

Q&A from SHIP Application TA Call (Thursday, February 19, 2009)

1. Can we apply indirect costs as before or do we have to use the Personnel and Fringe lines since they are included in the 2009 budget? *You are not required to allocate dollars to “Fringe” and “Personnel.”*
2. Does the State’s negotiated indirect rate go in the indirect cost category or the *Other* category of the SF424 budget form? *The State’s negotiated indirect rate should go in the indirect category.*
3. Do States have to take the indirect charge? *No. Taking the indirect charge is an option.*
4. Can a State take the 15% rather than give it to the hospitals? *The State may not take more than the lesser of 15% the grant for administrative purposes or the State’s negotiated indirect rate.*
5. RE: Subcontracts in the Budget Justification, should we provide the requested dollar amounts and percentages for each grantee or a total dollar amount and percentage for all grantees? *Total across all grantees is appropriate*
6. Can hospitals purchase computer hardware and software for use by other facilities that are part of the hospital’s operation (i.e., nursing homes, home health)? *No. Hospitals can only use SHIP funds to purchase computer hardware/software that is of direct benefit to the SHIP hospital. Other facilities of the hospital (i.e., home health, nursing home) may indirectly benefit from these purchases but the hospital cannot make purchases for the sole benefit of these facilities.*
7. Can non-PPS hospitals use funds for Chargemasters? *Yes.*
8. Would the purchase of software for CAH pharmacy IT networks be an acceptable use of funds? *Yes.*
9. Would a Computerized Physician Order Entry (CPOE) readiness assessment be considered training? *Yes.*
10. Can funds be used for travel reimbursements to attend training? *Yes.*
11. Can funds be used for salary reimbursement? *No*
12. Is there a general list of activities that are not allowable under the grant? *Grant funds should not be used for routine equipment replacement or capital improvements.*
13. Regarding Eligibility Criteria, Does the term *available beds* have the same meaning as *staffed be*? *ORHP categorizes available beds and staffed beds as same. To get this number, refer to the number of beds per the hospital’s most recently filed Medicare Cost Report*