



# Medical Education & Research Cost (MERC) Grant Program

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GRANT APPLICATION INSTRUCTIONS – Clinical Training Sites  
*Fiscal Year 2019 Clinical Training*

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<https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html>

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To obtain this information in a different format, call: 651-201-3838. Printed on recycled paper.

# Contents

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Overview .....	3
General Information .....	3
Quick References .....	3
Communication .....	3
Background.....	3
Funding.....	3
Grant Determination .....	4
Eligible Applicants.....	4
Applicant Summary.....	4
Applicant Detail.....	4
Minnesota Clinical Training Site.....	4
Minnesota Teaching Program.....	5
Minnesota Sponsoring Institution .....	6
Application and Submission Instructions .....	7
Application Process - Minnesota Clinical Training Site .....	7
Reporting Period .....	7
Clinical Trainee Data .....	7
Application Deadline.....	8
Timeline.....	9
Application Instructions .....	10
Beginning the Application Process .....	10
Grant Applicant Registration & Sign In .....	11
User Profile .....	13
Home Screen.....	14
Sign Out.....	14
Minnesota Clinical Training Site Applicants .....	15
Request Access to Represent Clinical Training Site .....	16
Claim Representation of the Clinical Training Site .....	17
Manage Access to Clinical Training Site.....	18
Clinical Training Site Demographics Managed by Representative .....	19
Training Site Information .....	20
Hospital or Free-Standing .....	21
Main Hospital.....	22

Hospital Component .....	22
Free Standing .....	23
Grant Mailing Address .....	23
Authorized Representative – Clinical Training Site.....	24
Clinical Training Site Applications .....	25
Begin/Create New Application .....	26
Clinical Trainees at Facility .....	27
Notice of Expenditure Report Requirements .....	28
Signature & Submission to Teaching Program(s) .....	29
Denied/Disapproved Applications .....	29
Printing.....	30
Application Status.....	30
Reports.....	31
Grant Verification Reporting (GVR) .....	33
Printing.....	35
Grant Allocation .....	35
Receiving Grant Payments .....	35
Verification of Payments.....	36
Signature and Submission.....	36

# MERC Grant Application Instructions

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## Overview

### General Information

Grant Title: Medical Education and Research Cost (MERC) Grant  
Application Portal: <https://merc.web.health.state.mn.us>  
Program Website: <https://www.health.state.mn.us/facilities/ruralhealth/merc/index.html>

### Quick References

- [Grant Information](#)
- [Committee](#)
- [Definitions](#)
- [History](#)
- [Legislation](#)
- [Publications](#)

### Communication

- Applicants must subscribe to [GovDelivery](#) to receive MERC grant notifications.
- Communication from applicants must be directed to [health.merc@state.mn.us](mailto:health.merc@state.mn.us).

**Identify the following in the subject line of all correspondence:**  
**Grant ID Number (or NPI Number)**  
**Clinical Training Site Name**  
**FY2019 Clinical Training**

MERC Program Staff	<a href="mailto:health.merc@state.mn.us">health.merc@state.mn.us</a>
Diane Reger - Administrator	(651)-201-3566
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### Background

Minnesota Statute 62J.692 authorizes the Commission of Health to award grants to support clinical medical education. The MERC grant was established in 1996, and funded for the first time in 1997. Its purpose is to provide support for certain medical education activities in Minnesota that historically were supported in significant part by patient care revenues. Due to Minnesota’s competitive health care market, payers became increasingly unwilling to pay the extra costs associated with the purchase of services at teaching facilities. Teaching facilities are forced to compete with non-teaching facilities, which results in greater difficulty in funding teaching activities. The Commissioner of Health has been responsible for administering the MERC grant since 1998.

### Funding

The Minnesota Legislature has appropriated \$59 million in state fiscal year 2021. Funding comes from

# MERC Grant Application Instructions

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multiple sources including a carve-out on the Prepaid Medical Assistance Program (PMAP) rates, an appropriation from the Minnesota cigarette tax, federal matching funds, the general fund, and the health care access fund.

Funding will be allocated through a grant formula.

Table 1

Funding	Estimate
Estimated Amount to Grant	\$59,127,000
Estimated Number of Awards	Unknown – Formula Grant
Estimated Award Maximum	Unknown – Formula Grant
Estimated Award Minimum	\$5,000 Minimum – *Meeting Formula

## Grant Determination

Grant are awarded based on the eligibility criteria and formula found in [Minnesota Statute 62J.692](#).

The [\\*formula](#) is explained in detail on the MDH website.

## Eligible Applicants

### Applicant Summary

The application consists of three separate sections based on organizational role.

- Minnesota Clinical Training Site
  - Where the students/residents gain clinical training experience in an inpatient or ambulatory patient care setting in Minnesota. A clinical training site is the Minnesota Health Care Program (MCHP) enrolled practice address where training occurred.
- Minnesota Teaching Program
  - Accredited Minnesota teaching program at a Minnesota institution that enrolls trainees and is responsible for the trainee’s overall education. Teaching program coordinates clinical training for their enrolled students/residents at clinical training locations.
- Minnesota Sponsoring Institution
  - A hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.

### Applicant Detail

#### Minnesota Clinical Training Site

Clinical training site who hosted eligible trainees from an accredited medical education program sponsored by a Minnesota sponsoring institution.

- “Training Site” is a facility at a given practice address where clinical training occurred.
  - Training site must be located in Minnesota.

# MERC Grant Application Instructions

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- Clinical training must be funded in part by patient care revenue and occur in either an inpatient or ambulatory patient care training site.
  - If the training site is a physician owned clinic, the training site is defined as the clinic and not the physician.
  - Individual preceptors or departments within a facility should not be listed as an applicant.
  - Indicate the facility where clinical training occurred.
- Training that occurs in a nursing facility (or a hospital swing bed unit) is *not* eligible.
- Training site must be actively enrolled in the Minnesota Health Care Program (MHCP) and have a National Provider Identification (NPI) Number.
- Training site must have Minnesota public program reimbursement revenue on record with the Minnesota Department of Human Services during CY2019 from Medical Assistance/Prepaid Medical Assistance (MA/PMAP).
- Training site must have provided clinical training to a minimum of 0.10 eligible FTE trainees (208 hours) in fiscal year 2019.
  - Trainee total is comprised of overall MERC eligible sponsoring institutions, accredited teaching programs, and provider types.
  - “Eligible trainee FTE's means the number of trainees, as measured by full-time equivalent counts, that are at training sites located in Minnesota with currently active medical assistance enrollment status and a National Provider Identification (NPI) number where training occurs in either an inpatient or ambulatory patient care setting and where the training is funded, in part, by patient care revenues. Training that occurs in nursing facility settings is not eligible for funding under this section.” Minnesota Statute 62J.692, Subdivision 1 (h).
- The use of funds are limited to expenses related to clinical training program costs for eligible programs.
  - Training site must incur a minimum of \$5,000 in clinical training expenditures related to the eligible trainees to qualify.

## Minnesota Teaching Program

“Clinical medical education program means the accredited clinical training of physicians (medical students and residents), doctor of pharmacy practitioners, doctors of chiropractic, dentists, advanced practice nurses\* (clinical nurse specialists, certified registered nurse anesthetists, nurse practitioners, and certified nurse midwives), physician assistants, dental therapists and advanced dental therapists, psychologists, clinical social workers, community paramedics, and community health workers.” Minnesota Statute 62J.692, subdivision 1(d).

- The program must be accredited by an organization recognized by the Department of Education, the Centers for Medicare and Medicaid Services, or another national body that reviews the accrediting organizations for multiple disciplines and whose standards for recognizing accrediting

# MERC Grant Application Instructions

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organizations are reviewed and approved by the commissioner of health.

- Accreditation is required to be in place both at the time of training and ongoing.
- Program must be located in Minnesota.
- The program had students/residents that were in clinical training that was funded in part by patient care revenues and occurred in either an inpatient or ambulatory patient care training site during fiscal year 2019.

**\*Training programs for Advanced Practice Nursing must be “sponsored by the University of Minnesota Academic Health Center, the Mayo Foundation, or institutions that are part of the Minnesota State Colleges and Universities System or members of the Minnesota Private College Council.” Minnesota Statute 62J.692, Subdivision 3(b).**

## **Minnesota Sponsoring Institution**

“Sponsoring institution means a hospital, school, or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical medical education program in Minnesota and which is accountable to the accrediting body.” Minnesota Statute 62J.692, subdivision 1(e).

# MERC Grant Application Instructions

## Application and Submission Instructions

The Minnesota Clinical Training Site role will be covered in the instructions that follow.

## Application Process - Minnesota Clinical Training Site

Where the students/residents gain clinical training experience in an inpatient or ambulatory patient care setting in Minnesota. A clinical training site is the Minnesota Health Care Program (MCHP) enrolled practice address where training occurred.

### Reporting Period

With the exception of names and addresses, the grant application must reflect clinical training during fiscal year 2019.

### Clinical Trainee Data

Prior to beginning the application, training sites that hosted FY2019 clinical trainees will receive an email from the accredited teaching program that had students/residents in clinical training activities at the training site. The email should arrive by August 31, 2020, and will contain data that must be entered and submitted as part of the training site's overall application. Any inconsistency with trainee information must be addressed with the teaching program prior to submission of the application to avoid the application's denial.

At a minimum, the trainee data provided by the teaching program will include:

- Training site name and address where training occurred.
- Type of trainee (provider type)
  - Advanced Dental Therapists, Advanced Practice Nurses, Chiropractic Students, Clinical Social Workers, Community Health Workers, Community Paramedics, Dental Residents, Dental Students, Dental Therapists, Medical Residents, Medical Students, PharmD Residents, PharmD Students, Physician Assistants, or Psychologists.
- Sponsoring institution name.
- Teaching program name and contact information.
- Trainee setting (Inpatient, Ambulatory, or Both).
- Clinical trainee FTE count.  
Clinical training hours/2,080 hours = Full Time Equivalent (FTE) Trainee Count
- Dates the clinical trainees were at the site.

**$((\text{Student/Resident} \times \text{Weeks in Rotation}) \times \text{Hours per Week}) = \text{Clinical Training Hours}$**   
 **$\text{Clinical Training Hours} / 2,080 = \text{FTE Count}$**

**FTE = 2,080 hours, 52 weeks, or 260 days.**  
**One person cannot exceed one FTE.**

**FTEs are truncated to four decimals. FTEs should not be rounded.**  
**FTEs on the site's application must match teaching program records.**

# MERC Grant Application Instructions

## Application Deadline

Clinical training sites have a two-step process for applying.

### Step One – Initial application

- **Opens: August 31, 2020.**
- **Due: September 30, 2020.**
  - Using the clinical trainee data provided by the teaching program, the training site will identify the practice location where training took place and the sponsoring institution(s)/teaching program(s) associated with the trainees.
  - The site’s application will link to the corresponding teaching program(s) upon submission.
  - The sponsoring institution(s)/teaching program(s) must then approve the application for submission to MDH.
  - Step-by-step instructions and screen shot are included in the following pages.
    - Refer to the actual application for details (screen shots are examples and may be based on prior application cycles).

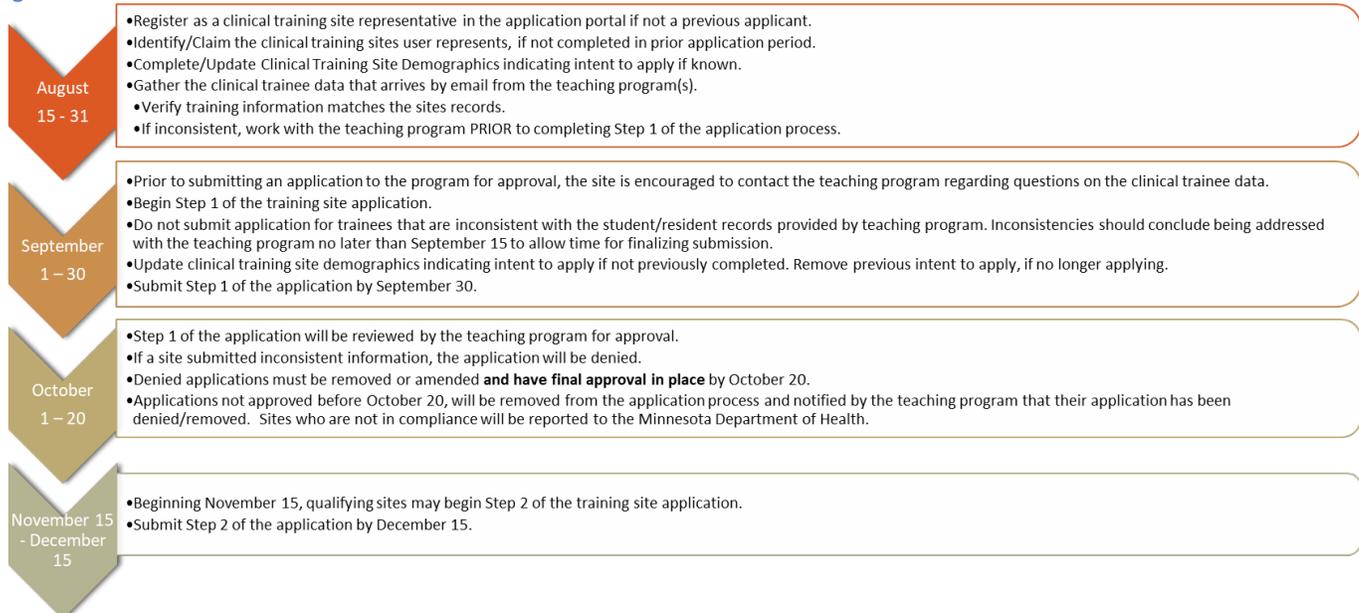
Sites who fail to submit Step one by September 30, 2020, will not be considered.

### Step Two – Expenditure reporting

- **Opens: November 15, 2020**
- **Closes: December 15, 2020**
  - Clinical training expenditures must be provided for the trainees included in the initial application.
  - Expenditures are used in the grant formula.
  - Instructions (including screen shots) are available on the MERC [website](#) under Step Two.

Sites who fail to submit Step Two by December 15, 2020, will be disqualified.

Figure 1



# MERC Grant Application Instructions

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## Timeline

- Registration - Pre-Application Opens August 15, 2020
  - Demographics
  
- Step One - Initial Application Opens August 31, 2020
  - Step One – Initial Application Due September 30, 2020
  
- Step Two - Expenditure Reporting Opens November 15, 2020
  - Step Two - Expenditures Due December 15, 2020
  
- Grant Announcement April 30, 2021 (or before)
  - Eligible sites receive funding from sponsor 60-days after release from MDH
  
- Grant Verification Report (GVR) Opens May 15, 2021 (or before)
  - GVR Due July 15, 2021

**Late applications will not be accepted.** It is the applicant’s sole responsibility to allow sufficient time to address all potential delays caused by any reason whatsoever. MDH strongly suggests that applicants complete requirements a **minimum of three calendar days before the deadlines** to allow for any unforeseen circumstances. MDH will not be responsible for delays caused by notification, computer or technology problems. This extends to the submission of information between the clinical training sites and the teaching program and sponsoring institution.

# MERC Grant Application Instructions

## Application Instructions

The grant application is completed electronically through an online portal available at <https://merc.web.health.state.mn.us>.

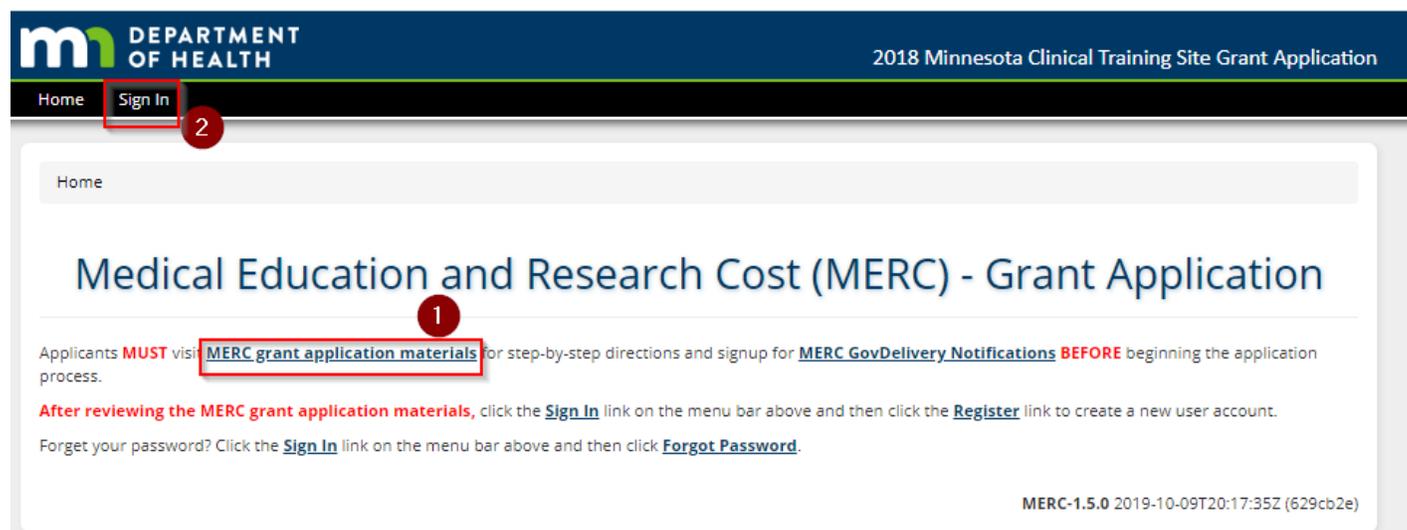
- It's recommended that users do not use their web browser autocomplete function for completing names and addresses in the application.
- All data submitted for the current application cycle should reflect clinical training in fiscal year 2019.
  - Examples of the application screens are for reference only and may reflect a different application cycle.

## Beginning the Application Process

### [Medical Education and Research Cost \(MERC\) Grant Application](#)

- In the black menu bar at the top of each page, users will find quick links.
- Just below the black menu bar, links to previous pages are available for navigation.
- Click, Sign In to begin.

Figure 2



1. As needed, grant instructions and program information can be found using the link on the Home Screen.
2. To **begin the application process**, click sign-in on the top menu bar.

**MDH may post alerts/notices below the menu bar found on the top of the screen.**

# MERC Grant Application Instructions

## Grant Applicant Registration & Sign In

- New users must register.

Figure 3

The screenshot shows the login interface for the 'merc-realm'. At the top left is the Minnesota Department of Health logo. The main heading is 'Log in to merc-realm'. Below this are two input fields: 'Email' with the value 'diane.reger@state.mn.us' and an empty 'Password' field. There is a 'Remember me' checkbox which is checked, and a 'Forgot Password?' link. A blue 'Log in' button is positioned below these fields. At the bottom of the form is a link that says 'New user? Register'. Two callout boxes with red circular numbers are present: box '1' points to the 'Register' link and contains the text 'Register as a new user.'; box '2' points to the 'Email' input field and contains the text 'Enter email/password used in registration. [Password is case sensitive.]'

1. New users must register for initial access.
  - Click Register and follow the prompts.
  - See Figure 4 on the next page for example.
2. Users who registered in a previous grant cycle do not need to register again. Enter the following:
  - Email address.
  - Password.
  - Press, log in.
    - Proceed to user profile in Figure 5.

If you have forgotten your password, press [Forgot Password](#) and follow the prompts.

# MERC Grant Application Instructions

Figure 4

The screenshot shows the registration and email verification process for the MERC Grant Application. The registration form is titled "merc-realm" and includes fields for First name, Last name, Email, Password, and Confirm password. A blue "Register" button is at the bottom of the form. To the left of the form, a box lists registration requirements: "Each registered user must have a unique email address," "This will be your username," "Do not use personal email addresses," and "Email address should be with the organization you represent." To the right, an "Email verification" section shows a warning message: "You need to verify your email address to activate your account." Below this, it states: "An email with instructions to verify your email address has been sent to you. Haven't received a verification code in your email? [Click here](#) to re-send the email." A link "Link to e-mail address verification" is provided, along with a note: "This link will expire within 15 minutes. If you didn't create this account, just ignore this message." Red arrows and numbers 1, 2, and 3 indicate the sequence of steps: 1. Complete the registration form fields. 2. Press the Register button. 3. Check the email for verification instructions.

1. When registering for the first time, complete each field.
  - Usernames are based on email.
    - Each registered user must have a unique email address.
    - Email must be with the organization you represent.
    - Do not use a personal email address for registering.
2. Press register.
3. User must verify email address within 15 minutes of registration.
  - Check email associated with the registration and following the instructions in the email.
    - Email servers have been known to block system generated emails to guard against phishing. If you do not receive an email to verify registration, check your junk mail folder.

**Passwords are case sensitive.**

**The application will remain active for 15 minutes without activity.**

**If left inactive, any unsaved data will be lost.**

# MERC Grant Application Instructions

## User Profile

Each user must complete a profile (name, job title, work phone, employer name, and their address at their place of employment). These fields are mandatory.

Figure 5

The screenshot shows the 'Manage User Profile' page. At the top, there is a navigation bar with the Minnesota Department of Health logo and the text '2018 Minnesota Clinical Training Site Grant Application'. Below the navigation bar, the page title is 'Manage User Profile'. The main content area is divided into two sections: 'User Profile' and 'Employer Information'. The 'User Profile' section contains the following fields: Login Name (diane.reger@state.mn.us), First Name (Diane), Last Name (Reger), Title (State Program Administrator - Coordinator), Email (diane.reger@state.mn.us), and Phone ((651) 201-3566). The 'Employer Information' section contains the following fields: Name (State of Minnesota), Address 1 (PO BOX 64882), Address 2 (Enter employer address line 2), City (St. Paul), Select State (MINNESOTA), Zip Code (55164), and Postal Code (0882). An 'Update' button is located at the bottom of the form.

- Press continue (or update) to verify the information.
  - The user will be asked to verify (update as needed) their profile each time they access the application.
    - If no changes are necessary, scroll to the bottom of the screen and continue/update.
  - All data in the profile must correspond to the registered user.
    - Email cannot be changed in profile. If email changes, contact [health.merc@state.mn.us](mailto:health.merc@state.mn.us).
    - Changes to the user's profile will be reflected throughout the application where the user is named.

Ability to Manage User Profile is also available on the top menu bar and the Home Screen (See Figure 6).

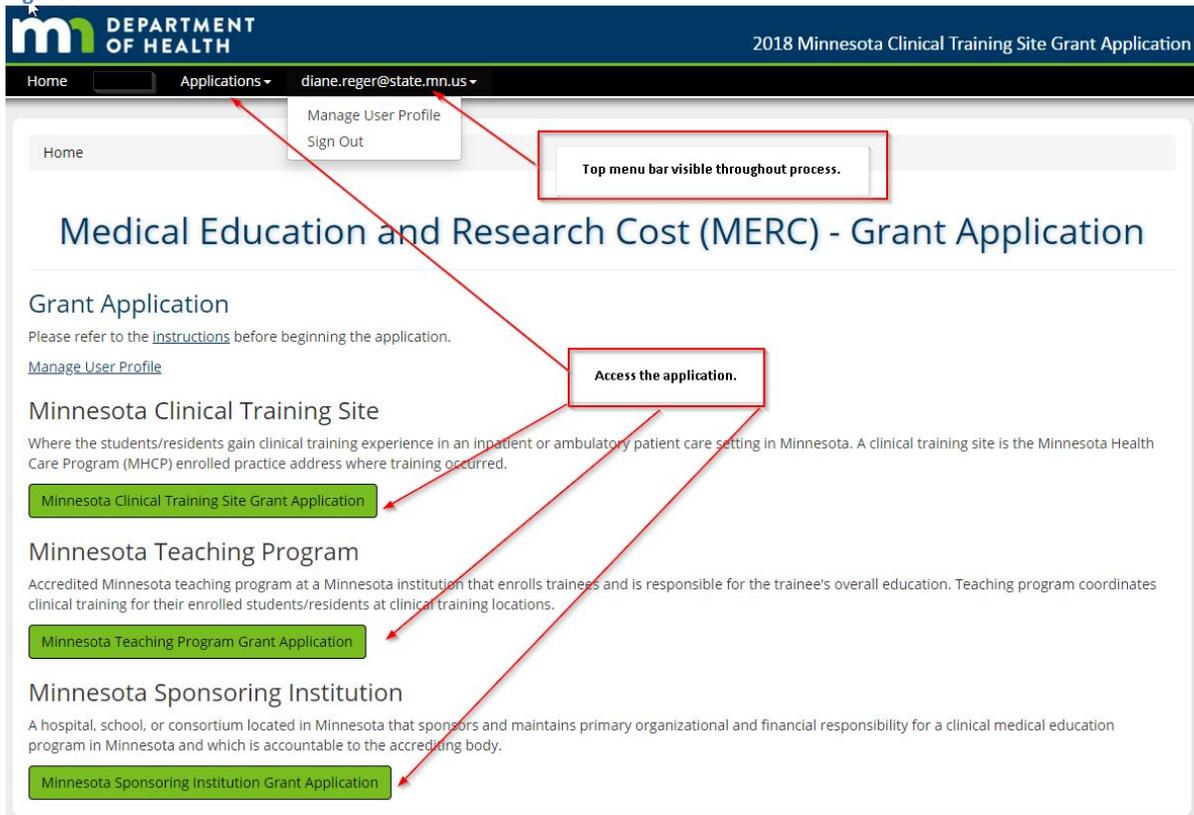
# MERC Grant Application Instructions

## Home Screen

After signing in and confirming user profile, all users will be directed to the home screen (Figure 6).

- The relevant application can be found using two options:
  1. Mid-screen under each applicant type, users will find a short definition.
    - Click the green box for Minnesota Clinical Training Site Grant Application.
  2. On the top menu bar, select Applications and then Minnesota Clinical Training Site.
- Additional links on the home screen include:
  - Link to this instructions manual.
  - Ability to manage user profile.
  - Sign out of the application portal.

Figure 6



## Sign Out

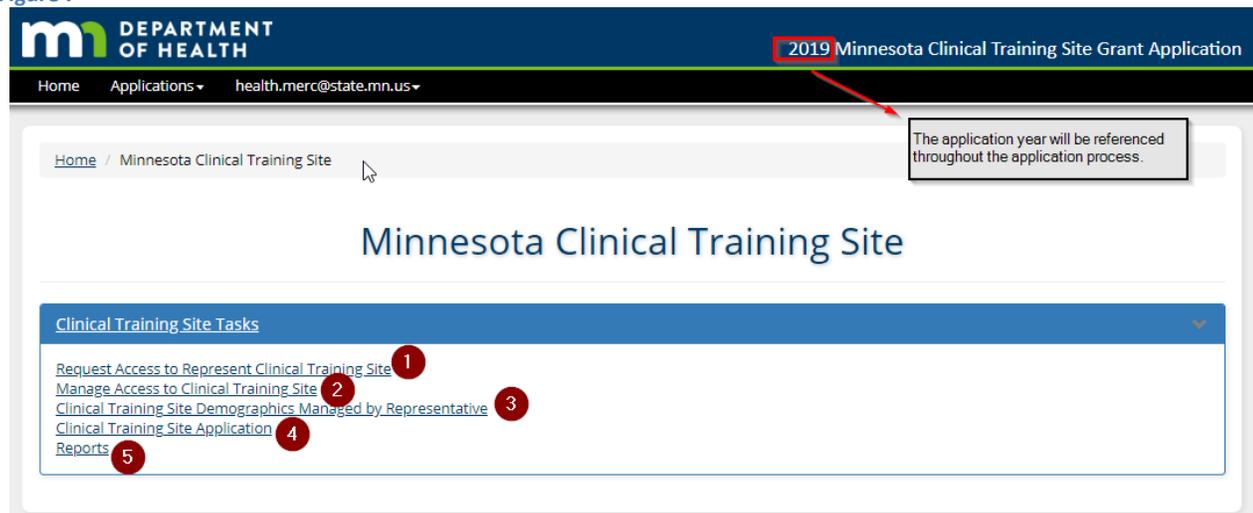
- Sign out is found on the top menu bar under the user's email (See Figure 6).

# MERC Grant Application Instructions

## Minnesota Clinical Training Site Applicants

Where the students/residents gain clinical training experience in an inpatient or ambulatory patient care setting in Minnesota. A clinical training site is the Minnesota Health Care Program (MCHP) enrolled practice address where training occurred.

Figure 7



To begin the application process, the clinical training site representative must complete the steps in the list below. Each step will be outlined in the figures and pages that follow.

1. Request Access to Represent the Clinical Training Site(s) they will complete applications for.
2. Manage Access to Clinical Training Site(s).
  - a. Grant access to additional representatives from the training site.
3. Complete Clinical Training Site Demographics Managed by Representative.
  - a. Complete site details, payment address, and indicate site's intent to apply.
4. Clinical Training Site Application.
  - a. Initial Application - Step 1 (**Due September 30, 2020**)
  - b. Expenditure Reporting - Step 2 (**Due December 15, 2020**)
  - c. Grant Verification Report (GVR) Process (**Due July 15, 2021**)
5. Reports

**Tasks must be completed in order.**  
**Complete Steps 1 & 3: Beginning August 15, 2020**  
**Complete Step 2: Upon valid request**  
**Complete Step 4:**  
**Initial Application: Between September 1 - 30, 2020.**  
**Confirm Teaching Program Verified Training Application: October 1 – 20, 2020**  
**Expenditure Reporting: Between November 15 – December 15, 2020**  
**Grant Verification Report: Between June 1 to July 15, 2021**  
**Complete Step 5: As needed.**

# MERC Grant Application Instructions

## Request Access to Represent Clinical Training Site

- Representatives must identify each clinical training site they are authorized to represent in the grant application process.

The representative should be familiar with the clinical training that took place at the practice location and the location's MHCP identification number used for Medical Assistance (MA) / Prepaid Medical Assistance (PMAP) billing.

- The identification number is essential in determining the MA/PMAP claims reimbursement on record with the Minnesota Department of Human Services (DHS) for the location where training took place.
- The data is used in the grant formula.

Figure 8

Home / [Minnesota Clinical Training Site](#) / Request Access To Clinical Training Site

### Request Access To Clinical Training Site

**Search Criteria for Clinical Training Site**

Search By:  NPI  FEIN  MERC Application ID  Site Name

Enter: \* 111111111

1 Search

Use dropdown to expand or limit the number of items on one page.

Search to narrow results.

Search: [ ]

2

3

Use arrows in table to sort.

Facility Name	Location	Type	NPI	FEIN	MERC Application ID	Status	Active	Main Hospital	Action
Test Site B	St. Paul	HOSPITAL	1111111111	*****111	222222222	CLAIMED	YES	YES	View
Test Site A	St. Paul	PHYSICIAN	1111111111	*****111	1111111111	CLAIMED	YES	NO	View

Showing 1 to 2 of 2 entries

Previous 1 Next

- Enter the site's National Provider Identification Number (NPI) or Federal Tax ID Number (FEIN) for the location where training took place.
  - Press search.
- The search results will populate in the table based on enrollment in the [Minnesota Health Care Program \(MHCP\)](#).
  - For facilities with more than one practice location, be aware that each location enrolled in MHCP will be options. Each location is a separate grantee if clinical training took place at the facility.

# MERC Grant Application Instructions

- Only locations with eligible clinical trainees in fiscal year 2019 can apply; however, representatives can indicate all sites they represent in this part of the process.
3. Press view to proceed.
- The representative must view the details of the site enrolled in the MHCP and then ‘claim’ access as the site’s authorized representative for the grant application in the next step.

**Training in Hospitals**  
**Claim each component of the hospital.**  
**This is instrumental for gathering the MA/PMAP reimbursement data used to calculate the hospital’s grant.**  
**(The [demographics](#) section will provide further details.)**

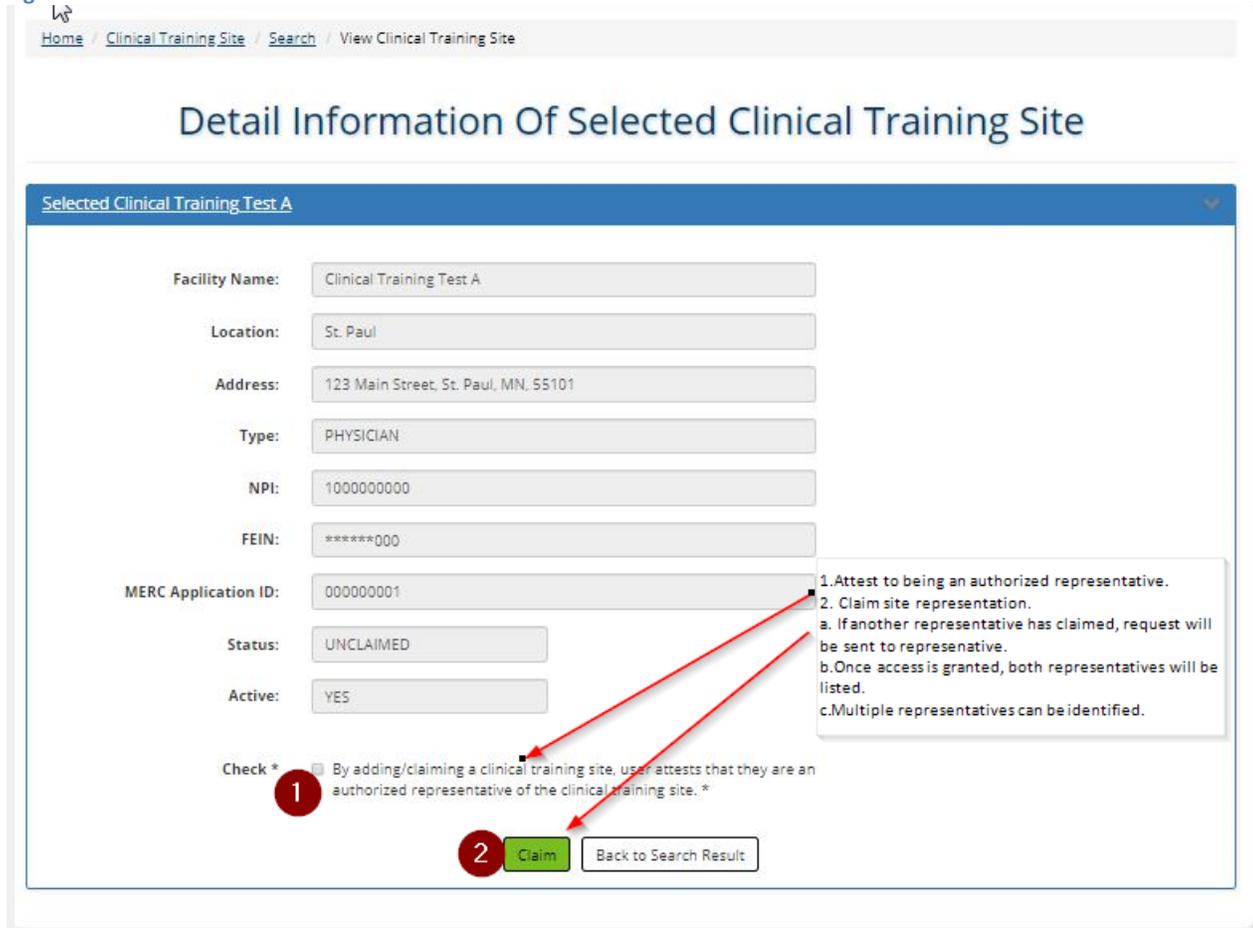
- If training was done in a [Hospital](#), the representative should claim all areas of the hospital.
- Site demographics will address identifying the main hospital and the hospital subparts.
- The representative can identify in [site demographics](#) if the location is applying.

## Claim Representation of the Clinical Training Site

The site information will populate based on enrollment in the [Minnesota Health Care Program](#) (MHCP).

The status will indicate ‘unclaimed’ unless a representative already identified themselves as the site’s authorized representative.

Figure 9



# MERC Grant Application Instructions

If you represent the site, proceed to the steps below:

1. Attest to being an authorized representative.
2. Claim the site.
  - The first representative to 'claim' representation, will be grant automatic access.
  - Sites can have multiple representatives. In fact, it's encouraged in case one representative leaves during the grant cycle.
  - If another authorized representative 'claimed' the site first, the first representative must approve access to the additional representative.
    - An email will be sent to the first representative to notify them that access had been requested.
    - The representative can grant or deny access. See [Manage Access to Clinical Training Site](#).

## Manage Access to Clinical Training Site

The user who identify themselves as an authorized representative of a clinical training site in Step #1, will have the ability to authorize additional representative.

Figure 10

The screenshot shows the 'Manage Access to Clinical Training Site' interface. At the top, there is a navigation bar with the Minnesota Department of Health logo and the text '2018 Minnesota Clinical Training Site Grant Application'. Below the navigation bar, there is a breadcrumb trail: 'Home / Minnesota Clinical Training Site / Manage Access to Clinical Training Site'. The main heading is 'Manage Access to Clinical Training Site'. Below the heading, there is a search bar with the text 'Search:'. To the left of the search bar, there is a dropdown menu for 'Show 10 entries'. Below the search bar and dropdown menu, there is a table with the following columns: 'From', 'Request Type', 'Name', 'Status', 'Comment', 'Denied or Revoked Reason', 'Requested Date', and 'Action'. The table contains 7 entries. The first three entries are 'GRANTED', the fourth is 'DENIED', and the last two are 'GRANTED'. The 'Action' column for the last two entries has a 'Revoke' link. Callouts point to various elements: 'User can expand the number on one page.' points to the 'Show 10 entries' dropdown; 'Use the arrows to sort.' points to the double arrows in the 'Request Type' column header; 'Search on username, site name, etc.' points to the search bar; and 'Status change after action.' points to the 'Status' column header. At the bottom of the table, there is a pagination bar with 'Showing 1 to 7 of 7 entries' and 'Previous 1 Next'.

From	Request Type	Name	Status	Comment	Denied or Revoked Reason	Requested Date	Action
<a href="mailto:arifun.chowdhury@state.mn.us">arifun.chowdhury@state.mn.us</a>	TRAINING_SITE	<a href="#">TEST Site C</a>	GRANTED	Request for access to Training Site 20259 - 'TEST Site C'.		08/12/2019 08:38:46 AM	
<a href="mailto:arifun.chowdhury@state.mn.us">arifun.chowdhury@state.mn.us</a>	TRAINING_SITE	<a href="#">TEST Site A</a>	GRANTED	Request for access to Training Site 20265 - 'TEST Site A'.		08/12/2019 08:39:03 AM	
<a href="mailto:arifun.chowdhury@state.mn.us">arifun.chowdhury@state.mn.us</a>	TRAINING_SITE	<a href="#">TEST Site b</a>	GRANTED	Request for access to Training Site 20267 - 'TEST Site b'.		08/12/2019 08:39:15 AM	
<a href="mailto:cirrie.byrnnes@state.mn.us">cirrie.byrnnes@state.mn.us</a>	TRAINING_SITE	<a href="#">TEST Site C</a>	DENIED	I request access please	YES! You should not be claiming this site.	08/12/2019 10:12:39 AM	
<a href="mailto:cirrie.byrnnes@state.mn.us">cirrie.byrnnes@state.mn.us</a>	TRAINING_SITE	<a href="#">TEST Site A</a>	REVOKED	Request access to this site please.		08/12/2019 10:13:13 AM	
<a href="mailto:cirrie.byrnnes@state.mn.us">cirrie.byrnnes@state.mn.us</a>	TRAINING_SITE	<a href="#">TEST Site b</a>	GRANTED	access please.		08/12/2019 10:13:41 AM	<a href="#">Revoke</a>
<a href="mailto:cirrie.byrnnes@state.mn.us">cirrie.byrnnes@state.mn.us</a>	TRAINING_SITE	<a href="#">TEST Site A</a>	GRANTED	made a mistake claim again!		08/12/2019 10:21:31 AM	<a href="#">Revoke</a>

# MERC Grant Application Instructions

The following can be completed in this section:

- Click the username in the from column for additional information on who is requesting access.
- Click on name column for additional information on training site the user is requesting access to.
- In the action column, grant, deny or revoke the user's access.
  - To grant access, click grant.
  - To deny access, click deny.
  - To revoke access, click revoke.
- The available actions will change as the representatives status changes.
- All representatives will have the same authority in the system once access is granted.

The representative will receive an email notification granting, denying, or revoking their access.

## Clinical Training Site Demographics Managed by Representative

- Sites claimed by the representative are included in the table found on the demographics page.
- The first step in applying requires the representative to complete the site demographics and indicate intent to apply.
  1. Click 'Complete Demographics'.

Figure 11

Home / Minnesota Clinical Training Site / Clinical Training Site Demographics Managed by Representative

## Clinical Training Site Demographics Managed by Representative

The screenshot displays the 'Clinical Training Site Demographic Information' page. At the top, a message states: 'Demographics must be completed before application is started.' Below this is a table with columns: Facility Name, Location, Address, Facility Type, NPI, FEIN, MERC Application ID, Main Hospital / Hospital Subpart or Free-Standing, and Intends to Apply. Three rows are visible: Site A (Physician), Site B (Hospital), and Site C (Hospital). Each row has a 'Complete Demographics' button. A search bar is located at the top right. Red annotations include: a box around the search bar with the text 'Search based on any criteria is list is long.'; a box around the 'Complete Demographics' button for Site A with a circled '1'; a box around the 'Intends to Apply' column header with the text 'User must complete demographics, and indicate intent to apply. The field will be reflected in the table upon completion.'; a box around the 'Facility Name' column header with the text 'Fields will be blank until the representative complete this information in demographics. Site's who applied in the past, will have this information pre-filled based on their previous application. Edits when completing demographics.'; and a box around the column headers with the text 'Click arrows to sort fields in the the column headers.'

Facility Name	Location	Address	Facility Type	NPI	FEIN	MERC Application ID	Main Hospital / Hospital Subpart or Free-Standing	Intends to Apply
Site A	MINNEAPOLIS	123 Main St. MINNEAPOLIS, MN 55407	PHYSICIAN		*****		Hospital Subpart	YES Complete Demographics
Site B	MINNEAPOLIS	123 Main St. MINNEAPOLIS, MN 55415	HOSPITAL		*****		Hospital Subpart	YES Complete Demographics
Site C	MINNEAPOLIS	456 First Street MINNEAPOLIS, MN 55401	HOSPITAL		*****		Free-Standing	NO Complete Demographics

# MERC Grant Application Instructions

## Training Site Information

Figure 12

[Home](#) / [Minnesota Clinical Training Site](#) / [Clinical Training Site Demographics Managed by Representative](#) / Clinical Training Site Demographics

### Clinical Training Site Demographics

Clinical Training Site Demographic Information

Items with an \* are required.

Use arrows to expand or decrease sections throughout the application.

Training Site Information

Site Name: ABBOTT NORTHWESTERN HOSPITAL

Type: HOSPITAL

MERC Application ID: 137745106

NPI: 1851546964

FEIN: \*\*\*\*\*413

Address Line 1: PARKHOUSE ADULT DAY TX

Address Line 2: 710 E 24TH ST STE 303

City: MINNEAPOLIS

Select State: MINNESOTA

Zip Code: 55401

Postal Code:

Auto completed based on the training location's enrollment in the Minnesota Health Care Program (MHCP).

To apply for the grant, the site name and location must match where clinical training took place.

2. Site name, address, facility type, NPI, FEIN, MERC Application ID are auto filled.
  - Information is based on enrollment in the [Minnesota Health Care Program](#) (MHCP).
  - All changes to Medicaid enrollment must be completed with [MHCP](#).
  - If site is applying, applicant address must match where clinical training took place.
  - If the location where training took place is not enrolled in the MHCP, the site is not eligible.
    - MA/PMAP reimbursement at the physical location of training must be on record with the Minnesota Department of Human Services under the site's MHCP enrollment.

**Demographics must be completed for each site.**

# MERC Grant Application Instructions

---

## Hospital or Free-Standing

3. Indicate if the site (in #2) is hospital or free-standing.
  - **Hospital** (See Figure 13 & 14)
    - Hospitals often have multiple components and identification numbers instead of one covering the entire licensed hospital. This information must be identified.
      - It is the hospital's responsibility to report accurate information meeting CMS requirements.
    - **This is an important step for hospitals!** The information identified in this section is instrumental for gathering the MA/PMAP reimbursement data used to calculate the hospital's grant.
      - Identify the main hospital.
        - If the site is the *main* hospital, hospital is preselected and the hospital name is automatically prefilled.
        - If the information is not prefilled, select the correct hospital from the drop down list. (The site in #2 will be listed as a component of the main hospital.)
          - The list is based on sites the user represents.
          - If no options are available in the drop down list, return to the previous step of the application to indicate you are the authorized representative for the main hospital and [Request Access](#). Then return to update demographics.
    - **Free-Standing** (See Figure 15)
      - Free-Standing Sites (Includes but is not limited to: retail pharmacies on hospital premise, ambulatory clinics, physician practice groups, and sites owned by the hospital that do not meet the hospital definition.)
  - 4. Indicate if the site intends to apply in current grant period (does not apply to hospital components).
    - Yes – user intends on applying and will proceed to the application page to complete an application for fiscal year 2019 clinical training.
      - If the site is a hospital component and the main hospital applies, the subpart (component) will be included on the hospital's application.
      - Verify the hospital's subparts when proceeding to the application.
    - No – the system will reflect that no application will be completed for fiscal year 2019 clinical training.
  - 5. Save the information in this section before continuing.
  - 6. Hospital Subparts section is viewable to main hospital only. The section identifies the main hospital's components identified in site demographics.

# MERC Grant Application Instructions

## Main Hospital

Figure 13

**m** 2018 Minnesota Clinical Training Site Grant Application

**Hospital or Free-Standing** 3

**Hospital**  (licensed hospital includes Medicare certified provider-based clinics of the hospital and internal hospital pharmacies that are not retail)

**Identify The Main Hospital: \*** TEST Site A - 333333335 Must be representative of the hospital to complete.

**Free-Standing**  (includes retail pharmacies on hospital premise, ambulatory clinics, physician practice groups, sites owned by the hospital, etc.)

Is the site applying for a MERC Grant for fiscal year [2018] clinical training? 4

YES  NO

Save 5

**My Subparts** 6

Search:

Site Name	FEIN	MERC ID	NPI	Facility Type	Address
TEST Site b	*****114	444444444	1111111118	PHARMACY	One Happy Street USA Stillwater MN 54321

Showing 1 to 1 of 1 entries

## Hospital Component

Figure 14

**Hospital or Free-Standing** 3

**Hospital**  (licensed hospital includes Medicare certified provider-based clinics of the hospital and internal hospital pharmacies that are not retail)

[TEST Site b] will be included on the hospital's grant application if the hospital applies for a MERC Grant for fiscal year [2018] clinical training.

**Identify The Main Hospital: \*** TEST Site A - 333333335

**Free-Standing**  (includes retail pharmacies on hospital premise, ambulatory clinics, physician practice groups, sites owned by the hospital, etc.)

Save

# MERC Grant Application Instructions

## Free Standing

Figure 15

Hospital or Free-Standing

**Hospital**  (licensed hospital includes Medicare certified provider-based clinics of the hospital and internal hospital pharmacies that are not retail)

**Free-Standing**  (includes retail pharmacies on hospital premise, ambulatory clinics, physician practice groups, sites owned by the hospital, etc.)

3

Is the site applying for a MERC Grant for fiscal year [2018] clinical training?

**4**  YES  NO

Save **5**

## Grant Mailing Address

This section will only appear for sites that indicate their intent to apply for a grant in the steps above.

- If the demographics reflect a hospital component, the grant mailing address identified in the main hospital's demographics will be used.

Figure 16

Grant Mailing Address

Select Billing Type: \* SAME AS AUTHORIZED REPRESENTATIVE **7**

Select Authorized User: \* Diane Reger **8**

Facility Name: \* Enter facility name

Address Line 1: \* PO BOX 64882

Address Line 2: \* Enter address line 2

City: \* St. Paul

Select State: \* MINNESOTA

Zip Code: \* 55164

Postal Code: \* 0882

Save **9**

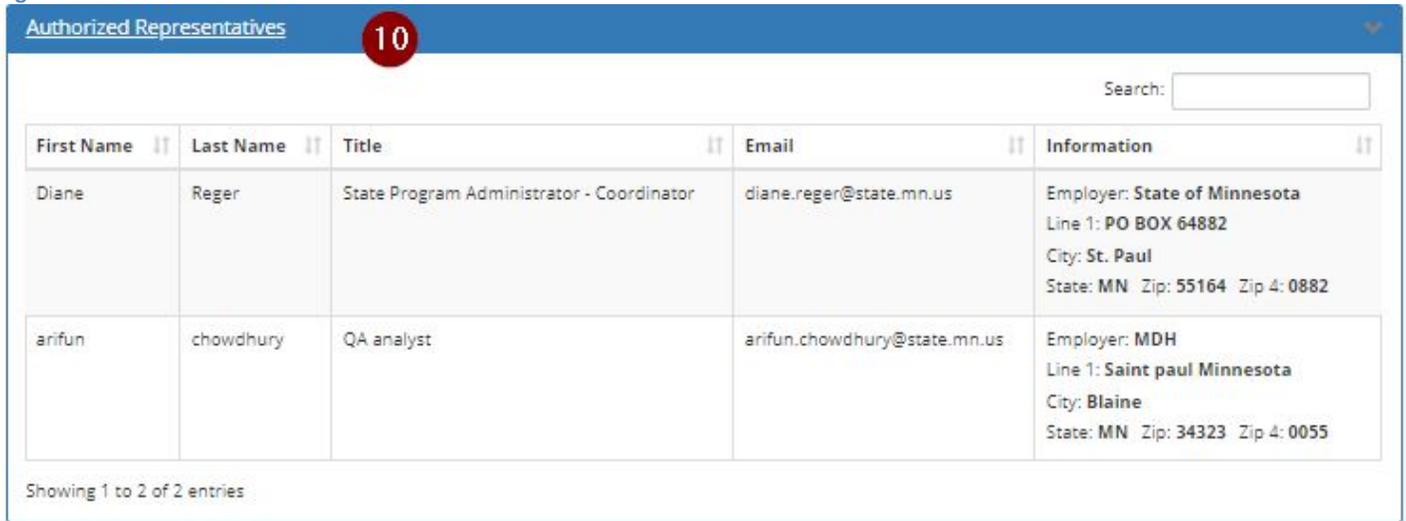
Identify where potential grant funds should be sent.  
a. Same as above (the site identified in #2).  
b. Same as authorized representative (identify representative).  
c. Other (complete the grant mailing section).

7. Identify where potential grant funds should be mailed.
  - Same as above (the site identified in #2 is the default).
  - Same as authorized representative (identify the representative).
  - Other (complete the grant mailing section).
8. If authorize representative is selected in Step 7, identify the representative.
  - a. This will not appear unless authorized representative was selected in Step 7.
9. Save the grant mailing selection.

# MERC Grant Application Instructions

## Authorized Representative – Clinical Training Site

Figure 17



First Name	Last Name	Title	Email	Information
Diane	Reger	State Program Administrator - Coordinator	diane.reger@state.mn.us	Employer: State of Minnesota Line 1: PO BOX 64882 City: St. Paul State: MN Zip: 55164 Zip 4: 0882
arifun	chowdhury	QA analyst	arifun.chowdhury@state.mn.us	Employer: MDH Line 1: Saint paul Minnesota City: Blaine State: MN Zip: 34323 Zip 4: 0055

Showing 1 to 2 of 2 entries

10. The representative's user profile will be listed.

- No entry takes place. The information can be updated in the representative's user profile.

**If you represent additional training sites, complete demographics for each site beginning at Step 1.  
If you are done, return to Minnesota Clinical Training Site page.**

# MERC Grant Application Instructions

## Clinical Training Site Applications

- After completing the Clinical Training Site Demographics and indicating intent to apply, the site application can be completed.
  - Some fields in the table will be empty until the applicant begins the application.
  - The application must be submitted before September 30, 2020.

Figure 18

DEPARTMENT OF HEALTH 2018 Minnesota Clinical Training Site Grant Application

Home Applications health.merc@state.mn.us

Home / Minnesota Clinical Training Site / Clinical Training Site Application

### Clinical Training Site Application

Clinical Training Site Applications

Search:

Training Site	Training Year	Teaching Program	Sponsoring Institution	Action
Test Site A Type: <b>HOSPITAL</b> Location: <b>St. Paul</b>	2018			Begin Application <span>1</span>
Test Site C Type: <b>PHARMACY</b> Location: <b>St. Paul</b>	2018			Begin Application

Showing 1 to 2 of 2 entries

1. Click, Begin Application.

# MERC Grant Application Instructions

## Begin/Create New Application

- The information from demographics will prefill the top section of the grant application.
  - Scroll through the information to verify no change to demographics are necessary.
  - The sections of the application can be minimized as shown in the figure below.
    - The default shows each section in detail.
  - If the facility is a hospital, the hospital components the user identified in demographics will be included in the application.

Figure 19

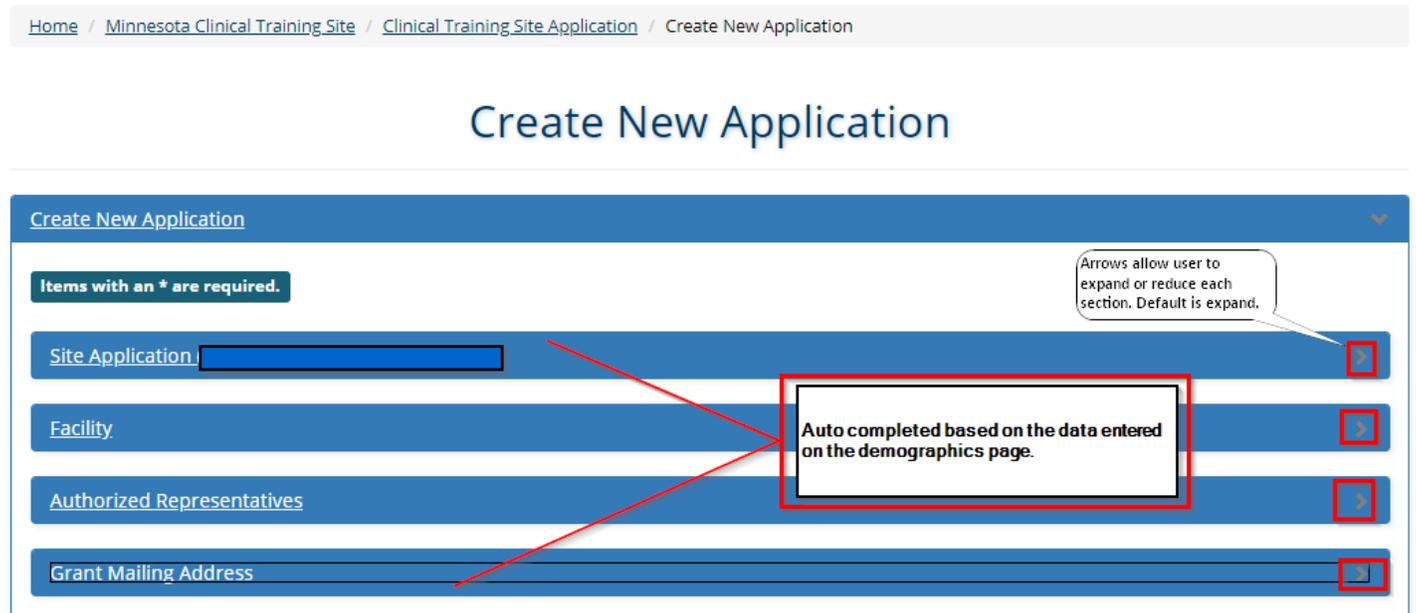
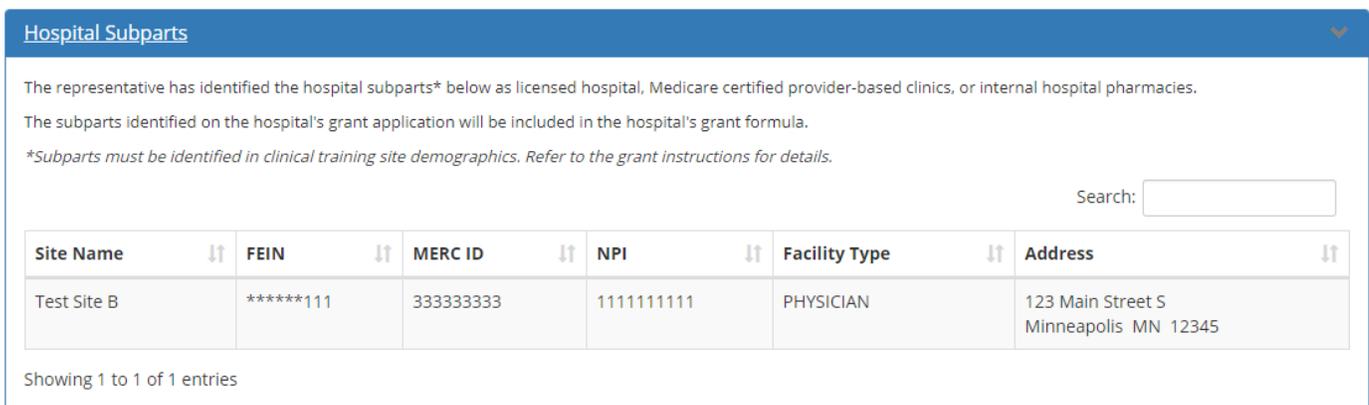


Figure 20



# MERC Grant Application Instructions

## Clinical Trainees at Facility

The clinical trainee data provided by the teaching program will be used to complete this section of the application.

- Questions regarding the trainee data should be directed to the teaching program representative prior to submitting the application.

In each field, select from the options available in the drop down list.

- Allow time for the field to process before moving to the next field.
- The options are based on sponsors and program registered in the application portal.
- An application cannot be submitted to a sponsor/program that is not applying (message will appear).
  - Sponsors/programs should be available in the system by August 31.
- If the training site hosted multiple teaching programs, sponsoring institutions, and trainee types, repeat Steps 1 – 6 below.

Figure 21

The screenshot shows a web form titled "Clinical Trainees at Facility". At the top right is a search box. Below it is a table header with columns: Facility Type, Sponsoring Institution, Teaching Program, Trainee Setting, Fulltime Equivalent (FTE) Clinical Trainee, and Action. The table content is empty, showing "No data available in table" and "Showing 0 to 0 of 0 entries". Below the table are five input fields: "Program Type" (dropdown menu with "ADVANCED PRACTICE NURSES" selected), "Sponsoring Institution:" (dropdown menu with "Test Sponsor Diane1" selected), "Teaching Program:" (dropdown menu with "Test Program A" selected), "Trainee Setting" (dropdown menu with "INPATIENT" selected), and "Fulltime Equivalent (FTE) Clinical Trainee:" (text input field with "1.234" entered). At the bottom are "Add" and "Reset" buttons. A red arrow points from the "Add" button to the table. A red box on the right contains the following text: "Must complete in order.", "Sponsor and Program must be applying.", "Repeat to add additional program.", and "Clinical Trainee FTEs must be based on data provided by teaching program for the FY collected." Numbered callouts 1 through 6 are placed next to each of the five input fields and the "Add" button, respectively.

1. Program Type: The type of trainee/program.
2. Sponsoring Institution: The name of the sponsoring institution.
3. Teaching Program: The name of the teaching program.
4. Trainee Setting: The practice setting where the training took place. (Options include: inpatient, ambulatory, or both).
5. FTE Clinical Trainee Count: Enter the clinical trainee FTEs provided by the teaching program. Truncate trainee count at four decimals. Do not round FTE count.
6. Add/Reset: Add to list of programs (or) Reset to clear the fields.

# MERC Grant Application Instructions

- As the teaching programs and trainee counts are added to the application, they will appear in the table. Prior to submission, the information can be edited or deleted as necessary. See the figure below.
- Add all teaching programs before submitting the application.
- **No application will be accepted after the September 30, 2020, deadline.**

Figure 22

The screenshot shows a table titled "Clinical Trainees at Facility" with the following data:

Program Type	Sponsoring Institution	Teaching Program	Trainee Setting	Fulltime Equivalent (FTE) Clinical Trainee	Created/Submitted	Action
Medical Residents	Test Sponsoring Institution Status: <b>NEW</b>	Test Program A Status: <b>NEW</b>	INPATIENT	1.0	Created by: health.merc@state.mn.us	Edit Delete

Below the table are form fields for "Program Type", "Trainee Setting", and "Fulltime Equivalent (FTE) Clinical Trainee".

Callout boxes provide the following information:

- Status change to Submitted when submitted to MDH.** (Points to the Sponsoring Institution status)
- Status changes to PENDING after submission to teaching program. Changes to Submitted after submission to the sponsor.** (Points to the Teaching Program status)
- Created by will be noted. When submitted, will change to the username of the person who submitted.** (Points to the Created/Submitted field)
- Can edit or delete before submitting to the teaching program for approval. Once submitted, Action will change to "Application submitted to Teaching Program."** (Points to the Action buttons)

## Notice of Expenditure Report Requirements

Sites meeting the total trainee minimum of 0.1000 FTE are required to submit an expenditure report in Step 2 of the application process.

- Step 2 of the application process will open by November 15, 2020.
  - On November 15, 2020, sites must enter the application portal and submit expenses associated with the application's clinical training.
  - Expense categories and instructions are found on the MERC [website](#).
- Expenditure reports must be submitted by December 15, 2020.
  - Sites with expenditures under \$5,000 or not meeting the minimum requirements of the formula will not qualify.

Figure 23

The screenshot shows the "Expenditure Report Requirements" page. A callout box at the top right says: "Refer to the application for dates. Screen shots are examples only."

The main text on the page reads: "The Minnesota Department of Health will collect clinical training expenses in November 2020. Expenditure reports will be due within 30-days of the initial request. Grant applicants must adhere to the expenditure deadline to qualify."

Below this, it states: "Grant amounts are determined based on the eligibility criteria and formula defined in Minnesota Statute 62J.692. Available funding will not exceed the facility's reported clinical training expenses for qualifying MERC programs and trainees."

# MERC Grant Application Instructions

## Signature & Submission to Teaching Program(s)

Figure 24

The screenshot shows a web form titled "Signature of Authorized Representative". At the top, there is a checkbox and a paragraph of text. A red circle with the number 8 is around the checkbox. A red arrow points from the checkbox to a callout box that says "This example does not reflect the current application period. Example of screen only." Below the text are input fields for "Name:", "Title:", "Email:", and "Date Signed:". A callout box points to the "Name:" field, stating "Signature auto complete is based on user profile." At the bottom of the form are three buttons: "Cancel", "Save", and "Submit". A callout box with a red circle 7 points to the "Save" button, stating "Save and return to application when ready to submit." Another callout box with a red circle 9 points to the "Submit" button, stating "Submits the application to the above named teaching program(s) for approval. The teaching program(s) must approve the site and trainee data before the sponsoring institution(s) submit the application to MDH."

7. Save the application until you are ready to submit.
  - A message will appear on the top of the screen indicating that the application has been saved.
  - Application is not submitted!
  - Return to the application and scroll to the bottom of the page when ready to submit (See next section).
8. **Do not complete Step 8/9 until you are ready to submit your application.**
  - Check the box for e-signature.
9. Submit the application to the sponsors/teaching programs in the clinical trainee section.
  - Once the application is submitted, the application will appear in the teaching programs and sponsoring institutions grant application requesting approval.
  - Step 1 of the application will be reviewed by the corresponding teaching program(s).
  - See [Application Status](#) for details.

## Denied/Disapproved Applications

In rare cases, if a clinical training site submits trainee information that is inconsistent with the records of the teaching program, the teaching program will disapproved/deny the site's application and send a notification to the site representative by email.

- Denied applications must be removed or edit and **have final approval in place** by October 20.
  - Applications not approved before October 20, will be removed from the application process and reported for non-compliance to the Minnesota Department of Health.
- Sites are encouraged to review the application's status by October 15.

# MERC Grant Application Instructions

## Printing

Use the print function found on the top right of the corresponding page to print a PDF document of the submission. These documents are part of the grant application process and should be maintained in your internal records.

## Application Status

As the applications process, a status will be recorded on the application table. Detailed status examples are also included in each section according to the applicant.

SP = Sponsoring Institution

TP = Teaching Program

TS = Training Site

Table 2

Status	Definition
NEW	Application Opened.
PENDING	Pending.
DISAPPROVED	Disapproved. Correction needed.
APPROVED	Approved. Pending submission by Program/Sponsor to MDH.
SUBMITTED	Submitted.

Figure 25

The screenshot shows the 'Clinical Training Site Application' web interface. At the top, there is a navigation bar with 'Home', 'Applications', and 'health.merc@state.mn.us'. Below this is a breadcrumb trail: 'Home / Minnesota Clinical Training Site / Clinical Training Site Application'. The main heading is 'Clinical Training Site Application'. Below the heading is a table titled 'Clinical Training Site Applications' with a search bar. The table has columns for Training Site, Training Year, Teaching Program, Sponsoring Institution, and Action. There are two entries in the table. The first entry is for 'Test Site A' (Type: HOSPITAL, Location: St. Paul) with Training Year 2018, Teaching Program 'Test Program A' (Status: NEW), and Sponsoring Institution 'Test Sponsoring Institution' (Status: NEW). The Action column for this entry has 'Edit' and 'View' buttons. A red callout box points to the 'Edit' button with the text 'Site has not been submitted. Edit to continue.' The second entry is for 'Test Site C' (Type: PHARMACY, Location: St. Paul) with Training Year 2018, Teaching Program 'Test Program B' (Status: PENDING), and Sponsoring Institution 'Test Sponsoring Institution' (Status: NEW). The Action column for this entry has 'View' and 'Amend' buttons. A red callout box points to the 'Amend' button with the text 'Application submitted. Pending Approval.' At the bottom of the screenshot, a red callout box contains the text: 'Cannot edit the application already submitted to a program unless program disapproves. Site application can be amended to include additional teaching programs not previously submitted.'

# MERC Grant Application Instructions

Figure 26

Home / Minnesota Clinical Training Site / Clinical Training Site Application

## Clinical Training Site Application

Clinical Training Site Applications

Search:

Training Site	Training Year	Teaching Program	Sponsoring Institution	Action
Test Site A Type: HOSPITAL Location: St. Paul	2018	Test Program A Status: TP-DISAPPROVED Comment: FTE error, please correct. Should be 0.1	Test Sponsoring Institution Status: SP-DISAPPROVED	Edit View
Test Site C Type: PHARMACY Location: St. Paul	2018	<ul style="list-style-type: none"><li>Test Program B Status: TP-SUBMITTED</li><li>Internal Medicine Status: PENDING</li><li>Clinical Pharmacy Status: TP-SUBMITTED</li></ul>	<ul style="list-style-type: none"><li>Test Sponsoring Institution Status: SP-SUBMITTED</li><li>Abbott Northwestern Hospital Status: NEW</li><li>Abbott Northwestern Hospital Status: NEW</li></ul>	View Amend

Showing 1 to 2 of 2 entries

**If the application is DISAPPROVED, edit the teaching program information and resubmit to the teaching program for approval. See comment from program or contact program representative if they have not already made contact.**

## Grants

Eligible sites will receive funding from sponsoring institutions no later than June 30, 2021.

Selected clinical training sites must submit a system generated accounting report or statement showing receipt of funding.

## Reports

Throughout the application process, applicants have the ability to download reports. Fields will reflect data entered at the time the report is processed (some fields will be blank).

Figure 27

Home / Minnesota Clinical Training Site

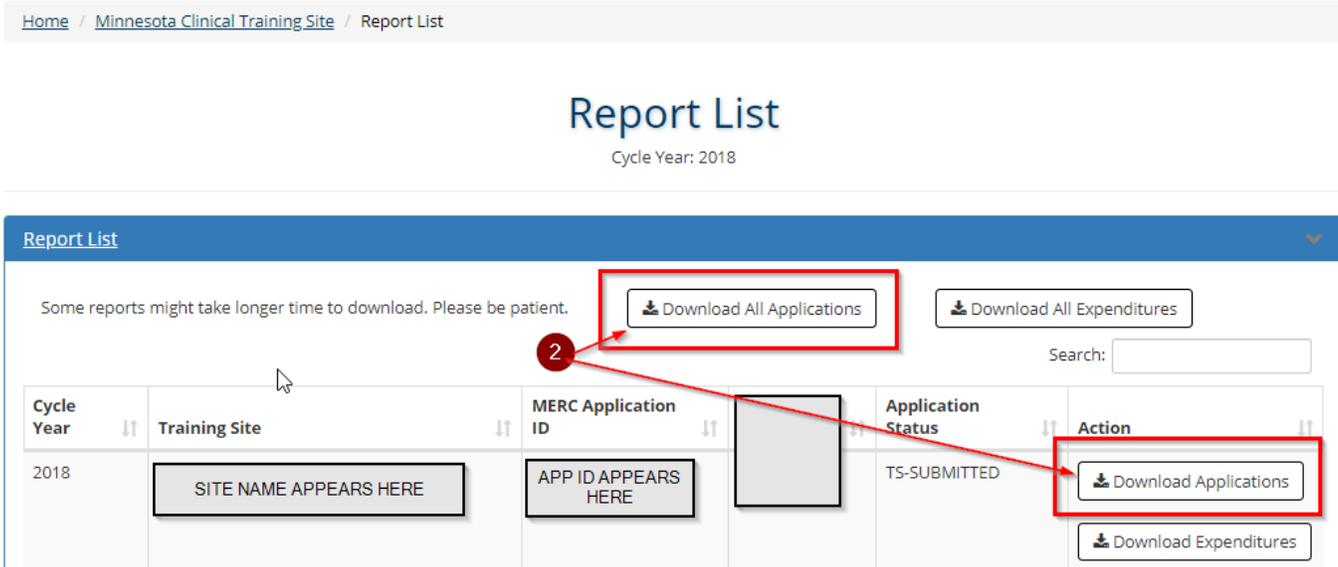
## Minnesota Clinical Training Site

Clinical Training Site Tasks

- [Request Access to Represent Clinical Training Site](#)
- [Manage Access to Clinical Training Site](#)
- [Clinical Training Site Demographics Managed by Representative](#)
- [Clinical Training Site Application](#)
- [Reports](#)

# MERC Grant Application Instructions

Figure 28



1. Press, Reports.
2. Select the application report (Two options).
  - a. Download all – Representatives who manage more than one application have the option to pull information into one Excel report.
  - b. Download – Download each application individually.

Save this in your grant records.

See [expenditure manual](#) for details on expenditure reports.

Excel pulls in the numeric fields as 'numbers stored as text.' For accounting purposes, users will find it helpful to convert these fields to numbers. Highlight the fields and press the yellow triangle found next to the highlighted section. Next, click 'Convert to Number.' See the figure below for an example:

Figure 29

The screenshot shows an Excel spreadsheet with columns 'LIGIBLE\_FTEs', 'OVERALL\_PROGRAM\_FTEs', and 'GRANT'. The first row has values 31.8602, \$1,316,411. A yellow triangle icon is next to the first cell. A context menu is open over the cell, with 'Convert to Number' highlighted. Other menu items include 'Number Stored as Text', 'Help on this error', 'Ignore Error', 'Edit in Formula Bar', and 'Error Checking Options...'. The rest of the spreadsheet contains various numerical values and currency amounts.

Grant comments will populate in the report after the grant is calculated.

Grant Verification Reporting (GVR) fields will not apply to all applicants.

# MERC Grant Application Instructions

## Grant Verification Reporting (GVR)

MDH will award funding through the sponsoring institution whose students or residents received clinical training at the site. The sponsoring institution will have 60-days to forward grants based on the sponsor's award materials.

- A grant summary will be posted on the MERC website under [publications](#) and a grant announced will be sent using [GovDelivery](#).
- Grant details will be added to the applicant's application portal when MDH releases funding.

Representatives from clinical training sites will be notified by May 15, 2021, if the site is required to complete Grant Verification Reporting (GVR) to verifying receipt of funding from the sponsoring institution.

- All sites completing Step 1 and Step 2 of the application process can 'view' or 'print' the grant details posted in the GVR.
  - The GVR section will appear in the application portal when MDH release funding.
- Sites selected for the verification process are required to 'complete' the GVR.
  - MDH will notify representatives by email no later than May 15, 2021, if submission is required.
  - Sites must complete the GVR no later than July 15, 2021.

The GVR can be found in the application portal on the Minnesota Clinical Training Site page.

Figure 30



1. Select, Clinical Training Site Application.

# MERC Grant Application Instructions

Figure 31

Home / Minnesota Clinical Training Site / Clinical Training Site Applications

## Clinical Training Site Applications

Filter results based on Name or ID number. Remove filter to see full search results.

Show 10 entries Search:

Training Site	Training Year	Teaching Program and Sponsoring Institution	Action
Training Site Info Appears Here.	2018	<p><b>Teaching Program (Type)</b> <b>Expenditures Submitted</b> Total FTEs: [ ]</p> <p>Program Name/Type Appears Here Status: TP-SUBMITTED FTEs: [ ]</p> <p>Program Name/Type Appears Here Status: TP-SUBMITTED FTEs: [ ]</p>	<p>Sponsoring Institution</p> <p>Sponsor Name Status: SP-SUBMITTED</p> <p>Sponsor Name Appears Here Status: SP-SUBMITTED</p> <p>Edit Application</p> <p>View Application</p> <p>Report Expenditures</p> <p>Grant Verification <b>2</b></p>

2. Click on, Grant Verification.

- The document reflects the grant payment the training site will receive from the sponsoring institution and teaching program.

Figure 32

## Clinical Training Site Grant Verification Report (GVR)

Fiscal Year 2018 Clinical Training

Items with an \* are required.

Print Grant Verification

Grant Payments Verified by Training Site

A notice will appear after the GVR is submitted to MDH. \*Site will be notified if this is required.\*

### Site Application Information

MERC Application ID: [ ]  
Training Facility: [ ]  
Type: [ ]  
Location: [ ]  
Address: [ ]

Grant Mailing Address  
Billing Type: [ ]  
Authorized User: [ ]  
Training Facility: [ ]  
Address: [ ]

Total FTEs: [ ]  
Grant Comment: [ ]  
Total Grant: \$ [ ]

The fields will reflect a summary of the grant application and potential payment.

# MERC Grant Application Instructions

## Printing

The document can be printed and saved in PDF format by clicking Print Verification. This button is found at the top of the screen. After viewing/completing the GVR process. Retain a final copy for the grantee's records.

## Grant Allocation

Clinical training site grants are calculated using a [formula](#). The grant is then allocated through the sponsoring institutions and teaching programs that had students/residents at the site. This allocation is based on the site's reported clinical training expenditures by trainee type and the percent of trainees within that trainee type at the teaching program.

## Receiving Grant Payments

Grant application details include: the location where clinical training took place, the address where the grant will be mailed, if the site qualified for MERC (through a sponsoring institution in Minnesota), the teaching programs at the site location, and the total grant from each sponsor to the clinical training site.

- An indicator will appear on the training site's page once the sponsor verifies payments have been made to the training site.

Figure 33

The screenshot shows a web form for a grant application. At the top, there is a dropdown menu for "Name of Sponsoring Institution". Below this, the "Sponsoring Institution" section includes a text input for "Sponsoring Institution Name", a "Funding Verified by Sponsoring Institution" dropdown set to "YES", and a "Comments (if any)" section with a text input for "Comment by Sponsoring Institution". A callout box points to the "Funding Verified" dropdown, stating: "Table with each sponsoring institution an application was submitted through and the anticipated grant payment. After the sponsor issues payment, the payment indicator will say 'YES'". Below this is a "Teaching Programs" section with a table. The table has four columns: "Teaching Program", "Trainee Setting", "Fulltime Equivalent (FTE) Clinical Trainee", and "Grant". There are two rows of data, each with a text input for "Program Name/Type", a dropdown for "Trainee Setting", a text input for "Fulltime Equivalent (FTE) Clinical Trainee", and a text input for "Grant" with a dollar sign prefix. At the bottom of the form, there are summary fields: "Total FTEs:" with a text input, "Total Grant: \$" with a text input, and "Overall grant by sponsor" with a text input.

Teaching Program	Trainee Setting	Fulltime Equivalent (FTE) Clinical Trainee	Grant
Program Name/Type			\$
Program Name/Type			\$

Total FTEs: Total Grant: \$ Overall grant by sponsor

# MERC Grant Application Instructions

## Verification of Payments

Figure 34

Verification of Grant Funding

Upload an official report from the accounting system showing the grant deposited. Grants must be consistent with the amounts above.

+ Select file to upload: 3

Cycle Year	Filename	Download	Remove
2018	After the file is uploaded, the document name will appear here. Once the GVR is submitted, the file cannot be removed.	Download	Remove

3. Upload an official accounting report from the site's accounting system verifying the incoming grant(s) received and deposited from the sponsoring institution(s).
  - a. MDH will notify the site representative by email if the site has been selected for the verification process.
  - b. This step is only required if the site is selected.

## Signature and Submission

Figure 35

Signature of Authorized Representative

I am an authorized representative for the facility named above. I certify that the MERC grant specified has been received and deposited. I have attached the requested proof of deposit as required.

Name:

Title:

Email:

Date Signed:

Save

Optional SAVE button. If user signs, SAVE button will disappear and Submit button will appear.

# MERC Grant Application Instructions

Figure 36

**Signature of Authorized Representative**

I am an authorized representative for the facility named above. I certify that the MERC grant specified has been received and deposited. I have attached the requested proof of deposit as required.

**Name:**  
[Prefills with representative's information]

**Title:**  
[ ]

**Email:**  
[ ]

**Date Signed:**  
[ ]

When box is checked, user can submit grant verification.

**Submit Verification**

Do not sign the grant verification until you are ready to submit.

4. Sign the GVR.
  - a. MDH will notify the site representative by email if the site has been selected for the verification process.
  - b. This step is only required if the site is selected.
  - c. Click the box to populate the e-signature fields.
5. Submit the Grant Verification to MDH.
  - a. Return to the top of the document to print/save the GVR for your records.
  - b. Return to the main clinical training site page and run a final report of the application for your records.