

**EMERGENCY MEDICAL SERVICES NEED ASSESSMENT MASTER PLAN  
IMPLEMENTATION GRANTS**

**CHAPTER 12**

**Section 1. Authority.**

These rules are promulgated by the Department of Health, Office of Emergency Medical Services pursuant to W.S. § 33-36-115, and the Wyoming Administrative Procedures Act at W.S. § 16-3-1101, et. seq.

**Section 2. Purpose and Applicability.**

These rules establish eligibility, implement an application procedure, create a process for facilitating the award of grant funds from the Emergency Medical Services Sustainability Trust Income Account for Emergency Medical Services Needs Assessment and Master Plan Implementation Grants.

**Section 3. Severability.**

If any portion of these rules is found to be invalid or unenforceable, the remainder shall continue in effect.

**Section 4. Definitions.**

The following definitions shall apply in the interpretation and enforcement of this chapter only. All other terms apply as defined in Chapter I of these rules.

(a) "Authorized Representatives" means those individuals designated by appointment or election to act on behalf of an applicant, grantee, and/or a political subdivision within a proposed service area including, but not limited to, a county, joint powers board, or emergency medical services special district.

(b) "Department" means the Wyoming Department of Health.

(c) "Division" means the Office of Emergency Medical Services (OEMS).

(d) "Political Subdivision" means any area defined or recognized as a political subdivision under state law.

(e) "Service Area" means any area typically and reasonably served by an emergency medical service regardless of existing geopolitical boundaries and which corresponds to a rural urban commuting area as defined by the U.S. Department of Agriculture (USDA).

## **Section 5. Needs Assessment Grant Application Requirements.**

(a) Any person, entity, or group that is interested in improving emergency medical services in a proposed service area may submit an application to the Division for an Emergency Medical Services Needs Assessment Grant.

(b) Needs assessment Grant applications must include:

(i) A narrative request for an assessment of emergency medical services in the proposed service area and an analysis of the current emergency medical services system. The narrative must include information on the following:

(A) The proposed service area and population served within the proposed service area;

(B) The need for the assessment including any concerns with the current level of volunteerism and certification, call volume, and response times, and any additional concerns that form the basis for the request;

(C) Current budget sustainability including each applicant's funding sources and billing practices; and

(D) The level of commitment of all entities involved to implement changes proposed as a result of an Emergency Medical Services Needs Assessment.

(ii) A signed letter of commitment for local matching funds in an amount not less than Five Thousand Dollars (\$5,000.00).

(iii) Signatures of authorized representatives of all involved political subdivisions within the proposed service area.

## **Section 6. Needs Assessment Grant Application Calendar and Award Procedure.**

(a) Applications for Emergency Medical Services Needs Assessment Grants may be submitted to the Division from April 1 through June 30 of each year.

(b) The Division may consult with applicants during the review process to determine whether a further detailed assessment of emergency medical services in the proposed service area is appropriate.

(c) No later than sixty (60) days after the close of the application period, the Division shall make a final determination to either:

(i) Award an Emergency Medical Services Needs Assessment Grant to the applicant(s); and

(ii) Engage a contractor to further assess the current capabilities, strengths, weaknesses, coverage gaps, and workforce shortfalls of the entire emergency medical services system within the proposed service area; or

(iii) Deny the request for an Emergency Medical Services Needs Assessment Grant.

(d) Within sixty (60) days of notification of award, grantee must submit local matching funds to the Division in an amount not less than Five Thousand Dollars (\$5,000.00).

(i) The Division shall apply all matching funds to the Emergency Medical Services Needs Assessment contract.

(ii) The Emergency Medical Services Needs Assessment shall not commence until matching funds are received from the grantee.

(iii) Failure to submit local matching funds to the Division within sixty (60) days shall void the Emergency Medical Services Needs Assessment Grant Award.

### **Section 7. Emergency Medical Services Needs Assessment.**

The Department shall contract with a third-party to conduct the Emergency Medical Services Needs Assessment for awarded applicants. The contractor shall be chosen through the Request for Proposal (RFP) process.

(a) Contractor shall consult with the grantee and affected entities within the proposed service area including representatives of public, private, and volunteer ambulance services, county and local government agencies, hospitals providing emergency medical services, and other appropriate stakeholders.

(b) Contractor shall assess the current capabilities, strengths, weaknesses, coverage gaps, and workforce shortfalls of the entire emergency medical services system within the proposed service area.

(i) The assessment shall include the collection of data using common quality and performance improvement benchmarks, indicators, and scoring formats.

(A) Benchmarks, indicators, and scoring formats to be utilized by the contractor for the needs assessment shall be determined by the Division prior to engaging the contractor to conduct the assessment.

(ii) The assessment may build upon but not duplicate the findings in the Rural Policy Research Institute's "Status and Future of Health Care Delivery in Rural Wyoming, June 2007" report to the Wyoming Healthcare Commission.

(iii) The assessment shall address the following components and relevant sub-components within the current emergency medical services delivery system:

(A) System design and delivery model to include:

(I) Local authority structure, ordinances and integration with and support from other local healthcare and emergency response entities;

(II) Human resources including EMS leadership and administration and management practices;

(III) The level of volunteerism and the potential for sustainment;

(B) Response time reliability to include:

(I) The total demand for service upon the system by type, including historical demand and projected trends;

(II) A fractile measurement of the systems response times;

(III) The system's ability or inability to respond to every request for service and the causative factors;

(C) Fiscal structure and stability in accordance with standard business practice benchmarks to include:

(I) Current system finances;

(II) Billing practices;

(III) Funding sources within the service area, including the third-party payor mix within the service area and the relative need for subsidy;

(D) The delivery and quality of clinical care and the use of quality improvement processes to include:

(I) The current level of care authorized and provided based on the scopes of practice established within the Wyoming EMS system;

(II) Medical direction including the level of involvement and expertise of the local Medical Director;

(III) Education and training status;

(E) Public education and outreach efforts to include the support and perception of the local community.

(F) Public access to the emergency response system.

(G) Communication systems to include the EMS agency's ability to communicate with hospitals, local and state emergency management, air medical ambulances, emergency response agencies and the support and involvement of the local dispatch entity or public safety answering point (PSAP).

(H) Integration and involvement with other components and activities of the comprehensive, statewide, emergency medical system, such as the trauma plan and program, or the cardiac or stroke patient programs.

(I) The level of emergency preparedness of the system and its ability to respond to a disaster or public health emergency.

(J) The Division, at its discretion, may choose alternate components to be addressed in the assessment on a case-by-case basis.

(c) Contractor shall prepare a written report of the findings and recommendations of the Emergency Medical Needs Assessment, including a master plan for a coordinated, efficient emergency medical service delivery system within the service area.

#### **Section 8. Master Plan Implementation Grant Applications and Awards.**

Subsequent to the completion of an Emergency Medical Services Needs Assessment under Section 7 of this Chapter, service areas may apply for funding to assist in the implementation of the master plan developed as a result of the needs assessment, subject to the following:

(a) Applications for a Master Plan Implementation Grant may be submitted by a county, joint powers board, or an emergency medical services special district.

(b) Applications must be submitted to the Division no later than ninety (90) days after the completion of the Emergency Medical Services Needs Assessment.

(c) Applications for a Master Plan Implementation Grant must include the following:

(i) A narrative specifying how Master Plan Implementation Grant funds will be used to address findings and recommendations identified in the Emergency Medical Services Needs Assessment, including, but not limited to:

(A) the intended use of the funds; and

(B) how those funds will allow the applicant to improve emergency medical service delivery for the service area; and

(ii) A working budget which demonstrates how the grant will be used to address revenue gaps on a temporary basis, not to exceed two (2) years, while transitioning to a defined time when revenue is expected to be sufficient to sustain services in the master plan service area.

(d) Award of Master Plan Implementation Grants shall be based upon demonstrable need. Those service areas demonstrating the greatest need for assistance, at the discretion of the Division, shall be given the highest priority in receiving Master Plan Implementation Grants.

(e) Grants shall be documented in writing through an executed grant award agreement, signed by the Department and an authorized representative of the grantee, and shall specify the terms and conditions of the award, payments terms, and grantee deliverables.