

FY 2018 Flex EMS Sustainability Projects
Medicare Rural Hospital Flexibility Grant Program
Instructions for Optional Administrative Supplements – updated 4/20/2018

Purpose

The *FY 2018 Flex EMS Sustainability Projects* administrative supplement funding to the Medicare Rural Hospital Flexibility (Flex) Grant Program provides additional funding to states for one year to support in-depth technical assistance to rural EMS systems. The purpose of this award is to fund projects to build an evidence base for sustainable rural EMS models and use results from these projects to inform future Flex program direction and disseminate information about successful models to rural EMS stakeholders.

Eligibility

Eligible applicants are limited to state Flex programs.

The applicant is responsible for designing an intervention, writing a work plan and describing how the project will be implemented, who would be involved and demonstrating that they have the capacity and technical knowledge to execute the project. State Flex Programs may choose to work with subject matter experts, community partners, including local government, state agencies, and non-profit organizations. Activities *should* include rural EMS agencies or personnel and *may* include Critical Access Hospitals, Rural Health Clinics, Community Health Centers, rural health networks and community based organizations. Projects may include one or more objectives or complement an activity from the applicant's primary Flex grant.

Funding Amount

A total of \$2,000,000 is available for these administrative supplements. State Flex programs may request up to \$200,000 to fund an EMS Sustainability Project, and per-state funding is contingent on the number of funding requests received. **Update: 41 states provided a letter of intent to apply for this funding on 4/18/2018 so the anticipated maximum award per state is \$48,780.**

Funding Timeline

State Flex programs considering this EMS project funding should observe the following timeline:

- April 18, 2018: Letter of intent to apply due by 11:59 p.m. Eastern Time
- April 19, 2018: Email confirmation from FORHP of per-state funding level
- May 18, 2018: Administrative Supplement Prior Approval Request due in EHB by 11:59 p.m. ET
- May 21 – June 15, 2018: FORHP review of funding requests, return for corrections if needed
- August 1, 2018: Outcome measures, baseline data, and targets approved
- September 1, 2018: Project start
- August 31, 2019: Project end

- December 29, 2019: Summary reports due (120 days after end of project)

Letter of Intent

State Flex programs planning to request funds must submit a letter of intent by email to Christy Edwards cedwards@hrsa.gov by **11:59 p.m. Eastern Time on Wednesday April 18, 2018**. The letter of intent should briefly describe the project idea, the objective (see project details below) for the project, the state Flex program point of contact's name, email address, phone number, and an estimate of the total cost of the project, up to \$200,000. Any state that does not submit a letter of intent will not be eligible to submit an application. Late submissions will not be accepted.

EMS Sustainability Project Supplemental Funding Request

Submission of the work plan, projected outcomes narrative, and budget page with narrative justification for this funding will be completed electronically through the HRSA Electronic Handbooks (EHB) as an **Administrative Supplements Prior Approval** request. State Flex programs with must submit the required information identified above by **11:59 p.m. Eastern Time, Friday May 18, 2018**. Prior approval requests submitted after that time will not be accepted. The anticipated date of availability of the administrative supplement is September 1, 2018.

The required documents are:

1. **A project narrative**, not to exceed five pages, describing the purpose, need, proposed activities and projected outcomes as well as demonstrating that the state Flex program has the capacity to complete the project. The description of the need should include supporting information from a needs assessment conducted by either the state Flex program, another organization or data from another source. The applicant should also identify the EMS agencies and other organizations that will be involved in the project.

Project Narrative Criteria

- Clearly describes the purpose for the proposed project and whether it will be planning or implementation.
- Thoroughly identifies and describes the collective needs of rural EMS agencies, the needs of rural communities, and partners who can help address these needs.
- Identifies and describes potential stakeholders not yet engaged.
- Uses appropriate data to support the discussion of need.
- The proposed project clearly responds to the "Purpose" included in the program description and the "EMS Sustainability Project Details" described below, including how it will advance the evidence base for sustainable rural EMS models.
- Activities are well described and demonstrate a clear link and response to the needs.
- Provides a sound narrative and explanation for the activities outlined in the Work Plan.
- Proposes feasible and effective method(s) to monitor and evaluate the project results.
- Demonstrates a strong linkage between the proposed activities and the expected outcomes for rural EMS agencies, rural communities, and other stakeholders.

- Applicant demonstrates capability to manage this EMS Sustainability Project in addition to their State Flex Program and related projects including effective management of subcontractors and other projects as applicable.

Recommendations for Improving the Flex EMS Sustainability Projects. This optional section of the narrative may include suggestions for program operations as well as new grant areas to add, existing grant areas for increased focus, and/or existing grant areas for decreased focus or phasing out of the Flex Program. Include rationale and evidence base for suggested changes. FORHP welcomes information from grantees to inform program direction.

2. **Budget Form SF-424A** Page 1 Budget Information Non-Construction Programs (Sections A & B) listing funds requested for line items of: Personnel, Fringe Benefits, Travel, Supplies, Contractual, Other, and Indirect.
3. **Budget Justification narrative** for all requested costs. Funds requested for the **Flex EMS Sustainability Project** may not duplicate costs already provided under the original grant award. The corresponding budget narrative must justify only funds to be used to support additional activities derived from the additional grant funds. Project funds are exempt from the 25% cap on EMS spending. Project funds may not be used for direct patient care or equipment purchases. CAH and EMS personnel salaries, pharmaceuticals and supplies used for direct patient care are all included in the prohibition on paying for direct patient care. Equipment is defined as individual items, including intangible items like software, which cost \$5,000 or more. Single items costing more than \$1,000 must be listed and directly tied to the activity. Project funds may be used for, but are not limited to: training, training supplies, technical assistance, consultants, and personnel costs for contractors and state Flex program staff, and meetings and travel and supplies that are integral to the project.

Indirect costs are limited by the authorizing legislation to no more than 15% of total direct costs, approximately 13.04% of the total grant award. All costs and activities must adhere to applicable statutory, regulatory, and national policy requirements, 45 CFR Part 75. Budget costs must be allowable, allocable, and reasonable. The budget justification must be sufficiently detailed and cover use of federal funds for each object class category listed on the SF-424A. Travel and contractual costs must be itemized. Itemized travel costs should include, at minimum, airfare or mileage, lodging, per diem, and miscellaneous expenses as applicable for each trip, plus any other requirements determined by your organization's travel policies. Itemized contractual costs should include deliverables.

Budget Justification Criteria

- Demonstrates a realistic, adequately justified budget consistent with the proposed project work plan.
- Includes costs that are reasonable given the activities proposed in the Work Plan.
- Budgets for adequate staff time and resources to achieve project objectives.
- Provides a detailed explanation as to the purpose of each contract or subcontract, how the costs were determined or estimated, and the specific contract deliverables.

4. **Work plan**- the succinct overview of the grant objectives, goals, activities, and projected outcomes in table format. It is not a narrative but should refer to the narrative text for elaboration and to explain the relationship between needs, activities, objectives, and goals. The work plan should clearly identify the goals and objectives of the project and depict how program activities will achieve outcomes.

Memorandums of understanding/memorandums of agreement are not required as part of this funding request. State Flex programs should use appropriate tools, including MOUs/MOAs as needed, to ensure commitment to the project by partners and participants.

EMS Sustainability Project Details

The overall goal of these EMS Sustainability Projects is *to ensure access to quality emergency medical care in rural communities*. Within that overall goal, applicants should select either objective 1, *to develop and implement sustainable models of rural EMS care*, or objective 2, *to identify and pilot rural EMS quality measures*, for this one-year project. Anyone considering both objectives should schedule a call to discuss feasibility of addressing both objectives in a single year with Christy Edwards before submitting a funding request.

Goal 1: Ensure access to quality emergency medical care in rural communities

Objective 1: To develop and implement sustainable models of rural EMS care

With declining numbers of volunteers to staff ambulances, declining financial support from local governments and increased educational standards for emergency medical technicians and paramedics, access to emergency care is at risk in many rural communities. The purpose of this objective is to provide funding for activities that address the issue of sustainability—the ability to maintain or expand access to rural emergency medical services for the long term. Applicants should think creatively about activities that address a factor contributing to the long-term stability of local and regional rural EMS systems of care, including projects that support other aspects of the health care system.

The grantee is expected to select 1-3 outcome measures for their project and provide a target and a baseline within the first 30 days of the budget year. At the end of the budget year recipients are required to produce a report on the project describing need, goal, methods, results and lessons learned. In FY18, projects may also result in actionable plans to implement a future project under this objective.

Projects under this objective will test models that address one or more of the following:

- Create or improve EMS payment models
- Improve care for non-emergent patients
- Reduce the total cost of care for frequent EMS users
- Support initiatives to revive distressed rural EMS agencies
- Improve access to continuing education for rural EMS personnel
- Improve the financial stability of rural EMS agencies
- Improve coordination between and integration with CAHs and regional systems of care (including STEMI, stroke, and trauma)
- Improve EMS quality, operational, and financial data and reporting capacity

- Address recruitment and retention of rural EMS personnel
- Other projects as determined by the state Flex program—the identified need and the targeted change must be clearly articulated

Approaches may include:

- Community Paramedicine
- Mobile Integrated Health
- Care Coordination
- Alternate Destination Models
- EMS Payment Models
- Supporting population health projects involving EMS
- Collaborative projects with rural health care providers and other state and local stakeholders to improve rural EMS
- Other activities developed by the state Flex program

At the end of the project, due 120 days after the end of the project year, **recipients funding planning projects during FY18**, must produce a summary report on:

- The need addressed, including data identifying and describing the need
- Description of the planned intervention
- Description of the implementation plan
- Expected time, effort and cost of implementation at the rural EMS agency level, including staff time in hours per week or hours per month, plus cost of any new tools or data collection systems required
- The expected outcomes of the intervention
- Expected barriers to implementation
- Expected sustainability of the intervention

At the end of the project, due 120 days after the end of the project year, recipients **funding implementation projects during FY18**, must produce a summary report on:

- The need addressed, including data identifying and describing the need
- Description of the intervention and expected outcomes
- Description of implementation
- Time, effort and cost of implementation at the rural EMS agency level
- The extent to which the intervention had the expected effect
- The extent to which the intervention impacted the stated need
- Barriers to implementation
- Lessons learned
- Sustainability of the intervention
- Whether continuation and/or expansion of the intervention is Recommended/Not Recommended

Objective 2: *To identify a set of rural-relevant EMS quality measures and plan pilot tests of the measures*

This activity will facilitate pilot projects for rural EMS agencies to test rural-relevant EMS measures for use in future Flex program initiatives. The purpose of this project is to evaluate the suitability of the measures for use in rural EMS and in the Flex program. States will select and seek consensus on a core set of measures, evaluate and address data collection issues and plan pilot tests to be implemented during the next project period. This is a project to evaluate the measures, not the care provided. Applicants should assess their capacity to manage the project and collect data for the final report.

Funding may be used for, but not limited to:

1. Salaries for project management personnel
2. Training on data collection
3. Data collection tools- software, computers
4. Staff time, for data collection and reporting

Choose measures from the EMS Compass or the Flex Monitoring Team's measures (See Appendix) or from a state-level measure set. Work with local EMS agencies to implement data collection and evaluate the measures based on:

- Utility- the measure serves the data needs of EMS agencies and the state Flex programs
- Feasibility- data can be realistically collected and accessed
- Actionability- there are specific actions that can be taken to improve EMS performance and capacity using the measure
- Impact- the focus of the measure is important to improving EMS system performance or patient care and/or outcomes

For projects **planning for pilot tests during FY18**, produce a report, due 120 days after the end of the project period, including:

- Defining the set of measures
- The process and reasoning for choosing the selected measures, including the extent to which each measure met the four criteria (utility, feasibility, actionability, and impact)
- Description of data collection issues and capacity,
- Description of proposed data collection plans, including time, effort and cost of data collection at the rural EMS agency level
- Qualitative information on the anticipated barriers to data collection and implementation
- Description of plan to pilot test the measures
- Description of strategies for sustainability

For projects **implementing pilot tests during FY18**, produce a report, due 120 days after the end of the project period, on:

- The set of measures chosen
- The process and reasoning for choosing the selected measures
- Description of implementation of data collection
- Time, effort and cost of data collection at the rural EMS agency level
- # of cases for each measure/# calls in the same time period
- The extent to which each measure met the four criteria (utility, feasibility, controllability, impact)

- Qualitative information on the barriers to collection and use
- Lessons learned
- Expected sustainability
- Whether continued collection and wider use of the measures is Recommended/Not Recommended

Reporting Requirements

Medicare Rural Hospital Flexibility Grant Program recipients that receive funding under the FY 2018 EMS Sustainability Projects Funding will be required to:

- Revise project outcome measures if requested, all revisions should be completed before August 1, 2018.
- Submit baseline data within 30 days of the start of the project period, i.e. October 1, 2018.
- Participate in a mid-year call to share progress and challenges with implementation of these projects.
- Submit an end-of-year report, due 120 days after the end of the project period, detailing project results and related outcome measures as a result of this additional project funding. Further instructions will be provided.

Review Process and Requirements

We will review these administrative supplement funding requests for completeness and alignment with the intent of the Flex EMS Sustainability Project as described in the background and project details in this document. Requests that are incomplete or not aligned with the intent of this project will be returned for changes.

Required documents:

- Project narrative
- SF-424A
- Budget justification narrative
- Work plan

Required contents and information:

- Clearly described intervention including rationale, timelines, participants, and outcome measures
- Clear description of the state Flex program's capacity to conduct the project and write the report on the results and outcomes
- Budget narrative with sufficient detail

All state Flex programs which submit complete administrative supplement requests by the May 18 deadline and complete any changes within the requested time period will receive funding through this administrative supplement. Requests which are not complete or not revised as requested following FORHP review will not receive funding.

Technical Assistance

A webinar describing this optional EMS funding opportunity to state was held for state Flex Programs on April 11, 2018. You may view the recording of this webinar at <https://hrsa.connectsolutions.com/p49uddf13m8/>.

HRSA EHBs Assistance

Recipients may need assistance when working online to submit their information electronically. For assistance with submitting the information in HRSA's EHBs, contact the HRSA Call Center, 8 a.m. to 8 p.m. ET, weekdays (except Federal holidays):

HRSA Contact Center

Phone: (877) Go4-HRSA or (877) 464-4772

E-mail: <http://www.hrsa.gov/about/contact/ehbhelp.aspx>

EHBs Knowledge Base: <https://help.hrsa.gov/display/public/EHBSKBFG/Index>

EHBs Prior Approval Requests FAQs:

<https://help.hrsa.gov/display/public/EHBSKBFG/Prior+Approval+Requests+FAQs>

Program Assistance

For programmatic questions concerning this Flex EMS Sustainability Project, please contact Christy Edwards, Flex EMS Lead:

Christy Edwards

Phone: (301) 945-0869

Email: cedwards@hrsa.gov

For general Flex programmatic questions please contact your assigned Flex Project Officer:

Owmy Bouloute

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Appendix

System Assessment

Measures the extent to which State Flex Programs are developing and evaluating EMS initiatives focused on identified EMS needs. (Aligns with NEMSAC GP # 14: Ongoing EMS System Planning and NEMSAC GP #16: Community Engagement.)

- 1) % of State Flex Programs that have conducted an assessment of rural EMS agencies to identify priority EMS needs
- 2) % of State Flex Program EMS initiatives that address priority needs identified in the assessment
- 3) % of State Flex Programs that track and evaluate progress towards addressing priority needs
- 4) % of local rural health systems (i.e., community systems of care involving Critical Access Hospitals (CAHs), EMS agencies, and other providers and stakeholders) with local system assessment and planning processes involving community providers and stakeholders

EMS Agency Data and Reporting Capacity

Measures the extent to which rural EMS agencies collect and use data to manage and improve performance and engage in collaborative discussions to improve performance across the system. (Aligns with NEMSAC GP #1: Evidence-Based Design Standards, NEMSAC GP #3: Team Approach, NEMSAC GP #4: Structured and Integrated Continuous Quality Improvement, and NEMSAC GP #11: Measuring and Reporting on Key Performance Indicators).

- 5) % of EMS agencies able to bill third party payers and patients for services rendered
- 6) % of EMS agencies able to access patient billing and agency financial data for performance improvement
- 7) % of agencies with formal quality improvement protocols/continuous quality improvement (CQI) processes
- 8) % of agencies that use quality data for performance improvement
- 9) % of local/regional systems of care in which participants meet regularly to review data on quality and system performance

EMS Agency Protocol Use (Time Critical Diagnoses/ Systems of Care)

Measures the extent to which EMS agencies are using nationally recognized protocols related to key time critical diagnoses (e.g., trauma, STEMI, and stroke) and emergency dispatch for patients of all ages. (Aligns with NEMSAC GP #5: Medical Dispatch Prioritization and NEMSAC GP #8: Integrated Protocols.)

- 10) % using the Centers for Disease Control and Prevention's Guidelines for the Field Triage of Injured Patients (trauma) of all ages
 - 11) % using the American Heart Association's Mission (AHA): Lifeline Guidelines (STEMI)
 - 12) % using protocols that meet current American Stroke Association/AHA guidelines for stroke care
 - 13) % of units with emergency dispatch protocols
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Time critical diagnoses/systems of care – Staff training

Measures the extent to which EMS agencies and systems of care are using evidence-based protocols to accurately identify specific episodes of care. (Aligns with NEMSAC GP #8: Integrated Protocols.)

- 14) % of staff with training on recognition of STEMI and stroke
 - 15) % of staff with training on trauma/field triage protocols for all ages
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Gale, J., Coburn, A., Pearson, K., Croll, Z., & Shaler, G. (2016). Developing Program Performance Measures for Rural Emergency Medical Services. *Prehospital Emergency Care*, 21(2), 157-165.
<http://dx.doi.org/10.1080/10903127.2016.1218978>

Seizure										
EMS Compass® ID	Version	Topic/Clinical Area	EMS Compass Bundle	Measure Title	Description	Measure Type	Rationale	Numerator	Denominator	Complete Pseudocode
Seizure-01	1	Seizure	Seizure	Blood Glucose Evaluation	Measure of seizure patients who received an evaluation of their blood glucose	Process	Blood glucose is an important diagnostic vital sign for determination of the cause of a seizure	Patients receiving a blood sugar evaluation	Patients with ongoing status seizure activity (also known as status epilepticus, defined as seizing for 5 minutes or more or two or more status seizures in a 5-minute period without regaining consciousness) originating from a 911 request	eVitals.18 Blood Glucose Level is not null Where: eSituation.11 Provider's Primary Impression contains (ICD-10 codes: G40.901) OR eSituation.12 Provider's Secondary Impression contains (ICD-10 codes: G40.901) AND eResponse.05 - Type of Service Requested = 2205001 - 911 Response (Scene)
Seizure-02	1	Seizure	Seizure	Patient Received Intervention	Measure of patients with ongoing seizure activity for 5 minutes or more or two or more seizures in a 5 minute period without regaining consciousness between them who received intervention (e.g., benzodiazepine) intended to stop the seizure	Process	Patients experiencing status epilepticus are at risk for hypoxia but with benzodiazepines the seizure may be controlled	Patients receiving EMS intervention (e.g. benzodiazepine) aimed at terminating their status seizure	Patients with ongoing status seizure activity (also known as status epilepticus, defined as seizing for 5 minutes or more or two or more status seizures in a 5-minute period without regaining consciousness) originating from a 911 request	eMedications.03 Medication Given ((Diazepam), 3322 (Valium), 202472 [Verzed], 6960 (Midazolam), 6960 (Midazolam Hydrochloride), 203128, (Ativan), 6470 [Alprazolam], 596) Where: eSituation.11 Provider's Primary Impression contains (ICD-10 codes: G40.901) OR eSituation.12 Provider's Secondary Impression contains (ICD-10 codes: G40.901) AND eResponse.05 - Type of Service Requested = 2205001 - 911 Response (Scene)

Stroke										
EMS Compass® ID	Version	Topic/Clinical Area	EMS Compass Bundle	Measure Title	Description	Measure Type	Rationale	Numerator	Denominator	Complete Pseudocode
Stroke-01	1	Stroke	Stroke	Suspected Stroke Receiving Prehospital Stroke Assessment	To measure the percentage of suspected stroke patients who had a stroke assessment performed by EMS	Process	Stroke assessments using prehospital stroke assessment tools can screen for stroke and affect patient destinations	Number of suspected stroke patients who had a stroke assessment performed (CPSS, LAMS, etc.)	Patients with a provider impression of stroke originating from a 911 request	Where: eVitals.30 - Stroke Scale Type is not null 3330001 - Cincinnati 3330003 - Los Angeles 3330005 - Massachusetts 3330007 - Miami Emergency Neurologic Deficit (MEND) 3330009 - NH 3330013 - F.A.S.T. Exam OR eVitals.20 Stroke Scale Score = is not null Where: eSituation.11 Provider's Primary Impression contains (ICD-10 codes: I63 or I64.9) OR eSituation.12 Provider's Secondary Impression contains (ICD-10 codes: I63 or I64.9) WHERE eResponse.05 - Type of Service Requested = 2205001 - 911 Response (Scene)
Stroke-08	1	Stroke	Stroke	Emergency Department Diagnosed Stroke Identified by Prehospital Stroke Assessment	Measures the percentage of emergency department diagnosed stroke patients who had a positive stroke assessment by EMS	Process	Stroke assessments using prehospital stroke assessment tools can screen for stroke and affect patient destinations. Using hospital data, this measure identified the number of actual strokes that were either falsely assessed or not assessed using a prehospital stroke scale	Patients with a positive stroke assessment	Patients with emergency department diagnosed stroke transported by EMS originating from a 911 request	eSituation.11 Provider's Primary Impression contains (ICD-10 codes: I43.*,'160.*,'161.*,'163.*,'165.*,'166.*,'167.*) OR eSituation.12 Provider's Secondary Impression contains (ICD-10 codes: I43.*,'160.*,'161.*,'163.*,'165.*,'166.*,'167.*) WHERE eOutcomes.ID = I43.*,'160.*,'161.*,'163.*,'165.*,'166.*,'167.* WHERE eResponse.05 - Type of Service Requested = 2205001 - 911 Response (Scene) AND eDisposition.12 - Incident/Patient Disposition is #212033 - Patient Treated, Transported by this EMS Unit

