



NURSING HOME & LONG- TERM CARE FACILITY STRIKE TEAM AND INFRASTRUCTURE PROJECT GUIDANCE

10/1/2021

Project E: Emerging Issues

Supported through the American Rescue Plan Act of 2021

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NURSING HOME & LONG-TERM CARE FACILITY STRIKE TEAM AND INFRASTRUCTURE PROJECT

GUIDANCE

PROJECT E: EMERGING ISSUES

BACKGROUND AND PURPOSE

A total of \$500 million, made available through the *American Rescue Plan Act of 2021, P.L. 117-2*, is being awarded through the CDC's Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement (CK19-1904). This award is being issued as a program-initiated component funding under *Project E: Emerging Issues* of CK19-1904, henceforth '*Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project*'. The intention of this funding is to assist recipients with supporting long-term care facilities during their response to SARS-CoV-2 infections, and also to build and maintain the infection prevention infrastructure necessary to support resident, visitor, and facility healthcare personnel safety. Nursing homes (skilled nursing facilities and nursing facilities) are the primary target for these funds. Other infectious diseases and conditions may be reasonably addressed to the extent they are in support of or related to work to control the spread of SARS-CoV-2. Monitoring the indicators associated with these activities will assist state, local, and territorial health departments to better understand and meet the needs of these facilities, as well as help define the scope and magnitude of infectious disease outbreaks in these settings.

FUNDING STRATEGY

The \$500 million, under the '*Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project*' award, is divided into two separate sections (sections 9402 and 9818 of the American Rescue Plan Act), which reflect the underlying funding authorizations, one intended primarily for skilled nursing facilities and one intended primarily for nursing facilities and other long-term care facilities. Recipients are expected to address both Sections (i.e., Activities for both skilled nursing facilities and nursing facilities and other long-term care facilities). Each respective section has a total

funding of \$250 million (hence the total \$500 million); and funds will be awarded to the current 64 ELC recipients according to the following formula.

1. 75% (\$187.5 million per Section) of the total funds will be allocated based on the proportion of Medicare-and/or Medicaid-certified nursing homes, as appropriate, in the jurisdiction (57 of the 64 recipients are funded based on this criteria). [Note: Nursing homes are the primary target of these funded activities. The term nursing home refers to both skilled nursing facilities and nursing facilities that are eligible to receive payment under the Medicare or Medicaid programs, respectively.]
2. 20% (\$50 million per Section) of the total funds will be allocated based on the proportion of the US population in the jurisdiction (all 64 ELC recipients are funded based on this criteria)
3. 5% (\$12.5 million per Section) of the total funds will be allocated equally among 57 jurisdictions (57 of the 64 ELC recipients are based on this criteria)

Financial expenditures will be monitored and assessed with recipients monthly.

ALLOWABLE COSTS

Recipients should consider requesting the following when developing the '*Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project*' budgets:

1. Personnel (term, temporary, students, overtime, contract staff, etc.). This includes, but is not limited to, health department staff; facility non-clinical staff (e.g., to assist with Activities of Daily Living); and/or facility clinical staff (e.g., nurses, doctors) necessary to achieve activities in this guidance.
2. Laboratory equipment used for COVID-19 testing and necessary maintenance contracts.
3. Collection supplies, test kits, reagents, consumables, and other necessary supplies for existing or new screening testing or onboarding new platforms to support testing.
4. Personal Protective Equipment (PPE) (e.g., masks, gloves, gowns) for those collecting samples and/or conducting testing.
5. Courier service contracts (new or expansion of existing agreements).
6. Service contracts for provision of end-to-end services (e.g., hoteling, food, laundry, mental health services, etc.) for those family members, visitors, etc. who have been exposed at the nursing home or long-term care facility and test positive for COVID-19.
7. Hardware and software necessary for reporting to public health and communication and coordination of follow up on any positive cases detected.
8. Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of COVID-19, that may be translatable to other diseases (e.g., GIS software, visualization dashboards, cloud services).
9. Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities in furtherance of allowable activities under this award.
10. Additional costs associated with isolating those who test positive from the rest of the community and providing the necessary additional care.
11. Expenses associated with outreach and assistance (e.g., support provided through education leaders, community-based organizations).
12. Direct financial support to facilities and local health departments to support activities described in this guidance.

The above list covers the anticipated, most relevant costs associated with achieving the activities in this guidance. This list does not represent a full list of allowable costs under this award. Recipients are referred to the cost principles regulations found at [45 CFR Part 75 Subpart E – Cost Principles](#).

In determining if costs are allowable, consideration must be given to applicable regulations; the overall underlying cooperative agreement (CK19-1904); be considered necessary and reasonable; and be considered allocable (see: 45 [CFR 75.403](#)). Any questions about specific budget items should be directed to the OGS and the ELC Project Officer.

COVID-19 TERMS AND CONDITIONS

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 (P.L. 117-2) agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer vaccine without discriminating on non-public-health grounds within a prioritized group.

Acknowledgement of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as toolkits, resource guides, websites, and presentations (hereafter “statements”) --describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. The percentage and dollar amount of the total costs of the program or project funded with federal money; and,

2. The percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CDC/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Termination

This award may be terminated in whole or in part consistent with 45 CFR 75.372.

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

PROCESS FOR WORKPLAN AND BUDGET SUBMISSION

Within five (5) business days of receipt of this guidance, the recipient's Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.

This funding will be awarded in the ELC Budget Period 3 (BP3) (i.e., August 1, 2021 – July 31, 2022) under CK19-1904. However, recipients should note that this supplemental funding is only available for up to one year beyond the end of

the public health emergency (<https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>) or through BP5 (which ends on July 31, 2024) whichever comes first.

Within 90 days of receipt of the Notice of Award (NOA), the recipient is required to submit a workplan and revised budget describing its proposed activities. Upon submission, budgets and workplans will be reviewed by CDC and feedback will be provided and discussed with the recipient. Any necessary or recommended changes may be agreed upon between the recipient and CDC and documented in REDCap; and any agreed upon changes must be captured in GrantSolutions, the system of record, as necessary.

To appropriately document workplans, budgets, and facilitate recipients meeting the 90-day requirement:

1. Workplan entries will be completed in the '*Nursing Home & LTC Strike Team*' page, under the 'DHQP: Strike Team & Strengthening HAI/AR Program Capacity Awards' portal, in REDCap; and
2. Revised budgets must be completed by using the Excel budget workbook template provided via GrantSolutions Grant Notes at time of NOA issuance.
 - a. **Note:** If a recipient does not meet the 90-day submission requirement and has not received written approval for an extension from CDC, then the Payment Management System (PMS) account associated with this award will be restricted. The restriction will result in a manual drawdown process that requires CDC approval of each PMS charge. This restriction will remain in effect until the recipient satisfactorily meets the workplan and budget submission requirement.
 - b. Funds will be awarded under the 'Other' cost category and will be accessible in the Payment Management System (PMS) during the 90-day budget revision period for use in accomplishing activities outlined in this guidance;
 - c. Recipients will adjust the cost category allocations of awarded funds to reflect the areas where financial assistance is needed;
 - d. Recipients will upload the revised budget into GrantSolutions via a budget revision amendment, with a courtesy copy into REDCap '*Nursing Home & LTC Strike Team*' page of the 'DHQP: Strike Team & Strengthening HAI/AR Program Capacity Awards' portal, by the 90-day post award deadline; and
 - e. The ELC Project Officer and OGS will process the budget revision amendment in GrantSolutions and the recipient will receive a revised NOA reflecting the requested cost category allocations.
3. A letter, indicating that all ELC Governance Team members (i.e., Project Director, Epidemiology Lead, Laboratory Lead, Health Information Systems Lead, and Financial Lead) have both contributed to and agreed upon the workplan and revised budget submitted, must be signed by all Governance Team Members (hard copy or digital signature), and submitted with the documents in the REDCap portal.

GrantSolutions

Within 90 days of receipt of the NOA, the recipient is required to submit a '**Budget Revision Amendment**' as part of the recipient's current award (CK19-1904), Budget Period 3.

The 'budget revision amendment' must consist of the following documents:

1. **Budget Information: SF-424A**
 - a. Recipient can use the form generated by the ELC budget workbook;
 - b. Or, recipient can submit a PDF of this form.
 - c. Please do not use the e-form in GrantSolutions as it creates issues when processing the revised NOA.
2. **Cover Letter** signed by the Authorized Official of record in GrantSolutions.

3. Completed revised budget using the ELC budget workbook that was provided in GrantSolutions as a Grant Note.

Note: In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC responsibilities include but are not limited to:

1. Provide ongoing guidance, programmatic support (including guidance on evaluation, performance measurement, and workplan changes), technical assistance and subject matter expertise to the activities outlined in this supplemental funding announcement guidance.
2. Convene trainings, meetings, conference calls, and site visits with recipients.
3. Share best practices identified and provide national coordination of activities, where appropriate.

REQUIRED TASKS

Note: If a recipient does not meet the below required tasks and has not received written approval for an extension from CDC, recipient may have their funds restricted in the Payment Management System (PMS) for specific costs/activities. Recurring or repeat non-compliance may result in additional restrictions or other actions being taken, consistent with applicable grant regulations.

In addition to the programmatic activities noted below in further detail, recipient responsibilities include but are not limited to:

1. Within **five (5) business days** of receipt of this guidance the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions. The acknowledgement must be submitted on the recipient's official agency letterhead and utilize the 'Acknowledgement Letter for CK19-1904 – COVID Supplemental Funds' template provided at the end of this guidance document.
2. Regular participation in calls with CDC/HHS for technical assistance and monitoring of activities supported through this cooperative agreement.
3. On-time submission of all requisite reporting. This may include but is not limited to reporting of performance measures, progress on milestones, and/or financial updates within REDCap.
4. Report expenditures and unliquidated obligations (ULOs) on a monthly basis. On the 5th day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap '*Nursing Home & LTC Facility Strike Team*' page.
5. Documentation of any necessary budget change/reallocation through GrantSolutions and REDCap.

ACTIVITIES

The following guidance outlines Activities supported by two separate parts of the American Rescue Plan Act of 2021 (Sections 9402 and 9818) as described above under Funding Strategy. The first section is for implementation in skilled nursing facilities, the second in other long-term care facilities. Recipients are expected to address both Sections (i.e., Activities for both skilled nursing facilities and other long-term care facilities). For each section, there is one required Activity and two optional Activities; these are designed to provide a framework to improve and sustain facility capacity to detect and respond to infectious diseases and emerging pathogens, including SARS-CoV-2. Direct financial support can be distributed to facilities to support the activities, if done so in a manner that supports health equity by prioritizing facilities where residents are at risk for experiencing health inequities.

Section 1: Skilled Nursing Facilities

Required Activity:

1. Offer technical assistance to skilled nursing facilities to support effective implementation of practices to prevent transmission SARS-CoV-2, and/or to support clinical services during outbreaks of SARS-CoV-2 outbreaks. Other conditions may be included to the extent they are in support of work to control the spread of SARS-CoV-2. State health departments should collaborate with local health departments and other local partners as applicable to provide consultation and technical assistance. The [Success Framework for Partner Networks](#) can be used to assist with engaging networks and defining roles and responsibilities.

- Providing in-person and remote support (e.g., strike teams, technology solutions, etc.) to facilities experiencing cases and clusters of SARS-CoV-2. This may include:
 - Developing and implementing strategies to monitor, prevent, and respond in order to increase surge capacity for clinical services or to retain, support, and expand existing staff to prevent shortages in long-term care facilities during SARS-CoV-2 outbreaks
 - Supporting assessment and response capabilities to assist with implementing interventions to prevent transmission of SARS-CoV-2
 - This could include but is not limited to:
 - Travel expenses
 - Contracts to facilities and partners
 - Technology to facilitate care or infection control evaluations
 - Clinical staffing
 - Staffing to support infection control, healthcare worker and patient/resident testing and vaccination. Recipients are responsible for ensuring work and related budget items under this award complements, and does not duplicate, work and financial support under other ELC awards and/or CDC funding.
- Assisting skilled nursing facilities with preparing and responding to infectious disease threats by implementing and improving baseline infection prevention and control practices including uptake of vaccines. Recipients are responsible for ensuring work and related budget items under this award complements, and does not duplicate, work and financial support under other ELC awards and/or CDC funding.
- Ensuring infection prevention expertise and outbreak response support is available to all skilled nursing facilities in the jurisdiction in a manner which addresses health equity and integrates

direct healthcare associated infections/antimicrobial resistance (HAI/AR) program staff services with resources provided to partners (e.g., regional and local health departments) in accordance with applicable governance structures.

Optional Activities:

2. Supplying resources (e.g., staffing, testing materials or equipment, PPE, information technology tools, direct financial support) to support rapid detection and response in skilled nursing facilities based on identified gaps; this may include but is not limited to providing:

- Access to technology to support remote consultations and in-person visits.
- Access to technology to enhance surveillance and reporting of emerging pathogens, complications from infection (e.g., hospitalization), and measures to prevent infection (e.g., vaccination).
- Access to testing supplies or equipment needed to detect pathogens and assist with implementation of infection prevention and control activities
- Access to technology, staffing, supplies to support vaccination efforts. Recipients are responsible for ensuring work and related budget items under this award complements, and does not duplicate, work and financial support under other ELC awards and/or CDC funding.

3. Providing infrastructure to support skilled nursing facility healthcare personnel and resident safety; this may include but is not limited to:

- Conducting environmental assessments (e.g., ventilation) and providing remediation recommendations
- Providing N95 fit testing supplies and/or services for facility healthcare personnel
- Nonclinical staffing to assist with activities such as monitoring and auditing infection control practices, vaccination, or managing testing and screening procedures

Section 2: Nursing Facilities and Other Long-Term Care Facilities

Required Activity:

1. Offer technical assistance to facilities to support effective implementation of practices to prevent transmission of SARS-CoV-2, and/or to support clinical services during outbreaks of SARS-CoV-2 outbreaks. Other conditions may be included to the extent they are in support of or related to work to control the spread of SARS-CoV-2. State health departments should collaborate with local health departments and other local partners as applicable to provide consultation and technical assistance. The [Success Frameworks for Partner Networks](#) can be used to assist with engaging networks and defining roles and responsibilities.

- Providing in-person and remote support (e.g., strike teams, technology solutions, etc.) to facilities experiencing cases and clusters of SARS-CoV-2. This may include:
 - Developing and implementing strategies to monitor, prevent, and respond in order to increase surge capacity for clinical services or to retain, support, and expand existing staff to prevent shortages in long-term care facilities during SARS-CoV-2 outbreaks
 - Supporting assessment and response capabilities to assist with implementing interventions to prevent transmission of SARS-CoV-2
 - This could include but is not limited to:
 - Travel expenses
 - Contracts to facilities and partners

- Technology to facilitate care or infection control evaluations
- Clinical staffing
- Staffing to support infection control, healthcare worker and patient/resident testing and vaccination.
- Assisting facilities with preparing and responding to infectious disease threats by implementing and improving baseline infection prevention and control practices including uptake of vaccines.
- Ensuring infection prevention expertise and outbreak response support is available to all facilities in the jurisdiction in a manner which addresses health equity and integrates direct HAI/AR program staff services with resources provided to partners (e.g., regional and local health departments) in accordance with applicable governance structures.

Optional Activities:

2. Supplying resources (e.g., staffing, testing materials or equipment, PPE, information technology tools, direct financial support) to support rapid detection and response in facilities based on identified gaps; this may include but is not limited to providing:
 - Access to technology to support remote consultations and in-person visits.
 - Access to technology to enhance surveillance and reporting of emerging pathogens, complications from infection (e.g., hospitalization), and measures to prevent infection (e.g., vaccination).
 - Access to testing supplies or equipment needed to detect pathogens and assist with implementation of infection prevention and control activities
 - Access to technology, staffing, supplies to support vaccination efforts
3. Providing infrastructure to support facility healthcare personnel and resident safety; this may include but is not limited to:
 - Conducting environmental assessments (e.g., ventilation) and providing remediation recommendations
 - Providing N95 fit testing supplies and/or services for facility healthcare personnel
 - Nonclinical staffing to assist with activities such as monitoring and auditing infection control practices, vaccination, or managing testing and screening procedures

PERFORMANCE MEASURES

Performance measure will be provided in first quarter of FY 2022.

The ELC Program Office will utilize existing data sources whenever possible to reduce the reporting burden on recipients and, where appropriate, existing ELC performance measures may be used.

SUMMARY OF REPORTING REQUIREMENTS

The following is a summary of the reporting requirements for the '*Nursing Home & Long-term Care Facility Strike Team and Infrastructure Award*'.

1. Within five (5) business days of receipt of this guidance, the Authorized Official is required to acknowledge receipt of this guidance by submitting a Grant Note in GrantSolutions.
2. Quarterly progress reports on milestones in approved workplans via REDCap.
3. Monthly fiscal reports (beginning 30 days after NOAs are issued).
4. Performance measure data.
5. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

ACKNOWLEDGEMENT LETTER: DUE WITHIN FIVE (5) DAYS OF NOA RECEIPT

'Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project'

Date:

Organization Name:

Subject: Acknowledgement Letter for CK19-1904 – COVID-19 Supplemental Funds – *'Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project'*

Reference: Guidance for the use of supplemental funding for CK19-1904 *'Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project'* through the *American Rescue Plan Act of 2021*.

This is to acknowledge that I have received, reviewed, and understand the requirements in the attached programmatic guidance.

The federal funding received will be in support of the supplemental funding referenced herein and will be spent in accordance with the legislation and programmatic guidance.

Authorized Official