DEPARTMENT OF HEALTH

Questions and Answers: 2025 Preventive Services in Long-term Care Grant Program: Infection Prevention and Control Capacity Building in Long-term Care.

UPDATED NOVEMBER 14, 2024

Q1. What documentation is needed for a Federally Negotiated Indirect Cost Rate? What should I do if my organization does not have a Federally Negotiated Indirect Cost Rate?

A1. The documentation for proof of a Federally Negotiated Indirect Cost Rate is required for applicants who have one in place. The documentation is a Negotiated Indirect Cost Rate Agreement that is signed by a federal agency and the requesting organization.

If your organization does not already have a Federally Negotiated Indirect Cost Rate, you may use the standard indirect cost rate of 10% of your total direct costs. In the budget section of the application, you will be asked to indicate which expenses will be included in the indirect cost rate.

Q2. Where will the Request for Proposal (RFP) slides be posted?

A2. The slides will be posted on the ORHPC website under the "Preventive Services in Long-term Care Grant Program: Infection Prevention and Control Capacity Building in Long-term Care" section.

Q3. My organization is a hospital district that includes a long-term care (LTC) facility. If we apply with a capacity-building project, can it only benefit the LTC facility?

A3. Plant improvements must focus on the areas that relate to LTC. In the application address how the proposed capacity improvement project(s) will only address the areas in assisted living.

Q4. One Priority Area of the RFP is based on upgrading infrastructure, how is scoring criteria such as "project has a regional or state-wide reach" measured when focusing on building upgrades?

A4. Applicants will not be scored against criteria that do not apply to their Priority Area. They will not be penalized for asking for a facility improvement that does not meet non-applicable criteria. This will be outlined in the reviewer instructions.

Q5. Are the scoring criteria such as "addressing staff turnover", "promoting and ensuring health equity", and "replicating the project" going to be applied to the plant-related activities in Priority Area 2?

A5. No, those scoring criteria would not be applicable to the plant-related activities in Priority Area 2. This will be outlined in the reviewer instructions.

Q6. Can an organization use the same Due Diligence form from a previous MDH grant application?

A6. No, please complete a new Due Diligence form for this grant program.

Q7. The proposed project period is 1 year and three months, should applicants budget for a year and three months or a year?

A7. Please budget for the entire proposed project period.

Q8. Is there another budget template that applicants should unload?

A8. There is no need to upload an additional budget template or plan. There will be specific fields for the budget within the online application in the Grants Portal.

Q9. Can the primary applicant be headquartered within the seven-county metro area?

A9. The work must be completed in facilities that are outside of the seven-county metro area. The organization may be headquartered within the seven-county metro area, but the beneficiaries must reside in greater Minnesota outside of the seven-county metro area.

Q10. Are there examples of previously funded applications, and what is the typical range of funding did those grants receive?

A10. FY2025 is the first year of this new grant program and there are no previous awards.

Q11. The applicant is a hospital with a long-term care facility containing 15 beds, but they are 15 swing beds. Is this eligible?

A11. Projects must benefit skilled nursing facilities (SNFs), nursing facilities (NFs), and/or assisted living facilities (ALFs) operating outside of the seven-county Twin Cities metropolitan area. If your hospital's long-term care facility is licensed as a SNF, NF, or ALF, then the hospital is eligible to apply for a project benefiting that facility.

Q12. Should applicants from a hospital district that includes a long-term care (LTC) facility apply as the hospital or the LTC facility?

A12. Either the LTC facility or the hospital may be the applicant entity, but in all cases, it must be clear in the application that the LTC facility is the beneficiary of the proposed project.

Q13. Can we apply for funding at several of our Minnesota locations? If so, is there a limited number of places that could get funded?

A13. Yes, it is allowable for each site to apply for funding; however, a combined application demonstrating a collaborative approach would receive competitive priority. An application on behalf of multiple sites must show how the proposed project will strengthen infection prevention efforts and reduce disease transmission for residents in each facility.

Q14. I understand that MDH may respond with partial funding offers and may work with selected applicants during the award process to adjust project scope and budgets to align with available funding. I want clarification that our application won't be automatically disregarded for requesting a more significant amount. Does MDH expect to make multiple awards of varying sizes?

A14. As noted in the RFP, MDH anticipates making multiple grant awards of varying amounts. Your request should not exceed $2M for the Non-emergency Medical Transportation in Long-term Care RFP or $3M for the Infection Prevention and Control Capacity Building in Long-term Care RFP. Eligible applicants may request up to the full maximum award specified if they are proposing a large-scale, regional, or statewide solution.

Q15. Would this grant be eligible for an already approved infrastructure project?

A15. Grant funds may be used for projects that have been approved by the organization's leadership but are not fully funded by other sources. Applicants will detail all funding sources and amounts in the budget section of the application.

Q16. Does a private, non-profit organization need to do a formal notice and bidding process under Minnesota Statutes 16B?

A16. If grant funds are awarded to your organization, your organization must adhere to all state and federal guidelines related to the procurement of goods and services, including this grant provision. Applicants should keep these requirements in mind as they obtain bids and estimates for the costs of their proposed projects.

Q17. Are funds available for evidence-based building renovations (e.g., residents' private bathrooms and bedrooms)?

A17. Projects must improve facility ventilation and/or broader plant infrastructure to comply with evidence-based recommendations to reduce transmission of infectious diseases among residents and staff in LTC facilities. General facility maintenance unrelated to infectious disease transmission is not eligible for grant funding. The renovations you describe would likely fall under the category of general facility maintenance and thus would be ineligible.

Q18.Can we request funding for additional hand washing stations?

A18. This may be an eligible expense as part of increasing infection prevention and control practices among the LTC workforce and other LTC stakeholders.

Q19. Are HEPA filtration systems a requirement for each HVAC unit we upgrade or replace? Are there other air filtration systems you would recommend?

A19. Please contact your facility's engineer regarding building requirements. MDH cannot recommend specific systems or vendors.

Q20. Can we request funding to get our nursing staff certified in CDC infection control training so that we can offer in-person training in each of our facilities?

A20. Staff education and training related to infection prevention and control are eligible expenses.

Q21. Can we get funded to increase staff salaries and the number of caregiving staff in each of our facilities (studies show that these implementations improve quality care and infection control in LTC residents)?

A21. Paying for additional staff and increasing staff salaries are unlikely to be eligible expenses, as they do not directly fulfill the priority of increasing infection prevention and control knowledge, skills, and practices.

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