

Name of Funding Proposal:

Nurse Triage Line

Funding Requested:

\$480,000

Description:

This proposal would continue funding for a contracted nurse triage line, which provides critical services in reporting COVID-19 test results to LTC residents and staff and responding to questions about a positive COVID-19 test.

Assumptions:

The nurse triage line employs a core staff of 10 RNs, at a salary of \$58.50/hour plus a \$250/month fixed fee per FTE. The staffing complement increases to 20 if demand is high, and can be increased beyond that if needed. Costs associated with technology (IT system to connect lab results to text/phone system), training, and staff oversight average \$6,000/month. For the months of January and February, based on these contract terms, we assume an average of 15 FTEs and a resulting cost of \$60,000/week.

Funds expended to date (if relevant):

The nurse triage line vendor has invoiced MDH for \$615,404 covering expenditures through 10/24/2020.

Name of Funding Proposal:

Testing of MDH regulatory (HRD) staff

Funding Requested:

\$333,200

Description:

This proposal would continue funding for twice-weekly COVID-19 testing of MDH employees who, as part of their positions, are required to enter long term care facilities to perform regulatory functions.

Assumptions:

For the months of January and February, we assume 175 staff within the Health Regulation Division will need to be tested twice/week. The frequency of testing is based on federal requirements for nursing facility staff to be tested either once or twice a week, in counties that have a COVID-19 positivity rate of 5% or greater. Because MDH staff may be onsite in multiple facilities, in counties with differing positivity rates, they will be tested at the higher frequency.

Test cost	Staff#	Tests/month	Month	Monthly cost
\$119	175	8	Jan	\$166,600
\$119	175	8	Feb	\$166,600

Funds expended to date (if relevant):

In September and October, MDH staff were tested using nasal swabs rather than saliva, using contracted specimen collection teams. During that time period, an average of 100-125 staff were tested once a week. The transition to saliva testing happened during November. Through 11/25/2020, MDH has used 749 tests at \$119/test, for a total of \$89,131. These costs are part of a larger contract with Vault Health.

Name of Funding Proposal:

Long-term Care Strike Teams

Funding Requested:

\$887,786

Description:

The Strike Team funding will support staff salary and travel to long-term care facilities (LTCF) throughout Minnesota. The Strike Teams will provide an aggressive, proactive, multidisciplinary approach to support LTCFs experiencing an outbreak of COVID-19. Strike Teams will align the regional healthcare coalitions (HCC) and local public health (LPH), with MDH Strike Teams consisting of two infection preventionists, one testing liaison, one crisis-staffing manager, and one epidemiologist. The MDH Strike Teams will collaborate with LPH and the HCCs for additional coordination with staffing and PPE acquisition. The Strike Teams would be equipped with protocols for Infection Prevention and Control (IPC) guidance (e.g., audit tool, checklist for action, training materials); methods to identify staffing solutions, a plan for local communication, and protocols to assess needs and assist in supply procurement. This approach will provide immediate onsite assistance and stabilization to LTCFs throughout Minnesota, while strengthening the healthcare infrastructure to ensure quality care to patients/residents, and prevent transmission of COVID-19 infections and other emerging infections.

Assumptions:

The current budget submitted for approval accounts for four strike teams, consisting of five staff: two infection preventionists, one epidemiologist, one staffing liaison, and one testing liaison. A full-time Project Manager will coordinate, direct, and supervise the Strike Teams. This budget accounts for the travel to facilities throughout Minnesota. Based on information collected from other states, the estimated time spent onsite at a LTCF is five days, from arrival to stabilization/departure. Once teams are fully staffed, trained, and ready for deployment, we assume that the Strike Teams (4) will be deployed to four LTCFs per week. A weekly debriefing/hot wash will be conducted to inform the program evaluation plan.

Jan. - Feb. 2021 Budget

Request

Salary + Fringe	\$557,902 *(\$139,476/team)
Supplies/PPE	\$41,667
In-State Travel	\$38,217
Contractual	\$250,000
Total	\$887,786

Funds expended to date (if relevant):

This is a new strategy. No funds have been expended to date. On November 23, the Legislative Advisory Commission approved a revision to a previous authorization from the Coronavirus Relief Fund. The initial work is in process to form the teams.

Name of Funding Proposal:

Long-term Care Testing Staffing Support

Funding Requested: \$631,000

Description:

Infection Control Nurses to assist with ongoing Long Term Care case management. The Infection Control Nurses act as Covid Case Managers (CCMs). The CCMs assess infrastructure and capacity of facilities to provide optimum resident care and prevent transmission of COVID-19 infections. Ongoing supports from the CCMs include routine check-in calls, technical support, and connecting facilities to state resources. The facility-focused support strengthens infection control capability and capacity, increases core competency among healthcare providers, and prevents on-going transmission of COVID-19.

Health Care Worker Interview staff. The interviewers contact HCWs who have medium/high risk contacts with positive patients or other HCWs. They will work with facilities to exclude exposed HCWs. In addition, they will be collecting HCW concerns and communicate those concerns to internal partners and back to the facilities.

Assumptions:

MDH will continue to contract for these staff at the rates below. January/February is 8.3 weeks.

Infection Control Nurses		Hourly	Weekly	Jan - Feb
21	Staff	\$50.75	\$42,630	\$353,829
3	Supervisors	\$60.90	\$7,308	\$60,656
Health Care Worker Monitoring Staff				
13	Staff	\$42.00	\$21,840	\$181,272
2	Supervisors	\$52.50	\$4,200	\$34,860
TOTAL			\$75,978	\$630,617

Funds expended to date (if relevant):

Through 11/8/2020 - \$372,876

Anticipated through 12/30/2020 - \$990,000

Name of Funding Proposal:

Testing Contracts for Long Term Care

Funding Requested:

\$2,108,000

Description:

This proposal would continue funding for health system teams throughout the state that provide specimen collection services to long term care providers. These teams currently provide support to more than 100 LTC facilities per week, and more than 10,000 individuals. The proposal would also support the team of professionals at the State Emergency Operations Center (SEOC) who handle the scheduling and logistics of the specimen collection teams and labs, monitor contractor performance, provide technical assistance and coordination support to LTC facilities seeking testing, and serve as testing liaisons to LTC stakeholders.

Assumptions:

Specimen collection teams are currently provided by Essentia Health, HCMC, CentraCare, Mayo Clinic, Bluestone Physician Services, and two temporary nurse staffing companies. These organizations have all been under contract for different amounts of time, the earliest since June. Contracts cover the costs of FTEs providing specimen collection services, a portion of a coordinator at the health system to work with facilities to ensure they are prepared for the team’s arrival, travel costs and, in some cases, the costs of subcontractors to cover facilities in certain parts of the state. The contracts vary in the number of specimen collection staff that the organization provides and the number of regions they cover; the cost/week by contract varies from \$4,000/week (22nd Century) to \$62,000/week (CentraCare, covering 3 regions of the state).

Based on expenditures to date on these contracts, we assume that total contractual expenditures across the seven contracted entities will total \$250,000 per week over an 8-week period:

Contractor	Weekly estimate based on contract cost/week
Bluestone	\$60,000
Mayo	\$39,000
Essentia	\$40,000
HCMC	\$15,000
CentraCare	\$62,000
SpeciaLysts	\$30,000
22nd Century	\$4,000
Total	\$250,000

Name of Funding Proposal:

Emergency Temporary Staffing Pool for Group Settings

Funding Requested:

\$2,000,000

Description:

The state will maintain a COVID Relief Fund activity that has provided several hundred temporary staff to a wide variety of group residential facilities experiencing a COVID-related staffing crisis. The state will contract with third-party staffing entities who will be responsible for recruiting, hiring, training, and other employer functions. These entities will coordinate with a multi-agency team of staff from DHS, MDH, MHFA and the SEOC, to prioritize locations for deployments and to ensure staff skills are matched to providers' needs. Funding is expected to support continuation of a staffing pool of approximately 100 FTEs with RN (5%), LPN (10%) and direct support/CNA (85%) credentials.

Assumptions: Since staff will be deployed statewide, it is expected that there will be some travel, lodging and meal costs for staff. This analysis estimates that the average weekly cost per FTE is about \$2,500.

This accounts for staffing and related costs, including:

- Wages and related costs for workers. While wages and rates vary by vendor, they tend to cost about \$25/hr for unlicensed support staff, \$35/hr for LPN, and \$50/hr for RN.
- Travel costs for hotel stays and meals when staff are deployed outside of their typical commuting area. The daily costs are assumed to be comparable with travel per diems allowed for State employees.
- COVID isolation space for workers, when necessary.
- PPE that may need to be provided when the requesting agency is not able to provide it.

Duration: The full cost of the staffing pool is estimated through February 28, 2020 with an estimated monthly cost of \$1,000,000. The expected duration of the funding is for two months. However, the funding is available until June 30, 2021.

Eligible Providers: All providers offering residential services in group settings would be eligible to request staff from the staffing pool. This may include, but is not limited to the list below. This program is available in all settings with a COVID crisis and is not limited to providers with a certain license or those paid through Medical Assistance and other public programs.

Examples of Providers Eligible to Apply for Staffing Assistance**1. Long-term Services and Supports**

- Nursing Facilities
- Assisted Living (Housing with Services with Assisted Living designation)

- Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD)
- Adult Foster Care/Community Residential Services

2. Residential Behavioral Health Facilities

- Licensed substance use disorder treatment facilities
- Licensed residential facilities for adults with mental illness
- Licensed Detox Facilities
- Licensed Withdrawal Management Facilities
- Licensed Children’s Residential Facilities
- Licensed Corporate Child Foster Care
- Other Tribe-certified facilities that aren’t licensed

3. Other Congregate Facilities & Settings Serving People Experiencing Homelessness

- Boarding Care Homes
- Board and Lodges serving people with disabilities
- Board and Lodges with Special Services
- Supervised Living Facilities
- Housing with Services registered settings (Not Assisted Living)
- Site-based Supportive Housing for people who were homeless
- Sober Homes
- Halfway Houses (for people exiting Corrections)
- Shelters serving people experiencing homelessness
- Drop-in Centers for people experiencing homelessness
- Homeless Outreach to Unsheltered Individuals
- Domestic Violence Shelters
- Temporary Isolation Spaces For COVID positive persons

Staff Costs: The staffing entities will be required to set wages, administer pay and benefits, and comply with requirements in the contract. This includes any hazard pay and other wage-related costs. Based on current staffing costs, this proposal is expected to maintain about 100 staff through February 2021, with phase down during the last week of February. There is also a projected administrative cost of \$125,000 for a multi-agency team triaging provider requests and managing the staffing contracts.

Funds expended to date (if relevant):

DHS received an allocation of \$4.641 million in August for this activity. Of this amount, \$2.307 million was encumbered for activity through mid-November. Of this initial allocation, \$1 million will be cancelled back to the COVID Relief Fund due to the vendor failing to find sufficient staff for the staffing pool. For the period of late November to 12/30, DHS has received an allocation of \$5.3 million. These funds cannot be used after 12/30/20, despite continued demand for this resource.