

Flex Supplemental Funding

June 1, 2017

Presentation Overview

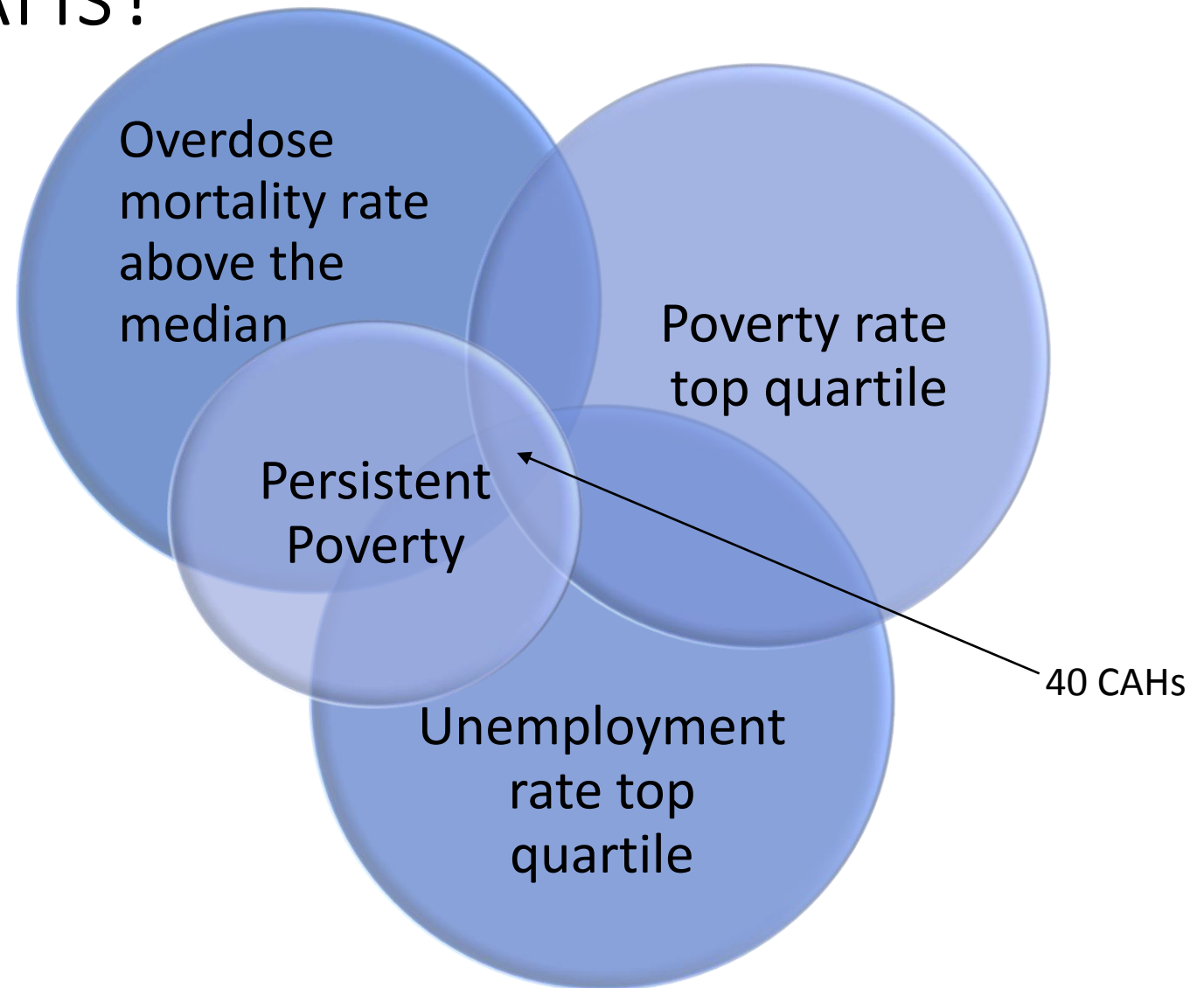
- Background for new funding
- Methodology
- Funding Allocation
- Requirements for Funding
- Supplement Activities
- Questions

FY17 Budget Language

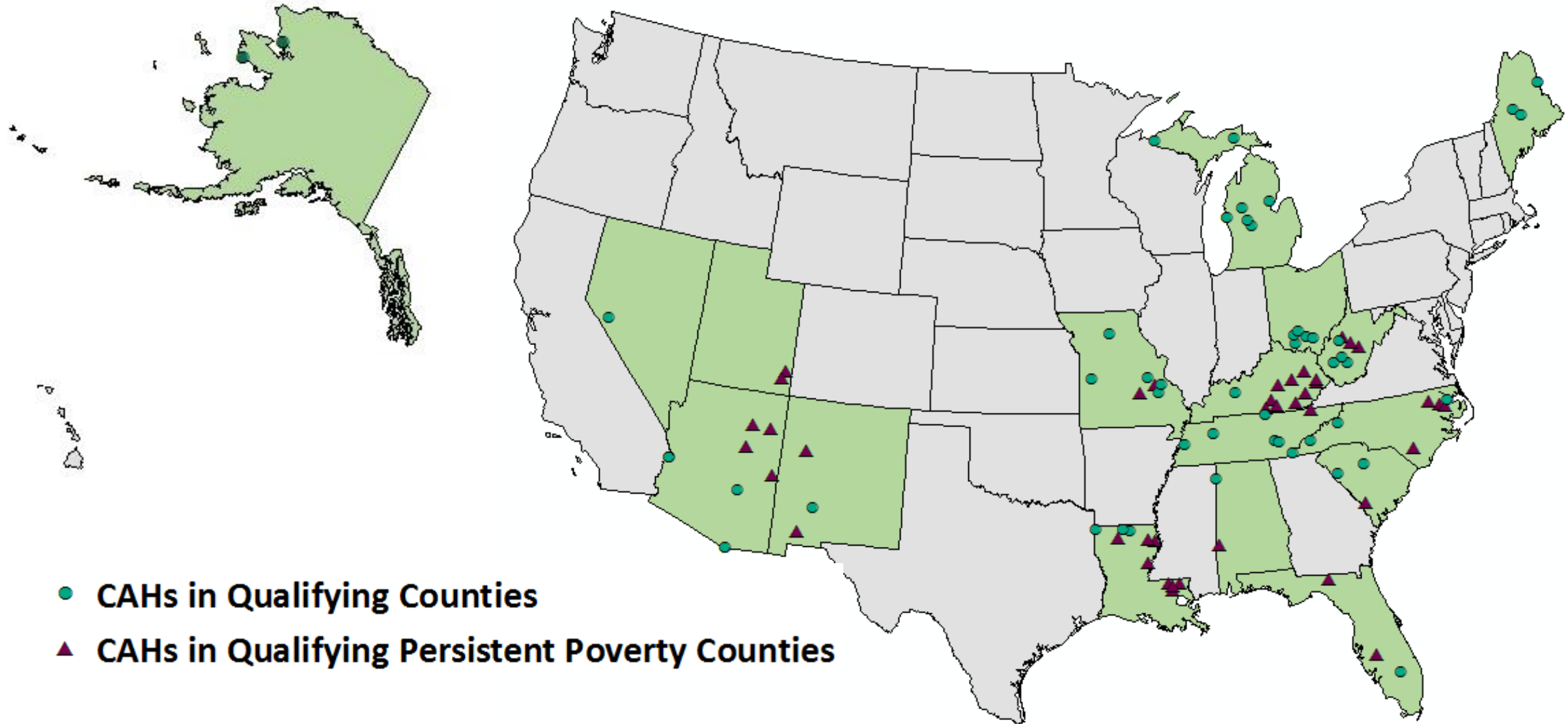
Rural Hospital Flexibility Grant Program. “The agreement provides an additional \$2,000,000 for rural hospital flexibility grant program. With the additional funds, HRSA is directed to issue a new funding opportunity announcement. The agreement directs HRSA to give preference in grant awards to Critical Access Hospitals serving rural communities with high rates of poverty, unemployment, and substance abuse.”

How did we rank CAHs?

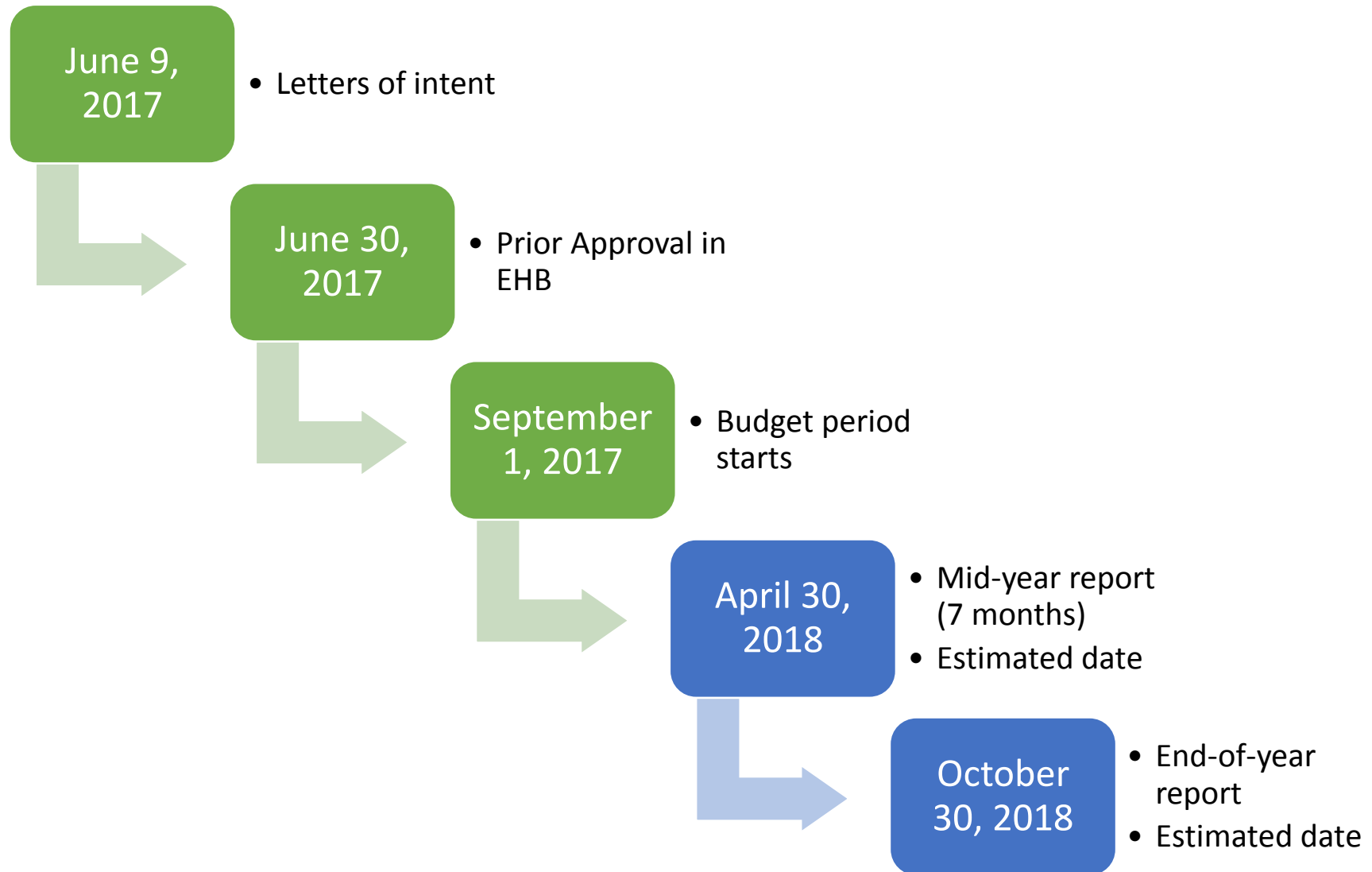
- Congressional guidance: poverty, unemployment and substance abuse
- Data used is for counties where CAHs are located
- Substance abuse data is state-level only
- 40 CAHs meet all four criteria
- Ranked according to county poverty rate



Critical Access Hospitals in Qualifying Counties



Timeline



Funding Allocation

- \$45,000 for each high need CAH
 - FORHP provides ranked list based on data
- Fund up to 40 CAHs initiatives
- Funding awarded as a supplement to FY17 Notice of Award to state Flex programs
- September 1, 2017 start
- One year project
- CAHs must meet Flex MBQIP participation requirements or have an approved waiver

Letter of Intent

- Intended to reduce burden on States/CAHs that aren't in the top 40
- Email to Project Officer by June 9 (Required from States with CAHs in the top 40 ranked CAHs)
 - Indicate those CAHs that will accept funds, and associated requirements
 - Identify those CAHs declining to accept funds.
 - Letter of Intent from the highest ranking 40 CAHs receive funds, if any CAHs in top 1-40 do not want to accept funds, FORHP will fund down the list
- States with CAHs ranked higher than 40
 - Especially for CAHs ranked 41-60, notify CAHs about this opportunity and determine willingness to accept funds and associated requirements.
 - On June 12, if CAHs declined funding we will notify down the list to until we fund 40
- Any CAHs on the potentially ineligible list for Flex participation will need to indicate that they will participate in MBQIP to comply

Supplemental Activity

CAH engages in intensive improvement activities

- Quality
- Financial or Operational
- Substance Abuse (appendix is a list of ideas, but not required or exhaustive)
- Related to specific need with CAH
- Baseline measure and work towards specific, measureable improvement
- If CAH is unsure of how/where to improve, assessments can be part of the activities for identifying improvement areas to implement strategies.
- For examples, refer to the Small Rural Hospital Improvement Project:
<https://www.ruralcenter.org/rhi/srht>
- Other Resources: [Flex Monitoring Team](#), [TASC](#)

Required Memorandum of Understanding

- Agreement between State and CAH
- Template will be provided
- State Flex Role can be adjusted
- Required Elements
 - CAH CEO Signature
 - CEO is main point of contact
 - Investment of time of CEO and hospital staff to engage in improvement activity
 - Requirement to submit baseline and actual outcome measure data
- Submitted as part of supplemental application due June 30

Reporting Requirements for States

- Mid-year report outlining the progress/outcomes of the project and status on completion of Work Plan activities.
- End-of-year report detailing project results, methodology, challenges, outcomes for each participating CAH, including related outcome measures as a result of this supplemental funding opportunity.

State Flex Role

- Conducting Activities
 - Coordinating technical assistance activities for CAHsOR
 - Subcontracting to CAH for them to coordinate themselves
- Monitoring project progress
- Ensuring data collection and measurable outcomes for reporting out on impact of funding

Role of CAH

- Unlike the rest of the Flex program that is coordinated at the state level, this supplemental funding is targeted specific to individual CAHs to focus on strategies to improve in areas specific to that CAH's needs.
- Because of the focus of this work is on the CAH, it is essential that the CEO is a key part of the work, from the initial sign off, being engaged in the work throughout, and ensuring hospital staff are able to participate in all activities to reach improvement goals.
- The CAH must commit to data collection and reporting on the measurable outcomes identified for that CAH's specific improvement projects.

Technical Assistance for Supplemental Activities

- Flex Project Officers will work with State Flex programs to provide assistance around measures.
- The Technical Assistance and Services Center will be available to assist those States and CAHs receiving supplemental funds to ensure projects have positive and measurable impact, once projects get underway in September.
- Assistance will be provided through general technical assistance webinars, individual virtual TA, and assistance for measuring recommendation adoption or community investment.

Expectations of Measurable Outcomes

- Outcomes will be based on CAH needs and improvement goals, focused on identifying a meaningful measurement of impact
- Impact = change in peoples' knowledge, behaviors, or conditions
- Adjusting proposed measures based on review from HRSA
- *Bringing up problems early with PO, so we can tap into TA resources!*

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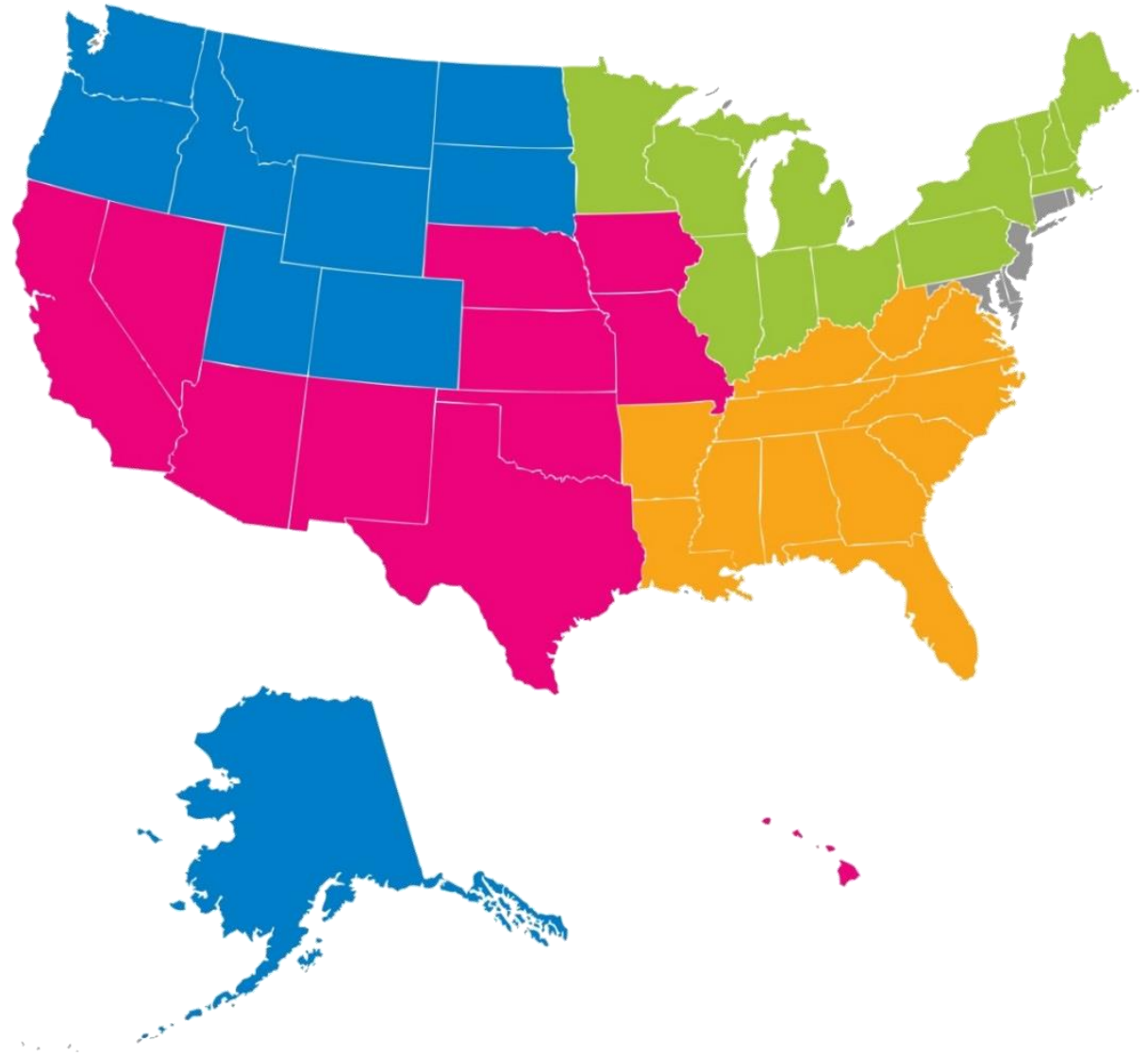
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Questions?