

SPARK Frontline Hospital Employee Retention Plan – Reporting Overview

November 2, 2021

Program Status Overview

Frontline Hospital Employee Retention Plan Program

- Ensures hospital retention of critical resources and maintenance of staffed beds to meet needs of pandemic during period of performance: 9/1/2021 – 2/28/2022
- Funded using a portion of Kansas' share of Coronavirus State and Local Fiscal Recovery Fund (Federal funds, CFDA number 21.027)
- Subaward approvals in process of being completed for issuance of subrecipient agreements to sign and return for payment processing
- All federal flow down requirements pertaining to subaward agreements apply
(Funding is not for administrative purposes and must be spent in a manner additive to existing pay and benefit programs in place as of August 31, 2021)

Compliance Requirements

- Each hospital awarded funding must meet compliance requirements as defined by the American Rescue Plan Act (ARPA) and subsequent regulatory guidance
- **All funds must be incurred/expensed by February 28, 2022.** All funds must be liquidated by February 28, 2022 deadline so plans must be designed accordingly
- Monthly reporting is required with first report for month ending 10/31/2021 due by no later than close of business 11/15/2021, even if no funds spent

Monthly Reporting Timeline and Process

- **Timeline – Monthly Reporting Periods & Due Dates**

September 1 - October 31	<i>November 15, 2021</i>
September 1 - November 30	<i>December 15, 2021</i>
September 1 - December 31	<i>January 15, 2022</i>
September 1 - January 31	<i>February 15, 2022</i>
September 1 - February 28	<i>March 15, 2022</i>
- **Access to Report Form**
 - Electronically via email
- **Format of Report**
 - Excel with drop down menus and text boxes
- **Submitting Report**
 - Complete Report Form in Excel and email to flhw@ks.gov

Reporting Requirements

Refer to **Instructions** for definitions and necessary response formats to use for each field of the form to complete the sections of the report

FLHW Overview section

Hospital Information & Policies Table

- Hospital Name
- Hospital EIN
- Award ID
- Primary Contact Name
- Primary Contact Email Address
- What existing COVID policies are for testing, quarantine, vaccine & other COVID-related policies

Program Details Table

- Use dropdown menu for Yes or No questions and provide specific response format to other questions

Monthly Summary Reporting section

1. **ARPA Spending Summary Table** - Provide amount of funds expended and number of related staff hours & FTEs during the reporting period
2. **Hospital Policy Changes Table** - Indicate if any COVID policy changes for testing, quarantine, vaccination, or other COVID-related policies during FLHW period and include dates announced and implemented in Notes column
3. **Employee Separation Table** - Give summary details of any staff members leaving employment
4. **Hospital Staffing Levels Table** - Provide number/category of nurse FTEs for final pay period of month being reported

Payroll Expense Report section

- Includes 8 headers with dropdown menus for 4 headers - *Employee Status, Job Classification, Department, and Expense Type*
- Other 4 headers – *Number of Employees, Payroll Period, Payment Date, and Payment Amount* follow defined response format

Submit completed Excel report form by due date to flhw@ks.gov

FLHW PROGRAM REPORTING INSTRUCTIONS

The tables below provide definitions and the necessary response formats for each of the fields in this reporting template. Please use this as a reference while completing the report.

Questions and Report Submissions should be returned to: FLHW@ks.gov
Reports must be returned in their original Excel format.

Reporting Schedule

<u>Expenditure Period</u>	<u>Report Submission Due</u>
September 1 – October 31	November 15, 2021
September 1 – November 30	December 15, 2021
September 1 – December 31	January 15, 2022
September 1 – January 31	February 15, 2022
September 1 – February 28	March 15, 2022

Note: Expenses from previous reporting periods should not be removed for each new submission. Instead, each report should serve as a record of all expenditures paid to date.

FRONTLINE HOSPITAL WORKER (FLHW) OVERVIEW

Hospital Information & Policies Table

Question	Definition	Response Format
Hospital Name	Unique Hospital Name	Text
Hospital EIN	Unique Hospital Employer Identification Number (EIN)	Text
Award ID	Unique Hospital FLHW Award Identification Number	Text
Primary Contact Name	Primary Contact Person's Name for correspondence relating to FLHW reporting	Text
Primary Contact Email	Primary Contact Person's Email for correspondence relating to FLHW reporting	Text
What is your Covid testing policy?	Either a narrative summary explanation of testing policy or link to hospital website with testing policy	Text or Hyperlink
What is your Covid quarantine policy?	Either a narrative summary explanation of quarantine policy or link to hospital website with quarantine policy	Text or Hyperlink
What is your Covid vaccine policy?	Either a narrative summary explanation of vaccine policy or link to hospital website with vaccine policy	Text or Hyperlink
What other Covid-related policies do you have?	Either a narrative summary explanation of any other Covid-related policies or link to hospital website with other Covid-related policies	Text or Hyperlink

Program Details Table

Question	Definition	Response Format
What is the SPARK Allocation for this program?	Provide the total amount of funding provided by the State of Kansas for the FLHW program, as listed in your grant agreement.	Amount (\$)
Have any third-party funds been added to the program?	Yes/No the hospital has accepted third-party funds	Yes/No
How much in third-party funds have been added?	Total amount of third-party fund dollars added	Amount (\$)
What is the source of the third-party funds?	List the name of each third-party funding source.	Text
What is the start date of your program?	The date on which efforts begin or the award is otherwise effective	MM/DD/YYYY
What is the end date of your program?	The date on which all effort is completed or the award is otherwise ended	MM/DD/YYYY
Does the premium pay you are providing increase any worker's total pay above 150% of either the State of Kansas or a specific county average annual wage, whichever is higher? If yes, continue to next question.	Yes/No the premium pay meets or exceeded the threshold as described in the question	Yes/No
For every worker impacted from premium pay increasing total pay above 150% of the highest average annual wage, please provide a brief general description of the worker's occupation and duties related to COVID-19.	List Employee Status, Job Classification, and Department along with any Covid-related duties	Text

MONTHLY SUMMARY REPORTING

1. ARPA Spending Summary Table

Category	Definition	Response Format
Expenditures (\$)	Total amount of ARPA funds expended during this period	Amount (\$)
Number of Staff Hours	Total amount of Staff Hours worked this period for which employees received FLHW funds	Number
Number of FTEs	Number of Full Time Employees in Hospital paid with FLHW funds this period	Number

2. Hospital Policy Changes Table

Policy Type	Definition	Response Format
COVID Testing Policy	Yes/No the policy changed during the month period, if Yes update Policies Table section above	Yes/No
COVID Quarantine Policy	Yes/No the policy changed during the month period, if Yes update Policies Table section above	Yes/No
COVID Vaccination Policy	Yes/No the policy changed during the month period, if Yes update Policies Table section above	Yes/No
Any other COVID Policies	Yes/No the policy changed during the month period, if Yes update Policies Table section above	Yes/No

3. Employee Separation Table

Question	Definition	Response Format
# of Frontline Clinical Employees and Nurses that left employment	List number of frontline employees that left this reporting period or month	Number
Reasons Employees left	Provide reason that employees left. If multiple employees left during a given reporting period and they all did not leave for the same reason, please select "Multiple Employees with Different Reasons" to indicate there was a combination of retirement, termination, and other separation.	List of Values: Retired; Terminated; Left employment; OR Multiple Employees with Different Reasons

4. Hospital Staffing Levels Table

Question	Definition	Response Format
# of Contract nurses staffing ICU Beds	Number of Contract nurses staffig ICU Beds	Number
# of Non-contract nurses staffing ICU Beds	Number of Non-contract nurses staffig ICU Beds	Number
# of Contract nurses staffing Non-ICU Beds	Number of Contract nurses staffig Non-ICU Beds	Number
# of Non-contract nurses staffing Non-ICU Beds	Number of Non-contract nurses staffig Non-ICU Beds	Number

PAYROLL EXPENSE REPORT

Headers	Definition	Response Format
Employee Status	List the employee's employment status	List of Values: Contract; Non-Contract; OR PRN
Job Classification	List the employee's job classification/ frontline position	List of Values: Registered Nurse; Certified Nurse Assistant; Physician's Assistant / LPN; OR Other Clinical Support
Department	List the employee's department	List of Values: Emergency Unit; Intensive Care Unit; Inpatient Care Unit; OR Other Departments
Number of Employees	Number of Employees included for the specific payment listed	Number
Payroll Period	Date range of the payroll period	MM/DD/YYYY - MM/DD/YYYY
Payment Date	Date of Expenditure	MM/DD/YYYY
Payment Amount	Expenditure Amount	Amount (\$)
Expense Type	List type of expenditure	List of Values: Salary; ERE/Fringe/Benefits; Contractual; OR Other

FRONTLINE HOSPITAL WORKER (FLHW) PROGRAM OVERVIEW

Please answer the questions below.

Hospital Information & Policies

Use the table below to provide information about the hospital and relevant policies.

#	Question	Response (Links can be provided where appropriate)
1	Hospital Name	
2	Hospital EIN	
3	Primary Contact Name	
4	Primary Contact Email	
5	What is your Covid testing policy?	
6	What is your Covid quarantine policy?	
7	What is your Covid vaccine policy?	
8	What other Covid-related policies do you have?	

Program Details

Use the table below to provide high-level details regarding your FLHW program.

#	Question	Response
1	What is the SPARK Allocation for this program?	\$ -
2	Have any third-party funds been added to the program?	
3	How much in third-party funds have been added?	\$ -
4	What is the source of the third-party funds?	
5	What is the start date of your program?	
6	What is the end date of your program?	
6b	Does the premium pay you are providing increase any worker's total pay above 150% of either the State of Kansas or a specific county average annual	
7	For every worker impacted from premium pay increasing total pay above 150% of the highest average annual wage, please provide a brief general description of the worker's occupation and duties related to COVID-19.	

MONTHLY SUMMARY REPORTING

Please answer the questions below.

1. ARPA Spending Summary

Use the table below to record the amount of ARPA funds allocated by SPARK have been Expended and the number of related staff hours for each reporting period.

Category	September	October	November	December	January	February	Total to Date
Expenditures (\$)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Number of Staff Hours							0.00
Number of FTEs							0.00

2. Hospital Policy Changes

Please indicate if any of the following policies changed during the FLHW program. In the Notes column, provide the specific dates that the policies were announced and implemented.

Policy Type	September	October	November	December	January	February	Notes
COVID Testing Policy							
COVID Quarantine Policy							
COVID Vaccination Policy							
Any other COVID Policies							

3. Employee Separation

Please provide summary details regarding any staff members leaving employment with your hospital.

Question	June - August	September	October	November	December	January	February
Number of Frontline Clinical Employees and Nurses that left employment							
Reasons Employees left							

4. Hospital Staffing Levels

Please answer the following questions as of final pay period during the reporting period for full-time equivalence basis staffing.

Question	September	October	November	December	January	February
# of Contract nurses staffing ICU Beds						
# of Non-contract nurses staffing ICU Beds						
# of Contract nurses staffing Non-ICU Beds						
# of Non-contract nurses staffing Non-ICU Beds						

PAYROLL EXPENSE REPORT

When copying and pasting from external workbooks, the drop down in certain cells may be lost.
Use the first row as a baseline to retain drop down options.

Total: \$ -

Employee Status	Job Classification	Department	Number of Employees	Payroll Period	Payment Date	Payment Amount	Expense Type

Questions?

General Questions: flhw@ks.gov

Technical Issues with the Report Form: flhw@ks.gov

This presentation has ended and we will now answer any questions.