

2012 Minnesota Medicare Rural Hospital Flexibility Grant



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PROGRAM BACKGROUND

The Medicare Rural Hospital Flexibility (Flex) Program was established by the Balanced Budget Act of 1997 (Public Law 105-33). The purpose of the program is to help rural communities preserve access to primary and emergency health care services by:

- Establishing and supporting Critical Access Hospitals (CAH)
- Enhancing emergency medical services
- Improving health care quality and performance and
- Promoting rural health networks and community development.

The focus of Minnesota's Flex Program is supporting rural systems of care with the Critical Access Hospital (CAH) as the hub. The Flex program provides support and assistance by:

- Providing financial assistance to rural hospitals through grants and other programs
- Offering information, training and technical assistance on topics related to CAH operations
- Acting as liaison between communities and federal and state programs
- Providing related program planning and research
- Implementing program enhancements and
- Monitoring and communicating changes in federal programs.

The objective of the **Minnesota Rural Flex Grant Program** is to provide grant support to promote regionalization of health care services, improve access to quality health care services, and provide for the development and enhancement of rural health networks, including emergency medical service networks.

Flex grants help rural health care providers and rural communities respond comprehensively and collaboratively to challenges affecting the rural health system and rural communities. Local and regional partners are encouraged to work together to assess their environments and community needs, and to plan and implement strategic responses to improve rural health care delivery. Grants are available for activities ranging from planning through implementation, with an emphasis on activities leading to measurable outcomes.

FLEX GRANT CHANGES

This year marks the second in a five-year cycle in which the Minnesota Rural Flex Program is operating under a new set of expectations from our funding source, the Federal Medicare Rural Hospital Flexibility Program. Applicants are advised that the federal program now requires that funding be targeted toward those organizations that demonstrate the greatest need. In the case of Critical Access Hospitals, there are specific metrics that the Minnesota Department of Health (MDH) will consider in combination with reviewer recommendations when making final funding decisions. See Attachment E *Additional Criteria for Awards to Hospitals* for specific indicators that will add to the strength of a CAH application. See also page 10 of these instructions under *Criteria for Evaluation*.

Changes specific to CAH quality improvement projects

Furthermore, beginning in 2011-2012, the Federal Flex Program is instituting more refined expectations for Flex quality improvement activities. This relates specifically to improving quality care access for Medicare beneficiaries who are served by CAHs. The expectations include adopting proven clinical delivery models that drive quality. Called the Medicare Beneficiary Quality Improvement Project (MBQIP), this effort will focus on activities to improve quality as measured by the Hospital Compare Core Measures of pneumonia and congestive heart failure. Therefore, MDH encourages applicants considering QI grant applications to focus on improvement in these two measures.

ELIGIBLE APPLICANTS

- Critical Access Hospitals
- Rural hospitals with 50 or fewer beds
- Rural health networks (applicants must be nonprofit or local government entities)
- Rural EMS organizations.

Non-hospital organizations are encouraged to apply jointly with a rural hospital.

Applicants are strongly encouraged to include representatives of their local hospital, local EMS system and other health providers and community leaders in their community planning and/or implementation process, whenever appropriate. Reviewers will consider strength and appropriateness of outside involvement in grant activity planning and/or implementation.

ELIGIBLE ACTIVITIES

Appropriate activities for 2012 Flex grant funds fall within three main categories:

A. Quality Improvement

Quality Improvement proposals may include (but are not limited to):

- Staff, manager and/or board training on quality improvement
- Quality improvement initiatives that focus on pneumonia and congestive heart failure measures
- Information and technology system development (for example, telemedicine or Electronic Health Records [EHR]). Note that Flex funds will support CAHs in using HIT to improve quality and patient safety rather than purchasing hardware and software.

B. Operational and Financial Improvement

Operational and Financial Improvement proposals may include (but are not limited to):

- Projects or engaging specialized consultants for identifying needs related to operational and/or financial improvement
- Projects or engaging specialized consultants to assist with planning and implementation of evidence-based strategies for improving financial and/or operational performance
- Chargemaster review
- Service line analysis
- Workforce retention and performance projects
- Benchmarking projects.

C. Health System Development and Community Engagement

Examples of projects in this category may include (but are not limited to):

- Establishing community and regional collaboration or networking partnerships
- Assessing and implementing health system needs and improvements such as:
 - Mental health services integration
 - Disparities in access or outcomes
 - Healthy aging interventions
 - Discharge planning or other continuum of care projects.
- Strengthening and integrating local EMS systems, especially through efforts targeted at recruitment and retention, reimbursement or restructuring
- Developing local and regional systems of care
- Developing Trauma System activities by CAHs and EMS agencies
- Undertaking projects among CAHs and other community organizations that assess or address unmet health and health service needs
- Implementing community development efforts such as Rural Health Works.

Summaries of some previously funded projects are in Attachment F and on the Office of Rural Health website at: <http://www.health.state.mn.us/divs/orhpc/funding/index.html#flex>.

ESTIMATED AMOUNT OF AWARDS

The maximum award for any grant is \$25,000.

The total amount available is approximately \$249,000. We anticipate that the funding will be divided approximately equally among the three eligible categories of projects, depending on the number and quality of applications we receive.

DURATION OF FUNDING

Awards will be made for a period of one year.

Midterm reports of activities and expenditures will be due no later than 30 days after the midterm of the grant agreement. A **final report** summarizing activities will be due no later than 30 days after the grant agreement ends; the **final 10 percent of the award will be withheld until receipt of the final report.**

ADMINISTRATIVE/TECHNICAL PROGRAM SUPPORT

The Flex Program Coordinator in the Office of Rural Health and Primary Care is available to provide technical consultation and guidance in completing the application process. Contact Judy Bergh at 651- 201-3843 or judith.bergh@state.mn.us.

GRANT PROGRAM TIME LINE

- Applications available: October 10, 2011
- **Applications due: November 28, 4:30 p.m., CST.**
- Grant agreement begin date: February 1, 2012 (approximate)

CONTACT INFORMATION

Applications and questions should be directed to:

Judy Bergh, Office of Rural Health and Primary Care, Minnesota Department of Health
Telephone: 651-201-3843
FAX: 651-201-3830
Email: judith.bergh@state.mn.us.

- **Submit one original and four copies of your application.**
- **Applications must be mailed or delivered.**
- **No emailed or faxed applications will be accepted.**

Mailing/Delivery Information

By U.S. Mail:

**Judy Bergh
Office of Rural Health and Primary Care
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882**

By delivery service:

**Judy Bergh
Office of Rural Health and Primary Care
Minnesota Department of Health
85 East 7th Place, Suite 220
St. Paul, MN 55101**

MINNESOTA RURAL FLEX GRANT APPLICATION REQUIREMENTS

Preparing the Application

Prepare the grant application following the outline provided below. Proposals must be typewritten. Remember to number pages, beginning with the Program Abstract. Forms, table of contents and letters of support do not require page numbering. If you choose to include additional documents as appendices (*not required*), limit them to information relevant to the specific scope and purpose of your proposed project. Complete the *Application Cover Form* (Attachment B) and the *Budget Form* (Attachment D) and include them with the application.

Note: In preparing your application according to the following outline, be sure to note *Criteria for Evaluation* (page 10) as additional guidance for what to include as you make your case for your proposal. Be mindful that MDH staff will further screen CAH applications where necessary based on the indicators outlined there and in Attachment E. It will help you make your case if you include appropriate data that support your need according to relevant listed criteria.

A. Forms

1. Overall Checklist (*Attachment A, enclosed*)
2. Application Cover Form (*Attachment B, enclosed*)

B. Table of Contents (*recommended*)

C. Program Abstract (1-2 pages)

1. Title of Project
2. Brief Project Summary, which concisely states the following:
 - a. Brief description of the applicant organization, other major organizations involved as appropriate
 - b. Geographic area the proposed project will serve
 - c. Objectives of your proposed project (*e.g., improve coordination among regional ambulance services, streamline service delivery among local providers, improve health outcomes for post-MI patients*)
 - d. The activities that your proposed project will undertake to achieve its objectives (*e.g., develop a plan for cross-coverage among three ambulances services, analyze benefits of integrating local services, establish joint purchasing and training program*).

D. Narrative (15 pages maximum)

The narrative must not exceed 15 double-spaced pages. It must include:

1. Organization and Service Area Overview

Describe the lead applicant organization, the other agencies or organizations involved in the project, and the area the proposed project will serve. If applicable, describe changes in the project area or environment that justify the proposed project. Where appropriate, include supportive relevant

documentation such as census data, trend data on health services provided by the organizations involved, or changes in access to services.

2. **Problem Statement**

Clearly describe the identified problem(s) or situation(s) and how your project will address them. Use this section to make a strong case for your project and explain why it should be a priority for funding.

3. **Project Description**

Demonstrate how you will use the grant funding and what you expect to accomplish. Include the following:

a. Goal Statement

Describe the long-range benefit of the project you propose.

b. Objectives

Write objectives that are SMART:

- **Specific**
- **Measurable**
- **Achievable**
- **Reasonable**
- **Timely.**

Objectives are statements of what will be accomplished as a result of this grant. They relate to the long-range goal, and should lead to attainment of the goal.

c. Activities (Methods and Tasks)

Include clearly defined strategies or activities for how each objective will be accomplished.

d. Timetable

Indicate when each activity will be implemented and who is responsible for completing it.

e. Roles and capabilities of responsible individuals and organizations

Provide relevant detail on the organizations involved in the proposed project and why they are capable of carrying out the project. Use the enclosed *Biographical Sketch* form (Attachment C) to describe qualifications of the primary staff who will be involved in implementing the project. A job description may be used if a proposed project position is currently vacant.

f. Evaluation

Describe how you will evaluate the success of your project. You might include evaluation of your **process** (e.g., *count the number of classes taught, number of people served*) to show that you will complete the activities you say you will complete. You might also evaluate the **outcomes** of your project (e.g., *measure change in attitude or knowledge of class participants using a pre/post exam, or measure the number of ER visits by diabetic patients or changes in lab values, or measure medication errors over a given amount of time*). In short, describe how you will know if your project is a

success, and what measurements you will use to verify that success. Both process and outcome evaluations are valuable indicators of success; strong applications will have both.

E. Budget

Most reasonable costs of conducting identified activities are eligible. However, the following prohibitions apply:

- **Funds cannot be used for construction, renovation, modernization, routine hospital and emergency medical services operating costs, or individual clinical services.**
- **Flex Grant funds cannot subsidize activities that are a routine part of doing business such as interim cost report preparation, periodic updating of policies and procedures, or preparation for surveys.**
- **No more than 20 percent of any grant may be used for equipment (equipment is defined as a single item with a purchase price of \$5,000 or more and an expected life expectancy of at least a year).**

1. **Budget Form** (Attachment D, enclosed)

The budget form provides the categories to be used for calculating resources needed for the project expenditures.

Identify all sources of funding (cash or in-kind) for each budget category, in addition to funding requested under this grant. No match is required, but an explanation of all funding sources is helpful, and evidence of additional financial support often strengthens an application.

2. **Budget Justification**

For each of the cost items for which grant funds are requested, provide a rationale and details about how the budgeted cost items were calculated. Label this concise narrative “Budget Justification” and attach it to the budget form. Details in the budget justification explain each item listed on the budget form, according to the following categories, as appropriate:

a. **Salary and Fringe**

For each position proposed to be paid from this project grant, provide the position title, total salary, fringe benefits, FTE, and the rationale for this calculation.

Include a detailed description of the activities of each position as it relates to the project including the percent of time to be spent on project activities and the amount of salary to be funded by the project budget. Salary is an eligible expense if it is new to and required for this project. It is not eligible if you are supplanting other funds already paying for this position.

b. **Travel**

Include a detailed description of the proposed travel as it relates to the completion of the project. Provide the number of miles planned for project activities as well as the rate of reimbursement per mile to be paid from project funds.

c. **Supplies**

Include a description of supplies needed for the completion of the project.

d. **Contracted services**

For each contract, provide the name of the contractor, components or services to be provided by the contractor, and cost per service, client or unit.

If a subcontractor has been chosen, include background information about that subcontractor including how the subcontractor's previous experience relates to the project. If no subcontractor has been chosen, include a description of the availability of contractors for the services and/or products required and the method to be followed to choose a contractor.

e. **Equipment**

Include a detailed description of any proposed equipment as it relates to the completion of the project. If possible, provide itemized costs. **No more than 20 percent of any grant may be used for equipment.** Equipment is defined as an article having a useful life of over a year and an acquisition cost of \$5,000 or more.

f. **Other**

Whenever possible, include proposed expenditures in categories a-e listed above. If it is necessary to include expenditures in the general category "other," include a detailed description of the expenditures as they relate to the project.

F. Evidence of Community Support

Note: *Non-hospital and non-EMS organizations are encouraged to apply jointly with a rural hospital. Whenever appropriate, document the inclusion of representatives of the hospital, local EMS system and/or other health providers and community leaders in your community planning and/or implementation process.*

Each application should demonstrate support for the applicant *organization* and support for the *proposed project* **from all entities named as partners in the application.** Letters of commitment should describe their participation and support.

Strong applications will also show support for the applicant organization and/or the specific project from other local health service providers, from local

community and government leaders, from representatives of targeted populations, or from others who have an interest in the success of the project. Support may include:

- Evidence of past commitments of financial support from local individuals, organizations and government entities
- Commitment of financial support, in-kind services or cash, for this project
- Letters of support
- Other indications of commitment and understanding from community members.

CRITERIA FOR EVALUATION

Applications will be scored on a 100-point scale, summarized as follows:

- **The extent to which the project addresses program objectives (30 points maximum).** The objectives of Minnesota's Rural Hospital Flexibility Program are to promote regionalization of health care services, improve access to quality health care services, and provide for the development and/or enhancement of rural health networks, including emergency medical service networks. Within those objectives, reviewers will look specifically for projects that:
 - Support quality improvement
 - Support CAH operational and/or financial improvement or
 - Support health system development and community engagement.Projects need address only one objective to be eligible for the maximum points in this category. Reviewers will also consider the potential of the project to be replicated, if appropriate, and degree of innovation.
- **A clear description of the problem and need for the grant project (20 points maximum).** Is the project appropriate for the community or region? Does the applicant provide a clear description of the context and need? Are the involved organizations and their service areas well-described? Is the need documented and supported with relevant data?
- **A reasonable work plan indicating the likelihood of a successful outcome of the proposed project, and including the ability to reasonably evaluate success (20 points maximum).** Do the proposed activities relate to the stated objectives? Is the project likely to be successful? Does the plan clearly describe activities, outlining how grant funds will be used? Does the application explain what will be accomplished by the activities? Is the plan well-thought out and well-organized? Is there an evaluation plan? Does the evaluation plan include process or outcome measures or both? Does the applicant have the capacity to meet the objectives?
- **Demonstration of collaboration and cooperation between the applicant and other partners, and community support for the applicant and the proposed project (15 points maximum).** Does the applicant demonstrate collaboration and cooperation with

other partners? Is there evidence of community support for the applicant? Is there evidence of community support for the project?

- **A clear and realistic budget for the proposed project (15 points maximum).** Are the budget and budget justification clear? Is the budget realistic and reasonable for the project? Is the budget justification consistent with the budget and proposed activities? Are there other sources of funding? (*Not required, but may be considered in some contexts*). How much is proposed for equipment? (*Limited to 20 percent of budget.*)

The team of reviewers includes individuals with knowledge of rural health issues, project planning and implementation, finance and budgeting, and evaluation. This may include individuals from both within and outside the Minnesota Department of Health. Reviewers will be screened for potential conflicts of interest. Reviewers will make funding recommendations based on the above criteria.

Once recommendations from reviewers are made, MDH staff will further screen applications based on the following indicators where relevant, in order to further distinguish level of need among recommended applications:

A. Applications from CAHs for Quality Improvement Assistance

- CAH participation rate in hospital compare and HCAHPS
- Participation rate in QI benchmarking
- History of involvement in Stratis Health QI initiatives
- Progress toward EHR adoption.

Sources of information may include Flex Monitoring Team Hospital Compare reports, Stratis Health, MHA/QHi Benchmarking member roster, Evaluation Reports of 2008 and 2009 Flex Program, ORHPC CAT HIT Adoption Status Summary of 2010.

B. Applications from CAHs for Operational and Financial Improvement Assistance

- Operating margin

Sources of information may include the Flex Monitoring Team/Sheps Center Financial Indicators Report, the Minnesota Flex Evaluation of CAH Financial Condition, and the Minnesota Health Care Cost Information System.

C. Applications from CAHs for Health System Development and Community Engagement Assistance

- Trauma system status (designated, applying, not applying)
 - Level of CAH community engagement, current and historical
 - Community Health Assessments completed and/or planned
 - CAH history of using health status indicators to design or modify services
- Sources of information may include the Minnesota Statewide Trauma System, the EMSRB, Minnesota Rural Health Works Profiles, the Minnesota Hospital Planning and Transition Grant Program, the Flex Monitoring Team Community Benefits Activity Report.*

The Minnesota Department of Health makes the final award decisions, based on the advice of the review team. The Department may also take into account the use of previous grant awards, timeliness of grant reports, billing, and other relevant factors.

AWARD PROCESS

Once award decisions are made, grant agreements will be sent to awardees for review and signature. Signed grant agreements must be returned to Judy Bergh, Office of Rural Health and Primary Care, Minnesota Department of Health, for executive signature. When the grant agreement is fully executed, a copy will be sent to the awardee. **Projects cannot be started until the grant contract is fully executed.**

Attachment A: OVERALL CHECKLIST

2011 Minnesota Rural Flex Grant Program

Minnesota Department of Health-Office of Rural Health and Primary Care

I. Application Cover Form (See Attachment B)

II. Project Abstract

III. Narrative (not to exceed 15 double-spaced typewritten pages)

- A. Organization and Service Area Overview
- B. Problem Statement
- C. Proposal Description
 - 1. Goal(s) and Objectives
 - 2. Narrative project description
 - 3. Time line
 - 4. Roles and capabilities of individuals (Complete and attach biographical sketch forms for staff qualifications, Attachment C.)
 - 5. Roles and capabilities of other organizations involved in the project
 - 6. Plan for evaluation.

IV. Budget

- A. Budget Form (Attachment D)
- B. Budget Justification

V. Evidence of Community Support

May include as appropriate:

- A. Evidence of past commitments of financial support from local individuals, organizations and government entities
- B. Evidence of commitment of financial support, in-kind services or cash, for this project
- C. External letters of support
- D. Other indications of commitment and understanding from community members.

Attachment B: APPLICATION COVER FORM

**2012 Minnesota Rural Flex Grant Program
Minnesota Department of Health-Office of Rural Health and Primary Care**

1. Applicant Organization (entity with which the grant contract is to be executed)					
Legal Name _____					
Address _____ _____ _____	<table style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">Amount Requested: _____</td></tr><tr><td style="padding: 2px;">Federal ID Number: _____</td></tr><tr><td style="padding: 2px;">State Tax ID Number: _____</td></tr></table>		Amount Requested: _____	Federal ID Number: _____	State Tax ID Number: _____
Amount Requested: _____					
Federal ID Number: _____					
State Tax ID Number: _____					
Phone _____					

I certify that the information contained herein is true and accurate to the best of my knowledge. I submit this application on behalf of the applicant organization.

Signature	Title	Date
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Send an original and four copies of your grant application to: Judy Bergh, Office of Rural Health and Primary Care, PO Box 64882, St. Paul, MN 55164-0882. Contact Judy Bergh with questions at: 651- 201-3843 or Email: judith.bergh@state.mn.us.

Attachment C: BIOGRAPHICAL SKETCH

**2012 Minnesota Rural Flex Grant Program
Minnesota Department of Health-Office of Rural Health and Primary Care**

Provide the following information for all professional personnel who will be involved in the project. Use continuation pages, if necessary. Follow the same general format for each person.

NAME

TITLE

ROLE IN PROPOSED PROJECT

EDUCATION

INSTITUTION AND LOCATION

DEGREE, YEAR EARNED

PROFESSIONAL FIELD

PROFESSIONAL EXPERIENCE

(Starting with present position, list training and experience relevant to the proposed project.)

Attachment D: BUDGET FORM

2012 Minnesota Rural Flex Grant Program

Minnesota Department of Health-Office of Rural Health and Primary Care

Categories	State Funding Requested	Funding from Other Sources	Total
Personnel			
Salaries			
Fringe			
Supplies			
Travel			
Equipment			
Consultants/ Subcontractors			
Other			
TOTAL			

Notes: The budget must be accompanied by a budget justification narrative explaining each line item. Subcontractors must be identified. If contractors have not yet been identified explain the selection process. **Remember that no more than 20 percent of any grant may be used for equipment.**

ATTACHMENT E: ADDITIONAL CRITERIA FOR AWARD TO HOSPITALS

After considering the recommendations of grant reviewers, MDH will consider the following indicators where relevant when making the final award decisions.

APPLICATIONS FROM CAHS FOR QUALITY IMPROVEMENT ASSISTANCE

Assistance will be targeted toward hospitals with the greatest need based on where they fall on the following continuum of indicators compared to other applicants (listed from low to high, with those at the low end showing the greatest need for assistance):

- Not reporting to Hospital Compare
- Not involved in multi-hospital QI efforts
- Not benchmarking
- A participation rate lower than others in prior QI projects
- Basic Hospital Compare measures reported, but not HCAHPS
- Have not selected an EHR
- In the early stages of EHR adoption
- Hospital Compare measures, HCAHPS and optional measures being reported
- EHR installed and in use internally
- Hospital Compare measures, HCAHPS, optional measures being reported and have previous involvement with Stratis Health Initiatives
- Have an EHR and established network relationships.

MDH Sources for QI indicators:

Flex Monitoring Team Hospital Compare Reports, Stratis QIO, MHA-QHi benchmarking roster, MN Flex 2008 and 2009 Evaluation Reports, ORHPC CAH HIT Adoption Status Summary, additional information provided by the applicant organization in the Flex Grant application.

APPLICATIONS FROM CAHS FOR OPERATIONAL AND FINANCIAL IMPROVEMENT ASSISTANCE

Assistance will be targeted toward hospitals with the greatest need based on where they fall on the following continuum of indicators compared to other applicants (listed from low to high, with those at the low end showing the greatest need for assistance):

- Have a negative operating margin or a margin less than 2 percent
- Have an operating margin from 2-8 percent
- Have an operating margin greater than 8 percent.

MDH sources for Operational and Financial Improvement indicators:

Flex Monitoring Team/Sheps Center Financial Indicators Reports, MN Flex Evaluation of CAH Financial Condition, MN Health Care Cost Information System, additional information provided by the applicant organization in the Flex Grant application.

APPLICATIONS FROM CAHS FOR HEALTH SYSTEM DEVELOPMENT AND COMMUNITY ENGAGEMENT ASSISTANCE

Assistance will be targeted toward hospitals with the greatest need based on where they fall on the following continuum of indicators compared to other applicants (listed from low to high, with those at the low end showing the greatest need for assistance):

- Have not requested technical assistance for trauma designation; are planning designation for the future; and have not attended trauma designation training seminars
- Have no long-term plan for improving the health of the community
- Have not completed a Community Health Assessment
- Have not been using health indicators to design or modify services
- Are planning trauma designation and have submitted an application; and/or have requested technical assistance for trauma designation and/or have attended state-sponsored training seminars
- Are designated Level 3 or 4 Trauma Hospitals
- Have long-term plans for improving the health of the community
- Have a history of working with others to conduct a community health status assessment
- Have a history of using health status indicators to design or modify services.

MDH Sources for Community Development and Community Engagement Assistance:

Minnesota Statewide Trauma System, Minnesota Emergency Medical Services Regulatory Board, Minnesota Rural Health Works profiles, Minnesota Hospital Planning and Transition Grant Program, Flex Monitoring Team Community Benefit Activities Report, and additional information provided by the applicant organization in their Flex Grant application.

Attachment F: 2011 FLEX AWARDS

2011 Minnesota Flex Program Grant Awards

City	Applicant	Award	Brief Summary
Dawson	Dawson Area Hospital District	\$15,000	HIT training
Glenwood	Glacial Ridge Hospital District	\$20,000	ITLS Advanced course training for hospital trauma and EMS staff
Hallock	Kittson Memorial Hospital Assoc	\$10,000	Recruit and train additional volunteer EMTs and establish an auxiliary volunteer ambulance squad, using volunteer drivers with a variance from EMSRB.
Little Falls	St. Gabriel's Hospital	\$22,866	Complete security risk assessment, install lockdown system and provide education to staff regarding risks of violence.
Luverne	Sanford Luverne Medical Center	\$10,713	Implementation of a new EKG machine that will effectively interface with EHR; provide staff training.
Madison	Madison Lutheran Home	\$18,400	Conduct a physician/provider demand assessment of Appleton, Dawson and Madison service areas.
Mahnomen	Mahnomen Health Center	\$22,867	Enhancement of pediatric medicine in the ER and EMS community.
Minneapolis	Children's Hospitals & Clinics of MN; EMS for Children	\$16,127	Improve pediatric emergency care by use of trauma simulation technology for rural providers.
North Branch	Lakes Region EMS	\$6,000	Implement new critical care course to advance pre-hospital capabilities.
Perham	Perham Memorial Hospital	\$22,867	Develop and support chargemaster processes that maximize reimbursement and ensure compliance at the federal level.
Two Harbors	Lake View Memorial Hospital	\$20,800	Develop the hospital as a Level IV CALS hospital designation.
Tyler	Tyler Healthcare Center	\$22,600	Improve access to specialized health care services for diabetes and cardiovascular disease
Wabasha	Saint Elizabeth's Hospital	\$14,125	Plan and design a comprehensive aging in place model.
Wadena	Tri-County Hospital	\$14,135	Enhance patient medication safety and supplement pharmacy practices with remote pharmacy service coverage
Westbrook	Sanford Westbrook Medical Center	\$16,000	Assist with promotion, staff training and equipment purchases to support the pediatric services at the facility
		\$252,500	

Attachment G: SUGGESTIONS FOR WRITING A STRONG APPLICATION

1. FOLLOW INSTRUCTIONS.
2. This is a highly competitive process. You are trying to convince reviewers that your project should take precedence over other projects that are also worthy.
3. Make your case using clear English. Avoid using jargon, euphemisms, abbreviations and acronyms. Don't assume that reviewers will recognize specialized language. Don't challenge the reviewer by making the application difficult to read. Reviewers are volunteering their time, and you want them to understand and appreciate your proposal with a minimum of effort.
4. Write your proposal in the same format as given in the instructions. Use the same headings as in the instructions, so that reviewers can easily find what they're looking for and can easily compare applications.
5. Number pages. A table of contents is helpful and the reviewers appreciate it.
6. Give a clear description of your organization, relevant information about your community, and critical background information about the project if needed. Don't assume reviewers are familiar with your institution or your community. Reviewers come from a variety of organizations and may not know your organization or your history with the Minnesota Office of Rural Health and Primary Care.
7. Use data to support your stated need; but be sure the data is relevant to your particular situation. Localize it as much as possible so that it supports YOUR need in YOUR community. Don't use irrelevant data or data that is so general that it detracts from your local issue. (*e.g., if you are stating that transportation is an issue, describe the barriers in your local area. It isn't helpful to say that "transportation has been documented to be a barrier to access in rural America," without focusing on the relevance of that information to your local area. If you do use national or state statistics, describe the relevance to your local area and your application.*) Use data to show why your need should take priority over the community that might be applying from the next county, which is also rural and has similar issues.
8. Your budget and budget justification should be clear, concise and reasonable. Don't pad your budget in anticipation of being cut; don't under budget for fear of asking for "too much." Be honest about what you need and why. **DOUBLE AND TRIPLE CHECK YOUR MATH.**
9. If you are going to include appendices, do so for a very good reason. Generally, if the information in the appendix is necessary for making your case, it is wiser to put it in the narrative instead. Reviewers may not read the appendix. Don't use the appendix as a way to get past the page limitation. If you use clear, logical writing and exercise good editing, you will be able to stay within the page limit.
10. After writing your application, give it to someone unrelated to the project to read and critique. If your reader is confused or not convinced, make changes to clarify or strengthen your application. This includes the budget and budget justification.
11. Use the enclosed Overall Checklist (Attachment A) to verify that you have covered all required areas.
12. If you have questions, don't hesitate to contact Judy Bergh, Office of Rural Health and Primary Care, at 651-201-3843 or judith.bergh@state.mn.us.