

# COVID-19 Response Funding Program Report Guidance

**UPDATED AUGUST 11, 2020**

The purpose of this document is to provide performance reporting guidance to grant recipients of the **COVID-19 Short Term Emergency Funding** and the **COVID-19 Health Care Response** Grants. Grant funding was made available under Health Care Response Fund and Provider Grant Program. Minnesota Session Laws 2020, Chapter 70, which authorized the Commissioner of Health to award grants to support eligible organizations plan for, prepare for, and respond to, an outbreak of a communicable disease.

## Introduction

Two grant programs were established in March 2020 to help meet the needs of health care organizations in Minnesota to respond to COVID-19 needs.

- Short Term Emergency Funding awarded \$50,000,000
- Health Care Response Grant awarded \$150,000,000

Your organization was a recipient of one or both of these grants and is required to complete program and financial reports. The schedule for reports, and the associated reporting period for each are outlined below.

## Report Overview

The Office of Rural Health and Primary Care will use the Financial Report to document financial expenditures and assess the progress and impact of the **COVID-19 Short Term Emergency Funding** and the **COVID-19 Health Care Response** Grants and provide feedback to assist grantees.

Grantees are required to submit a Financial Report via MDH's Grant Management Portal as per the reporting schedule below. Please note there are differences in reporting requirements between the grant programs.

COVID-19 Short Term Emergency Funding Grants (updates in red)	
Reporting Period	Report Due
3/3/2020-7/31/2020 <b>6/30/2020</b>	August 30, 2020
<del>8/1/2020-10/31/2020</del> <b>7/1/2020-9/30/2020</b>	<del>November</del> <b>October</b> 30, 2020
<b>Updated spend down reports only for required grantees</b>	<b>November 23, 2020</b>
<del>11/1/2020-12/31/2020</del> <b>10/1/2020-12/31/2020</b>	January 31, 2021
1/1/2021-2/1/2021	April 30, 2021

COVID-19 Health Care Response Grant (updates in red)	
Reporting Period	Report Due
3/18/20-7/31/20 <b>6/30/2020</b>	August 30, 2020
<del>8/1/2020-10/31/2020</del> <b>7/1/2020-9/30/2020</b>	<del>October 15</del> <b>30</b> , 2020
<b>Updated spend down reports only for required grantees</b>	<b>November 23, 2020</b>
<del>10/1/2020-10/31/2020</del>	<del>November 23, 2020</del>
<del>11/1/2021-12/31/2021</del> <b>10/1/2020-12/31/2020</b>	January <b>31</b> , 2021

## Guidance to Complete Program Report

This report form collects quantitative (numeric) and qualitative (narrative) information that is required as part of the grant agreement.

1. Grantee responses are requested and required only for activities funded by the grant and listed in Exhibit A of your grant agreement.
2. Only report on activities that occurred during the current reporting period. If you reported an activity in a previous reporting period, do not include in the current reporting period.
3. **Do not include identifiable patient data in your response.**

**Activity # Description:** A brief description of the activity is included for each activity on the report form that you are required to provide information.

**Information Request:** Respond to the questions with the information requested. For example, some questions require a numerical response and a brief description, and some questions only require a narrative response.

**Reporting Period:** Identifies the time period the report covers. Please limit report entries to activities that were conducted during the requested grant reporting period. (e.g., Report 1 is for March-July 2020)

**Amended Information:** Is included in your report form only if you have an amendment to your grant agreement.

Activity Numbers for **Short Term Emergency Funding** are listed in first column. The second column (green) lists the activity numbers for the **Healthcare Response Funding**. Please consult Exhibit B in your grant agreement for the funded activities to report on.

Activity Short Term Emergency Fund (\$50M)	Activity Health Care Response (\$150M)	Definitions	Response Format
1a.1	1a.1	<b>Temporary testing sites</b> are locations/places established to specifically test individuals for COVID-19 for a limited time.	Enter the number of individual testing sites established with this funding. Do not include permanent sites where screening or testing occurred. A <b>brief description</b> is required and should include the location, staffing, and schedule of these sites and how it impacted testing.

Activity Short Term Emergency Fund (\$50M)	Activity Health Care Response (\$150M)	Definitions	Response Format
1b.1	1b.1	<b>Temporary treatment beds</b> are hospital beds temporarily limited to providing treatment for patients affected by the COVID-19 outbreak.	Include only the number of hospital beds set up/reserved for treatment of patients with COVID-19.
1b.2	1b.2	<b>Temporary treatment sites</b> are space temporarily set aside or restricted to provide treatment for patients affected by the COVID-19 outbreak.	Enter only the number of sites created to house treatment beds specific for COVID-19 patients.

<b>Activity</b> Short Term Emergency Fund (\$50M)	<b>Activity</b> Health Care Response (\$150M)	<b>Definitions</b>	<b>Response Format</b>
1c	1c	<p><b>Isolation</b> of staff related to COVID-19 means separation during the period of communicability, of a person infected in a place and under conditions so as to prevent direct or indirect transmission of an infectious agent to others.</p> <p><b>Quarantine</b> of staff means restriction, during a period of communicability, of activities or travel of an otherwise healthy person who likely has been exposed to a communicable disease to prevent disease transmission during the period of communicability in the event the person is infected.</p>	Include the number of sites established for staff to isolate and quarantine. Also include the locations and types of the sites used for isolation and quarantine.
2	2	<p><b>Converted temporary space</b> is dedicated space that has been changed from its original purpose to be used in the response to COVID-19 and will revert back to its original purpose.</p>	Include only the number of spaces that have changed and are only used in the response to COVID-19. Provide a <b>brief description that</b> includes whether or not it has been completed, is underway, or is planned. Describe the purpose and capacity created or added, and how it coordinates with the larger system and community needs.

Activity Short Term Emergency Fund (\$50M)	Activity Health Care Response (\$150M)	Definitions
3	3	<b>All staff time includes overtime and additional staff, personnel that have been reassigned,</b> (including hazard pay) expenses for staff specifically working on COVID-19 related response activities.

Activity Short Term Emergency Fund (\$50M)	Activity Health Care Response (\$150M)	Definitions	Response Format
3a.1	3a.1	<b>Clinical Services includes</b> the number of staff and hours to provide or coordinate patient care for COVID-19 patients.  <b>Examples</b> include medical professionals such as nurses, physicians, care coordinators, certified nurse assistants, and physician assistants.	Include only the number of staff billed to this grant.
3a.2	3a.2		Include only the number of overtime hours billed to this grant.
3a.3	3a.3		Include only the number of additional staff hired and billed to this grant.

3b.1	3b.1	<b>Training</b> is staff time for staff training, staff orientation or both, related to COVID-19.	Include only the number of staff billed to this grant.
3b.2	3b.2		Include only the number of overtime hours billed to this grant.

COVID-19 HEALTH CARE GRANT PERFORMANCE PROGRESS REPORT GUIDANCE

Activity Short Term Emergency Fund (\$50M)	Activity Health Care Response (\$150M)	Definitions	Response Format
3c.1	3c.1	<b>Transportation</b> staff time to provide additional emergency transportation of patient.	Include only the number of staff billed to this grant.
3c.2	3c.2		Include only the number of overtime hours billed to this grant.
3c.3	3c.3		Include only the number of additional staff hired and billed to this grant.
3d.1	3d.1	<b>Testing</b> staff time to develop and implement screening and testing procedures. This does <b>not</b> include staff time for screeners at doors or entrances of a facility. Staff that are screening at doors or entrances can be counted in “Other –Staff-3f.	Include only the number of staff billed to this grant.
3d.2	3d.2		Include only the number of overtime hours billed to this grant.
3d.3	3d.3		Include only the number of additional staff hired and billed to this grant.
3e.1	3e.1	<b>Outreach</b> staff time spent conducting patient, resident or family outreach to offer education and instruction to COVID-19 related programming. Outreach does <b>not</b> include scheduling, general operations, marketing expenses or staff time for marketing. (Only include staff expense for outreach if it was a part of your approved budget in Exhibit B of your contract agreement. Do <b>not</b> include for <b>Short Term Emergency Funding</b> )	Include only the number of staff billed to this grant.
3e.2	3e.2		Include only the number of overtime hours billed to this grant.
3e.3	3e.3		Include only the number of additional staff hired and billed to this grant.

COVID-19 HEALTH CARE GRANT PERFORMANCE PROGRESS REPORT GUIDANCE

<b>Activity</b> Short Term Emergency Fund (\$50M)	<b>Activity</b> Health Care Response (\$150M)	<b>Definitions</b>	<b>Response Format</b>
3f	3f	<b>Other</b> is staff time to provide supportive services to organizations to plan, prepare and provide services in the response to COVID-19. Examples include cleaning, meal service, screening services, COVID-related planning and policy development, IT personnel, and pharmacy.	Include the number of staff billed to this grant. <b>Narrative Section</b> Include a brief description of staff and their roles.
4	4	<b>Staff training</b> is staff time spent participating in or providing staff training, staff orientation or both, relating to COVID-19.	Include only the number of staff trained and billed to this grant.
5	5	<b>PPE</b> is consumable protective or treatment supplies and equipment to protect or treat staff, visitors and patients. Protective equipment includes, but is not limited to gloves, gowns and masks.	Provide a short description of your experience in purchasing PPE for your organization. Include types of types of PPE that have been useful for your organization. Include how PPE helped with the experience of patients and visitors for your organization. Include any challenges you had in obtaining PPE, and if you were able to resolve the issues.
6	6	<b>Screening and testing procedures</b> developed to create standard operating procedures to maintain a safe and healthy environment for staff and patients in responding to COVID-19. (Number of tests will be asked below)	Include the process for developing these procedures, what they include and how they were used.

<b>Activity</b> Short Term Emergency Fund (\$50M)	<b>Activity</b> Health Care Response (\$150M)	<b>Definitions</b>	<b>Response Format</b>
<b>7 (Not in grant agreement)</b>	7	<b>Outreach activities</b> conducting patient, resident or family outreach that mobilizes health workers to provide services to the population or to other health workers, away from the location where they usually work and live. Connecting for the purpose of education, informing, connecting.	Include how your organization conducted outreach activities to effectively connect with populations you serve and those needing access and information related to COVID-19. (No response required for Short Term Emergency Funding)

<b>8 (#7 – in Exhibit A)</b>	8	<b>Emergency Transportation</b> is Emergency Medical Transportation or ambulance transportation services to transport a member whose medical condition or diagnosis requires medically necessary services before and during transport. This includes air and ground, emergency and nonemergency ambulance services. (Number of individuals transported will be asked below)	Include what type of emergency transportation was used to transport individuals as a result of COVID-19.
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<b>Activity</b> Short Term Emergency Fund (\$50M)	<b>Activity</b> Health Care Response (\$150M)	<b>Definitions</b>	<b>Response Format</b>
9 (#8 in Exhibit A)	9	<p><b>Temporary information technology and systems</b> set-up due to COVID-19 to deliver health care services or consultations via telemedicine- where the patient is located and the licensed health care provider’s location at the other site. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitates the assessment, diagnosis, consultation, treatment, education, and care management of a patient’s health care. Examples of information technology include tablets, computers with video capability, web-cameras, headsets, and HIPPA certified video conferencing subscriptions.</p>	<p>Enter the number of patients that your organization has served through telemedicine as a result of new technology that was supported by this grant. In the <b>brief description</b> tell us about the type of systems that were put in place and how patients benefited.</p>
10 (#9 in Exhibit A)	10	<p><b>Replacement parts or filters for medical equipment</b> includes equipment, replacement parts or filters for medical equipment that are necessary for the equipment’s operation to protect or treat staff, visitor and patients; and is over \$5,000 per unit.</p>	<p>Describe the type of equipment that was purchased and how it was used to respond to COVID-19.</p>

<b>Activity</b> Short Term Emergency Fund (\$50M)	<b>Activity</b> Health Care Response (\$150M)	<b>Definitions</b>	<b>Response Format</b>
11 (Not in grant agreement)	11	<b>Specialty cleaning</b> is cleaning done outside of normal operations that was initiated in response to safety and health of staff and patients. Examples additional laundry service, additional cleaning products, housekeeping, specialty lights.	Describe the type of cleaning that was done in responding to COVID-19. (No response required for Emergency Short Term Funding)

12a.1 (Not in grant agreement)	12.a.1	<b>Isolation</b> of staff related to COVID-19 means separation during the period of communicability, of a person infected in a place and under conditions to prevent direct or indirect transmission of an infectious agent to others.	Provide the number of staff that have been isolated due to COVID-19 during this reporting period. (No response required for Emergency Short Term Funding)
12b.1 (Not in grant agreement)	12b.1	<b>Quarantine</b> of staff means restriction, during a period of communicability, of activities or travel of an otherwise healthy person who likely has been exposed to a communicable disease to prevent disease transmission during the period of communicability in the event the person is infected.	Provide the number of staff that have been quarantined due to COVID-19 during this reporting period. (No response required for Emergency Short Term Funding)

13.(#10 in Exhibit A)	13.	<b>Other</b> activities that were implemented in response to COVID-19 and not included in the other activities.	Provide a description of the funded activities identified as “other” that were approved and supported by COVID-19 grant funds.
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**Outcomes Related to COVID-19-All Grantees Are Required To Respond (If the question is not related to services you provided enter “0”)**

<b>Activity</b> Short Term Emergency Fund (\$50M)	<b>Activity</b> Health Care Response (\$150M)	<b>Definitions</b>	<b>Response Format</b>
14.(#11 in Exhibit A)	14.	<p><b>Total COVID-19 Tests</b> all tests conducted for COVID-19, serology and PCR.</p>	<p>Enter the number of the total tests conducted, not the individual patients that tests. If a patient took three tests, count this as three tests. <b>Do not submit identifying patient information or records.</b> Follow all HIPAA Regulations. If your organization has not conducted any testing please enter Zero in the response.</p>
		<p><b>Serology test</b> or antibody test do not diagnose an illness, but scan for antibodies that form in response to a virus. COVID- 19 is a new disease, and we are still learning about immune response to the disease. It is unknown if the presence of antibodies to the virus indicate immunity. The current focus of Minnesota’s testing initiative is on PCR/molecular testing to diagnose current infection with the disease.</p>	<p>If you have provided Serology testing, enter the number of total tests conducted. If your organization has not conducted any testing please enter Zero in the response. Include in the <b>Description of Serology tests</b> section the type/brand of tests.</p> <p>Enter the number of Serology Tests that were positive.</p>
		<p><b>PCR tests</b> are current laboratory tests for COVID-19 and its causative pathogen, SARS-CoV-2, involves using real-time reverse transcription polymerase chain reaction (rRT-PCR) on upper or lower respiratory tract samples. This testing is currently available through the Minnesota Department of Health (MDH) Public Health Laboratory and various commercial labs for patients in certain priority testing categories.</p> <p><a href="https://www.health.state.mn.us/diseases/coronavirus/hcp/sarscov2test.pdf">https://www.health.state.mn.us/diseases/coronavirus/hcp/sarscov2test.pdf</a></p>	<p>List the number of tests conducted, not the individual patients tests. If a patient took three tests, count this as three tests. <b>Do not submit identifying patient information or records.</b> Follow all HIPAA Regulations. If your organization has not conducted any testing please enter Zero in the response.</p> <p>Enter the number of PCR tests that were positive.</p>

Activity Short Term Emergency Fund (\$50M)	Activity Health Care Response (\$150M)	Definitions	Response Format
		<b>Treatment</b> are services provided to patients related to COVID-19.	Include the number of patients treated related to COVID-19.
		<b>Outpatient</b> services are delivered to patients not in the hospital related to COVID-19.	Include the number of patients treated related to COVID-19 in outpatient.
		<b>Inpatient</b> services are delivered to patient in the hospital related to COVID-19.	Include the number of patients treated related to COVID-19 in inpatient.
			Enter the number of days that patients were treated for COVID-19 as an inpatient.
		<b>Referral</b> is a request from one physician to another to assume responsibility for management of one or more of a patient’s specified problems.	Include the number of referrals to another entity for COVID-19 related treatment.
			Enter the number of individuals that received information about services related to COVID-19.
		<b>Transportation</b> includes any patients transported to another entity for COVID-19 or COVID-19 related symptoms.	Enter the number of individuals transported related to COVID-19.

**Qualitative Questions-All Grantees are required to respond to the following questions.**

**Highlights & Major Accomplishments** –describe any key successes or milestones.

Tell us what you were able to accomplish as a result of the COVID-19 Response Funds.

**Challenges (or problems) & Resolutions (or steps taken)** –describe any challenges encountered and how your organization addressed or will address them. This section collects data on the challenges in the reporting period and how those challenges were or will be addressed.