

## EMERGENCY MEDICAL SERVICES GRANT INSTRUCTIONS AND EXAMPLES

**Federal Tax Id # -- REQUIRED**

**Emergency Medical Services License # -- REQUIRED**

**Legal Status of Agency** *Ineligible services (MCA 61-2-503(3))*

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> County/City Government  | <input type="checkbox"/> Eligible |
| <input type="checkbox"/> Volunteer/Not for Profit  | <input type="checkbox"/> Eligible |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Eligible |
| <input type="checkbox"/> Private for Profit - Not eligible if not 51% or greater volunteer |                                   |
| <input type="checkbox"/> State Agency - Not eligible if not 51% or greater volunteer       |                                   |

### **Time of Service**

Date of beginning operation:

- *Must be a licensed emergency medical service, in operation for at least 12 months. (MCA 61-2-503(2)(a))*

### **Billing**

Does your emergency medical services bill at level equivalent to Medicare?  Y  N

- *A licensed emergency medical service must bill for services at a level equivalent to the Medicare billing level (MCA 61-2-503(2)(b)).*
- *Volunteer emergency medical services that do not bill for services but are funded by a municipality/county (via mill levy) are eligible for funding.*

### **Purpose of Funding Request**

Training  Communications  Ambulance  Emergency Response Vehicle

Equipment If medical equipment, please define equipment.

- *Equipment defined in the following ARMS.*

- |   |                                       |
|---|---------------------------------------|
| Routine/Basic Equipment, <i>ARM 37.104.204</i><br>-Disposable, single use supplies                                      | <input type="checkbox"/> Not eligible |
| Advanced Life Support Kit, <i>ARM 37.86.2601(6) (c)(d)(e)</i><br>-Reusable, or one-time use supplies as part of ALS kit | <input type="checkbox"/> Eligible     |
| Safety & Extrication Kit, <i>ARM 37.104.205</i>   | <input type="checkbox"/> Eligible     |
| Transportation Equipment Kit, <i>ARM 37.104.206</i>   | <input type="checkbox"/> Eligible     |

## ***Funded Previously through EMS Grant Program***

Receipt of previous grant award(s). (Deduction of 5 points per time funded from total score (maximum of 15 points)).

### ***1. Qualitative Criteria (50% of Application): Demonstrate need for requested equipment or vehicle or aircraft by providing information on challenges and gaps in service.***

#### **A. Identification of gaps in service and how each piece of equipment fills that gap**

This section identifies the gaps in service and should include:

- Identifies what the EMS provider currently can and cannot do.
- Identifies how the new resource can fill the gap; and
- Describes the expected measurable outcome(s) to the patients.

#### **Example (Equipment):**

Because we currently do not have a complete extraction kit and as 25% of our medical calls are for vehicular crashes, we cannot effectively respond to these calls. In the cases of crashes where there is one occupant, we have a high rate of safely extracted patients. However, instances when there has been more than one occupant that needs to be stabilized and extricated from a damaged vehicle; we have had to call EMS providers from other areas to extract the patient. This adds to the transport time of the patient. An extraction kit would cut transport time and increase patient recovery and possible survival.

#### **Example (Training):**

We currently have two people trained to use our AED defibrillators, and although all our EMS technicians are currently certified in CPR, they have to be recertified every two years. Because of distance and the cost to send technicians to the training, we cannot afford to send everybody to this training. Due to this gap in training, any call that requires the use of an AED is delayed until a certified technician is found. This substantially delays response times. Additionally, not all calls clearly denote what the patient needs are and at times our technicians respond to medical calls that require the use of an AED defibrillator. Unless certified, EMT's cannot effectively or legally use an AED. Improper use of this equipment could potentially result in a patient's death.

We have one EMS technician that is certified to teach both CPR and AED procedures. With the requested training equipment and materials we can train all of our technicians quickly, more effectively, and at a lower cost. Having all our technicians certified in the use of the equipment would result in shorter transportation times and higher survivability of our patients.

**Example (Vehicles):**

Because we have only one working ambulance, we cannot respond to more than one call at a time. In the case of multiple calls, we request the EMS provider from the county to respond. This can delay patient response time up to one hour.

By having a second ambulance, we can quickly and effectively respond to multiple calls and expedite transporting the patient to the hospital.

With quicker response times on multiple calls we expect to increase positive patient outcomes such as shorter recovery times, increased survivability, and better patient care.

**B. Define Need**

This section identifies the need and should include:

- A brief statement of what each resource is and why it is needed
- A description of how each resource will improve patient care

**Example (Equipment):**

Vehicular crashes account for 25% of our medical calls. Currently, we have no extraction kit which delays our response time and causes further harm to the patient. An extraction kit will allow for proper extraction times and improved transportation response times from the crash site to the primary care at the hospital.

**Example (Training):**

Because we are 100 miles from the nearest EMS training facility, it is difficult to get all our staff to training. One of our staff is currently certified to train other EMS technicians for both AED defibrillators and CPR. In order to train our staff, we are asking for the following training equipment and materials:

- AED training defibrillators,
- CPR manikins
- Training materials

With these training aids, our staff will receive current training and certification and this will improve patient care.

**Example (Vehicles):**

Currently we have one dependable ambulance in our fleet of two vehicles because the second ambulance needs an engine replacement. If there are multiple calls at any given time the second ambulance call is referred to the nearest emergency medical services provider 22 miles away. With a new engine, we would be able to respond to multiple calls improving transportation care and positively influencing patient outcomes.

**C. A brief statement demonstrating the need for financial assistance and applicant's ability to meet the 10% match requirement.**

**Attachment 1: Operating budget, secured funds statement**

**Example (Financial Need):**

The current operating budget (based on county tax base) does not allow for the replacement of the ambulance engine valued @\$6,500 in the foreseeable future. The budget however, will allow the applicant to commit to the required 10% match of \$650.00. (ex. See attached FY 2021 budget).

**D. Identify current equipment and other resources.**

**Attachment 2:**

This section is a list of current resources and the condition those resources are in.

*Note: the resources needed should not be in this list or should be in such poor condition that replacement is needed.*

**Example (Equipment):**

Our Emergency Medical Services has the following equipment used for medical runs:

- Ambulance: 1985 GMC van with 243,850 miles
- Basic and routine equipment, including oxygen
- One backboard and one cervical collar
- AED, cardiac monitor,
- Endotracheal tube kit,
- Chest tube & pump kit

**Example (Training):**

Currently we have no manikins for CPR training and our other training material is outdated. The following is a list of our training materials:

- Basic Life Savings video—1982
- Safe Driving Methods—1978
- Red Cross, Basic Resuscitation—1991

**Example (Vehicles):**

Our list of transportation vehicles is given below:

- 1988 Chevy Ambulance; with 180,352 miles (currently the only one in use)
- 1993 Dodge Ambulance; with 98,452 miles (Does not run, engine is in need of replacement.)

**E. List resources needed.**

This section identifies the resource(s) requested for the grant funding and includes estimated cost of the resources (3 quotes required)

**Example (Equipment):**

The Three-Dot Emergency Medical Services is requesting funding for battery operated extrication tools. Three quotes for comparable products are attached.

**Example (Training):**

We are requesting funding for the following training equipment (a quote for all the training materials is enclosed):

- AED training defibrillators,
- CPR manikins,
- AED Training Defibrillators

**Example (Vehicles):**

We are requesting funds for a Type 1 AD 4x4 ambulance with a diesel/gas engine

**2. Quantitative Criteria (50% of application)**

**A. Actual emergency calls from the previous calendar year.**

**Total Calls:** \_\_\_\_\_ **Vehicular crash calls:** \_\_\_\_\_ **Medical calls:** \_\_\_\_\_

- *Actual percentage of vehicular emergency medical calls:*

**B. Number of volunteer emergency medical technicians on the active duty roster.**

(EMT's receiving stipends or payments per call are classified as volunteer for this program. Those paid on a regular basis with a regular hourly wage are considered "paid".)

- *Majority (51%) of active EMTs be volunteers, MCA 61-2-503(2)(c)*

**Active Paid EMTs:** \_\_\_\_\_

**Total Active EMT Roster:** \_\_\_\_\_

- *Actual percentage of active volunteer EMTs: Webgrants will calculate this percentage*

**C. Define the geographic area of coverage. Please list square mileage in addition to boundaries (and/or attach map). Attachment 3**

**D. Furthest distance from other public emergency medical service providers geographic region, one-way trip.**

- *Emergency medical services provider includes a non-transporting medical unit,*

**E. Distance from closest receiving hospital**

- *Maximum distance in service area traveled with patient to hospital*

**F. Required Narrative and Documentation:**

- Statement of grant fund use
- Identified matching funds
- Secured matching funds

Supporting documentation, if applicable, e.g.

- AED written plan, (ARM 37.104.604)
- Certification of the AED medical supervisor, (ARM 37.104.601(3) Other)

**G. Price quotes:** Attach quotes for requested items (note: do not provide quotes for vehicles or items costing more than \$50,000. Large items must be purchased through the state procurement process. A request for bids will be conducted by the State of Montana) Please contact MDT EMS Grant Manager for price estimates.

Amount Requested for Purchase (90%)	
Match Amount (10%)	
Total	