

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

Emergency Medical Services Grant Guidance

2010-2011

Important information to applicants:

All applicants are required to complete this same application. All applicants (regardless if you have received previous grant funding) will need to complete this application.

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. In addition, the 2009 North Dakota Legislative Session approved an additional \$1,000,000 to the licensed EMS operations. As a result, \$2,250,000 is available for grants to emergency medical services as provided in chapter 23-40 (*described below*).

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 1st 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 in maintaining continual staffing coverage. 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 Monday, November 1, 2010. No facsimile (fax) transmissions or handwritten applications will be accepted. Applications not meeting the deadline, facsimile applications, handwritten 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 & Trauma, which is located in the Judicial Wing of the Capital Building at 600 East Boulevard Avenue, Second Floor, Suite 207, Bismarck, North Dakota.

Applications sent by mail should be addressed to:

North Dakota Department of Health
Division of Emergency Medical Services & Trauma
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 monthly project report via the online Program Reporting System that may include a **weekly activity log**. These monthly reports will be reviewed to ensure that the grant requirements are being met. Future payments may be affected by the evaluation of the monthly project reports.

Application Review Process

Review Process

All applications will be reviewed and rated by a panel consisting of at least three members.

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
- distance from the closest ambulance
- service area
- service area population
- 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 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?
- B. 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 manager 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?
- C. Provide verification that the service currently bills at the Medicare level. *Keep in mind that this is a requirement in order to be eligible for the grant. The service must be billing at the Medicare level at the time the application is signed or the application will be disqualified.* Please visit www.ndhealth.gov and click on the Ambulance Fee Schedule Link for up to date information on current Medicare billing rates.
- Document the base rate and mileage that the service bills.
 - Provide a sample ambulance bill.
- D. Sustainability: Describe plans for local efforts to financially sustain this project (if not funded by the state).
- 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 (that are paid without the use of grant funds) 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 ambulance service’s expenses, incoming revenue and other sources of funding for the most recent fiscal year. Complete the form provided in the application. *Do not include your current grant request as potential revenue.*

C. **Project Budget** – *Use form/worksheet provided, attaching additional pages if necessary.* All anticipated costs necessary to carry out the project must be fully explained in the Budget Narrative Justification section. 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. In addition, the budget worksheet must be completed. *(See example on next page)*

Example Project Budget

Budget Narrative Justification:

We plan on hiring an EMT to cover day shifts during the week. The paid EMT will work (5) 8 hour shifts per week. The salary will be \$10 per hour. This will cost \$20,800 per year.

We also will pay on call time for all remaining hours in the schedule for two persons. The on-call rate will be \$1.00 per hour. This will cost \$15,392.

Current wages: We currently pay \$25 per person per run and average 100 runs per year. This equals \$5,000.

Our local match for this project is \$9,048. Of which, \$5,000 is covered by existing wages and \$4,048 is new money for the project coming from a rural ambulance service district mil levy.

Budget Worksheet

Project:	\$10.00 X	40 hrs per week X	52 weeks per year =	\$20,800
	\$1.00 X	128 hrs per week X	52 weeks per year =	\$6,656
	\$1.00 X	168 hrs per week X	52 weeks per year =	\$8,736
Current wages paid (without use of grant funds):	\$25.00 X	100 runs per year X	--- =	\$5,000
			Total of current wages paid =	FIX!!!
			Total	\$
			25% Emp. Cost/ Benefits	\$9,048
			Total Project Cost	^A \$45,240
			Local Match %	^B 20%
			Gross Match Amt. (Box A x Box B)	^C \$9,048
			Current Wages Paid	^D \$5,000
			Net Match Amount (Box C – Box D)	^E \$4,048
			Requested Amt. (Box A – Box C)	\$36,192

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 ambulance service without a substation is \$60,000 per year. Substations would be eligible for an additional \$25,000. 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 grant period:

1. Monthly Reimbursement Requests: These requests will be completed on the online Program Reporting System.

2. Monthly Activity Logs: Those applicants that pay a part-time to full-time provider (whether in-house or through a contract) will be required to complete monthly activity logs. The activity logs will be completed on a template (provided by the Division of EMS & Trauma) that will indicate the individual's name, number of hours worked that month, the rate at which the individual is paid and daily activities. Monthly activity logs must be submitted before the month's reimbursement request will be approved (NOTE: This is a change from previous grant years)

Reimbursement requests and progress reports will be made to the Department of Health **monthly**. Staffing grant participants will be reimbursed for the expenses at the end of each month. Unspent funds will not be allowed to carry over.

Grant awardees must also agree to participate in the rural EMS improvement project as required by the department.

***Grant awardees must be in compliance with all state and federal regulations. In addition, the state has the right to audit projects for financial and operational approved activities. Therefore, it is imperative that each project maintains copies of all expenses incurred during the grant year with project funds. Awardees must maintain all financial and operational records for at least three years following the completion of the contract.**

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.