

Local Public Health Act annual reporting: Q&A for calendar year 2020 and webinar

The questions and answers in this document pertain to LPH Act annual reporting for calendar year 2020 only (due April 30, 2021), and were generated from a webinar on March 5, 2021.

- **Webinar recording:** [Local Public Health Act annual reporting: Finance and staffing](http://www.health.state.mn.us/communities/practice/resources/training/2103-lphactannualreporting.html) (www.health.state.mn.us/communities/practice/resources/training/2103-lphactannualreporting.html)
- **Instructions and more information on LPH Act annual reporting:** [Local Public Health Act annual reporting](http://www.health.state.mn.us/communities/practice/lphact/annualreporting/) (www.health.state.mn.us/communities/practice/lphact/annualreporting/)
- **Help from MDH public health nurse consultants:** [Who is my public health nurse consultant?](http://www.health.state.mn.us/communities/practice/ta/phnconsultants/yourphnc.html) (www.health.state.mn.us/communities/practice/ta/phnconsultants/yourphnc.html)

Q&A contents

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2. Part of our SHIP grant allowed for redistribution of SHIP dollars to COVID-19. Where do we report those expenditures?
3. How would we accommodate CARES Act funding allocated to the county that replaced local tax levy portion of our salary funding?
4. On the finance form entitled “Follow up Questions,” community health boards report on community funding (Section V). My county awarded local contracts using CARES Act funding. Should we report awards given to partners for COVID-related local public health activities, even if the contract wasn’t through the community health board? (i.e., the check came from county vs. local public health/community health board budget)?

Staffing (workforce)

5. Community health boards report time spent on COVID-19 during March 1, 2020-December 31, 2020. Do community health boards also report time spent on other public health work (not related to COVID-19) during this 10-month period?
6. Community health boards report data on filled and contract FTE, filled persons, and race/ethnicity for the period January 1, 2020-February 29, 2020 (i.e., Staffing Sections I-V). Do we report any staffing data for the rest of the year for staff that weren’t working on COVID?
7. What about an employee whose time was 50% COVID all year? We would report all of their time for January and February and then only the COVID time for the remainder of the year?
8. Will number of persons include number of new filled FTE for COVID-19?
9. Where do we report county staff used in our response that are not part of our public health department?
10. We borrowed some hospital staff to assist with vaccination clinics. We paid the hospital for their assistance. How do we account for that?
11. If you have part time employees who contracted to be full time for a period of time, do you count that within hiring new individuals?
12. When estimating the number of volunteers should I include volunteers participating through Minnesota Responds or Minnesota Reserve Corp?
13. What types of employees should we include when estimating the number of hours spent on COVID-19-related local public health activities?

Expenditures (finance)

1. Our public health department received part of the CARES Act funding that came to our county. Would we include that here as “CARES Act from another state agency or federal government” or is this section only for funding related to the community health board?

- Only include community health board expenditures in annual Local Public Health Act reporting (Finance Section VI).
- Any CARES Act funding that went to your county that didn't go through the community health board is not reported.
- Use “Federal CARES Act funds awarded from State of Minnesota to community health board by MDH” to report CARES Act funding that the community health board received from MDH to participate in the regional model for case investigation and contact tracing.
- Any other CARES Act expenditures of your community health board should be reported as “Federal CARES Act funds awarded through Minnesota Department of Revenue, another state agency besides MDH or directly from federal government”
- If the county or city used CARES Act funding to support COVID-related local public health activities—but not through the community health board—please provide a brief explanation in the optional comments section.

2. Part of our SHIP grant allowed for redistribution of SHIP dollars to COVID-19. Where do we report those expenditures?

- Use the COVID-19 form (Finance Section VI) to report all SHIP grant expenditures re-distributed to COVID-19. SHIP grant expenditures for COVID-19 should be reported as “Other State Funds.”
- Continue to use the Expenditures form (Finance Section II) to report all SHIP expenditures for usual SHIP activities as “Other State Funds” within the Healthy Communities and Healthy Behaviors area of responsibility.
- Do not duplicate reporting of expenditures across these two forms. This means you would subtract SHIP funds redirected to COVID-19, from the expenditures of Other State Funds that are reported on the Expenditures form (Finance Section II).

3. How would we accommodate CARES Act funding allocated to the county that replaced local tax levy portion of our salary funding?

- Only include expenditures of the community health board in annual LPH Act reporting.
- Expenditures for CARES Act funding are reported (only) on the COVID-19 form (Finance Section VI).
- Community health boards that participated in the regional model for case investigation and contact tracing (CICT) may have received CARES Act funding from MDH. If that source of COVID-specific funding was used as replacement funding, report those expenditures as “Federal CARES Act funds awarded from State of Minnesota to community health board by MDH”
- If CARES Act funding that came to the community health board through other channels (not MDH) was used as replacement funding, report those expenditures as “Federal CARES Act funds awarded through Minnesota Department of Revenue, another state agency besides MDH or directly from federal government”
- Since CARES Act funding replaced usual sources of revenue, be sure to subtract those dollars when reporting expenditures in Section II. For example, if a portion of the community health board's usual local

tax revenue was replaced by some CARES Act funding, report the community health board's CARES Act expenditures on the COVID form (Section VI) and reduce expenditures of local tax revenue equal to the amount of replacement by CARES Act dollars.

4. On the finance form entitled "Follow up Questions," community health boards report on community funding (Section V). My county awarded local contracts using CARES Act funding. Should we report awards given to partners for COVID-related local public health activities, even if the contract wasn't through the community health board? (i.e., the check came from county vs. local public health/community health board budget)?

- Only include community health board expenditures in annual LPH Act reporting.
- If funding flowed through channels other than the community health board to support COVID-related local public health activities, please provide a brief description in the comments section of the COVID-19 form.

Staffing (workforce)

5. Community health boards report time spent on COVID-19 during March 1, 2020-December 31, 2020. Do community health boards also report time spent on other public health work (not related to COVID-19) during this 10-month period?

Community health boards only report data on time spent for COVID-19 during March 1, 2020-December 31, 2020. Community health boards do not report time spent on other local public health work during this 10-month period.

6. Community health boards report data on filled and contract FTE, filled persons, and race/ethnicity for the period January 1, 2020-February 29, 2020 (i.e., Staffing Sections I-V). Do we report any staffing data for the rest of the year for staff that weren't working on COVID?

No.

7. What about an employee whose time was 50% COVID all year? We would report all of their time for January and February and then only the COVID time for the remainder of the year?

Yes. The time the employee spent on non-COVID public health work beginning March 1, 2020 would not be reported.

8. Will number of persons include number of new filled FTE for COVID-19?

Community health boards report the number of persons for the period January 1-February 29, 2020 (Staffing Section III). Community health boards would include persons working on COVID-19 during that two-month period.

Community health boards with new filled or contracted employees for COVID-19 during the period March 1, 2020-December 31, 2020, would report those FTE in the new COVID form (Staffing Section V).

9. Where do we report county staff used in our response that are not part of our public health department?

Annual Local Public Health Act reporting pertains only to the community health board workforce.

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County staff re-deployed to local public health, but not paid by the community health board, are not included in local public health reporting.

Please include information in the comment section on the extent to which your community health board drew on county staff outside of the community health board.

10. We borrowed some hospital staff to assist with vaccination clinics. We paid the hospital for their assistance. How do we account for that?

Use the new COVID form to report expenditures to compensate another organization for carrying out COVID-related activities carried out on behalf of the community health board (Finance Section VI).

If the hospital staff that assisted the community health board were considered new contract FTE, they would be reported in staffing section V. If the hospital staff were not considered new contract FTE, their assistance would not be reflected in Local Public Health Act annual reporting.

Consider including this information in an optional comment.

11. If you have part time employees who contracted to be full time for a period of time, do you count that within hiring new individuals?

Yes.

Additional contracted FTE during the period January 1-February 29 would be reported in “Number of contracted FTEs” in Staffing Section II.

Additional contracted FTE specifically for COVID during the period March 1, 2020-December 31, 2020 would be reported in the new COVID form (Staffing Section V).

12. When estimating the number of volunteers should I include volunteers participating through Minnesota Responds or Minnesota Reserve Corp?

Yes.

13. What types of employees should we include when estimating the number of hours spent on COVID-19-related local public health activities?

Include hours of all full or part-time employees of the community health board. This includes filled and contracted employees for all job classifications engaged in COVID-19-related activities. Include temporary employees, and employees of the community health board that were redeployed (or reassigned) from their usual public health work.

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To obtain this information in a different format, call: 651-201-3880.