

FLEX GRANT GUIDANCE SUMMARY

The Medicare Rural Hospital Flexibility (Flex) Program grant provides funding to state governments or other designated entities to support critical access hospitals (CAHs) in: quality improvement, quality reporting, performance improvement and benchmarking; designating facilities as CAHs; population health and the provision of rural emergency medical services (EMS). Only states with CAHs or hospitals eligible to convert to CAH status are eligible to participate in the Flex Program.

Flex funding encourages the development of cooperative systems of care in rural areas, joining together CAHs, providers of emergency medical services (EMS), clinics and health practitioners to improve efficiencies and quality of care. The Flex Program requires states to develop rural health plans and funds their efforts to implement community-level outreach and technical assistance to advance the following goals:

- Improve quality of care provided by CAHs
- Improve the financial and operational outcomes of CAHs
- Understand the community health and EMS needs of CAHs
- Enhance the health of rural communities through community/population health improvement
- Improve identification and management of Time Critical Diagnoses (TCD) and engage EMS capacity and performance in rural communities
- Support the financial and operational transition to value-based models and health care transformation models in the health care system

The Flex grant is organized into five program areas with program goals, objectives and related activities:

1. Quality Improvement (required)
2. Financial and Operational Improvement (required)
3. Population Health Management and EMS Integration (optional)
4. Designation of CAHs in the State (required if requested by a hospital)
5. Integration of Innovative Health Care Models (optional)

The Flex Program is administered through the Federal Office of Rural Health Policy (FORHP) at the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS). The Flex grant is administered in both competitive and non-competitive grant cycles. Fiscal year (FY) 2015 (September 1, 2015 – August 31, 2016) is the first year of a 3-year grant cycle

which has had an additional non-competitive continuation year extension for the FY 2018 grant year. A summary of the FY 2015 Flex grant guidance goals, objectives and activities can be found in Section 1 of this manual. Flex grant guidance for each year of the grant cycle can be accessed on the [Flex Grant Guidance](#) page of the [Technical Assistance and Services Center \(TASC\) website](#).

The application for the Flex grant occurs electronically through [the grants.gov website](#). Each program year is September 1 – August 31.

The [State Flex Program Core Competencies for Excellence Guide](#) includes a section dedicated to managing the Flex Program, with tips and resources for managing the grant and resources for grant writing.

For an easy-to-use manual on writing Federal grant applications, with tips on grant management, please review the [Federal Grant Writing Manual](#).

A [Federal Grant Writing Manual Workshop](#) was held in September 2014. Resources from this Workshop, including many examples related to the Flex Program, are available online.

For information on how to apply for a federal grant, please visit the [Grants.gov Workspace](#). For requirements for Federal Funding Accountability and Transparency Act (FFATA) implementation, please visit [the HRSA website](#). For technical assistance resources from HRSA's Grants Management, please visit [the Manage Your Grant Workshop webpage](#). Consider becoming a HRSA grant reviewer. For more information, please visit [the HRSA Grant Reviewers webpage](#).