

## Frequently Asked Questions

### SHIP ARP Pre Award Webinar and Emailed Questions

#### **Administrative & Grants Management:**

1. Is there a hospital application similar to COVID SHIP and SHIP? *No. Grantees will complete the ARP Hospital Spreadsheet to provide a count of all hospitals that have requested funding.*
2. What happens if a hospital initially agrees to participate, but later on, changes its mind? What would be the procedure for that? *If a hospital later decides not to participate, funds will be returned to HRSA. Grantees will notify the Project Officer to identify the hospitals and the amount of funds. It may be done through an updated Notice of Award with a reduced total or as part of the close out process.*
3. Are you going to request any validation expenses back to 6/1/2020 that have not already been reimbursed under the previous COVID funding? *No, however, hospitals should maintain appropriate documentation. ARP funds may be used to cover pre-award cost dating back to January 1, 2021. Grant funds cannot be used to cover costs already supported by other sources of funding.*
4. Is it recommended to give the hospitals all the money up front or should it be done in increments or possibly on a cost reimbursement bases? Since this is a large amount of money, what would be best practice? *Distribution of funds will be based on internal policies and procedures for distributing subawards.*
5. Can hospitals submit their applications as a group or do they need to submit their applications separately? *Hospital applications should be submitted to the state separately.*
6. Is there a cap on the amount of indirect? *No cap, but given the purpose of this funding to support rural hospital reporting and mitigation efforts, HRSA encourages states to fund at least 85% of the grant award to hospitals.*
7. Are SORH salaries and fringe allowed; or do we have to staff this with our existing program staff? *Yes, salaries and fringe are allowed.*
8. The "up to" \$230,000 per hospital language was concerning to hospitals - what would bring that down? *HRSA used this wording because of the formula used for setting the award to states based on participating hospitals. Depending on what costs the states take, the hospital awards would be less once the state subcontracts. States will receive \$230,000 for each participating, but hospitals may request an amount less than that from the state sub awards.*
9. *Many of the funding example activities are not something that will actually generate some type of invoice and payment – how will they be required to report the cost? The examples are illustrative of measures to consider. Using the Examples as a framework, hospitals can design program activities that best meet the needs of the communities they serve. Re: reporting of costs, all allowable expenditures must have appropriate supporting documentation, but could just be a summary of the activity and associated costs if there is not an invoice.*
10. Are Indian Health Services hospitals eligible for the ARP funding? I know they were not for the COVID funds. *IHS hospitals are not eligible for this funding (this funding uses the same SHIP hospital eligibility). However, tribal hospitals, as non-federal entities, are eligible for funding (as with SHIP).*
11. If a hospital that does not currently participate in SHIP or SHIP COVID (CARES Round 1), wants to participate in SHIP COVID (Round 2), are they eligible to participate (1) if they are rural and (2) have 49 beds or less or provide a letter that they staff for 49 beds or less if the hospital's cost

report lists more beds? *Yes, any hospital that meets the eligibility criteria for SHIP is eligible to receive these ARP funds. The hospital does not have to currently participate in SHIP or COVID-SHIP.*

### **Reporting:**

NOTE: We appreciated getting the comments on the hospital level reporting plan on the June 4 pre award call. The overwhelming response was that it is important for hospital accountability to states and for state grant program integrity that hospitals not report directly to a portal but that states consolidate the information from their hospitals and enter it themselves. For timing, the preference is no more than quarterly. If you have other questions, ideas, concerns on reporting – please email [SHIPTesting@hrsa.gov](mailto:SHIPTesting@hrsa.gov) with your thoughts and in the subject of the email “reporting.”

12. Is there a template for states to use for the equipment list and the minor A/R? *Yes. For equipment, within 90 days after the project end date, submit the SF-428 (Tangible Personal Property Report) with the SF-428B (Final Report Attachment) and, if applicable, the SF-428S (Supplemental Sheet). These documents must be completed using the HRSA Electronic Handbooks (EHBs). Additional detail to follow. The A/R template will be provided.*
13. Will there be any training or instructions offered on how to use and the portal for reporting? *Yes.*
14. To verify, the only reporting required by the hospitals, is on the HRSA developed portal, correct? *No. Grantee reporting is required for equipment purchases and Alternation/Renovation (A/R), as applicable. Additionally, based on conversations on the Pre-Award Call, hospitals will not be reporting into the portal directly, but states will facilitate. See note above for more information.*

### **Allowable Costs:**

15. If a hospital is part of a group, does education have to be specifically branded with the awarded hospital information, or can it only like the group? *Education can be branded in whatever way makes sense for the hospital and system and for community impact.*
16. Would employee bonuses be allowed as a burnout strategy? *Employee burnout strategies should focus on building systems for managing employee stress and avoiding burnout, and considering sustainability of those programs, but actual bonuses would not be an allowable cost.*
17. Can efforts such as screening patients when they arrive count for the costs in terms of staff time? *Yes. Tie it back to a mitigation activity.*
18. Can funds be used to support home health and hospice agencies? What would the limitations be for that time? This would be to go out and test/support isolation of individuals and/or provide health checks to ensure patients are safe. *Yes, hospitals using funds to support home health and hospice agency for testing is allowed, as would be providing at home testing for patients. For supporting isolation of individuals, if it is structured in a way for system improvements vs individual health outcomes. For example, paying staff person at the hospital to develop a network with other community partners for solutions.*
19. Could this support the purchase of a vehicle to go out in to the community to support those who may need testing or require care or resources (groceries, etc.) while isolated? *Yes, testing is allowed. For supporting isolation of individuals, if it is structured in a way for system improvements vs individual health outcomes. For example, paying staff person at the hospital to develop a network with other community partners for solutions.*

20. Will funding be available for programs such as a COVID-19 monitoring program? This would be nurses reaching out to patients to support them while they self-monitor at home after a positive diagnosis. *Yes.*
21. Can the grant cover the cost of a creative agency to develop additional materials to educate the public? *Yes.*
22. Can a hospital purchase equipment to bring testing capabilities in house? *Yes.*
23. Could a care coordinator be covered by these funds from a mental health angle, getting needed services secured for patients, and ensuring follow up care for patients that have had the virus? *Yes, a care coordinator to implement system strategies for addressing mental health needs and follow-up care is allowable, but not direct care for individual patients.*
24. Could the use of staff to courier daily the tests from a hospital to a laboratory count? This helps to identify cases more quickly and allows contact tracing to initiate more quickly. *Yes.*
25. Would mitigation to address mental health in the community be covered since we are seeing an increased prevalence related to COVID? *Yes, just tie back to broad goal.*
26. Can funding be put through a subcontract to another agency such as a Community Mental Health Center, Emergency Medical Services, or another Community Based Organization that can also support this work? *Yes. Hospitals may work with other organizations to support COVID Testing and Mitigation work.*
27. May funds be used for simultaneous multi-disease testing that includes COVID? *Yes.*
28. May funds be used for greeter/COVID screening staff at facilities? *Yes.*
29. What are the exact counties or zip codes that qualify as part of the grant? *SHIP hospitals will use funds to support the communities they serve.*
30. Can these funds can be used for mitigation activities for other infectious diseases in addition to COVID? *Yes.*
31. Would COVID-related sanitation equipment be eligible? *Yes.*
32. Would the cost of building an interface to allow for direct upload from EHR to wherever testing info needs to be reported? *Yes.*
33. Can funding be used to support CHWs? And are there limitations on that usage? For instance, would you be able to pay the salary of the CHW overall instead of payment for a direct service? *Funding may support CHW salary in support of activities specific to COVID Testing and Mitigation.*
34. Can funding be used to support EMS? And are there limitations on that usage? Would the creation of a Mobile Integrated Healthcare program to support testing and isolation efforts be allowed if it is a lump sum to support/collaborate with EMS? *These funds can support EMS as they relate to testing and mitigation efforts, and part of a system improvement process. Supporting the direct care of patients would not be covered.*
35. Hiring staff is listed under the Testing heading. Would that include advertising, recruitment, etc. or just salary and benefits once hired? *Funding may support advertising and recruitment initiatives (but not relocation, applicant travel, etc.)*
36. *Will these funds cover the staff salary for the time they spend doing these activities? Yes, provided that staff time is specific to Testing and Mitigation activities, staff-specific, and not charged to another federal award. The funding through this award should be used to complement, not duplicate or supplant, other funds received through existing payment or other programs supporting hospitals.*
37. Would these funds cover activities at the Hospital for our staff and providers continued training and education on prevention? Or is this just for education & activities we would do out in the community? *The funds cover hospital and community level education.*

38. Would a hospital be able to utilize the COVID Testing and Mitigation funding for adding broadband capacity to expand the range of mitigation and educational activities to the community and their patients? *Yes, this falls under “use digital technologies to strengthen the hospital’s core capacity to support the public-health response to COVID-19.”*
39. A hospital (Federal Identification Number) includes the ownership of both the hospital and long-term care facility, they are currently testing long-term care and residential housing employees weekly. Is this an eligible cost? *Yes.*
40. Would upgrading our Ventilator equipment to new/more functional models with high flow meet the criteria of the program under the category of maintaining health operations? *No.*
41. The examples indicate that funds may be spent on education on prevention of COVID-19 and other infectious diseases. Are there other areas where the approach to COVID mitigation might include other infectious diseases as well? *Yes, as many strategies would have overlapping impact with COVID and other related diseases.*
42. May SHIP ARP funds be used for the emerging testing technologies that include COVID-19 with other diseases in one test, as noted in [this article](#)? *Yes.*
43. Can funds be used for mitigation insect borne diseases like Lyme disease as well -- a huge issue in parts of our state? *This funding is for COVID and other related respiratory disease mitigation, but not all diseases broadly.*
44. Can the funds be used to pay the cost for COVID reagents for the PCR unit we use for testing? *Yes*
45. Our hospital waiting room is a single, large room so we have no way to segregate outpatients waiting for COVID testing from other, perhaps “well” patients who are here for outpatient testing. Could these funds be used to renovate our waiting room to provide more segregation of patients? *Yes*
46. Can we spend funds on COVID booster shot related expenses anticipated? *These funds cannot be used to purchase or disseminate vaccines, however, vaccine education is allowable.*
47. Could funds be used to support COVID long hauler symptoms, or for example, post-COVID syndrome patients may need financial assistance for travel to specialty clinic in Boston? *No, treatment for COVID long haul or covering travel for patients is not allowed.*
48. Could these funds support Employee PPE for N95 access if another wave? *Yes*
49. Employee daycare options/assistance. *No*

#### **Alteration/Renovation (A/R):**

50. **REVISED RESPONSE:** Can ED renovations to accommodate positive patients, more negative pressure rooms, be a use for this funding if it expands square footage? *No, this is not a construction grant. A/R is allowable but it does not permit the expansion of square footage. A/R for isolation of positive patients is allowed as a mitigation activity but A/R tied to more negative pressure rooms is not, as that would be considered COVID treatment related.*
51. **NEW:** Can need & use for negative pressure space be considered as a mitigation activity? *Yes, funds may be used to create common negative pressure environments. For example, waiting areas—especially ED, bathrooms, and triage areas where infections can easily be spread. Funds cannot be used to create negative pressure spaces for individual rooms for a single patient at a time.*
52. **NEW:** Can hospitals use funds for a negative pressure space for patients whose COVID status is not yet known? *Yes.*
53. **NEW:** Can A/R be used to isolate COVID-positive patients? *Yes, A/R for isolation of positive patients is allowed as a mitigation activity.*

54. Alteration & Renovation Projects- If a hospital does not use a contractor for AR and uses their own maintenance department for the AR, do they still need to fill out the template forms/certifications? *Yes. The A/R forms are required.*

**Resources:**

55. New webpage for COVID Testing underway on the SHIP website. All program updates will be available at: <https://www.ruralcenter.org/ship/american-rescue-plan>
56. Will we need to use SHIP TA for questions about eligible activities? It is challenging to grasp what is and isn't allowable. Will there be an entity we can reach out to, in order to better understand eligible expenditures as questions arise from hospitals? *For now questions should come to [SHIPTesting@hrsa.gov](mailto:SHIPTesting@hrsa.gov). The Center currently designing a COVID Testing webpage on the SHIP website: <https://www.ruralcenter.org/ship/american-rescue-plan>*