activities approved by Emergency Preparedness Office (EPO). (See Section IV.A)
2. The HPP grant to the County allocated up to a total of \$890,476 of federal funds to implement HPP critical benchmark activities for the Year 4 award. The original HPP grant budget billed and received by the County was \$890,476. On September 7, 2007, the Emergency Preparedness Office (EPO) approved the County's revised budget and funds redirection request totaling \$890,456. Our review revealed the County's HPP expenditures totaled \$873,569, resulting with an audit adjustment to recover \$16,907 as an overpayment. (See Section IV.B)
3. Our review disclosed redirection of funds from critical benchmarks to another was made without prior approval as required under the grant agreement. (See Section IV.C)
4. The grant agreement requires that the County not use the HPP funds to supplant existing levels of services in the County. During the course of our review, we did not detect any situations in which funds from this agreement were used to fund other pre-existing programs or other new programs. (See Section IV.D)
5. The grant agreement requires the County to submit written interim and final progress and expenditure reports to document their activities and expenditures of funds. The grant agreement stated the submission of the data for the Surge Data Survey was substituted for the interim progress report. Our review disclosed the County submitted the Surge Data Survey and final progress report as required under the grant agreement by the due dates as established by EPO. (See Section IV.E)

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

LINE ITEM BUDGET EXPENDITURES

1. Our review of other grant line item budget expenditures to supporting documentation identified unspent funds related to administrative costs. (See Section V.)

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

II. INTRODUCTION

A. DESCRIPTION OF PROGRAM

The Hospital Preparedness Program (HPP, [formerly Health Resources and Services Administration (HRSA)]) is funded by the U.S. Department of Health and Human Services under the authority of Section 2802(b) of the Public Health Services (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (P.L. 109-417). The purpose of this program is to enable award recipients to improve surge capacity and enhance community and hospital preparedness for public health emergencies. Funds from HPP are used to build medical surge capability through planning, personnel, equipment, training and exercise capability at the State and local levels. These efforts are intended to support the National Preparedness Goal established by the Department of Homeland Security in 2005 and the goals outlined in Section 319C-2 of the PHS Act.

B. DESCRIPTION OF AGENCY

The County of Alameda Health Care Services Agency (Health Care Services Agency) is a part of the County of Alameda government. The Health Care Services Agency includes the following program areas: Medical Care, Public Health, Agency Administration and Finance.

The County of Alameda's Public Health Department's Emergency Preparedness mission is to build resilient communities in partnership through education, preparedness, response and recovery from public health emergencies, including infectious disease outbreaks, natural disasters, and terrorism.

The County of Alameda (County) has a Hospital Preparedness Program (HPP) grant agreement with the California Department of Public Health (CDPH [formerly CDHS]), to receive federal HPP funding.

C. SITE LOCATION

County of Alameda Public Health Department headquarters are located at 1000 Broadway, Oakland, CA 94607.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

D. FUNDING SOURCES

The following is a summary of the County of Alameda's expenditures of federal awards for the fiscal year ended June 30, 2006.

	<u>Expenditures</u>
U.S. Department of Health and Human Services	\$288,198,474
U.S. Department of Agriculture	91,032,237
U.S. Department of Justice	22,759,093
U.S. Department of Housing and Urban Development	15,850,043
U.S. Department of Labor	9,557,526
U.S. Department of Education	4,268,215
U.S. Department of Homeland Security	2,791,192
U.S. Department of Transportation	1,084,713
U.S. Social Services Administration	292,200
U.S. Department of Environmental Protection Agency	211,911
U.S. Department of Commerce	64,464
National Foundation on the Arts and the Humanities	6,417
Total Expenditures of Federal Awards	<u>\$436,116,485</u>

Source: County of Alameda Single Audit Reports for Year Ending June 30, 2006.

Hospital Preparedness Program Grant Funding

Hospital Preparedness Program (HPP) local funding awarded for the project period, September 1, 2005 through August 31, 2006, totaled \$890,476. HPP expenditures are included as part of U.S. Department of Health and Human Services expenditures line above.

E. GRANT GOALS AND OBJECTIVES

The Hospital Preparedness Program (HPP) has developed Critical Benchmarks (CBM) designed to measure activities to assist hospitals and supporting health care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies.

A Cooperative Agreement between the federal, state, and local entities was used to support HPP program collaboration. The purpose of the HPP Cooperative Agreement is to build upon the planning, infrastructure development, and implementation that began in fiscal year 2002. The HPP requires the State and local entities to address critical benchmarks within priority areas.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

Through the grant agreement, the funds are to implement the HPP Critical Benchmarks in accordance with the funding application, plan, and budget as approved by CDPH. The grant agreement's HPP priority areas and critical benchmarks parallel the Federal HPP priority areas and critical benchmarks. Refer to Schedule 3 of this audit report for the Glossary of HPP Priority Areas and Critical Benchmarks.

The County of Alameda was contracted to address the following priority areas and critical benchmarks:

Priority Area # 1: Administration

Critical Benchmark # 1: Financial Accountability

Priority Area # 2: Regional Surge Capacity for the Care of Adult and Pediatric Victims of Terrorism and Other Public Health Emergencies

Critical Benchmark # 2-1: Surge Capacity: Beds

Critical Benchmark # 2-2: Surge Capacity: Isolation Capacity

Critical Benchmark # 2-5: Surge Capacity: Pharmaceutical Caches

Critical Benchmark # 2-6: Surge Capacity: Personal Protective Equipment

Critical Benchmark # 2-7: Surge Capacity: Decontamination

Critical Benchmark # 2-10: Surge Capacity: Communications and Information Technology

Priority Area # 5: Education and Preparedness Training

Critical Benchmark # 5: Education and Preparedness Training

Priority Area # 6: Terrorism Preparedness Exercises

Critical Benchmark # 6: Terrorism Preparedness Exercises

F. REGULATIONS

This program is governed by the following regulations:

- Public Health Service Act, Section 319C (42 USC 247 d-3)
- 45 CFR Part 92 (Under the Public Welfare section) (Under the Grant requirements for State, Local and Tribal Governments)
- OMB Circular A-133 (Audits of States, Local Governments, and Non-Profit Organizations)
- California Health and Safety Code, Sections 101315 to 101320

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

G. ABBREVIATIONS IN THIS REPORT

CBM	Critical Benchmark
CDC	Centers for Diseases Control and Prevention
CDHS	California Department of Health Services
CDPH	California Department of Public Health (formerly CDHS)
CFDA	Catalog of Federal Domestic Assistance
EPO	Emergency Preparedness Office (California Department of Public Health Program Office)
HIPAA	Health Insurance Portability and Accountability Act
HPP	Hospital Preparedness Program (formerly HRSA)
HRSA	Health Resources and Services Administration
HVA	Hazards Vulnerability Analysis
OMB	U.S. Office of Management and Budget

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

III. SCOPE OF AUDIT

The Financial Audits Section's review of the County of Alameda (herein referred to as the County) was restricted to the Hospital Preparedness Program.

The audit consisted of the review of the financial records to ensure the existence of proper documentation and the propriety of claims submitted to the State for reimbursement. Such review included substantive testing:

- To determine that recorded and reported program funds awarded are expended in accordance with terms of the grant agreement with the CDPH;
- To determine that payments are for actual costs and reflect amounts billed to the State;
- To determine that payments are for services rendered;
- To determine that grant funds did not supplant existing levels of State and local funding for this program.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

IV. GRANT COMPLIANCE

The examination included a review to determine if the County conducted the program in compliance with grant terms and applicable regulatory requirements. The following is a summary of findings relating to this portion of the audit.

A. HPP 2005/2006 GRANT BUDGET YEAR EXTENSION

The Hospital Preparedness Program (HPP) approved an extension of the budget year end date to the California Department of Public Health (CDPH) for the Year 4 award to August 31, 2007. CDPH coordinated the budget extension with the Federal HPP to allow the counties to complete emergency response activities.

B. FEDERAL HPP GRANT FUNDS

The HPP grant to the County allocated up to a total of \$890,476 of federal funds to implement HPP critical benchmark activities for the Year 4 award; which the County billed and received. The County's revised budget and funds redirection request approved by EPO on September 7, 2007 totaled \$890,456, which was \$20 less than the amount already received. The County's HPP expenditures totaled \$873,569. Since the County claimed and received more funds than the expenditures, an overpayment of \$16,907 was identified and audit adjustment is proposed to recover this overpayment. See Schedules 1, 1A, and 2 for details.

C. REDIRECTION OF FUNDS

Grant agreement, Exhibit B.8 – Budget Detail and Payment Provisions, Allowable Line Item Shifts, states that:

- 1) Redirection of funds within a critical benchmark of an amount of a cumulative threshold of 25% requires prior approval by CDHS.
- 2) Redirection of funds less than the prior approval threshold within a critical benchmark requires that the local entity inform CDHS of the details of the redirection to ensure proper documentation and accountability.
- 3) Redirection of funds from one critical benchmark to another requires prior approval by CDHS regardless of the amount.

Our review disclosed the County made redirection of funds from Critical Benchmarks (CBM) to another without prior approval as required under the grant agreement. Unspent funds in CBMs were redirected to CBM # 2-1: Bed Capacity, CBM # 2-6: Personal Protective Equipment, and CBM # 2-10: Communication and Information Technology.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

Recommendation:

To avoid future financial penalties, the County should properly obtain and document prior approval from the EPO to comply with the redirection requirement as outlined in Exhibit B.8 of the grant agreement.

D. SUPLANTING OF FUNDS

Grant agreement, Exhibit A.7.A – Scope of Work, Expenditure and Program Requirement, states "In accordance with the signed conditions of funding form submitted by all recipients of HRSA funds as part of the funding application, plan, and budget, funds shall not be used to supplant funding for existing levels of services and will be only be used for the purposes designated herein."

EPO performed a review in part to determine if supplanting of funds might occur prior to acceptance and approval of the County's agreement application. During the course of our review, we did not detect any situations in which funds from this agreement were used to fund other pre-existing programs or other new programs.

E. REPORTING REQUIREMENTS

Grant agreement, Exhibit A.6 – Scope of Work, Reporting Requirements, states "Written progress reports and expenditure reports must be submitted as shown below. The purpose of the progress and expenditure reports is to document activities and expenditures of funds . . . "

The grant agreement provided for the submission of the data for the Surge Data Survey which was substituted for the interim progress report. Our review disclosed the County submitted the Surge Data Survey and final progress report as required.

F. SINGLE AUDIT

In accordance with OMB Circular A-133, Non-Federal entities that expend \$300,000 (\$500,000 for fiscal years ending after December 31, 2003) or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of this part. (See Section II.D for a summary of federal awards expenditures for the fiscal year ended June 30, 2006.)

We were provided with the Single Audit Report for Fiscal Year Ended June 30, 2006, issued by KPMG LLP, report dated March 5, 2007. The independent auditor's opinion was that the County complied, in all material respects, with OMB A-133 compliance requirements to each of the major federal programs, except for noncompliance with requirements for the following program:

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

- Special tests and provisions that are applicable to its Food Stamp Clusters (CFDA 10.551 and 10.561 programs)
- Eligibility and special tests, and provisions that are applicable to its Temporary Aid to Needy Families (CFDA 93.558 program)
- Levels of effort, procurement, reporting, and subrecipient monitoring that are applicable to its Special Education Cluster (CFDA 84.027 program)
- Procurement and reporting that are applicable to its Substance Abuse Prevention and Treatment program (CFDA 93.959 program)

No exceptions were disclosed in the Single Audit Reports regarding the Hospital Preparedness Program (CFDA 93.889).

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

V. LINE ITEM BUDGET EXPENDITURES

The following is a discussion of the fiscal findings relating to our examination of the County's line item expenditures. The details of these amounts are included on Schedules 1 and 1A of this report.

LINE ITEM BUDGET EXPENDITURES

A. Subcontractor (Contractual) - \$163,970

The County's revised budget requested a total of \$164,575 associated with Critical Benchmark (CBM) # 5: Education and Preparedness Training for staff training and travel, two Disaster Preparedness Coordinators, and training stipends billed by other hospitals and health systems to the County. The County records support \$163,970 in subcontractor expenditures. An audit adjustment of \$605 is proposed to reflect the actual expenditures. See Schedules 1, 1A, and 2 for details.

B. California Department of Public Health (CDPH) - Purchased Equipment and Supplies - \$539,561

The County's revised budget requested \$539,561 for equipment and supplies which were to be directly purchased by CDPH and delivered to the entities named in the County's approved plan. Actual CDPH purchases totaling \$539,588 exceeded the line item approved budget of \$539,561. The amounts included in the supporting schedules of this report will be limited to the approved budget.

CDPH direct purchased equipment and supplies from the State selected vendor (Grainger) totaled \$443,156. The Grainger expenditures were associated with CBM # 2: Surge Capacity for equipment and supplies to manage a surge in need of patient care.

The remaining part of CDPH direct purchased equipment and supplies expenditures were for pharmaceutical cache totaling \$96,432.

C. Non-CDPH-Purchased Equipment and Supplies - \$43,123

The County's revised budget requested a total of \$44,000 for non-CDPH-purchased (direct County purchased) equipment and supplies associated with CBM # 2-10: Communications and Information Technology for Nextel phone service. The County claimed \$43,123 in Non-CDPH-Purchased Equipment and Supplies expenditures. The County's expenditures were consistent with items disclosed on their revised budget justification. An audit adjustment of \$877 is proposed to reflect the actual expenditures. See Schedules 1, 1A, and 2 for

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

details.

D. Personnel (Implementation) Costs - \$96,551

The County's revised budget requested a total of \$96,551 for personnel salaries and benefits costs for planning, coordination and the implementation of the HPP grant requirements. The County claimed salaries and benefits expenses up to the grant budget amount of \$96,551. Our review of the County's supporting payroll records and general ledger did not disclose any material exceptions.

E. Administrative Costs - \$30,364

Grant agreement, Exhibit B.6 – Budget Detail and Payment Provisions, Amounts Payable, states in part that “In addition, this Agreement awards an administrative fee to the local entity, based on “Local Entity Purchases”. The approved budget allowed up to 15% for the administrative fees is identified as “Local Entity Administrative Fees”. The County's revised budget requested \$45,769 for the administrative fee and the County claimed \$30,364; resulting in an audit adjustment to recover unspent funds totaling \$15,504. See Schedules 1, 1A, and 2 for details.

Further, based on our examination, nothing came to our attention to indicate that the County has not complied with the material terms and conditions of the grant beyond the findings noted above.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

VI. SYSTEMS AND PROCEDURES

The management of the County of Alameda is responsible for establishing and maintaining an internal control structure. In fulfilling this responsibility, estimates and judgments by management are required to assess the expected benefits and related costs of internal control structure policies and procedures. The objectives of an internal control structure are to provide management with reasonable, but not absolute, assurance the assets are safeguarded against loss, from unauthorized use or disposition, and that transactions are executed in accordance with management's authorization and recorded properly to permit the preparation of financial statements in accordance with generally accepted accounting principles.

Because of inherent limitations in any internal control structure, errors or irregularities may nevertheless occur and not be detected. Also projection of any evaluation of the structure to future periods is subject to the risk that procedures may become inadequate because of changes in conditions or that the effectiveness of the design and operation of policies and procedures may deteriorate.

We did not review the County of Alameda's overall internal control structure. We limited our internal control review to the County's procedures to account for Hospital Preparedness Program funds, and the County's preparation of the required filing of the program reports.

Further, the CPA's Comprehensive Annual Financial Report (CAFR) of the County of Alameda disclosed no material weaknesses related to the overall internal control structure.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

VII. SCHEDULES

Schedules of financial data have been included in this report to summarize the amounts claimed and paid under the grant agreement as presented on Schedules 1 and 1A.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

VIII. COUNTY'S RESPONSE TO AUDIT FINDINGS

The audit findings were discussed at the exit conference on June 18, 2012. A copy of the County's response letter is included as Attachment A.

No revisions were made to this report as a result of the County's response.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

IX. PROGRAM'S RESPONSE TO AUDIT FINDINGS

The Local Management Unit within Emergency Preparedness Office (EPO) has no further comments or response to the audit findings.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

SUMMARY OF AUDITED PROGRAM EXPENDITURES

Budget Categories	Audit Adjustment Nos.	2005/2007 Expenditures		
		As Reported *	Audit Adjustments	As Audited
1. Contractual				
A. Critical Benchmark 2-1, Bed Capacity		\$0	\$0	\$0
B. Critical Benchmark 2-2, Isolation Capacity		\$0	\$0	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches		\$0	\$0	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment		\$0	\$0	\$0
E. Critical Benchmark 2-7, Decontamination		\$0	\$0	\$0
F. Critical Benchmark 2-10, Communication and Information Technology		\$0	\$0	\$0
G. Critical Benchmark 5, Education and Preparedness Training	1	\$164,575	(\$605)	\$163,970
H. Critical Benchmark 6, Terrorism Preparedness Exercises		\$0	\$0	\$0
Total Contractual		\$164,575	(\$605)	\$163,970
2. CDPH-Purchased Equipment and Supplies				
A. Critical Benchmark 2-1, Bed Capacity		\$149,236	\$0	\$149,236
B. Critical Benchmark 2-2, Isolation Capacity		\$43,397	\$0	\$43,397
C. Critical Benchmark 2-5, Pharmaceutical Caches		\$96,432	\$0	\$96,432
D. Critical Benchmark 2-6, Personal Protective Equipment		\$15,028	\$0	\$15,028
E. Critical Benchmark 2-7, Decontamination	2	\$191,043	(\$39)	\$191,082
F. Critical Benchmark 2-10, Communication and Information Technology	2	\$44,425	\$39	\$44,386
G. Critical Benchmark 5, Education and Preparedness Training		\$0	\$0	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises		\$0	\$0	\$0
Total CDPH-Purchased Equipment and Supplies		\$539,561	(\$0)	\$539,561
3. Non-CDPH Purchased Equipment And Supplies				
A. Critical Benchmark 2-1, Bed Capacity		\$0	\$0	\$0
B. Critical Benchmark 2-2, Isolation Capacity		\$0	\$0	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches		\$0	\$0	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment		\$0	\$0	\$0
E. Critical Benchmark 2-7, Decontamination		\$0	\$0	\$0
F. Critical Benchmark 2-10, Communication and Information Technology	3	\$44,000	(\$877)	\$43,123
G. Critical Benchmark 5, Education and Preparedness Training		\$0	\$0	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises		\$0	\$0	\$0
Total Non-CDPH Purchased Equipment And Supplies		\$44,000	(\$877)	\$43,123

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

SUMMARY OF AUDITED PROGRAM EXPENDITURES

Budget Categories	Audit Adjustment Nos.	2005/2007 Expenditures		
		As Reported *	Audit Adjustments	As Audited
4. Personnel (Implementation)				
A. Critical Benchmark 2-1, Bed Capacity		\$4,828	\$0	\$4,828
B. Critical Benchmark 2-2, Isolation Capacity		\$4,828	\$0	\$4,828
C. Critical Benchmark 2-5, Pharmaceutical Caches		\$4,828	\$0	\$4,828
D. Critical Benchmark 2-6, Personal Protective Equipment		\$4,828	\$0	\$4,828
E. Critical Benchmark 2-7, Decontamination		\$4,827	\$0	\$4,827
F. Critical Benchmark 2-10, Communication and Information Technology		\$4,827	\$0	\$4,827
G. Critical Benchmark 5, Education and Preparedness Training		\$38,620	\$0	\$38,620
H. Critical Benchmark 6, Terrorism Preparedness Exercises		\$28,965	\$0	\$28,965
Total Personnel (Implementation)		\$96,553	(\$0)	\$96,551
5. Administrative Costs (Not To Exceed 15%)				
A. Critical Benchmark 2-1, Bed Capacity	4	\$724	(\$241)	\$483
B. Critical Benchmark 2-2, Isolation Capacity	4	\$724	(\$241)	\$483
C. Critical Benchmark 2-5, Pharmaceutical Caches	4	\$724	(\$241)	\$483
D. Critical Benchmark 2-6, Personal Protective Equipment	4	\$724	(\$242)	\$482
E. Critical Benchmark 2-7, Decontamination	4	\$724	(\$242)	\$482
F. Critical Benchmark 2-10, Communication and Information Technology	4	\$7,324	(\$2,529)	\$4,795
G. Critical Benchmark 5, Education and Preparedness Training	4	\$30,480	(\$10,221)	\$20,259
H. Critical Benchmark 6, Terrorism Preparedness Exercises	4	\$4,345	(\$1,448)	\$2,897
Total Administrative Costs		\$45,769	(\$15,405)	\$30,364
Unreconciled Variance	5	\$20	(\$20)	(\$0)
GRAND TOTAL	6	\$890,476	(\$16,907)	\$873,569

*September 7, 2007 Revised Budget Amounts and Paid

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

SUMMARY OF PROGRAM EXPENDITURES

Budget Categories	Approved Original Budget	Approved Revised Budget*	2005/2007 Audited Expenditures	Total Unspent Funds**
1. Contractual				
A. Critical Benchmark 2-1, Bed Capacity	\$0	\$0	\$0	\$0
B. Critical Benchmark 2-2, Isolation Capacity	\$0	\$0	\$0	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches	\$0	\$0	\$0	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment	\$0	\$0	\$0	\$0
E. Critical Benchmark 2-7, Decontamination	\$0	\$0	\$0	\$0
F. Critical Benchmark 2-10, Communication and Information Technology	\$0	\$0	\$0	\$0
G. Critical Benchmark 5, Education and Preparedness Training	\$172,000	\$164,575	\$163,970	\$605
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$0	\$0	\$0	\$0
Total Contractual	\$172,000	\$164,575	\$163,970	\$605
2. CDPH-Purchased Equipment and Supplies				
A. Critical Benchmark 2-1, Bed Capacity	\$0	\$149,236	\$149,236	\$0
B. Critical Benchmark 2-2, Isolation Capacity	\$38,935	\$43,397	\$43,397	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches	\$436,649	\$96,432	\$96,432	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment	\$10,758	\$15,028	\$15,028	\$0
E. Critical Benchmark 2-7, Decontamination	\$0	\$191,043	\$191,082	(\$39)
F. Critical Benchmark 2-10, Communication and Information Technology	\$0	\$44,425	\$44,386	\$39
G. Critical Benchmark 5, Education and Preparedness Training	\$0	\$0	\$0	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$0	\$0	\$0	\$0
Total CDPH-Purchased Equipment and Supplies	\$486,342	\$539,561	\$539,561	\$0
3. Non-CDPH Purchased Equipment And Supplies				
A. Critical Benchmark 2-1, Bed Capacity	\$0	\$0	\$0	\$0
B. Critical Benchmark 2-2, Isolation Capacity	\$0	\$0	\$0	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches	\$0	\$0	\$0	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment	\$0	\$0	\$0	\$0
E. Critical Benchmark 2-7, Decontamination	\$0	\$0	\$0	\$0
F. Critical Benchmark 2-10, Communication and Information Technology	\$1,784	\$44,000	\$43,123	\$877
G. Critical Benchmark 5, Education and Preparedness Training	\$0	\$0	\$0	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$0	\$0	\$0	\$0
Total Non-CDPH Purchased Equipment And Supplies	\$1,784	\$44,000	\$43,123	\$877

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

SUMMARY OF PROGRAM EXPENDITURES

Budget Categories	Approved Original Budget	Approved Revised Budget*	2005/2007 Audited Expenditures	Total Unspent Funds**
4. Personnel (Implementation)				
A. Critical Benchmark 2-1, Bed Capacity	\$5,710	\$4,828	\$4,828	\$0
B. Critical Benchmark 2-2, Isolation Capacity	\$5,710	\$4,828	\$4,828	\$0
C. Critical Benchmark 2-5, Pharmaceutical Caches	\$5,710	\$4,828	\$4,828	\$0
D. Critical Benchmark 2-6, Personal Protective Equipment	\$5,710	\$4,828	\$4,828	\$0
E. Critical Benchmark 2-7, Decontamination	\$5,710	\$4,827	\$4,827	\$0
F. Critical Benchmark 2-10, Communication and Information Technology	\$5,710	\$4,827	\$4,827	\$0
G. Critical Benchmark 5, Education and Preparedness Training	\$45,680	\$38,620	\$38,620	\$0
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$34,260	\$28,965	\$28,965	\$0
Total Personnel (Implementation)	\$114,200	\$96,551	\$96,551	\$0
5. Administrative Costs (Not To Exceed 15%)				
A. Critical Benchmark 2-1, Bed Capacity	\$856	\$724	\$483	\$241
B. Critical Benchmark 2-2, Isolation Capacity	\$6,697	\$724	\$483	\$241
C. Critical Benchmark 2-5, Pharmaceutical Caches	\$66,354	\$724	\$483	\$241
D. Critical Benchmark 2-6, Personal Protective Equipment	\$2,470	\$724	\$482	\$242
E. Critical Benchmark 2-7, Decontamination	\$857	\$724	\$482	\$242
F. Critical Benchmark 2-10, Communication and Information Technology	\$1,124	\$7,324	\$4,795	\$2,529
G. Critical Benchmark 5, Education and Preparedness Training	\$32,652	\$30,480	\$20,259	\$10,221
H. Critical Benchmark 6, Terrorism Preparedness Exercises	\$5,139	\$4,345	\$2,897	\$1,448
Total Administrative Costs	\$116,149	\$45,769	\$30,364	\$15,405
GRAND TOTAL	\$890,475	\$890,456	\$873,569	\$16,887

* Budget revision request approved by EPO on September 7, 2007.

** The County received a total of \$890,476 in payments, equipment and supplies; however, the County's revised budget and funds redirection request approved by EPO on September 7, 2007 totaled \$890,456, which was \$20 less than the amount already received. Audit recovery proposed for unspent funds is \$16,887.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

REDIRECTION OF FUNDS BY CRITICAL BENCHMARKS

	Approved Revised Budget*	Reported 2005/2007 Expenditures	Difference
Critical Benchmark 2-1, Bed Capacity			
Contractual	\$0	\$0	\$0
CDPH-Purchased Equipment and Supplies	\$149,236	\$153,890	(\$4,654)
Non-CDPH Purchased Equipment And Supplies	\$0	\$0	\$0
Personnel (Implementation)	\$4,828	\$4,828	\$0
Administrative Fee (Not To Exceed 15%)	\$724	\$483	\$241
TOTAL	\$154,788	\$159,201	(\$4,413)
25% cumulative threshold	\$38,697		

	Approved Revised Budget*	Reported 2005/2007 Expenditures	Difference
Critical Benchmark 2-2, Isolation Capacity			
Contractual	\$0	\$0	\$0
CDPH-Purchased Equipment and Supplies	\$43,397	\$43,495	(\$98)
Non-CDPH Purchased Equipment And Supplies	\$0	\$0	\$0
Personnel (Implementation)	\$4,828	\$4,828	\$0
Administrative Fee (Not To Exceed 15%)	\$724	\$483	\$241
TOTAL	\$48,949	\$48,806	\$143
25% cumulative threshold	\$12,237		

	Approved Revised Budget*	Reported 2005/2007 Expenditures	Difference
Critical Benchmark 2-5, Pharmaceutical Caches			
Contractual	\$0	\$0	\$0
CDPH-Purchased Equipment and Supplies	\$96,432	\$96,432	\$0
Non-CDPH Purchased Equipment And Supplies	\$0	\$0	\$0
Personnel (Implementation)	\$4,828	\$4,828	\$0
Administrative Fee (Not To Exceed 15%)	\$724	\$483	\$241
TOTAL	\$101,984	\$101,743	\$241
25% cumulative threshold	\$25,496		

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

REDIRECTION OF FUNDS BY CRITICAL BENCHMARKS

Critical Benchmark 2-6, Personal Protective Equipment	Approved Revised Budget*	Reported 2005/2007 Expenditures	Difference
Contractual	\$0	\$0	\$0
CDPH-Purchased Equipment and Supplies	\$15,028	\$24,176	(\$9,148)
Non-CDPH Purchased Equipment And Supplies	\$0	\$0	\$0
Personnel (Implementation)	\$4,828	\$4,828	\$0
Administrative Fee (Not To Exceed 15%)	\$724	\$482	\$242
TOTAL	\$20,580	\$29,486	(\$8,906)
25% cumulative threshold	\$5,145		

Critical Benchmark 2-7, Decontamination	Approved Revised Budget*	Reported 2005/2007 Expenditures	Difference
Contractual	\$0	\$0	\$0
CDPH-Purchased Equipment and Supplies	\$191,043	\$171,885	\$19,158
Non-CDPH Purchased Equipment And Supplies	\$0	\$0	\$0
Personnel (Implementation)	\$4,827	\$4,827	\$0
Administrative Fee (Not To Exceed 15%)	\$724	\$482	\$242
TOTAL	\$196,594	\$177,194	\$19,400
25% cumulative threshold	\$49,149		

Critical Benchmark 2-10, Communication and Information Technology	Approved Revised Budget*	Reported 2005/2007 Expenditures	Difference
Contractual	\$0	\$0	\$0
CDPH-Purchased Equipment and Supplies	\$44,425	\$49,703	(\$5,278)
Non-CDPH Purchased Equipment And Supplies	\$44,000	\$43,123	\$877
Personnel (Implementation)	\$4,827	\$4,827	\$0
Administrative Fee (Not To Exceed 15%)	\$7,324	\$4,795	\$2,529
TOTAL	\$100,576	\$102,448	(\$1,872)
25% cumulative threshold	\$25,144		

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

REDIRECTION OF FUNDS BY CRITICAL BENCHMARKS

Critical Benchmark 5, Education and Preparedness Training	Approved Revised Budget*	Reported 2005/2007 Expenditures	Difference
Contractual	\$164,575	\$163,970	\$605
CDPH-Purchased Equipment and Supplies	\$0	\$0	\$0
Non-CDPH Purchased Equipment And Supplies	\$0	\$0	\$0
Personnel (Implementation)	\$38,620	\$38,620	\$0
Administrative Fee (Not To Exceed 15%)	\$30,480	\$20,259	\$10,221
TOTAL	\$233,675	\$222,849	\$10,826
25% cumulative threshold	\$58,419		

Critical Benchmark 6, Terrorism Preparedness Exercises	Approved Revised Budget*	Reported 2005/2007 Expenditures	Difference
Contractual	\$0	\$0	\$0
CDPH-Purchased Equipment and Supplies	\$0	\$0	\$0
Non-CDPH Purchased Equipment And Supplies	\$0	\$0	\$0
Personnel (Implementation)	\$28,965	\$28,965	\$0
Administrative Fee (Not To Exceed 15%)	\$4,345	\$2,897	\$1,448
TOTAL	\$33,310	\$31,862	\$1,448
25% cumulative threshold	\$8,328		

Budget Categories	Approved Revised Budget*	Reported 2005/2007 Expenditures	Difference
Contractual	\$164,575	\$163,970	\$605
CDPH-Purchased Equipment and Supplies	\$539,561	\$539,581	(\$20)
Non-CDPH Purchased Equipment And Supplies	\$44,000	\$43,123	\$877
Personnel (Implementation)	\$96,551	\$96,551	\$0
Administrative Fee (Not To Exceed 15%)	\$45,769	\$30,364	\$15,405
TOTAL	\$890,456	\$873,589	\$16,867

* Budget revision request approved by EPO on September 7, 2007.

Provider Name					Fiscal Period	CFDA Number		Adjustments
COUNTY OF ALAMEDA					SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006	93.889		6
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
AUDIT REPORT		INVOICE OR CLAIM						
Adj. No.	Schedule	Line	Form #	Line				
<u>ADJUSTMENTS TO REPORTED COSTS</u>								
				<u>Contractual</u>				
1	1	1G		Critical Benchmark 5, Education and Preparedness Training	\$164,575	(\$605)	\$163,970	
				<u>CDPH - Purchased Equipment and Supplies</u>				
2	1	2E		Critical Benchmark 2-7, Decontamination	\$191,043	(\$39)	\$191,004	
	1	2F		Critical Benchmark 2-10, Communication and Information Technology	44,425	39	44,464	
				<u>CDPH - Purchased Equipment and Supplies</u>				
3	1	3F		Critical Benchmark 2-10, Communication and Information Technology	\$44,000	(\$877)	\$43,123	
				<u>Administrative Costs</u>				
4	1	5A		Critical Benchmark 2-1, Bed Capacity	\$724	(\$241)	\$483	
	1	5B		Critical Benchmark 2-2, Isolation Capacity	724	(241)	483	
	1	5C		Critical Benchmark 2-5, Pharmaceutical Caches	724	(241)	483	
	1	5D		Critical Benchmark 2-6, Personal Protective Equipment	724	(242)	482	
	1	5E		Critical Benchmark 2-7, Decontamination	724	(242)	\$482	
	1	5F		Critical Benchmark 2-10, Communication and Information Technology	7,324	(2,529)	4,795	
	1	5G		Critical Benchmark 5, Education and Preparedness Training	30,480	(10,221)	20,259	
	1	5H		Critical Benchmark 6, Terrorism Preparedness Exercises	4,345	(1,448)	2,897	
5	1	N/A		Unreconciled Variance	\$20	(\$20)	\$0	
				To adjust line item expenditures claimed to reflect actual expenditures and to reflect the County's supporting records. Public Health Service Act, Section 319C (42 USC 247 d-3) match approved line item budget total. Public Health Hospital Preparedness Funding Grant Agreement, Exhibit A6 Public Health Service Act, Section 319C (42 USC 247 d-3) OMB Circular A-87				

Provider Name					Fiscal Period	CFDA Number		Adjustments
COUNTY OF ALAMEDA					SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006	93.889		6
Report References					Explanation of Audit Adjustments	As Reported	Increase (Decrease)	As Adjusted
AUDIT REPORT		INVOICE OR CLAIM						
Adj. No.	Schedule	Line	Form #	Line				
<u>ADJUSTMENT TO OTHER MATTERS</u>								
6	N/A				Overpayment To recover overpayment for unspent funds. Public Health Hospital Preparedness Funding Grant Agreement, Exhibit B2 Public Health Service Act, Section 319C (42 USC 247 d-3)	\$0	\$16,907	\$16,907

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

GLOSSARY OF HPP PRIORITY AREAS AND CRITICAL BENCHMARKS

PRIORITY AREA #1: ADMINISTRATION

Critical Benchmark #1: Financial Accountability

Develop and maintain a financial accounting system capable of tracking expenditures by critical benchmark and by funds allocated to hospitals and other health care entities.

PRIORITY AREA #2: REGIONAL SURGE CAPACITY FOR THE CARE OF ADULT AND PEDIATRIC VICTIMS OF TERRORISM AND OTHER PUBLIC HEALTH EMERGENCIES

Critical Benchmark #2-1 Surge Capacity: Beds

Establish systems that, at a minimum, can provide triage treatment and initial stabilization, above the current daily staffed bed capacity, for the following classes of adult and pediatric patients requiring hospitalization within three hours in the wake of a terrorism incident or other public health emergency:

- a. 500 cases per million population for patients with symptoms of acute infectious disease – especially smallpox, anthrax, plague, tularemia and influenza;
- b. 50 cases per million population for patients with symptoms of acute botulinum intoxication or other acute chemical poisoning – especially that resulting from nerve agent exposure;
- c. 50 cases per million population for patients suffering burn or trauma; and
- d. 50 cases per million population for patients manifesting the symptoms of radiation induced injury – especially bone marrow suppression.

Critical Benchmark #2-2 Surge Capacity: Isolation Capacity

Ensure that all participating hospitals have the capacity to maintain, in negative pressure isolation, at least one suspected case of a highly infectious disease (e.g., smallpox, pneumonic plague, SARS, influenza and hemorrhagic fevers) or febrile patient with a suspect rash or other symptoms of concern who might be developing a highly communicable disease.

Awardees must identify at least one regional healthcare facility, in each awardee defined region, that is able to support the initial evaluation and treatment of at least 10 adult and pediatric patients at a time in negative pressure isolation within 3 hours post-event.

Critical Benchmark #2-3 Surge Capacity: Health Care Personnel

This benchmark has been incorporated into Critical Benchmark #2-4.

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

GLOSSARY OF HPP PRIORITY AREAS AND CRITICAL BENCHMARKS

Critical Benchmark # 2-4 Surge Capacity: Emergency System for Advance Registration of Volunteer Health Professionals

Develop a system that allows for the advance registration and credentialing of clinicians needed to augment a hospital or other medical facility to meet patient/victim care and increased surge capacity needs.

Critical Benchmark #2-5 Surge Capacity: Pharmaceutical Caches

Establish a regional system that insures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to hospital personnel (medical and ancillary staff), hospital based emergency first responders and their families -- in the wake of a terrorist-induced outbreak of anthrax or other disease for which such countermeasures are appropriate.

Critical Benchmark #2-6 Surge Capacity: Personal Protective Equipment

Each awardee must ensure adequate personal protective equipment (PPE) per awardee defined region, to protect current and additional health care personnel, during an incident. This benchmark is tied directly to the number of health care personnel the awardee must provide to support surge capacity for beds.

The level of PPE will be established based on the Hazards Vulnerability Analysis (HVA), and the level of decontamination that is being designed in CBM #2-7.

Critical Benchmark #2-7: Surge Capacity: Decontamination

Insure that adequate portable or fixed decontamination systems exist for managing adult & pediatric patients as well as health care personnel, who have been exposed during a chemical, biological, radiological, or explosive incident in accordance with the numbers associated with CBM #2-1.

Critical Benchmark #2-8: Surge Capacity: Behavioral (Psychosocial) Health

Enhance the networking capacity and training of health care professionals to be able to recognize, treat and coordinate care related to the behavioral health consequences of bioterrorism or other public health emergencies.

Critical Benchmark #2-9: Surge Capacity: Trauma and Burn Care

This benchmark has been incorporated into Critical Benchmark #2-1.

Critical Benchmark #2-10 Surge Capacity: Communications and Information Technology

Establish a secure and redundant communications system that insures connectivity during a terrorist incident or other public health emergency between health care facilities and state and local health departments, emergency medical services, emergency management

**COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007**

GLOSSARY OF HPP PRIORITY AREAS AND CRITICAL BENCHMARKS

agencies, public safety agencies, neighboring jurisdictions and federal public health officials.

PRIORITY AREA #3: EMERGENCY MEDICAL SERVICES (EMS)

Critical Benchmark #3: Emergency Medical Services

Enhance the statewide mutual aid plan to deploy EMS units in jurisdictions/regions they do not normally cover, in response to a mass casualty incident due to terrorism.

This plan must ensure the capability of providing EMS triage, transportation and patient tracking for at least 500 adult and pediatric patients per million population within 3 hours post-event. In addition, for each metropolitan area or other region of the state for which a 40 predictable high-risk scenario has been identified during a HVA, the plan must describe a mechanism for transporting patients from an incident scene or from local hospitals to healthcare facilities in adjacent jurisdictions, to temporary healthcare facilities within or near the affected jurisdiction, and to nearby airports or rail stations for transport to more distant healthcare facilities. All scenarios documented by the applicant under Critical Benchmark #2-1 should be addressed in mutual aid plans for EMS.

PRIORITY AREA #4: LINKAGES TO PUBLIC HEALTH DEPARTMENTS

Critical Benchmark #4-1: Hospital Laboratories

Implement a hospital laboratory program that is coordinated with currently funded CDC laboratory capacity efforts, and which provides rapid and effective hospital laboratory services in response to terrorism and other public health emergencies.

Critical Benchmark #4-2: Surveillance

Enhance the capability of rural and urban hospitals, clinics, emergency medical services systems and poison control centers to report syndromic and diagnostic data that is suggestive of terrorism or other highly infectious disease to their associated local and state health departments on a 24-hour-a-day, 7-day-a-week basis.

PRIORITY AREA #5: EDUCATION AND PREPAREDNESS TRAINING

Critical Benchmark #5: Education and Preparedness Training

Awardees will utilize competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient health care personnel responding to a terrorist incident or other public health emergency.

COUNTY OF ALAMEDA
HOSPITAL PREPAREDNESS PROGRAM
HPP FUNDING GRANT AGREEMENT
FISCAL PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006
EXTENDED THROUGH AUGUST 31, 2007

GLOSSARY OF HPP PRIORITY AREAS AND CRITICAL BENCHMARKS

PRIORITY AREA #6: TERRORISM PREPAREDNESS EXERCISES

Critical Benchmark #6: Terrorism Preparedness Exercises

As part of the state or jurisdiction's bioterrorism hospital preparedness plan, functional exercises will be conducted during FY 2006 and should be based on the Awardee HVA. These drills should involve several state agencies and implement the Incident Command Structure (ICS). To the extent possible, members of the public should be invited to participate. These exercises/drills should encompass, if possible, at least one biological agent. The inclusion of scenarios involving radiological and chemical agents as well as explosives may be included as part of the exercises/drills.



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

Alex Briscoe, Director
Anita Siegel, Director

Administrative Services Division

Binh Cao
Director

1000 Broadway, Suite 500
Oakland, CA 94607

(510) 267-8054 Tel
(510) 267-8067 Fax

July 10, 2012

Mr. Edmund Yee, Auditor
Department of Health Care Services
Audits Section – Richmond
850 Marina Bay Parkway
Building P, 2nd Floor, MS 2104
Richmond, CA 94804-6403

Dear Mr. Yee:

Enclosed for your consideration are the following:

- a. Response to your audit findings both for CDC, CRI and HPP
- b. Copy of our revised HPP Invoice for FY 05-06 based on indirect at 15% of direct cost which the county is entitled in this period.

Paybacks require approval by the County Board of Supervisors. It is expected that the actual check issuance will take a longer period.

If you have any questions, please call us.

Sincerely,

A blue ink signature of Eduardo C. Luang, written in a cursive style.

Eduardo C, Luang
Manager, Grants Claiming



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

Alex Briscoe, Director
Anita Siegel, Director

Administrative Services Division

1000 Broadway, Suite 500
Oakland, CA 94607

Binh Cao
Director

(510) 267-8054 Tel
(510) 267-8067 Fax

July 2, 2012

California Department of Public Health
Public Health Emergency Preparedness
Emergency Preparedness Office
Attn: Stacy Sher
P.O. Box 997377, MS 7002
Sacramento, CA. 95899-7377

Subject: HRSA Bioterrorism Hospital Preparedness (HPP)
Contract No. 02-01-03 ALA
Contract Term: September 2005 – August 2006
Invoice No: Final Invoice

Dear Sir / Madam:

Enclosed is our revised HPP 2005-2007 invoice for the period September 2005 to August 2007 in lieu of previously submitted invoices. This is being submitted in view of audit findings showing that total expenses submitted to EPO was \$873,589 and Alameda County was paid \$890,476 thus requiring us to refund the amount of \$16,887. Review of our invoices submitted to EPO showed that we were claiming indirect cost at only 10% of direct cost versus allowable \$15%. The attached invoice in the amount of \$349,189.67 and the Direct Equipment purchase of \$359,581 total \$888,769 thereby reducing the amount due the County to \$1,706.33:

Payments, Equipment & Supplies Received	<u>\$890,476.00</u>
CDPH Direct Equipment	\$539,581.00
Alameda County Actual Expenditures	<u>\$349,189.67</u>
Total	<u>\$888,770.67</u>
Excess Payment	<u>\$ 1,705.33</u>

We request that the amount in excess of the actual combined County Paid expenditures and Direct Equipment Purchase be rolled over to the current grant award to Alameda County Hospital Preparedness Program (HPP).

Thank you.

Sincerely,



Eduardo Luang
Grants Claiming Manager

Enclosures: Revised 2005-2007 Invoice
cc:

Ms. M. Mena
Mr. H. Chen
Mr. E. Yee