

**North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Drive
Bismarck, North Dakota 58504**

**North Dakota Rural EMS Assistance Fund
Grant Guidance**

July 1, 2017 - June 30, 2019 Biennium

General Information

Overview of Funding

The Funding Area Grant will be available in multiple parts.

Part I Funding

Available funding for Part I as determined by the 2017 North Dakota State Legislative Session will be in the amount of \$3,000,000.00 per year. Part I funding will be awarded by the North Dakota Department of Health (Department) beginning July 1, 2017.

Part I funding will be based on run volume. Run volume is defined as the average volume reported to the Department for the last two complete calendar years. Runs with dispatch complaint of standby or a null value are not included. The run volume for year 2015 – 2016 will be used for this grant calculation.

Awards will be calculated on a per run basis using run volume of each individual ambulance service within a funding area. An agreement must be in place between the lead agency and all participating agencies within the funding area regarding disbursement of grant funds.

No ambulance service/funding area is required to accept the maximum eligible amount if the full funding is not needed to meet the intent of the funding source as listed within the grant guidance. Eligible funding above and beyond the need/request of an ambulance service/funding area will be reallocated according to Department discretion.

Any funding that has been awarded based on run volume of an EMS agency that goes out of existence during the grant year may be reallocated at the discretion of the Department.

Part II Funding

Available funding for Part II will be approximately \$500,000.00 per biennium. Part II funding will be awarded by the Department beginning December 1, 2017.

Part II funding will be based on an application process considering special circumstances that may exist for funding areas requiring additional funding. This will be a competitive application process resulting in a limited number of funding areas receiving funds.

The application and detailed grant guidance for Part II funding will be available September 2017.

Purpose of Funding

The intent of this funding is to facilitate the development of a reliable EMS system within the state of North Dakota. The intent is not to financially sustain each individual ambulance service.

Eligibility Requirements

- Ensure that each participating ambulance service is a legal entity registered with the N.D. Secretary of State.
- Ensure that each participating ambulance service is appropriately enrolled with N.D. Workforce Safety & Insurance.
- Have one legal entity/agency that will act as the primary contact and have the infrastructure to receive and distribute the funds.

- Ensure all ambulance services within the funding area bill for services at least equivalent to the Medicare billing level.
- Ambulance service information reported in Big Picture software for each ambulance service must be up-to-date and accurate. It is necessary to have up-to-date information including personnel rosters and vehicle rosters, as well as general service information. If information is found to be inaccurate, the funds allocated may be withdrawn and reallocated to other funding areas per NDDoH discretion.
- Up-to-date run reporting through WebCur is required for each ambulance or substation.
- Have a run volume of 700 runs per year or less per ambulance service. (Part I funding only)
 - Any ambulance service with a run volume of more than 700 runs will not be included in the calculations for funding.
- Ensure all EMS agencies remain in compliance with state regulation as described in NDAC 33-11.
 - If an EMS agency is not in compliance at the time of application submission, their run volume will not be taken into consideration for funding.
 - Any funding that has been awarded based on run volume of an EMS agency that becomes out of compliance during the grant year may be reallocated at the discretion of the Department.
- Ensure all EMS agencies have a medical director that provides for quality improvement activities.

Deliverables

- A proposed funding area budget for awarded funding must be submitted and approved by the Department prior to requesting reimbursement from grant funds.
 - A budget template will be provided by the Department at the time of Notice of Grant Award.
- Complete a funding area compliance/progress report twice per grant year.
 - A funding area compliance/progress report form will be provided by the Department by August 31, 2017.
 - Funding area compliance /progress reports must demonstrate that the funding area is maintaining legislative intent with grant spending as outlined in ND Century Code 23-46 (attached).
 - Funding area compliance/progress reports will be due to the Department on December 1, 2017, and June 1, 2018.
 - Funding area compliance/progress reports should address weaknesses identified by the assessment (see below).
- Complete *Attributes of Successful Rural Ambulance Services Assessment* for each ambulance service within the funding area.
 - *Attributes of Successful Rural Ambulance Services Assessment* and score sheet forms will be provided by the Department by August 31, 2017.
 - The assessment must be completed by a minimum of four people plus a board member, if applicable.
 - Those completing the assessment must come to a consensus and submit one assessment score sheet per ambulance service.
 - The assessment result score sheets must be submitted with the funding area compliance/progress report due on December 1, 2017. Failure to submit the assessment results by the deadline may result in forfeiture of awarded funding at the discretion of the Department.
- Complete a strategic plan for the funding area to be submitted with the required compliance/progress report due June 1, 2018.
 - A suggested strategic planning template will be provided by the Department by August 31, 2017.

Application Process

- An application for Part I of the grant must be submitted for each year of the biennium.
- Some applicants may not be funded.

- Submit a completed application form (SFN 60162) to the NDDoH postmarked no later than the established deadline.
- Include each EMS agency within a funding area(s) in the planning process.
 - Any agency choosing not to participate in the grant planning process must sign a refusal outlined on the application form.
 - Run volume of ambulance services choosing not to participate in the grant planning process will not be included in grant funding calculations for that funding area.
- Submit only ONE application per funding area regardless of the number of EMS agencies within the funding area.
- *No facsimile (fax) transmissions or handwritten applications will be accepted.*
- Applications not meeting the deadline, sent via facsimile, submitted in handwriting or not in accordance with the application's instructions, will not be accepted or considered for funding.

Deadline

The original typed copy, bearing original signatures, must be postmarked by no later than 5 p.m., on June 12, 2017.

Requirements of Grant Acceptance

- **Contracts that are issued must be delivered or emailed to DEMS, or postmarked by 5 p.m. June 23, 2017, or they will not be accepted and monies awarded will be retracted and reallocated.**
- Grant awardees and their partners must be in compliance with all state and federal regulations.
- Requests for reimbursement must be made through the NDDoH Program Reporting System (PRS) after expenses are incurred.
 - Reimbursement will be based on documentation of expenses.
 - Reimbursement requests and accompanying documentation will be made to the NDDoH monthly. The primary agency or legal entity will be reimbursed for the expenses incurred.
 - Reimbursement requests must be made within 90 days of expense unless approval is received by the Division of EMS. **Reimbursement requests will not be accepted after July 10, 2018.**
 - Only one individual from each funding area may have access to the Program Reporting System (PRS) to make requests. This person may not be changed unless emergency conditions exist.
 - Each ambulance service within the funding area may request access to view current status of the grant and reimbursement request. The individual must obtain a login from the Information Technology Department (ITD) of the State of North Dakota.
- The state has the right to audit projects for financial and operational activities. It is imperative that each funding area maintain copies of all expenses incurred. Awardees must maintain all financial and operational records for at least three years following the completion of the contract.
- Grant awardees will be obligated to repay any funds spent which are not in compliance with state laws or not in accordance with the legislative intent.
- The funding period will be July 1, 2017, to June 30, 2018. **No carryover of funds will be allowed.** Final reimbursement requests must be received by July 10, 2018, in order to be processed.

Application Instructions

These instructions are to assist you in fully completing this application for your funding area. Please read all instructions thoroughly before completing the application. This application **MUST BE** fully completed before submission. Incomplete applications **will not** be considered. The date and signatures of the authorized representatives (i.e., squad leaders or board chairpersons) of all involved entities/services are needed in order for this application to be considered complete.

Please go to our website at www.ndhealth.gov/ems and click on the link Rural EMS Assistance Fund Information for the 2017 – 2018 application form. This form can be filled out on any computer that has a PDF reader program installed. Most PDF reader programs may be downloaded free of charge from the internet. Be sure you have the latest version of the software installed before beginning the application process.

“Date of Application” – The date which the application is being completed.

“Legal Entity/Service” – Refers to the agency that will act as lead in this project and is a recognized legal entity.

“Federal Tax ID#” – Enter the federal tax identification number for the entity being listed as the *legal entity*.

“Physical Address” – Refers to the physical location of the service within the community. This may or may not be the mailing address since many services do not have someone at their building at all times and may use a contact person’s address as a mailing address.

“Mailing Address” - Refers to the address where all mailings from NDDoH DEMS will be directed.

“Contact Person/Representative,” “E-mail Address” and “Daytime Telephone” – Refers to the person to be contacted if there are any questions with the application.

“Funding Area Number” – This is the number assigned to the funding area upon application of this grant cycle. This number may be found on the included map (Appendix B). Only one application will be accepted per funding area.

“If combining/or collaborating with another funding area, list those funding area numbers here” – If the applying funding area is working with another funding area on system development, list the involved funding area numbers here. Each funding area may still submit their own application. Working with other funding areas is strongly encouraged.

“Total Amount Applied For” – The amount of funds requested by the funding area. No ambulance service/funding area is required to accept the maximum eligible amount if the full funding is not needed to meet the intent of the funding source as listed within the grant guidance. Eligible funding above and beyond the need/request of an ambulance/funding area will be reallocated according to Department discretion.

“Signature Block” – This area is for required signatures by authorized representatives (i.e., squad leader/board chairperson) of each service included in the application. Signature in this block attests to the eligibility of each agency listed as outlined in the grant guidance as well as to the creation of a disbursement agreement for funds awarded to the funding area. If no other service is involved (only one ambulance service contained within the funding area), no signatures are needed in this area.

“Refusal Signature Block” – This area is for required signatures by authorized representatives (i.e., squad leader/board chairperson) of each service refusing inclusion in the grant planning process. Signature in this block verifies that each entity/service has been given the opportunity to participate in this grant planning and has willingly opted out. Run volume for entities/services not participating will not be taken into consideration for funding awards.

“Signature of Authorized Representative” – This must be signed by the authorized representative (i.e., squad leader/board chairperson) of the legal entity/agency acting as the primary contact for the project.

Audit Requirements

Audit requirements will be included in the final grant award and the funding area or ambulance service will need to be able to provide invoices for all expenses claimed.

Completion of the Application Process

Please make sure that all areas of the application are complete. The application must be postmarked no later than 5 p.m. on June 12, 2017, in order to be considered. No faxed or e-mailed applications received before or after the deadline will be accepted under any circumstances. Applications may be mailed or hand delivered to our office at the address listed below.

Application Submission Options

1. Applications may be hand delivered to:

North Dakota Department of Health, Division of Emergency Medical Systems, located at 1720 Burlington Drive, Bismarck, N.D.

2. Applications may be sent by mail addressed to:

North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Drive
Bismarck, ND 58504

A confirmation e-mail will be sent to the contact person once the application has been received.

Appendix A – Century Code 23-46

CHAPTER 23-46 EMERGENCY MEDICAL SERVICES

23-46-01. Definitions.

For purposes of this chapter:

1. "Emergency medical services funding area" means a geographic area eligible for state assistance and includes one or more licensed ambulance operations.
2. "Minimum reasonable cost" means the cost of operating one transporting ambulance service or the sum of the cost to operate one transporting ambulance service and any combination of one substation and one quick response unit.
3. "Required local matching funds" means revenue generated by the provision of emergency medical services, local mill levies, local sales tax, local donations, and in-kind donations of services.

23-46-02. Emergency medical services advisory council.

The state department of health shall establish an emergency medical services advisory council. The council must include at least three representatives appointed by an emergency medical services organization, one individual to represent basic life support and one individual to represent advanced life support, both appointed by the state health officer, and other members designated by the state health officer, not to exceed a total of fourteen members. The department shall consider the recommendations of the council on the plan for integrated emergency medical services in the state, development of emergency medical services funding areas, development of the emergency medical services funding areas application process and budget criteria, and other issues relating to emergency medical services as determined by the state health officer. Council members are entitled to reimbursement for expenses in the manner provided in section 44-08-04. The department shall establish by policy the length of terms and the method for rotation of membership.

23-46-03. Emergency medical services funding areas.

The state department of health shall establish and update biennially a plan for integrated emergency medical services in this state. The plan must identify ambulance operations areas, emergency medical services funding areas that require state financial assistance to operate a minimally reasonable level of emergency medical services, and a minimum reasonable cost for an emergency medical services operation. The department shall designate emergency medical services funding areas based on criteria adopted by the health council and published in the North Dakota Administrative Code.

23-46-04. State financial assistance for emergency medical services - Confidential information - Annual allocation.

Emergency medical services operations that request financial assistance from the state must provide requested fiscal information to the state department of health for use in financial assistance determinations. All information provided to the department under this section is confidential. The state department of health shall determine annually the allocation amount of state financial assistance for each emergency medical services funding area based on the department's determination of:

1. The minimum annual funding necessary to operate the emergency medical services operation or service designated to operate in the ambulance funding area, based on the financial needs unique to each emergency medical services funding area.

2. Required local matching funds commensurate with at least ten dollars per capita within the emergency medical services funding area.

23-46-05. State financial assistance for emergency medical services - Distribution

limit. During the first year of the biennium, the state department of health may not distribute more than one million two hundred fifty thousand dollars of the biennial legislative appropriation for state financial assistance for emergency medical services.

Appendix B – Map

