U.S. Department of Health and Human Services

Health Resources and Services Administration

Federal Office of Rural Health Policy

**Medicare Rural Hospital Flexibility Program**

Non-Competing Continuation Progress Report

Program Specific Instructions

5-U2W-2020-001

Available in EHBs: March 20, 2020

Due in EHBs: May 15, 2020

Due in RFI: July 15, 2020

Funding Start Date: September 1, 2020

IMPORTANT UPDATE: Due to COVID-19, we have reduced the NCC reporting requirement. This version has faded text that with NOT be required as a part of the NCC submission. Major updates are in red. If you are unable to submit by May 15th you MUST submit a document with the statement “due to demands dealing with COVID-19 I am requesting to submit FY 20 information through the RFI Process” into EHB, this will trigger an Request for Information which is due on July 15th.

Important update: See the recording of the webinar scheduled for March 25, 2020 @ 2pm ET for details on preparing the Non-Competing Continuation Progress Report. A link to the webinar recording will be posted on the [Flex Program Funding Guidance webpage](https://www.ruralcenter.org/content/flex-program-funding-guidance) after the event.

# 2020 Progress Report Overview

This is the Health Resources and Services Administration (HRSA) Non-Competing Continuation (NCC) Progress Report to provide program and budgetary related progress made during the current reporting period (September 1, 2019 – August 31, 2020) and future activities for the upcoming reporting period (September 1, 2020– August 31, 2021) on your Medicare Rural Hospital Flexibility (Flex) Cooperative Agreement. The requirements in the FY 2019 Notice of Funding Opportunity (NOFO), [HRSA-19-024](https://www.ruralcenter.org/sites/default/files/PKG00247769-instructions.pdf), continue for the funding year FY 2020.

You are required to provide an update on your program’s progress to allow for continued funding into Year 2 of your program’s 5-year project period (September 1, 2019 - August 31, 2024). The purpose of this program is to enable state designated entities to support critical access hospitals in quality improvement, quality reporting, performance improvement, and benchmarking; to assist facilities seeking designation as critical access hospitals; and to create a program to establish or expand the provision of rural emergency medical services. Flex Program objectives include quality, operational, financial, and population health improvement with the goal of supporting access to necessary health care services in rural communities. This report is intended to cover Flex activities ONLY and should not report on other HRSA funded program (i.e. Small Rural Hospital Improvement Program, State Offices of Rural Health, or Primary Care Office) unless the activity specifically relates to the Flex Program.

The continuation of cooperative agreement funding is based on compliance with applicable statutory and regulatory requirements, demonstrated organizational capacity to accomplish the project’s goals, adequate justification for all projected costs, availability of appropriated funds, and a determination that continued funding would be in the best interest of the Government. Inadequate justification and/or progress may result in the reduction of approved funding levels.

The continuation funding process is not a vehicle to request changes in scope or re-budgeting of your project. If significant changes in scope or budgeting are necessary, you should request via prior approval separately through EHBs, after discussing proposed changes with your HRSA Federal Office of Rural Health Policy (FORHP) [Project Officer](https://www.hrsa.gov/rural-health/rural-hospitals/region-map.html) and as specified in your Notice of Award (NOA).

## Flex Program Structure

## The [Medicare Rural Hospital Flexibility Program Structure for FY 2019-FY 2023](https://www.ruralcenter.org/sites/default/files/Flex%20Program%20Structure%20for%20FY%2019%20-%20FY%2023%20v1.0.pdf) document on the TASC website describes required and optional program areas, goals, objectives, and related activity categories. The six Flex program areas are CAH Quality Improvement, CAH Operational and Financial Improvement, CAH Population Health Improvement, Rural EMS Improvement, Innovative Model Development, and CAH Designation. [Section VII](#_FLEX_PROGRAM_AREAS,) of this instruction document has a quick reference list of all of the Program Areas, Goals, and Activity Categories in the current Flex Program. Note that we last updated the MBQIP Measures List on 11/21/2019 please refer to the [updated FY 2019 list](https://www.ruralcenter.org/resource-library/mbqip-measures) rather than earlier versions.

## MBQIP Updates and CAH Eligibility Requirements

As announced on the NCC Webinar, we are suspending MBQIP eligibility this year, but will continue the eligibility requirements for the next Flex reporting period. All CAHs are eligible to participate in Flex-funded activities in FY 2020 (September 1, 2020 – August 31, 2021). CAHs are highly encouraged to continue reporting as many measures as possible, regardless of what the minimum requirements are for the year.

We continue to assess the MBQIP quality-reporting program to ensure it aligns with other national quality reporting programs and is appropriately flexible to meet the needs of CAHs. As part of ongoing MBQIP development, we announced a few changes to MBQIP measures in May 2019. These updates are also mentioned in the updated [MBQIP Fundamentals Guide](https://www.ruralcenter.org/sites/default/files/MBQIP-Fundamentals-Guide-for-State-Flex-Programs%20%28updated%2011-2019%29.pdf). State Flex programs should continue encouraging CAHs to report on as many measures as appropriate.

The MBQIP measure changes include:

* Revisions to the EDTC Measure: for further information, an MBQIP measure change summary is available [here.](https://www.ruralcenter.org/sites/default/files/MBQIP%20Measure%20Change%20Summary%20-%20Revised%20EDTC%20Measure%20%28posted%20April%202019%29.pdf)
* Revisions to HCAHPS and OP-27 Measures: for further information, an MBQIP measure change summary is available [here](https://www.ruralcenter.org/sites/default/files/MBQIP%20Measure%20Change%20Summary%20-%20Removal%20of%20OP-5%20Changes%20to%20HCAHPS%20and%20OP-27%20%28posted%20December%202018%29.pdf).

In addition to these new measures, two MBQIP core measures are being removed by the Centers for Medicare & Medicaid Services (CMS):

* ED-2 is being removed by CMS following submission of the fourth quarter of 2019 data (May 15, 2020).
* HCAHPS questions related to Communication about Pain are being removed by CMS beginning with survey data from the fourth quarter of 2019 (April 1, 2020).

Of note, CAHs should continue to abstract and report these measures for encounters through the end of the fourth quarter of 2019 (the 2020 dates outlined above).

# 2020 Progress Report Instructions

The forms and documents identified in the following table are required submissions for the FY 2020 NCC. Attached files may be in one of the following formats: .rtf, .doc, .docx, .xls, .xslx, or .pdf. Please check with your project officer before attaching any other file types. Please ensure text is searchable and do not attach scanned images of text documents. Please use informative file names and start every file name with your state’s two-letter postal abbreviation, for example AK\_FY20\_Narrative.docx.

An electronic version of these instructions and templates for the attachments are available at <https://www.ruralcenter.org/content/flex-program-funding-guidance>.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Content | Title | | Type | Required | Max. Pages |
| Performance Narrative | Performance Narrative | | Attachment | Yes | 10 |
| Budget Justification | FY 2020 Budget Justification Narrative | | Attachment | Yes | N/A |
|  | 1 | Work Plan Template Update | Attachment | Yes | N/A |
| 2 | Position Descriptions and Biographical Sketches of New Staff | Attachment | Yes | N/A |
| 3 | MBQIP Participation Waivers  NOT REQUIRED FOR THIS NCC | Attachment | No | N/A |
| 4 | EMS Supplement: Progress Report | Attachment | Only EMS Supplement Awardees | 5 |
| 5 | EMS Supplement: Budget Justification | Attachment | Only EMS Supplement Awardees | N/A |
| 6 | EMS Supplement: Work Plan Template Update | Attachment | Only EMS Supplement Awardees | N/A |

# 2020 Progress Report Submission Details

## Performance Narrative (Attachment – Required)

The purpose of the *Performance Narrative* is to provide a comprehensive overview of the cooperative agreement-funded project and to document project activities and accomplishments. This report will provide information about the overall progress of the project since the competitive application and plans for continuation of the project in the FY 2021 budget period through the Non-Competing Continuation.

The Performance Narrative should include the information in the order listed in the instructions below and should be no more than 10 pages in length (at least single spaced, type 12 font, one-inch margins), not counting the attachments.

## Instructions for the Performance Narrative

The Performance Narrative in EHBs concisely reviews current work and future plans for the state Flex program. Activities should be clearly identified by the standard Flex activity categories (see [Section VII](#_FLEX_PROGRAM_AREAS,) of this instruction document) and the narrative should align with, and reference, the attachments listed below.

In the Performance Narrative, include the following four required and one optional sections. Please label each section with **the title listed in bold** on the list below. In the Performance Narrative, clearly describe:

1. **Current Year (FY 2019) Progress and Planned Activities** for the current budget period, ending August 31, 2020. Use this narrative section to highlight significant projects and activities and discuss the current work plan. Relevant process measures may be discussed in this section to highlight trends and key data; however, it is NOT necessary to repeat information that is in the work plan. Please include the following information in this section:
   1. Number of CAH site visits completed since 9/1/2019.
   2. Number of additional CAH site visits planned to be completed before 8/31/2020.
   3. Discussion of any significant collaborative activities between the state Flex program and other organizations—work completed under a contract or sub-award paid by the state Flex program is not a collaborative activity.
2. Future Year (FY 2020) Planned Activities for the future budget period beginning September 1, 2020. Describe any potential adjustments to program activities in FY 2020, highlighting changes from the current budget year (FY 2019). Reference and describe the future work plan. Please include the following information in this section:
   1. Number of CAH site visits planned to be completed during the FY 2020 program year (from 9/1/2020 to 8/31/2021).
3. **Significant Changes, Challenges, and Barriers** faced or anticipated in the remainder of the year, including activities potentially not completed, in danger of delay, or those that need a change of scope. Discuss any changes due to the COVID-19 Response to your current or future year work plans. Discuss any staffing changes since the 2019 Competitive NOFO submission (March 2019) and any unfilled positions and plans to fill the positions. Describe plans to mitigate or manage significant changes, challenges, and barriers. If a waiver for MBQIP was planned for this NCC, please describe the challenges that were faced in meeting the MBQIP eligibility requirements (please note that no Waiver is required for this NCC). Describe any anticipated technical assistance needs.
4. Significant Accomplishment since the submission of the FY 2019 Competitive NOFO submission (March 2019). Please write one paragraph on a significant accomplishment of your Flex program. Include a summary of the activity, program objectives and any progress/process measures and outcomes/impact to date.
5. Recommendations for Improving the National Flex Program. This section may include suggestions for program operations as well as new program areas to add, existing program areas for increased focus, and/or existing program areas for decreased focus or phasing out of the Flex Program. Include rationale and evidence base for suggested changes. FORHP welcomes information from recipients to inform the development of FY 2021 Progress Report guidance. Section 5 of the narrative is optional and if included should be limited to no more than one-half page of text.

## Budget Justification (Attachment – Required)

The purpose of the *Budget Justification Narrative* is to provide a clear overview of proposed spending for the cooperative agreement-funded project. 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.

**Flex-specific budget requirements:**

1. Recipients should base budgets on FY 2020 Flex award levels. See projected funding levels by state listed in [Section VI of these instructions](#_PROJECTED_FY_2018).
2. At least one full time equivalent position is dedicated to the state Flex program.
3. FORHP expects all recipients to participate in the 2020 National Flex Meeting (Reverse Site Visit) and one other regional or national meeting each year related to the administration of the Flex program, as a part of ensuring program maintenance and integrity. The budget should include necessary travel funds for these out-of-state meetings.
4. A Flex representative is encouraged to attend the NRHA CAH Conference in Kansas City, MO.
5. Whenever staff turnover occurs by personnel directly responsible for executing the duties of the Flex program, the replacement personnel are required to attend a Flex Program Workshop in Duluth, MN, within one year of start date in the role.
6. Indirect costs for the Flex program are limited by statute. Following HRSA policy this indirect cost limitation is applied to the direct cost of the program and the requested indirect cost in the proposed budget should be no more than 15% of the direct cost. This limit comes to approximately 13.04% of the total program award, inclusive of direct and indirect costs.
7. Recipients and sub-award recipients may not use Flex funds for the following purposes:
   1. For direct patient care (including health care services, equipment, and supplies);
   2. To purchase ambulances and any other vehicles or major communications equipment;
   3. To purchase or improve real property; and/or
   4. For any purpose which is inconsistent with the language of the NOFO [HRSA-19-024](https://www.ruralcenter.org/sites/default/files/PKG00247769-instructions.pdf) or Section 1820(g) (1, 2) of the Social Security Act (42 U.S.C. 1395i-4(g) (1) and (2)).

## Attachments – Required and Optional

The Attachments provide specific supporting information to inform the story of the funded project described in the performance narrative. These attachments do not have page limits unless specified.

1. **Attachment 1: Update Work Plan Template.** Please use the [Work Plan Template](https://www.ruralcenter.org/sites/default/files/FY19%20Flex%20Program%20Work%20Plan%20Templatev2.xlsx) to update the

current year (FY 2019) if a new activity has been introduced through a change in scope, or an activity has been terminated; this should be noted and identified clearly.

The updated Work Plan should NOT include the quantitative outputs based on previously identified process measures associated with the activities. This should be updated in the End of Year Report.

future year (FY 2020) include ongoing activities that will continue from the current budget period, as well as any new activities and indicate if each activity is new or ongoing. If this future work plan eliminates an activity category that was in the current (FY 2019) work plan or adds an activity category that was not in the current work plan then the project requires a change of scope through an EHBs Prior Approval, and should be discussed with your FORHP project officer.

1. **Attachment 2: Position Descriptions and Biographical Sketches**. Include position descriptions for all new positions and/or new staff for which program support is requested. Please indicate if new positions are filled or currently vacant. Include a biographical sketch, curriculum vitae, or resume for all new staff. If there are no staff changes, please include a single page labeled Attachment 2 and stating, “No staffing changes since March 2019.”
2. **Attachment 3: MBQIP Participation Waivers:** NOT REQUIRED FOR THIS NCC.
3. **Attachment 4: EMS Supplement: Progress Report.** Awardees of the EMS Supplemental Funding must include an updated progress report to provide program and budgetary related progress made during the current reporting period (September 1, 2019 – August 31, 2020) and future activities for the upcoming reporting period (September 1, 2020– August 31, 2021) on your Medicare Rural Hospital Flexibility Program – Emergency Medical Services Supplement Cooperative Agreement. The requirements in the FY 2019 Notice of Funding Opportunity (NOFO), [HRSA-19- 095](https://www.ruralcenter.org/sites/default/files/PKG00247771-instructions.pdf), continue for the funding year FY 2020:

Focus Area 1: To implement demonstration projects on sustainable models of rural EMS care. Projects will facilitate the development and implementation of promising solutions for the problems faced by vulnerable EMS agencies and contribute to an evidence base for appropriate interventions.

Focus Area 2: To implement demonstration projects on data collection and reporting for a set of rural-relevant EMS quality measures. Projects will facilitate the development of a core set of validated, rural-relevant EMS quality measures.

**Your progress report should include the following**:

* Activities Completed since writing the FY 2019 Supplement Competitive (in March 2019). Use this narrative section to highlight significant projects and activities and discuss the current work plan. Relevant process measures may be discussed in this section to highlight trends and key data; however, it is not necessary to repeat information that is in the work plan.
* **Significant Changes, Challenges, and Barriers** faced or anticipated in the remainder of the year, including activities potentially not completed, in danger of delay, or those that need a change of scope. Discuss any staffing changes since the FY 2019 Competitive Submission and any unfilled positions and plans to fill the positions. Describe plans to mitigate or manage significant changes, challenges, and barriers.

1. **Attachment 5: EMS Supplement: Budget Justification**. The purpose of the Budget Justification Narrative is to provide a clear overview of proposed spending for the program-funded project. 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
2. **Attachment 6: EMS Supplement: Work Plan Template Update**. Please use the [EMS Supplement Work Plan Template](https://www.ruralcenter.org/sites/default/files/EMS%20Supplement%20Work%20Plan%20Template%20v2.xlsx) to update your ~~current year (FY 2019) and~~ future year (FY 2020) sheets in the excel file.

# Reporting Requirements

|  |  |
| --- | --- |
| Reporting Requirement | Reporting Deadline |
| Federal Financial Report | January 30, 2021 |
| Performance Improvement and Measurement System | October 31, 2020 |
| End of Year Report | 90 days after the budget period |
| Non-Competing Continuation Progress Report | March 2021 |

## Federal Financial Report

The Federal Financial Report (FFR) for the FY 2019 budget period must be submitted **no later than January 30, 2021**, and must be submitted electronically through the HRSA EHBs. HRSA expects that all funds will be used within the year they are awarded.

## Performance Improvement and Measurement System (PIMS)

FORHP created specific performance measures within the Performance Improvement and Measurement System (PIMS) located in the HRSA EHBs. Recipients report program data in this system annually following the end of the budget period. For Flex, the PIMS report focuses on two topics that reflect some, but not all, of the significant work of state Flex programs: 1) CAH participation in Flex-funded performance improvement activities and 2) total state Flex program spending (for both performance improvement and other work) in each activity category of the Flex program.

**End of Year Report**

In the next few months, FORHP will be working with you, Flex Stakeholders, to develop a template for an End of Year Report. You will be asked to update your Work Plan Template for your FY 2019 and Summary 5-Year tabs to report. This will help capture the full budget year of data and accomplishments and minimize the burden of NCC reporting. We will be providing webinars, additional education, and support for more technical assistance on this report.

# Technical Assistance

## Program Assistance

Recipients are encouraged to request assistance, if needed, when submitting their Non-Competing Continuation Progress Report. Please contact the Flex Program Coordinator or your [FORHP Project Officer](https://www.hrsa.gov/rural-health/rural-hospitals/region-map.html) to obtain additional information regarding overall program issues:

Victoria Leach

Flex Program Coordinator

Health Resources and Services Administration

Federal Office of Rural Health Policy

5600 Fishers Lane

Rockville, Maryland 20857

Telephone: 301.945.3988

E-mail: [vleach@hrsa.gov](mailto:syoung2@hrsa.gov)

## Grants Management

Recipients may obtain additional information regarding business, administrative or fiscal issues related to the NCC submission by contacting:

Benjamin White

Grants Management Specialist

Division of Grants Management Operations, OFAM

Health Resources and Services Administration

5600 Fishers Lane,

Rockville, Maryland 20857

Telephone: 301.945.9455

E-mail: [bwhite@hrsa.gov](mailto:kdews@hrsa.gov)

## Electronic Progress Report - 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 Non-Competing Continuation FAQs: <https://help.hrsa.gov/display/public/EHBSKBFG/Noncompeting+Continuation+%28NCC%29+FAQs>

# FY 2020 Funding Levels

This table shows the FY 2020 Flex funding levels by state that are the same from FY 2019 funding levels. These funding levels are contingent upon final appropriation dollars available.

|  |  |  |  |
| --- | --- | --- | --- |
| **State** | **Recipient Name** | **Cooperative Agreement #** | **FY 2020 Funding** |
| AK | HEALTH AND SOCIAL SERVICES, ALASKA DEPARTMENT OF | U2WRH33307 | $611,422 |
| AL | PUBLIC HEALTH, ALABAMA DEPARTMENT OF | U2WRH33293 | $364,358 |
| AR | ARKANSAS DEPARTMENT OF HEALTH | U2WRH33304 | $602,319 |
| AZ | UNIVERSITY OF ARIZONA | U2WRH33311 | $551,961 |
| CA | DEPARTMENT OF HEALTH CARE SERVICES | U2WRH33322 | $542,359 |
| CO | COLORADO RURAL HEALTH CENTER | U2WRH33305 | $655,393 |
| FL | HEALTH, FLORIDA DEPARTMENT OF | U2WRH33316 | $511,289 |
| GA | COMMUNITY HEALTH, GEORGIA DEPT OF | U2WRH33286 | $651,413 |
| HI | HEALTH, HAWAII DEPARTMENT OF | U2WRH33309 | $446,074 |
| IA | PUBLIC HEALTH, IOWA DEPARTMENT OF | U2WRH33302 | $757,191 |
| ID | HEALTH AND WELFARE, IDAHO DEPARTMENT OF | U2WRH33308 | $641,351 |
| IL | PUBLIC HEALTH, ILLINOIS DEPARTMENT OF | U2WRH33301 | $824,375 |
| IN | INDIANA STATE DEPARTMENT OF HEALTH | U2WRH33300 | $656,819 |
| KS | HEALTH AND ENVIRONMENT, KANSAS DEPARTMENT OF | U2WRH33306 | $968,815 |
| KY | UNIVERSITY OF KENTUCKY | U2WRH33312 | $602,464 |
| LA | HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF | U2WRH33310 | $563,812 |
| MA | PUBLIC HEALTH, MASSACHUSETTS DEPT OF | U2WRH33294 | $316,735 |
| ME | HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF | U2WRH33288 | $437,911 |
| MI | MICHIGAN CENTER FOR RURAL HEALTH | U2WRH33317 | $692,449 |
| MN | DEPARTMENT OF HEALTH MINNESOTA | U2WRH33314 | $911,531 |
| MO | HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF | U2WRH33295 | $510,424 |
| MS | HEALTH, MISSISSIPPI STATE DEPARTMENT OF | U2WRH33290 | $488,194 |
| MT | PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF | U2WRH33320 | $806,474 |
| NC | HEALTH & HUMAN SERVICES, NORTH CAROLINA DEPARTMENT OF | U2WRH33287 | $626,231 |
| ND | UNIVERSITY OF NORTH DAKOTA | U2WRH33321 | $815,742 |
| NE | HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF | U2WRH33315 | $882,649 |
| NH | HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF | U2WRH33289 | $431,566 |
| NM | HEALTH, NEW MEXICO DEPARTMENT OF | U2WRH33297 | $317,683 |
| NV | UNIVERSITY OF NEVADA, RENO | U2WRH33318 | $495,108 |
| NY | HEALTH RESEARCH, INC. | U2WRH33296 | $394,932 |
| OH | HEALTH, OHIO DEPARTMENT OF | U2WRH33298 | $688,294 |
| OK | OKLAHOMA STATE UNIVERSITY | U2WRH33319 | $673,496 |
| OR | OREGON HEALTH & SCIENCE UNIVERSITY | U2WRH33327 | $697,883 |
| PA | PENNSYLVANIA STATE UNIVERSITY, THE | U2WRH33292 | $444,516 |
| SC | SOUTH CAROLINA OFFICE OF RURAL HEALTH | U2WRH33328 | $394,458 |
| SD | SOUTH DAKOTA DEPARTMENT OF HEALTH | U2WRH33329 | $673,740 |
| TN | HEALTH, TENNESSEE DEPT OF | U2WRH33325 | $498,448 |
| TX | AGRICULTURE, TEXAS DEPARTMENT OF | U2WRH33313 | $901,523 |
| UT | DEPARTMENT OF HEALTH UTAH | U2WRH33323 | $391,386 |
| VA | HEALTH, VIRGINIA DEPARTMENT OF | U2WRH33299 | $356,713 |
| VT | HUMAN SERVICES, VERMONT AGENCY OF | U2WRH33291 | $320,206 |
| WA | HEALTH, WASHINGTON STATE DEPARTMENT OF | U2WRH33326 | $686,629 |
| WI | UNIVERSITY OF WISCONSIN SYSTEM | U2WRH33303 | $804,871 |
| WV | HEALTH AND HUMAN RESOURCES, WEST VIRGINIA DEPARTMENT OF | U2WRH33324 | $551,220 |
| WY | WYOMING, DEPARTMENT OF HEALTH | U2WRH33330 | $497,399 |
|  | **Totals** | **45** | $26,659,826 |

# Flex Program Areas, Goals, and Activity Categories

This list includes all of the same Program Areas included in the [**FY 2019 Flex NOFO**](https://www.ruralcenter.org/sites/default/files/PKG00247769-instructions.pdf) with their associated goals and activity categories. Use this list as a quick reference for the structure and categorization of the Flex program. See the [**FY 2019 Flex Program Structure**](https://www.ruralcenter.org/sites/default/files/Flex%20Program%20Structure%20for%20FY%2019%20-%20FY%2023%20v1.0.pdf) for more details on all of these areas and categories.

**Program Area 1:** CAH Quality Improvement (required)

**Program Area 1 Goals:** 1) Increase the number of CAHs consistently reporting quality data, and 2) Improve the quality of care in CAHs

**Activity Categories:**

1.1 Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs (required annually)

1.2 Report and improve Core Patient Engagement Measures (required annually)

1.3 Report and improve Core Care Transitions Measures (required annually)

1.4 Report and improve Core Outpatient Measures (required annually)

1.5 Report and improve Additional Patient Safety Measures (optional)

1.6 Report and improve Additional Patient Engagement Measures (optional)

1.7 Report and improve Additional Care Transitions Measures (optional)

1.8 Report and improve Additional Outpatient Measures (optional)

**Suggested participation (output) measure:**

• Number and percent of CAHs in the state participating in Flex-funded quality reporting and quality improvement activities each year. Set a target in the future work plan and report the actual number in PIMS (1.1-1.8).

• Other output measures as applicable for specific activity categories.

**Suggested outcome measures:**

• Consistent reporting: Number and percent of CAHs in the state reporting data every quarter for all MBQIP core measures during the budget year.

• High-quality performance: Number and percent of CAHs in the state achieving defined performance levels on one or more targeted MBQIP quality measures. Explain the reasons for selecting the chosen measure for a statewide target and the reasons for the benchmark chosen for defining high-quality performance on that measure.

• Other outcome measures as applicable for Quality Improvement and MBQIP.

**Program Area 2:** CAH Operational and Financial Improvement (required)

**Program Area 2 Goal:** Maintain and improve the financial viability of CAHs

**Activity Categories:**

2.1 Statewide operational and financial needs assessments (required annually)

2.2 Individual CAH-specific needs assessment and action planning (optional)

2.3 Financial improvement (optional)

2.4 Operational improvement (optional)

2.5 Value-based payment projects (optional)

**Suggested participation (output) measure:**

• Number and percent of CAHs in the state participating in Flex-funded operational and financial improvement projects each year. Set a target in the future work plan and report the actual number in PIMS (2.2-2.5).

• Other output measures as applicable for specific activity categories.

**Suggested outcome measures:**

• Number and percent of CAHs in the state meeting the benchmark for a measure identified in the Small Rural Hospital and Clinic Finance 101 Manual. Explain the reasons for selecting the chosen measure or measures for statewide tracking and the reason for the benchmark chosen for that measure.

• Example of a widely applicable measure from the manual: Number and percent of CAHs in the state with operating margins above 0.9 percent each year. Objective could be for all CAHs in the state to meet this threshold by year 4. In this example, threshold set slightly below the national median due to state-specific conditions that reduce average margins. Improving operating margins over time will contribute to the goal of improving financial viability of CAHs.

• Example of a high-level, long-term measure: Number and percent of CAHs in the state rated high or mid-high in the Financial Distress Index (FDI) calculated by UNC each year (data and historical trend available in CAHMPAS). The objective could be to decrease the number of CAHs to no more than X CAHs in the state rated high or mid-high in the FDI by year 4. Note that some states have few or no CAHs rated high or mid-high so the measure would not apply.

• Other outcome measures as applicable for operational and financial improvement.

**Program Area 3:** CAH Population Health Improvement (optional)

**Program Area 3 Goal**: Build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities

**Activity Categories:**

3.1 Support CAHs identifying community and resource needs (optional)

3.2 Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)

3.3 Assist CAHs to engage with community stakeholders and public health experts and address specific health needs (optional)

**Suggested participation (output) measure:**

• Number and percent of CAHs in the state participating in Flex-funded population health improvement projects each year. Set a target in the future work plan and report the actual number in PIMS (3.2-3.3).

• Other output measures as applicable for specific activity categories.

**Suggested outcome measures:**

• Determine outcome measure appropriate to the population health interventions planned.

**Program Area 4:** Rural EMS Improvement (optional)

**Program Area 4 Goals:** 1) Improve the organizational capacity of rural EMS, and 2) Improve the quality of rural EMS

**Activity Categories:**

4.1 Statewide rural EMS needs assessment and action planning (optional)

4.2 Community-level rural EMS assessments and action planning (optional)

4.3 EMS operational improvement (optional)

4.4 EMS quality improvement (optional)

**Suggested participation (output) measure:**

• Number and percent of rural EMS agencies in the state participating in Flex-funded improvement projects each year. Set a target in the future work plan and report the actual number in PIMS (4.2-3.4).

• Other output measures as applicable for specific activity categories.

**Suggested outcome measures:**

• Number and percent of rural EMS agencies participating in Flex activities that report quality data through a state-level data collection tool or through the National EMS Information System (NEMSIS).

• Number and percent of rural EMS agencies in the state that are financially stable, financial indicators may include operating margins, total margins, or days cash on hand meeting benchmarks.

• Other outcome measures as applicable for EMS improvement.

**Program Area 5:** Innovative Model Development (optional)

**Program Area 5 Goal:** Increase knowledge and evidence base supporting new models of rural health care delivery

**Activity Categories:**

5.1 Develop and test innovative models and publish report or documentation of the innovation

5.2 Develop and test CAH outpatient clinic (including CAH-owned rural health clinics) quality reporting and publish report or documentation

**Suggested participation (output) measure:**

• Number and percent of CAHs in the state participating in Flex-funded innovative model projects each year. Set a target in the future work plan and report the actual number in PIMS (5.1-5.2).

• Other output measures as applicable for specific activity categories.

**Suggested outcome measure:**

• Increased rural evidence base as shown by a published report on positive and negative results of each model including health outcomes and replicability assessment (one report reflecting the multi-year project, not expected annually).

• Other outcome measures appropriate to the innovative model planned.

**Program Area 6:** CAH Designation (required if requested)

**Program Area 6 Goal:** Assist rural hospitals to seek or maintain appropriate Medicare participation status to meet community needs

**Activity Categories:**

6.1 CAH conversions (required if assistance is requested by rural hospitals)

6.2 CAH transitions (required if assistance is requested by CAHs)

**Suggested participation (output) measures:**

• Number of rural hospitals requesting conversion assistance. Set a target in the future work plan and report the actual number in PIMS (6.1).

• Number of CAHs requesting transition assistance. Set a target in the future work plan and report the actual number in PIMS (6.2).

**Suggested outcome measure:**

• Number of new CAHs receiving CMS certification in the year.