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# The Grant Project Life Cycle: A Grant Subcontract Management Guide



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September 14, 2016

# Agenda

- Flex Program Background
- Project Life Cycle
  - Initiation Phase
  - Planning Phase
  - Executing Phase
  - Closing Phase
- Group Discussion



# Flex Program Background

- Balanced Budget Act (BBA) 1997
  - Established Medicare Rural Hospital Flexibility Program
  - Goals of Flex Program
    - Improve Quality of Care in critical access hospitals (CAHs)
    - Improve Financial Operations of CAHS
    - Improve Operational outcomes of CAHS

# Flex Program Background

- Where is the Flex Grant “housed” in your state?
  - Typically in state offices of rural health (SORH)?
- Flex Program enables states to:
  - Assess community health
  - Assess emergency medical services (EMS) needs of CAHs
  - Improve community/population health
  - Improve critical diagnoses ID and management time
  - Support transition to value-based healthcare models for CAHs

# Project Life Cycle

## 4 Phases of Project Life Cycle



Source: <http://www.method123.com/project-lifecycle.php>



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# Initiation Phase

Project  
Initiation

- Project conceptualization process
  - Outline basic processes to start project
  - Define what the project is to accomplish
- Pre-Grant Award
  - Scope of activities necessary to execute objectives of grant proposal
- [Core Competencies for State Flex Program Excellence Self-Assessment](#)



# Initiation Phase

## **Subcontractor Selection Criteria**

- Good written and oral communication skills
- An established and trusted relationship with rural hospitals
- Obtaining references from trusted sources
- Clear understanding of project deliverables
- Availability to perform work load within grant time constraints
- Social media or web-based presence
- Following states guidelines for subcontractors (if available)



# Planning Phase

Project  
Planning

- Develop individual subcontracted projects
  - Define scope of work (SOW), deliverables & payment for services
  - SOW – clearly defined deliverables tied to definitive timeline and completion dates
- How does your state Flex team complete the planning phase work?
  - Request for Proposals (RFP) process, collaboration with state partners, SORH team input?





# Planning Phase

- Deliverables
  - Contract execution date (kick-off)
  - Major milestones
  - Deliverable/completion date
- Payments
  - Tied to specific deliverables
  - Options for withholding payment if deliverables not met
    - Partial payments; non-payment; termination of agreement



# Planning Phase

- Data Sharing
  - Flex Monitoring Team (FMT) data reports
  - Medicare Beneficiary Quality Improvement Project (MBQIP)
  - Data available through state partners
    - State Hospital Association
    - State Rural Health Association
    - Quality Improvement Organization (QIO)
    - State Health Information Exchanges (HIE)
  - Use of data use agreements/non-disclosure agreements?



# Data Sharing

- FMT available reports:
  - [Critical Access Hospital \(CAH\) Financial Indicators Report: Summary of Indicator Medians by State](#)
    - State & national median values for 22 financial indicators
  - [Critical Access Hospital \(CAH\) Measurement & Performance Assessment System \(CAHMPAS\)](#)
    - Financial, quality & community-benefit performance of CAHs

- Monitor/manage work output
  - Technical monitoring
    - Tracking and reporting progress on key performance indicators & timely completion of deliverables
    - [Engaging Subcontractors and Partners in Demonstrating Outcomes](#)
  - Financial monitoring
    - Revenue cycle management
    - [Flex Program Sub-Contract Tracking Spreadsheet](#)



# Closure Phase

Project  
Closure

- Project close-out process
  - Submittal of closeout notice
  - Submission of final deliverables
  - Submission of final invoices
- How does your state address un-met contract deliverables?
  - Deliverable timeline not met
  - SOW not completed
  - Data/reports not delivered
  - Failure to provide benchmarking tools or demonstrate outcomes of project



# Conclusion

- Flex Program is in place to provide resources for CAHs to improve the quality of care provided to rural patients
  - Imperative that the Flex Program can demonstrate the impact of federal investment on rural communities
  - Must be able to tell our story
  - Tracking and demonstrating success through benchmarks & utilization of available data strengthens the overall Flex Program





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