**FY 2020 CARES Supplemental Funding for Health Centers Examples of Allowable Uses of Funds**

This is a list of CARES award activities and purchases that may support your efforts to detect coronavirus and/or prevent, diagnose, and treat COVID-19, including maintaining and increasing health center capacity and staffing levels during the coronavirus-related public health emergency. This list is not exhaustive, as there may be other allowable uses of funds consistent with the terms and conditions of your award. Ensure that your activities to address COVID-19 are consistent with CDC guidance for healthcare professionals and federal, state, territorial and local public health recommendations.

All activities supported by CARES funding must align with your Health Center Program scope of project and compliment the previous FY 2020 Coronavirus Supplemental Funding for Health Centers (COVID-19). As needed, you should submit scope adjustment or change in scope requests to HRSA to ensure that your scope of project accurately reflects any changes needed to implement your CARES activities. This includes: (1) Form 5A: Services provided, (2) Form 5B: Service Sites, and (3) Form 5C: Other Activities/Locations. For additional information, review the technical assistance materials on the [Scope of Project webpage](https://bphc.hrsa.gov/programrequirements/scope.html) and related emergency-specific scope of project FAQs and Program Assistance Letter at [Emergency Preparedness, Response and Recovery Resources for Health Centers](https://bphc.hrsa.gov/emergency-response). Consult with your project officer as needed to submit any necessary scope adjustment or change in scope requests.

**Safety – Health centers are safe for staff and patients**

* Review, update, and/or implement your emergency operations plan, including plans to address surge capacity and potential provider and other health center staff absenteeism.
* Refresh training for all staff on standard and contact precautions, respiratory hygiene, and [infection control procedures](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html), including administrative rules and engineering controls, environmental hygiene, and appropriate use of personal protective equipment (PPE). Health centers may consider using the Centers for Disease Control and Prevention’s (CDC) [pre-pandemic training for influenza](https://www.train.org/cdctrain/course/1051645/) , which is also recommended for COVID-19.
* Review your infection control plan and make necessary adjustments to align with [CDC Guidelines for Environmental Infection Control in Health-Care Facilities](https://www.cdc.gov/mmwr/PDF/rr/rr5210.pdf) (PDF - 1.1 MB).
* Ensure and enhance as needed to align with evolving recommendations, implementation of infection control plans and procedures, particularly regarding surface, space, clothing, and instrument cleaning/sanitization.
* Create new and enhance existing preparedness and response workflows to embed [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html) and [recommendations](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html), which may require role/task reassignment.
* Train staff, establish workflows, and designate separate space for clinical and administrative services for persons under investigation and those testing positive for coronavirus.
* Purchase and post visual alerts (signs, posters) at entrances and in strategic places providing instruction on [hand hygiene](https://www.cdc.gov/handwashing/index.html), [respiratory hygiene, and cough etiquette](https://www.cdc.gov/oralhealth/infectioncontrol/faqs/respiratory-hygiene.html).
* Purchase supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer that contains at least 60% alcohol, tissues, and no-touch receptacles for disposal.
* Purchase PPE or supplies to fashion protection for health center personnel and suspected or known-infected patients, including National Institute for Occupational Safety and Health (NIOSH)-approved N95 respirators for health center personnel.
* Embed [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html) into electronic health record (EHR) clinical decision support tools.
* Purchase and install temporary barriers and/or reconfigure space through minor alteration and renovation activities to support appropriate physical distancing of patients and/or maximize isolation precautions for persons under investigation and those testing positive for coronavirus.
* Renovate interior floor plan and/or purchase equipment to maximize the use of telehealth.
* Enhance or install heating, ventilation, and air conditioning (HVAC) systems to promote facility air quality and hygiene.

**Response – Detect, prevent, diagnose, and treat COVID-19**

* Support increased capacity for patient triage, testing (including drive- or walk-up testing) and laboratory services, and assessment of symptoms, through extended operating hours, enhanced telephone triage capacity, digital applications, text monitoring systems, videoconference, and additional providers and other personnel.
* Enhance telehealth infrastructure to perform triage, care, and follow-up via telehealth, including with patients in their homes, community settings, public housing, and other locations, including patients with unstable or no housing.
* Perform outreach and provide patient and community-wide education on [hand hygiene](https://www.cdc.gov/handwashing/index.html), [cough etiquette](https://www.cdc.gov/oralhealth/infectioncontrol/faqs/respiratory-hygiene.html), and [COVID-19 transmission](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html), using existing materials where available.
* Disseminate [educational materials](https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html) on precautions to [prevent](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fprevention.html), contain, or [mitigate](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fprevention.html) COVID-19 and other respiratory illnesses.
* Purchase and administer COVID-19 therapeutics and vaccines when available, including other measures that may be identified to lessen severity or length of COVID-19 illness.
* Enhance staffing and purchase equipment and supplies (e.g., triage tents) as necessary to create separate temporary testing areas and deploy drive- or walk-up testing and laboratory services locations.
* Support COVID-19 testing and laboratory costs, including purchasing [COVID-19 tests](https://www.cdc.gov/coronavirus/2019-ncov/lab/rt-pcr-detection-instructions.html), specimen handling and collection, storage, and processing equipment, as appropriate.
* Enhance website and social media feeds to include patient self-assessment tools and facilitate access to telemedicine visits.
* Enhance telemedicine infrastructure to optimize virtual care, including the use of home monitoring devices and video to help triage need for emergency services.
* Enhance workflows, health information exchange capacity, and data exchange to support communications with public health partners, centralized assessment locations, and other health care providers.
* Provide or otherwise support enhanced medical respite/recuperative care services.
* Purchase or lease radiological equipment to aid in testing and diagnosis, including the purchase of health information technologies to support remote reading.
* Purchase a mobile unit to provide testing and/or to deliver care.
* Purchase a vehicle to transport patients to assessment and testing locations, and/or to transport health center personnel to deliver COVID-19 assessment and treatment.
* Coordinate with public health entities to help develop and enact the local and state emergency response plans.
* Support transitions in care (e.g., to and from hospitals or other health care providers) and coordination with health care partners, including health departments and hospitals, by enhancing workflows, health information exchange capacity, and data exchange.
* Increase enabling services that address social risk factors amplified by the public health emergency (e.g., transportation, community health workers, home visits).

**Maintain and increase capacity to provide comprehensive primary health care**

* Ensure the availability of comprehensive primary care to meet the ongoing needs of the patient population by supporting salaries and benefits for health center personnel providing in-scope services that are typically paid through non-grant funds during this emergency.
* Support transitions as necessary to increase access to care through telehealth.
* Support the relocation of services from temporarily closed sites, such as school-based health centers, including transfer of moveable equipment and supplies essential to operations, updating marketing materials and websites, and direct communication to patients and community partners.
* Support personnel salaries in response to extended care hours.
* Repurpose office space and/or reassign personnel to maintain or increase capacity to continue primary care services in context of COVID-19 and ongoing needs of the patient population.
* Develop new and/or update existing patient registries to inform workflows that will support continuity of services to patients whose access has been limited by COVID-19 response.
* Provide paid leave to exposed or vulnerable health center staff, including those unable to work due to the public health emergency.
* Hire and/or contract with new providers and/or other personnel to support increased service demand due to COVID-19.
* Purchase equipment and supplies for use by remotely located staff to ensure continuity of health center services.
* Purchase equipment to enhance electronic tracking, data exchange, reporting, and billing.
* Purchase or upgrade of an electronic health record that is certified by the Office of the National Coordinator for Health Information Technology.

*Date Last Reviewed:  April 2020*