



**Operational Plan in Support of the Finger Lakes Public Health Alliance
Intermunicipal Agreement Between the Counties of
Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates**

The Operational Plan in Support of the Finger Lakes Public Health Alliance Intermunicipal Agreement Between the Counties of Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates has been reviewed and approved by the following local health department representatives:

Chemung County Health Department
Reviewed by Robert Page, Public Health Director

Signature: _____ Date: _____

Livingston County Department of Health
Reviewed by Jennifer Rodriguez, Public Health Director

Signature: _____ Date: _____

Monroe County Department of Public Health
Reviewed by Michael Mendoza, MD, Interim Commissioner of Public Health

Signature: _____ Date: _____

Ontario County Public Health Department
Reviewed by Mary Beer, Public Health Director

Signature: _____ Date: _____

Schuyler County Public Health Department
Reviewed by Marcia Kasprzyk, Public Health Director

Signature: _____ Date: _____

Seneca County Health Department
Reviewed by Vickie Swinehart, Director of Public Health

Signature: _____ Date: _____

Steuben County Public Health Department
Reviewed by Darlene Smith, Public Health Director

Signature: _____ Date: _____

Wayne County Public Health Department
Reviewed by Diane Devlin, Director of Public Health

Signature: _____ Date: _____

Yates County Public Health Department
Reviewed by Deborah Minor, Public Health Director

Signature: _____ Date: _____

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II. Record of Review & Change

Date (Month/Year)	Review or Change	Nature of Review and/or Change	Page Number(s)	Responsible Party/Parties
	<input type="checkbox"/> Review <input type="checkbox"/> Change	Initiation of Plan	All	
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III. Acknowledgement

This plan was developed through a workgroup consisting of representatives from the Finger Lakes Public Health Alliance (FLPHA). All agencies noted in this plan have been advised of their role in an activation of the FLPHA intermunicipal agreement and have acknowledged their role and responsibilities as outlined in the intermunicipal agreement and this operational plan.

IV. Introduction & Background

A. Purpose

The purpose of this document is to define the working relationship between the New York Finger Lakes Counties of Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates in the event that the FLPHA intermunicipal agreement is activated and to establish a consistent method of documenting, requesting, and responding to the request for public health mutual aid. The county requesting public health mutual aid hereinafter shall be referred to as the *Receiving County* and the county responding to the request shall hereinafter be referred to as the *Sending County*.

In this plan, the participating agencies express their intent to collaborate as set forth in the intermunicipal agreement issued jointly by Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates County, entitled *Intermunicipal Agreement Between Counties of Monroe, Livingston, Steuben, Yates, Schuyler, Chemung, Ontario, Wayne and Seneca for the Period of July 1, 2015 Through June 30, 2020*, hereinafter referred to as the FLPHA MOU. Each agency shall provide its mutual aid as detailed in the operational plan, its appendices, and/or the intermunicipal agreement.

B. Authority

Legal authority for the activities described in this plan is outlined in the FLPHA MOU. Each party to the FLPHA MOU is a separate and independent agency. As such, each agency retains its own identity in providing services and each agency is responsible for establishing its own policies and financing its own activities unless otherwise specified by the intermunicipal agreement.

The FLPHA MOU is a voluntary agreement among the participating counties of Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates. The abovementioned agencies have submitted a signed intermunicipal agreement indicating their intent to abide by its terms.

Additional legal authority for the activities described in this plan can be found in the individual Public Health Emergency Preparedness and Response (PHEPR) Plans of the participating local health departments (LHDs).

C. Definitions

After-Action Report (AAR): a document intended to capture observations of an exercise and make recommendations for post-exercise improvements. The final After-Action Report (AAR) and Improvement Plan (IP) are printed and distributed jointly as a single After-Action Report/Improvement Plan (AAR/IP) following an exercise.

After-Action Report/Improvement Plan (AAR/IP): the main product of the Evaluation and Improvement Planning process. The AAR/IP has two components: an AAR, which captures observations of an exercise and makes recommendations for post-exercise improvements; and an IP, which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion.

Finger Lakes Public Health Alliance (FLPHA): a committee through the S²AY Rural Health Network consisting of representatives from the LHDs of Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties. The committee facilitates the development of emergency planning documents and sharing of mutual aid across jurisdictional county lines in the event of public health emergencies.

Homeland Security Exercise and Evaluation Program (HSEEP): a program that gives a set of guiding principles for exercise programs. HSEEP provides a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. HSEEP exercise and evaluation doctrine is flexible, adaptable, and is for use by stakeholders across the whole community. HSEEP is applicable for exercises across all mission areas including: prevention, protection, mitigation, response, and recovery.

Imminent Threat to Public Health (ITPH): an event that causes, or has the potential to cause, morbidity and mortality in humans.

Improvement Plan (IP): for each task, the IP lists the corrective actions that will be taken, the responsible party or agency, and the expected completion date. The IP is included at the end of the After-Action Report.

Incident Command System (ICS): a management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.

Integrated Health Alerting and Network System (IHANS): a notification system for New York State Department of Health (NYSDOH) and Local Health Department (LHD) staff to submit alerts, advisories, and informational messages to Health Commerce System (HCS) users by email, phone, or fax.

Medical Reserve Corps (MRC): a national network of volunteers, organized locally to improve the health and safety of their communities. MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units engage these volunteers to strengthen public health, improve emergency response capabilities and build community resiliency. They prepare for and respond to natural disasters as well as other emergencies affecting public health.

National Incident Management System (NIMS): a set of principles that provides a systematic, proactive approach guiding government agencies at all levels, nongovernmental organizations, and the private sector to work seamlessly to prevent, protect against, respond to, recover from, and mitigate the effects

of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

Public Health Director: refers to the person responsible for the overall management of the LHD or their designee.

Public Health Mutual Aid: refers to aiding another LHD in the form of personnel, equipment, facilities, services, supplies, or other resources appropriate to public health programs, including but not limited to inspections; vaccination clinics; centers for the distribution of pharmaceuticals; administrative assistance; specimen collection, conveyance, and testing; consulting; environmental assessment; and other programs.

Receiving County: refers to the local public health department *requesting* public health mutual aid.

S²AY Rural Health Network: a rural health network which is comprised of the LHDs in eight counties of New York's Finger Lakes Region: Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates Counties. The S²AY Rural Health Network's mission is to integrate, promote and expand appropriate components of the public health delivery system to improve health outcomes for all residents of the Network region.

Sending County: refers to the local public health department considering the request or *responding* to the request for public health mutual aid.

ServNY: a volunteer management system, administered by the New York State Department of Health's (NYSDOH) Office of Health Emergency Preparedness (OHEP), which is a web-based registry of individuals who make themselves available to assist on behalf of New York State during an emergency.

D. Acronyms

Acronym	Agency or Term Being Referred to
AAR	After-Action Report
AAR/IP	After-Action Report/Improvement Plan
CEMP	Comprehensive Emergency Management Plan
COOP	Continuity of Operations Plan
EOC	Emergency Operations Center
FEMA	Federal Emergency Management Agency
FLPHA	Finger Lakes Public Health Alliance
HCS	Health Commerce System
HERDS	Health Electronic Response Data System
HEPC	Health Emergency Preparedness Coalition
HSEEP	Homeland Security Exercise and Evaluation Program
ITPH	Imminent Threat to Public Health
IP	Improvement Plan
ICS	Incident Command System
IHANS	Integrated Health Alerting and Network System
JAS	Job Action Sheet
JIC	Joint Information Center
JIS	Joint Information System
JITT	Just-in-Time Training
LRN	Laboratory Response Network
LCU	List Creation Utility
LHD	Local Health Department
MCM	Medical Countermeasures
MRC	Medical Reserve Corps
MOU	Memorandum of Understanding
NIMS	National Incident Management System
NYSDEC	New York State Department of Environmental Conservation
NYSDOH	New York State Department of Health
OEM	Office of Emergency Management
OHEP	Office of Health Emergency Preparedness
PPE	Personal Protective Equipment
POC	Point of Contact
PHEP	Public Health Emergency Preparedness
PHEPR	Public Health Emergency Preparedness and Response Plan
PIO	Public Information Officer

V. Plan Maintenance & Implementation

A. Plan Maintenance

This plan will be reviewed and updated on an annual basis or as conditions warrant. Any changes made to this document will be done so with the knowledge and consent of all representatives of the S²AY Rural Health Network Management Team. All dates of review and changes will be notated in the *Record of Change*.

The S²AY Rural Health Network will retain the physical and an electronic copy of the signed FLPHA MOU and FLPHA MOU Operational Plan, copies of which will be available upon request. Electronic copies of the intermunicipal agreement and operational plan have been provided to the participating agencies.

B. Trainings

LHD trainings on the processes and procedures outlined in this operational plan and its supporting documents will be the responsibility of the individual agencies. LHD staff trainings will be conducted on an annual basis or at the discretion of the respective Public Health Director. Training for newly hired staff is detailed in the Emergency Preparedness section of the new employee orientation manual and the respective agency's workforce development plan.

Additional local and regional trainings may be conducted based on exercise Improvement Plans (IP) and/or at the discretion of the S²AY Rural Health Network Management Team.

C. Exercises

Regional exercises and drills will be conducted at the discretion of the S²AY Rural Health Network Management Team. All exercises and drills will be conducted utilizing Homeland Security Exercise and Evaluation Program (HSEEP) formatting and documented with an After-Action Report/Improvement Plan (AAR/IP), completed by FLPHA support staff, within 90 days of the exercise or drill.

D. Activation

Any activation of the FLPHA MOU, including requests that could not be fulfilled, will result in an AAR/IP to be completed within 90 days of deactivation. This AAR/IP may be the event's AAR/IP or its own separate document, as deemed necessary by the S²AY Rural Health Network Management Team. Should a separate AAR/IP be written, its development and submission will fall under the responsibility of FLPHA support staff.

When the intermunicipal agreement is activated in response to an event, the Receiving County will be the lead in completing the event's AAR/IP and responsible for sharing it with the Sending Counties. All Sending Counties will participate in the event's debriefing and evaluation process as requested by the Receiving County.

VI. Situations & Assumptions

A. Situations

Potential risk and hazard considerations, geographic characteristics, support facilities, economic profiles, and demographics of the participating counties that are relative to health and medical emergency planning can be found in each respective county's Comprehensive Emergency Management Plan (CEMP) and LHD's PHEPR Plan.

B. Assumptions

This plan assumes that the Receiving County requesting public health mutual aid has exhausted, or anticipates exhaustion of, all other resources available to them within their own jurisdiction before activating the FLPHA MOU.

The event may not be within a single jurisdiction, other FLPHA counties may be affected as well. In such a situation, public health mutual aid may not be available or may need to be distributed among multiple counties. The allocation of resources will be the responsibility of the Sending County and should be determined on a case-by-case basis.

The Receiving County will follow National Incident Management System (NIMS) standards and all event response activities will be documented through all appropriate forms and, at minimum, *Activity Log (ICS 214)*.

VII. Preparedness

A. Communications

NYSDOH's Integrated Health Alerting Network System (IHANS), an application within the Health Commerce System (HCS), will be used to send notification to all participating Public Health Directors to activate the FLPHA MOU.

HCS users are responsible for maintaining their own contact information in the HCS's Commerce Communications Directory. HCS users should verify and update their contact information every 90 days or any time there is a change.

Each agency is responsible for training and ensuring the competency of their own staff in the HCS. Regional trainings, exercises, or drills of the HCS may be conducted at the discretion of the S²AY Rural Health Network Management Team.

A distribution list titled *FLPHA MOU Activation Distribution List* will be maintained in Appendix 1: *Communications*. The members of this distribution list will receive the initial notification that the FLPHA MOU has been activated and any pertinent communications thereafter. This distribution list should contain all participating Public Health Directors, Deputy Public Health Directors, Emergency Preparedness Coordinators, the 24/7 On-Call Contact, the S²AY Rural Health Network Coordinator, as well as any additional personnel to be determined by the S²AY Rural Health Network Management Team. The information provided for this list will be verified and updated by FLPHA support staff on a quarterly basis. Further, the Emergency Preparedness Coordinator should contact the FLPHA support staff any time there is a change within their county affecting this list.

Fillable templates for email and phone messaging to notify partner agencies that the FLPHA MOU has been activated can be found in Appendix 2: *Activation Protocol*. If the Receiving County chooses to deviate from these templates, the basic elements of the event and nature of the public health mutual aid being requested should be included in their activation notice.

All IHANS or other FLPHA MOU activation notices will be acknowledged by the Sending Counties as instructed, whether they anticipate their county's ability to provide public health mutual aid or not.

If the HCS is unavailable, the Receiving County will utilize the redundant methods of communication detailed in the individual LHD's PHEPR Plan. If notice of the activation of the FLPHA MOU is given verbally, the Receiving County will document this utilizing *Activity Log (ICS 214)* and confirm the request in writing at the earliest possible date, but no later than ten business days following the initial request.

Additional pertinent LHD contacts can be found in the *FLPHA Communications Directory* in Appendix 1: *Communications*. The information provided for this list will be verified and updated on an annual basis or any time there is a change.

B. Credentialing

It is the responsibility of the individual LHDs and responding agencies to identify and credential potential responding staff and ensure that they are appropriate for the roles being requested, prior to deploying them to an event. All staff members must be in good standing with their sending agency prior to deployment. Staff members should be prepared to provide county photo identification while being processed by the Receiving County and at any point they are acting in their role as a Receiving County staff.

Acceptable minimum standards for credentialing, uniforms, and identification can be found in *Staffing Management* and Appendix 5.1: *Credentialing Protocol*.

VIII. Response

A. FLPHA MOU Activation

1. Request for Public Health Mutual Aid

The activation sequence laid out in this document is initiated when the Receiving County Public Health Director is informed of an incident or emergency within their jurisdiction that requires a public health service.

The Receiving County Public Health Director activates the LHD's PHEPR Plan, assesses the event, identifies the public health service need, and determines whether or not public health mutual aid is required in order to respond.

If deemed necessary, public health mutual aid should be requested through activation of the FLPHA MOU via IHANS and/or as outlined in this document. Prior to activating the FLPHA MOU, the Receiving County Public Health Director will notify the local Office of Emergency Management Director, PHEP Coordinator, and the NYSDOH Western Region Office, as appropriate.

The Receiving County Public Health Director will contact the Receiving County's Chief Elected Official to make a request and obtain approval for activation of the FLPHA MOU. If already completed during assessment of the event, the *Assets Request Form* may be used during this time to justify the need for public health mutual aid.

Once approval has been obtained from the Receiving County's Chief Elected Official, the Public Health Director will activate the FLPHA MOU as detailed in Appendix 2.1: *FLPHA MOU Activation Notification Protocol*.

The Receiving County will conference call with the NYSDOH to determine public health mutual aid needs. The Receiving County Public Health Director should consider including the Sending Counties' Public Health Directors in this call.

The Receiving County Public Health Director, with input from the local Office of Emergency Management Director, PHEP Coordinator, and NYSDOH Western Region Office, as appropriate, will detail the request for public health mutual aid using Appendix 3.1: *Assets Request Form*.

Requests for mutual aid above and beyond FLPHA MOU capabilities will be made as the Receiving County Public Health Director and Receiving County's Chief Elected Official see fit or as detailed in intermunicipal agreements they hold with other agencies.

2. *Response to a Request for Public Health Mutual Aid*

The Sending County Public Health Director will receive and acknowledge an IHANS notification from the Receiving County that the FLPHA MOU has been activated. Acknowledgement is expected whether or not the Sending County anticipates their ability to provide public health mutual aid.

The Sending County Public Health Director will notify the local Office of Emergency Management Director and PHEP Coordinator of the request for public health mutual aid, as appropriate. The Sending County's Emergency Operations Center (EOC) may be activated to review the request and determine if, and to what extent, mutual aid can be provided.

The Sending County Public Health Director will contact the Sending County's Chief Elected Official to obtain approval to provide mutual aid or refuse the request. If already completed during assessment of the request, the *Available Assets Form* may be used during this time to specify assets that are available.

Once approval has been obtained from the Sending County's Chief Elected Official, the Sending County Public Health Director will fill out Appendix 3.3: *Available Assets Form*, regardless of whether or not mutual aid is able to be provided. This form will be returned to the Receiving County via email, unless otherwise instructed by the Receiving County Public Health Director.

The Sending County will not deploy any staff, volunteers, or assets until the Receiving County has confirmed which, if any, mutual aid will be accepted. This can be done through conference call but must be confirmed in writing at the earliest possible date, but no later than ten business days following the conference call, utilizing Appendix 3.4: *Accepted Assets Form*.

B. Assets

Once the scale and nature of the public health service need has been identified, the public health mutual aid required in the Receiving County's response can be determined. In follow-up to their initial notification that the FLPHA MOU has been activated, the Receiving County will use Appendix 3.1: *Assets Request Form* to detail their request for aid.

Initial response by the Sending County will be using Appendix 3.2: *Available Assets Form* while a more detailed summary of available assets will be provided using Appendix 3.3.1: *Available Assets Form - Equipment, Supplies, & Pharmaceuticals* and Appendix 3.3.2: *Available Assets Form - Staff*.

See *Payment for Services* and Appendix 7: *Documentation & Payment* for appropriate documentation and tracking of assets.

C. Staffing Management

Sending County staff members will *only* be activated by Sending Counties when requested by the Receiving County. Any and all staff activated by the Sending Counties should be currently employed by and in good standing with their respective counties. If volunteers are requested outside of the Receiving County's capacity and/or jurisdiction, the request must go to the NYSDOH through the Sending County's OEM. Once received, the processing and activation of additional volunteers will be facilitated by the New York State Volunteer Management Coordinator through ServNY.

Acceptable minimum credentialing, uniforms, and identification can be found in *Credentialing Protocol* of Appendix 5: *Staffing Management*. The existing credentialing protocol of the Receiving County, if more thorough, will supersede the protocol detailed in this document and its appendices. Exceptions to this protocol are at the discretion of the Receiving County Public Health Director and will be determined on a case-by-case basis.

The Receiving County will provide supervision of and Just-In-Time Training (JITT) for all staff and volunteers once they have been processed by the Receiving County. Some staff and volunteer coordination responsibilities may be delegated to partner agencies as necessary, but will remain the ultimate responsibility of the Receiving County for the duration of the event.

The Receiving County will consult with the respective sending agency should any disciplinary actions or dismissal become necessary regarding staff members and/or volunteers they deployed.

D. Additional Resources

When aid is unavailable through activation of the FLPMA MOU or resources are needed that exceed the ability of the intermunicipal agreement, the Receiving County will need to seek aid from other sources.

To determine additional sources of aid, the Receiving County will consult with their regional representative from the NYSDOH.

IX. Recovery

A. Demobilization

The time and process of demobilization will be determined by the Receiving County based on the event and established protocol.

Staff and volunteers will be released based on the Receiving County's demobilization plan. Once released by the Receiving County, staff will be returned to the management of their respective agencies. The Receiving County will provide, or collaborate with the sending agencies to provide, a list of behavioral health resources for staff and volunteers should such services be needed in post-deployment.

Assets will be returned to the Sending Counties as they are no longer needed or as agreed upon between the Sending and Receiving Counties. The integrity of equipment, supplies, and/or pharmaceuticals will be maintained while in the Receiving County's possession and during transportation.

B. Debriefing

The time and process of debriefing for staffing resources from the Sending Counties will be determined by the Receiving County based on the event and established protocol. Debriefing should occur no later than 30 days after the event.

C. Evaluation

All decision-makers from the Sending Counties, regardless of whether they were able to provide public health mutual aid or not, will participate in a survey within 30 days of the event. The survey can be rendered anonymously and may be in electronic or paper format. The feedback obtained through the survey will be utilized in writing the event's AAR/IP as well as in shaping future iterations of the FLPHA MOU and its operational plan.

X. Information Dissemination

The Receiving County's Public Information Officer (PIO) will serve as the primary contact and coordinator of information to be disseminated to partner agencies, staff, volunteers, the media, and the general public for the event. A Joint Information Center (JIC) should be considered for information dissemination purposes.

The Sending Counties will not release statements or information regarding the event to other agencies, staff, volunteers, the media, or the general public without express permission from the Receiving County's PIO. All press releases developed by the Sending Counties will be submitted to the Receiving County's PIO for approval prior to being released.

It is recommended that a press release be developed by the S²AY Rural Health Network Coordinator to announce the successful activation of the FLPHA MOU within 30 days of an event occurring. This statement should be approved by the S²AY Rural Health Network Management Team prior to being released.

See Appendix 6: *Media* for press release templates and the *FLPHA Media POC Directory*.

XI. Vouchering

The Sending Counties will keep a written record of all expenses associated with activation of the FLPHA MOU and the performance of public health mutual aid. The method of recordkeeping is at the Sending Counties' discretion but will identify the assets sent and used in response to the request for mutual aid.

In order for the Sending Counties to be reimbursed by the Receiving County for public health mutual aid, all requested information should be provided in Appendix 7.2.1: *Vouchering Form - Staff* and Appendix 7.2.2: *Vouchering Form - Equipment, Supplies, & Pharmaceuticals*, unless otherwise specified by the Receiving County, within ten business days of deactivation. In such a case that the established protocol should not be used, the Receiving County will provide the Sending Counties with information regarding appropriate documentation in a timely manner.

A. Documentation

1. Staff

When submitting for reimbursement of expenses related to staff members, the Sending Counties will provide the following information concerning each individual:

- First and last name of the individual.
- Job title.
- Hourly rate of pay.
- Overtime rate of pay.
- Dates and hours of work.
- Mileage for travel.

2. Equipment, Supplies, & Pharmaceuticals

When submitting for reimbursement for equipment, supplies, and/or pharmaceuticals, the Sending Counties will provide the following information:

- Name of the piece of equipment, item, or pharmaceutical.
- Description.
- Cost or value.

B. Article 6 Reimbursement

In order to submit for reimbursement under Article 6 of New York Public Health Law, the State Commissioner must determine that an Imminent Threat to Public Health (ITPH) exists.

The Receiving County must keep a record of all costs related to the response to an ITPH and must segregate these costs from other activities eligible for State Aid.

Should the Receiving County receive FEMA or other reimbursement, the portion of reimbursement funds related to the State Aid claim already paid to the Receiving County must be reported as revenue in the State Aid year in which it is received.

Refer to Appendix 7.1: *Article 6 Guidance* for further details regarding reimbursement conditions, processes, and reimbursable expenses under Article 6 of New York Public Health Law.

Appendices

Appendix 1: Communications

- Appendix 1.1: *FLPHA Communications Directory*
- Appendix 1.2: *FLPHA MOU Activation Distribution List*

Appendix 2: Activation Protocol

- Appendix 2.1: *FLPHA MOU Activation Notification Protocol*
- Appendix 2.2: *Receiving County Protocol*
- Appendix 2.3: *Sending County Protocol*

Appendix 3: Public Health Mutual Aid

- Appendix 3.1: *Assets Request Form*
- Appendix 3.2: *Available Assets Form*
- Appendix 3.3.1: *Available Assets Form - Staff*
- Appendix 3.3.2: *Available Assets Form - Equipment, Supplies, & Pharmaceuticals*
- Appendix 3.4: *Accepted Assets Form*

Appendix 4: Incident Command System

- Appendix 4.1: *Incident Command System Order of Succession*
- Appendix 4.2: *Job Action Sheets*
- Appendix 4.3: *Activity Log (ICS 214)*

Appendix 5: Staffing Management

- Appendix 5.1: *Credentialing Protocol*

Appendix 6: Media

- Appendix 6.1: *FLPHA Media POC Directory*
- Appendix 6.2: *Press Release Templates*

Appendix 7: Vouchering

- Appendix 7.1: *Article 6 Guidance*
- Appendix 7.2.1: *Vouchering Form - Staff*
- Appendix 7.2.2: *Vouchering Form - Equipment, Supplies, & Pharmaceuticals*

Annexes

Annex A: Intermunicipal Agreement Between Counties of Monroe, Livingston, Steuben, Yates, Schuyler, Chemung, Ontario, Wayne and Seneca for the Period of July 1, 2015 Through June 30, 2020

- Annex A.1: *FLPHA MOU - 07.2010 - 07.2015*
- Annex A.2: *FLPHA MOU - 07.2015 - 07.2020*