

# Virginia 2021 SHIP COVID-19 Testing & Mitigation



## Informational Webinar

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# Housekeeping



Slides will be emailed once the presentation has concluded



Questions will be answered at the end of the presentation

Questions in the chat box will be answered throughout the presentation

If we are unable to answer, we will reach out to HRSA for assistance



List of FAQs will be provided via email

# Agenda

SHIP COVID-19 Testing & Mitigation Overview

Allowable Expenses

- Equipment
- Alterations & Renovations

Global Quarterly Reporting

Virginia Reporting & Funding Distribution Process

Q&A

# SHIP COVID Testing and Mitigation Program Overview (H3L)

## Overview:

One-time funding to support hospitals increase COVID-19 testing and expand the range of mitigation efforts.

## Funding Timeline:

July 1, 2021-December 30, 2022

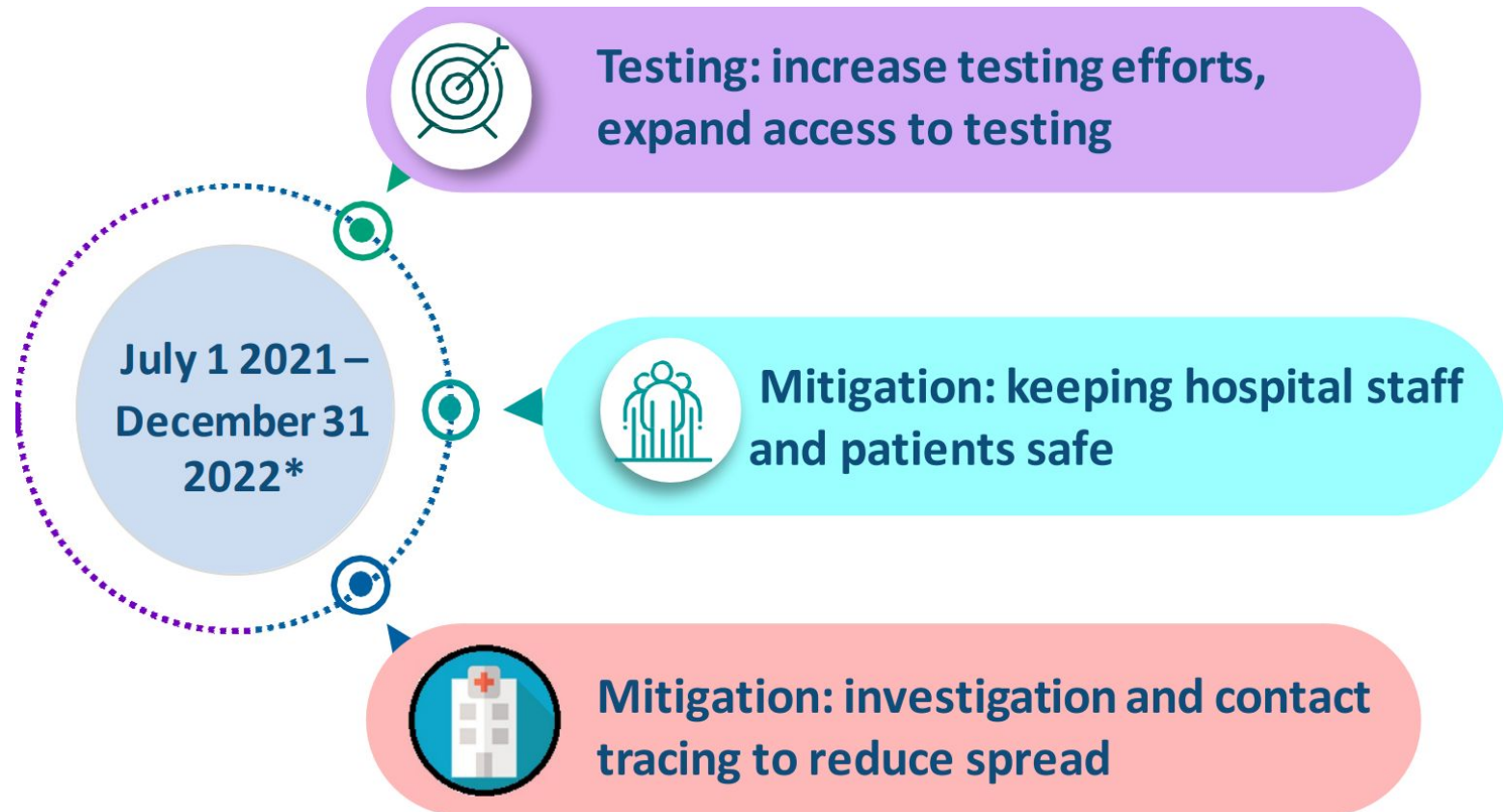
*\*Hospital costs can be dated back to January 1, 2021*

*Funds released upfront 10/22/2021 to VHHA*

*Available for use: 10/25/2021*

## Amount:

Each Virginia hospital was awarded: **\$257,126.00**



# Allowable Expenses- Testing

- ☐ Develop and implement strategies for patient testing confidence
- ☐ Access for community populations to address health and social inequities
- ☐ Minor alterations and renovations: installing structures, retrofitting to support COVID testing
- ☐ Leasing property
- ☐ Develop and implement systems to deal with supporting needs of patients with long COVID
- ☐ Planning for implementation of a COVID-19 program, including hiring and training staff, and reporting data.
- ☐ Equipment purchased to support testing
- ☐ Other activities related to COVID-19 testing



Note: List Provided by HRSA FORP

# Allowable Expenses- Mitigation

- ☐ Develop and implement policies and procedures to keep staff and patients healthy
- ☐ Maintain healthy operations for staff
- ☐ Implement strategies to address employee stress and burnout
- ☐ Investigate COVID-19 cases and conduct contact tracing
- ☐ Minor alterations and renovations to support mitigation efforts
- ☐ Equipment purchase to support mitigation
- ☐ Use digital technologies to strengthen hospital response to COVID-19
- ☐ Supporting referrals to testing, clinical services and other supports to mitigation strategies
- ☐ Planning for implementation of COVID-19 mitigation
- ☐ Training providers and staff on COVID-19 mitigation
- ☐ Other activities related to COVID-19 mitigation

Note: List Provided by HRSA FORP

# Equipment Costs and Documentation

Equipment is tangible personal property (including information technology systems)

Useful life of more than one year

Per-unit acquisition cost of at least \$5,000

Moveable equipment only

Equipment Requirements: ([45 CFR Part 75.320](#))

Equipment MUST be:

- Procured through a competitive process
- While [M-21-20](#) is in effect, you may request HRSA to waive procurement requirements regarding geographical preferences, and contracting small and minority businesses, women's business enterprises, and labor surplus area firms.
- Maintained, tracked, and disposed of per [45 CFR 75](#).

# Equipment Costs & Documentation

## Tangible Personal Property Report

- Within 90 days after the project end date, Virginia SHIP will reach out to hospitals in order to submit the SF-428 (Tangible Personal Property Report) with the SF-428B (Final Report Attachment) and, if applicable, the SF-428S (Supplemental Sheet).
- Virginia SHIP program is responsible for reporting federally-owned property, acquired equipment with an acquisition cost of \$5,000 or more for which HRSA has reserved the right to transfer title, and residual unused supplies with total aggregate fair market value exceeding \$5,000.
- Records for equipment acquired with Federal funds shall be retained for three years after final disposal.

# Minor Alterations and Renovations (A&R)

**Supports improvements, conversion, rehabilitation, remodeling, or modernization**

- Distinguished from construction and large-scale permanent improvements
- No cap on A/R costs for SHIP COVID Testing & Mitigation

However, if costs exceed 50% of hospital award, HRSA Project Officer approval required

- VHHA will work with Virginia SORH to provide proposal to HRSA

## **Required documentation**

- Project Implementation Certification and Itemized Budget for Minor A/R
- Project Completion Certification for Minor A/R

Q: Can ED renovations to accommodate positive patients, more negative pressure rooms, be a use for this funding if it expands square footage of the building? **No, HRSA considers this capital expansion. A/R is allowable but it does not permit the expansion of the building's square footage.** These renovations would be allowable if it renovated the current building for less than \$500,000 and without expanding the building's square footage. Funds may be used to create negative pressure environments in common areas or patient treatment areas. For example, common areas may include waiting areas—especially ED, bathrooms, and triage areas where infections can easily be spread

# Minor Alterations and Renovations (A&R)

- The documentation for minor A/R will need to be provided to VHHA/SHIP Coordinator
  - Project Implementation and Itemized Budget
  - Project Completion Report
- Per HRSA, Hospitals with funding used for minor A/R projects must report progress quarterly
  - *Reporting template can be provided to hospitals who request them*

Reminder: If a hospital plans to use more than 50% of its award (\$128,563.00) on minor A/R, prior approval is required.

# Federal Reporting

- HRSA requires quarterly reporting of SHIP COVID Testing & Mitigation
- Web based reporting portal developed by the National Association of Rural Health Clinics
- Virginia SORH will report on behalf of Virginia Hospitals to minimize administrative burden
- Virginia SORH will reach out to hospitals for the following numbers for quarterly reporting:
  - If funding was used for Testing-related projects/activities, we will request an estimate of the # of tests administered

# Virginia Reporting & Funding Distribution Process

Please return the completed and signed Commitment Letter from your hospital

The process for requesting payments or reimbursements mirrors SHIP

- Complete the Survey Monkey questionnaire using the link below
- Make sure to upload supporting documentation (receipts, purchase orders, quotes etc.)

SUBMIT REQUESTS VIA THIS LINK

[https://www.surveymonkey.com/r/COVIDSHIP\\_Testing\\_Mitigation](https://www.surveymonkey.com/r/COVIDSHIP_Testing_Mitigation)

# Virginia Reporting & Funding Distribution Process

## SURVEY MONKEY QUESTIONS

1. Hospital Name (Drop-down)
2. Submitted by (Name & Email or Phone Number)
3. Pay to the Order of (Name or entity or organization as it should appear on the check)
4. Address check should be mailed to

Select spending category: Testing (Increase testing efforts/Expanding access to testing) OR Mitigation (Keeping hospital staff & patients safe/Investigation & contact tracing to reduce spread)

# Virginia Reporting & Funding Distribution Process

## SURVEY MONKEY QUESTIONS

5. TESTING: Select activit(ies) related to this request. Choose all that apply.

- ☐ Develop and implement strategies for patient testing confidence
- ☐ Access for community populations to address health and social inequities
- ☐ Minor alterations and renovations: installing structures, retrofitting to support COVID testing
- ☐ Leasing property initiative
- ☐ Develop and implement systems to deal with supporting needs of patients with long COVID
- ☐ Planning for implementation of a COVID-19 program, including hiring and training staff, and reporting data
- ☐ Equipment purchased to support testing
- ☐ Other activities related to COVID-19 testing (provide a brief description in the text box below)

6. Please estimate number of tests given: \_\_\_\_\_

# Virginia Reporting & Funding Distribution Process

## SURVEY MONKEY QUESTIONS

7. MITIGATION: Select activit(ies) related to this request. Choose all that apply.

- ☐ Develop and implement policies and procedures to keep staff and patients healthy
- ☐ Maintain healthy operations for staff
- ☐ Implement strategies to address employee stress and burnout
- ☐ Investigate COVID-19 cases and conduct contact tracing
- ☐ Minor alterations and renovations to support mitigation efforts
- ☐ Equipment purchased to support mitigation
- ☐ Use digital technologies to strengthen hospital response to COVID-19
- ☐ Supporting referrals to testing, clinical services, and other supports to mitigation strategies
- ☐ Planning for implementation of COVID-19 mitigation
- ☐ Training providers and staff on COVID-19 mitigation
- ☐ Other activities related to COVID-19 mitigation (provide a brief description in the text box below)

# Virginia Reporting & Funding Distribution Process

## SURVEY MONKEY QUESTIONS

8. Please enter the dollar amount requested
9. Upload any accompanying documentation (quote, invoice, receipts, etc.) itemizing your request for reimbursement or payment to vendor/partner.

# Virginia Reporting & Funding Distribution Process

## Process for purchasing equipment OVER \$5,000 **PER UNIT** (TPP)

- Follow your hospital's procurement policy OR Obtain at least 3 bids or quotes (VHHAF can assist with this process)
- Complete Form SF428 and attach to your Survey Monkey with your request for payment
- Required Fields on SF428:
  - Complete 3a-4
  - Complete 9a-9e
- VHHAF will consult with VDH and send you any additional attachments needed for completion

OMB Number: 4040-0018  
Expiration Date: 6/30/2020

**TANGIBLE PERSONAL PROPERTY REPORT  
SF- 428**

1. Federal Agency and Organizational Element to Which Report is Submitted		
<input type="text"/>		
2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS	3b. EIN
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Recipient Organization (Name and complete address including zip code)		
Recipient Organization Name: <input type="text"/>		
Street1: <input type="text"/>		
Street2: <input type="text"/>		
City: <input type="text"/>		
State: <input type="text"/>		
Country: <input type="text"/>		
ZIP / Postal Code: <input type="text"/>		
5. Recipient Account or Identifying Number	6. Attachment (Check applicable)	
<input type="text"/>	<input type="checkbox"/> Annual Report (SF-428-A)	
	<input type="checkbox"/> Final (Award Closeout) Report (SF-428-B)	
	<input type="checkbox"/> Disposition Report/Request (SF-428-C)	
7. Supplemental Sheet		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
8. Comments		
<input type="text"/>		
<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>		
9a. Typed or Printed Name and Title of Authorized Certifying Official		
Prefix: <input type="text"/> First Name: <input type="text"/> Middle Name: <input type="text"/>		
Last Name: <input type="text"/> Suffix: <input type="text"/>		
Title: <input type="text"/>		
9b. Signature of Authorized Certifying Official		
<input type="text"/>		
9c. Telephone (area code, number, extension)		
<input type="text"/>		
9d. E-Mail Address		
<input type="text"/>		
9e. Date report submitted (MM/DD/YYYY)		10. Agency use only
<input type="text"/>		<input type="text"/>

# Q&A



# Contact Information

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Thank you!