

**North Dakota Department of Health  
Division of Emergency Medical Services  
600 East Boulevard Avenue, Department 301  
Bismarck, North Dakota 58505-0200**

## **Emergency Medical Services Grant Guidance**

**2007**

## **General Information**

### **Overview**

In the 2007 North Dakota Legislative Session, House Bill 1296 appropriated \$1,250,000 to provide grants to licensed Emergency Medical Services (EMS) operations. This bill was passed and made effective as law on July 1, 2007.

The funding source comes from the Insurance Tax Distribution Fund as described in N.D.C.C. 18-04-04.1 and 26.1-03-17(1). A portion of the \$60 million in insurance premium taxes collected each biennium, sufficient to fund fire services under N.D.C.C. 18-04-05 and the emergency medical services plan is deposited into the Insurance Tax Distribution Fund. The remainder of the insurance premium tax collected is either deposited into the Firefighters Death Benefit Fund or the state general fund.

### **Eligibility**

N.D.C.C. 23-40 describes the requirements for the administration of the grant. To be eligible for a grant an applicant:

- Must be licensed as an EMS operation for at least 12 months prior to applying for the grant. Although the statute does not specifically limit the grant to licensed ambulance services, at the present time ambulance services are the only EMS operations that are licensed by the department. Quick Response Units and Rescue Squads are only certified and thus are not eligible.
- Must bill for services at least equivalent to the Medicare billing level.
- Must contribute a local match of 10 to 90 percent as determined by the department.
- Must meet additional requirements set by rule and adopted by the State Health Council.
- Must submit a completed application form to the Department of Health postmarked no later than November 1<sup>st</sup> of each year.
- May not use the funds for capital expenses such as emergency vehicles or EMS equipment.

### **Purpose**

The intent of this grant is to facilitate or assist the operation of ambulance services within the state of North Dakota. Although the statute does not state what the grant projects must be, other than to exclude any capital and equipment purchases, the testimony and discussion within the legislative process clearly revolved around assistance with staffing. Therefore, the focus of this grant is to assist certain ambulance services with staffing needs. Each grant will be awarded on the basis of the need, formula ranking score, meeting/addressing the grant criteria, and meeting all eligibility requirements.

### **Deadline**

The original copy, bearing original signatures, must be postmarked by 5:00 pm, on Thursday, November 1, 2007. No facsimile (fax) transmissions will be accepted. Applications not meeting the deadline, facsimile applications, or those applications not in accordance with the application's instructions will not be accepted or considered for funding.

## **Delivery Address**

Applications may be hand-delivered to the Department of Health, Division of Emergency Medical Services, which is located in the Judicial Wing of the Capital Building at 600 East Boulevard Avenue, Second Floor, Suite 206, Bismarck, North Dakota.

Applications sent by mail should be addressed to:

Department of Health  
Division of Emergency Medical Services  
600 East Boulevard Ave., Dept. 301  
Bismarck, ND 58505-0200

## **Local Match**

The statute requires each EMS grant applicant to identify a local match of between 10 and 90 percent. The local match is based on a formula developed by the Department of Health and stakeholders. (Please see Attachment A for the list of required local matches.)

## **Evaluation**

Each successful applicant must provide a quarterly project report and proof of award money expenditure to the Department of Health – Division of Emergency Medical Services. These quarterly reports will be reviewed to ensure that the grant requirements are being met. Future payments may be affected by the evaluation of the quarterly project reports.

## **Application Review Process**

### **Review Process**

All applications will be reviewed and rated by a panel consisting of at least five members. All identifying information will be removed prior to being reviewed by the panel to ensure each application is scored objectively.

This is a competitive grant, not an entitlement. Awards will be based on a combination of the formula ranking score and the grant application score. The grant application has a maximum score of 100. The grant application score will correlate to a percentage of the ranking formula score. For example, if ambulance service “A” scored 500 in the ranking formula and 80 on the grant application, their final score will be 400 ( $500 \times 80\% = 400$ ). This will allow the services that have been identified as particularly strategic and vulnerable to have greater consideration as long as they have a complete application and a reasonable plan. There will also be a low score level that will eliminate any service scoring less than a certain number even if there are funds remaining.

### **Ranking Formula**

As stated, a formula was developed to score certain aspects of each ambulance service and determine the local match. The criteria included:

- an isolation factor
- distance from the closest hospital
- number of calls
- number of providers on the roster
- average age of the providers
- services that could be hub services in their areas

## **Grant Application**

### **Part I – General Information** – *Use form provided.*

Provide demographic information pertaining to the applicant and state the year in which the ambulance service was established. The service must be licensed for at least 12 months in order to be eligible for this grant. Identify the authorized representative of this grant and a contact person for the grant if different from the authorized representative.

### **Part II – Project Description (65 points)** – *Use form provided or similar format, attach additional pages if necessary.*

- A. Describe the ambulance service. Include information on the following:
- Ambulance dispatching process – Is the ambulance service dispatched from a PSAP (Public Safety Answering Point), hospital, nursing home, or other manner?
  - Ambulance staff scheduling – Describe how staff are scheduled, or how management ensures that personnel are available to respond to calls in a timely manner.
  - Quality Assurance process – Does the ambulance have a quality assurance process? If so, who is involved in the process? How often are meetings held?
- B. Describe the service's needs to supplement staffing and the plan to pay for them. Describe, in detail, the following:
- Ambulance service's staff – Provide a total number of patient care provider staff for the service. Patient care providers are; EMT's, EMT- Intermediates, Paramedics, or Registered Nurses. Describe whether these personnel are compensated, or are volunteers. If compensated, how much are they paid?
  - Information on the extent of any problems the service is experiencing that affect the ambulance's operation – Has the service experienced any times in which there were no staff to respond to a call? Is the service in need of staff on nights, weekends or anytime during the week? Is the service in need of more volunteers to assist with staffing?
- C. Describe how this grant will augment staffing for the ambulance service. How does the service intend to use the funds? Considerations could include hiring a full-time EMT or several part-time EMT's, contracting with a third party to provide an EMT to cover the service's schedule for certain periods of time, or paying all of the staff an "on-call" rate of pay. Explain how project staff will be scheduled in a sample two week period (must be consistent with grant request).

**If adding hours or personnel to the service, include a job description to this section.** If the Department of Health awards funds to support staffing, there must be assurance that those persons on the payroll for the ambulance are engaging in activities related to EMS and benefiting the State of North Dakota. The department needs to be assured that the additional hours or personnel will be utilized to benefit the service and community in addition to responding to calls.

- Describe additional activities that the full-time or part-time EMT's will be engaging in. Will the additional staff be assisting with local CPR and First Aid classes or teaching various EMS courses? Will the new staff be teaming up with local hospitals or nursing homes? Will new responsibilities include any administrative duties at the ambulance service?

- D. With the authorized activities provided in section C, describe how this project impacts/supports/improves the community.
- How will the delivery of EMS improve in your community?
  - How will EMS education improve for both EMS providers and the community?
  - How will the logistics of the ambulance service improve with this project?
- E. Provide verification that the service bills at the Medicare level. *Keep in mind that this is a requirement in order to be eligible for the grant.*
- Document the base rate and mileage that the service bills.
  - Provide a sample ambulance bill.
- F. Sustainability: Describe the plans for local efforts to financially sustain this project.
- Does the ambulance service have a rural ambulance service district levy or other tax subsidies to assist in sustaining the project? Are there any plans to implement a local tax structure to support EMS?
  - Could expanding the donation program assist in sustaining the project?
  - Could the service sustain this project by establishing county sales/city tax?
  - Describe how the project would be sustained if state funds were no longer available?

**Part III – Collaboration (10 points) – Use form provided.**

Describe coordination and collaboration efforts with other EMS agencies and entities.

- Does the ambulance service currently collaborate with or plan to collaborate with other EMS and health care agencies such as other ambulance services and hospitals? What staffing, equipment or other resources does the ambulance service currently share or plan to share with neighboring EMS agencies?
- Does the ambulance service have quick response units within their area, or are they planning to establish substation ambulance services?

**Part IV – Budget (25 points)**

- A. **Local Match** – *Use form provided.* Describe where the required local match will come from for this project. *Local match is a requirement in order to be eligible for this grant.*
- A soft match will not be allowed. The required local match must be a hard match that relates to staffing for this project. Current staffing expenditures can be used as a local match. State and government grants cannot be used as a match for the project.
  - Supplanting will not be allowed. Grant money must be used for new staffing funds, not to supplant (replace) existing staffing expenses.
- B. **Current Budget** - Provide the total current annual budget and funding sources currently available. Include other grant awards, fees, staff expenses, levies, etc. *Do not include your grant request in the current annual budget.*
- C. **Project Budget** – *Use form provided, attaching additional pages if necessary.* All anticipated costs necessary to carry out the project must be fully explained in the Budget Narrative. The budget narrative must relate directly to the activities identified in this application and should provide a rationale for the projected costs. The budget should clearly indicate the proportions to be supported through these grant funds as well as the funding provided by the required local match.

**Part V – Statement of Assurance (signature required)**

The signature and date of the authorized representative of this proposed project is required in order for this application to be considered complete.

**Additional Information**

The maximum award to be granted to any applicant is \$45,000. Since this is a competitive grant, those that have a good plan along with a realistic budget will get greater consideration. The number of awards will be determined by accounting for the cost of each applicant’s project. Awards will be made based on grant ranking ending at the point in which all money has been distributed.

Grant awardees will be required to submit the following reports during the first year of the grant:

1. Quarterly Reports: These reports will include a narrative update regarding the project. In addition, grantees are required to submit documentation providing verification of expenditure of the award money. This documentation is to be sent along with the quarterly reports. Quarterly reports will be due April 1<sup>st</sup>, July 1<sup>st</sup>, October 1<sup>st</sup> and the final report for the year will be due January 1<sup>st</sup>.
2. Detailed business plan and budget (for the ambulance operation as a whole). This detailed business plan will take some time to complete; therefore, this will be part of the continuation grant application for the following grant year. This comprehensive business plan will also include any strategic planning.  
*Additional information regarding this will be distributed at a later date.*

Payments will be dispersed quarterly and will be dependent on the quarterly reports that are submitted by the ambulance service.

The Department of Health may change eligibility requirements based on the assessment of emergency medical services required by House Bill 1296 and changes in the department’s strategic plan.