

Frequently Asked Questions

SHIP ARP Testing and Mitigation

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 in the program instructions - 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. In the final NoA states received \$258,376 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.*

12. 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.*
13. Can projects occur within a facility's "network" - for example, to benefit COVID testing and mitigation efforts at a hospital's PB RHC, or overflow/add on treatment sites? *Hospitals are allowed to support testing and mitigation activities at other sites. However, there are grants for testing and mitigation going to RHCs, so you may want to better understand the need for the support if the PB RHCs are also getting that funding. Feel free to call if you need further clarification.*

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 with your thoughts and in the subject of the email “reporting.”

14. 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.*
15. Will there be any training or instructions offered on how to use and the portal for reporting? *Yes.*
16. 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.*
17. Will hospitals need to report to the portal by filling out the files and uploading them or inputting the data directly? *Hospitals will report by inputting data directly into the portal or states may choose to report on behalf of the hospitals. FORHP will schedule a webinar to demonstrate the data portal and states will be able to decide which reporting option works best for their state.*
18. When reporting number of tests, should we be counting all administered tests back to January 1, 2021 in respect to their expenses? *Hospitals should provide their best estimate.*
19. Can the hospital staff testing be included in the data for this grant or not. *Yes*

Allowable Costs:

20. 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.*
21. Can projects occur within a facility's "network"- for example, to benefit COVID testing and mitigation efforts at a hospital's PB RHC, or overflow/add on treatment sites? *Hospitals are allowed to support testing and mitigation activities at other sites. However, there are grants for testing and mitigation going to RHCs, so you may want to better understand the need for the support if the PB RHCs are also getting that funding. Feel free to call if you need further clarification.*
 22. What are the rules about using funds for vaccine education across shared service areas? The larger entity asking about how they can use these funds is not a SHIP eligible facility but share patient population and staff. Could they do vaccine education for all staff or does it have to be limited to the staff that don't float between facilities? *If the funding is used to support the education for rural hospital employees, and then others in the system are able to benefit at no additional cost, that is fine, but if they are doing a larger education initiative and adding extra people does add to the cost, they should not use the rural targeted funds to cover the entire cost and should allocate funds proportionally.*

Alteration/Renovation (A/R):

23. 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.*
24. 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.*
25. Can hospitals use funds for a negative pressure space for patients whose COVID status is not yet known? *Yes.*
26. Can A/R be used to isolate COVID-positive patients? *Yes, A/R for isolation of positive patients is allowed as a mitigation activity.*
27. 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.*
28. What is the dollar threshold that would separate a project from being a minor alteration/renovation vs. construction? *\$500,000 total cost*

Equipment

29. If the equipment were only going to be used in an isolation room from which it would not be removed, would it be considered "moveable equipment"? *Moveable equipment can be moved, the intention to move the equipment is irrelevant. If it affixed when installed in the isolation room, it would not be considered moveable equipment.*
30. Can a piece of equipment purchased by a hospital be shared throughout their hospital system? *Equipment could be shared among a hospital system, but it must be used primarily for activities under this grant. This funding is intended to support hospitals and the rural communities in which they are located, so if hospital systems are sharing equipment among other eligible SHIP hospitals that is fine for efficiency in operation. If other hospitals in the system are not SHIP*

eligible, the equipment should be primarily used for hospitals that are SHIP eligible. Feel free to reach out if you have any questions.

Resources:

31. 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>