FY2020 Coronavirus SHIP FAQs

Eligibility

There are critical access hospitals in my state who do not participate in FLEX or SHIP because they have chosen not to participate in MBQIP which makes them ineligible for regular funding through either grant. Would those hospitals be able to receive COVID-19 funds through SHIP?

Yes. All hospitals that meet SHIP eligibility criteria are eligible for COVID-19 funding:
Eligible small rural hospitals are non-federal, short-term general acute care facilities that are located in a rural area of the US and the territories, including faith-based hospitals. For the purpose of this program:
1) "eligible small rural hospital" is defined as a non-Federal, short-term general acute care hospital that: (i) is located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) has 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report;,
2) "Rural area" is defined as either: (1) located outside of a Metropolitan Statistical Area (MSA); (2) located within a rural census tract of a MSA, as determined under the Goldsmith Modification or the Rural Urban Commuting Areas (RUCAs) or (3) is being treated as if being located in a rural area pursuant to 42 USC 1395ww(d)(8)(E); and,
 3) Eligible SHIP hospitals may be for-profit or not-for-profit, including faith based. Hospitals in U.S. territories as well as tribally operated hospitals under Titles I HRSA-16-018 3 and V of P.L. 93-638 are eligible to the extent that such hospitals meet the above criteria. See SHIP Eligibility FAQs for more information.

We have a few Indian Health hospitals that are Critical Access Hospitals. Are they eligible?
Tribal hospitals are eligible to receive funding under the COVID-19 funding for this program.
Indian Health Service hospitals are not eligible for COVID-19 funding through this program.
Currently we can determine rural status by geography or by being designated as rural by statute or state government. Can you confirm that this is still the case?
HRSA has not made any changes to the SHIP program (e.g., rural definition, eligibility, funding priorities, use of funds, etc.) as a result of the COVID-19 crisis. SHIP is simply the vehicle that HRSA will use to distribute COVID-19 funding to eligible hospitals.

Is "a small hospital located in a larger urban area—under 20 beds" eligible?
No, they are not eligible. See the above Question A that address the criteria for SHIP eligible hospitals.
Is a hospital that has behavioral health beds within the staffed bed eligible? Are the behavioral health beds excluded?

HRSA has allowed participation if the staffed beds are 49 or less. So if the Behavioral Beds aren't on the cost report, they wouldn't count towards total staffed in SHIP. "Eligible small rural hospital" is defined as a non-Federal, short-term general acute care hospital that: (i) is located in a rural area as defined in 42 U.S.C. 1395ww(d) and (ii) has 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report.

If a hospital is asked by the state to go above their 49 staffed beds because of COVID-19 are they still able to participate in SHIP?

Yes. SHIP hospitals that are required to increase bed count in response to COVID-19 crisis would still eligible to participate in SHIP.

We have hospitals that are larger than 49 beds but can attest to only using (staffing?) 49 beds or less and we use that to prove eligibility for SHIP. Will we still be able to do this?

Yes. Hospitals reporting a licensed bed count greater than 49, but staff 49 beds or fewer, may certify eligibility based on bed count by submitting a written statement to the SORH that includes: 1) the number of staffed beds at the time of the most recent cost report submission, 2) the cost reporting period of the most recently filed cost report and 3) the signature of the certifying official.

A few hospitals did not complete an application for FY2020, could they receive Covid-19 funds through SHIP?

Yes. The requirement is that the hospitals be SHIP-eligible. Hospitals do not have to participate in SHIP. As long as they are SHIP eligible and could use the money on COVID-19 activities they are eligible to receive funds you can include them on your list for COVID-19 funding.

<u>Budget & Costs</u>

For the SHIP facilities that participate as a consortium or network under SHIP, are they allowed to do this with the COVID funds? The point would be not to pool funds but to ease the administrative burden, so there is a single point of contact for their grant contract?

Grantees may distribute COVID-19 funds based on internal policies and processes, as long as those policies ensure that each COVID-19-eligible hospital receives their individual award.

Can a hospital purchase something now, knowing the funding is coming? Do you have any rules on that? Would purchases have to be made after the date of the award?

HRSA authorizes the recipient to incur pre-award costs prior to the effective date of a Federal award dating back to January 20, 2020. Awardees have the ability to drawdown funds for obligation but it can't go into an interest bearing account. Awardees have ability to obligate pre-award funds with the understanding that they are at risk until the NOA arrives

Can you provide me any information regarding indirect costs? Are there also allowances for our SORH for staffing of the program?

For this funding program, the indirect cost for participating SORH is limited to the lesser of:
(i) 15 percent of the amount of the grant for administrative expenses; or
(ii) the state's federally negotiated indirect rate for administering the grant

<center>Examples of Allowable Uses of Funds</center>

Could you provide specific examples of allowed activities vs not allowable activities in the operational and clinical sense?

This is a list of CARES award activities and purchases that may support hospital funding to assist hospitals that are eligible to be funded through the Coronvirus SHIP one-time funding will provide support to hospitals to prevent, prepare for, and respond to coronavirus. This includes:

- Ensuring hospitals are safe for staff and patients
- Detecting, preventing, diagnosing, and treating COVID-19
- Maintaining hospital operations

This list is not exhaustive, as there may be other allowable uses of funds consistent with the terms and conditions of your award. Ensure that your activities to address COVID-19 are consistent with CDC guidance for healthcare professionals and federal, state, territorial and local public health recommendations.

Safety – Hospitals are safe for staff and patients

- Purchase supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer that contains at least 60% alcohol, tissues, and no-touch receptacles for disposal.
- Purchase PPE or supplies to fashion protection for hospital personnel and suspected or known-infected patients, including National Institute for Occupational Safety and Health (NIOSH)-approved N95 respirators for hospital personnel.
- Review, update, and/or implement your emergency operations plan, including plans to address surge capacity and potential provider and other hospital staff absenteeism.
- Refresh training for all staff on standard and contact precautions, respiratory hygiene, and infection control procedures, including administrative rules and engineering controls, environmental hygiene, and appropriate use of personal protective equipment (PPE). Hospitals may consider using the Centers for Disease Control and Prevention's (CDC) pre-pandemic training for influenza, which is also recommended for COVID-19.
- Review your infection control plan and make necessary adjustments to align with CDC Guidelines for Environmental Infection Control in Health-Care Facilities.
- Ensure and enhance as needed to align with evolving recommendations, implementation of infection control plans and procedures, particularly regarding surface, space, clothing, and instrument cleaning/sanitization.
- Create new and enhance existing preparedness and response workflows to embed CDC guidelines and recommendations, which may require role/task reassignment.
- Train staff, establish workflows, and designate separate space for clinical and administrative services for persons under investigation and those testing positive for coronavirus.
- Purchase and post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Embed CDC guidance into electronic health record (EHR) clinical decision support tools.
- Purchase and install temporary barriers and/or reconfigure space through minor alteration and renovation activities to support appropriate physical distancing of patients and/or maximize isolation precautions for persons under investigation and those testing positive for coronavirus.
- Renovate interior floor plan and/or purchase equipment to maximize the use of telehealth.
- Enhance or install heating, ventilation, and air conditioning (HVAC) systems to promote facility air quality and hygiene.
  The following are ineligible costs:
    - Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology;1
    - New construction activities (new stand-alone structure) and/or associated work required to expand a structure to increase the total square feet of a facility;
    - Significant site work such as new parking lots or storm water structures;

- o Work outside of the building other than improvements to the building entry for handicapped accessibility, generator concrete pads, and other minor ground disturbance;
- o Installation of a permanently affixed modular or prefabricated building; and
- o Facility or land purchases.

Response – Detect, prevent, diagnose, and treat COVID-19

- Support COVID-19 testing and laboratory costs, including purchasing COVID-19 tests, specimen handling and collection, storage, and processing equipment, as appropriate.
- Support increased capacity for patient triage, testing (including drive- or walk-up testing) and laboratory services, and assessment of symptoms, through enhanced telephone triage capacity, digital applications, text monitoring systems, videoconference, and additional providers and other personnel.
- Enhance telehealth infrastructure to perform triage, care, and follow-up via telehealth, including with patients in their homes, community settings, public housing, and other locations, including patients with unstable or no housing.
- Perform outreach and provide patient and community-wide education on hand hygiene, cough etiquette, and COVID-19 transmission, using existing materials where available.
- Disseminate educational materials on precautions to prevent, contain, or mitigate COVID-19 and other respiratory illnesses.
- Purchase and administer COVID-19 therapeutics and vaccines when available, including other measures that may be identified to lessen severity or length of COVID-19 illness.
- Enhance staffing and purchase equipment and supplies (e.g., triage tents) as necessary to create separate temporary testing areas and deploy drive- or walk-up testing and laboratory services locations.
- Enhance website and social media feeds to include patient self-assessment tools and facilitate access to telemedicine visits.
- Enhance telemedicine infrastructure to optimize virtual care, including the use of home monitoring devices and video to help triage need for emergency services.
- Enhance workflows, health information exchange capacity, and data exchange to support communications with public health partners, centralized assessment locations, and other health care providers.
- Provide or otherwise support enhanced medical respite/recuperative care services.
- Purchase or lease radiological equipment to aid in testing and diagnosis, including the purchase of health information technologies to support remote reading.
- Purchase a mobile unit to provide testing and/or to deliver care.
- Coordinate with public health entities to help develop and enact the local and state emergency response plans.
- Support transitions in care (e.g., to and from hospitals or other health care providers) and coordination with health care partners, including health departments and other hospitals, by enhancing workflows, health information exchange capacity, and data exchange.
- Increase enabling services that address social risk factors amplified by the public health emergency (e.g., transportation, community health workers, home visits).

Maintain hospital operations

- Support personnel salaries in response to COVID-19 impacts.
- Support transitions as necessary to increase access to care through telehealth.
- Repurpose office space and/or reassign personnel to maintain or increase capacity to hospital services in the context of COVID-19 and ongoing needs of the patient population.
- Develop new and/or update existing patient registries to inform workflows that will support continuity of services to patients whose access has been limited by COVID-19 response.
- Provide paid leave to exposed or vulnerable hospital staff, including those unable to work due to the public health emergency.
- Hire and/or contract with new providers and/or other personnel to support increased service demand due to COVID-19.
- Purchase equipment to enhance electronic tracking, data exchange, reporting, and billing.
- Purchase or upgrade of an electronic health record that is certified by the Office of the National Coordinator for Health Information Technology.