

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: January 30, 2019

TO: Local EMS Agency Administrators and Health Information Organizations

FROM: Howard Backer, MD, MPH, FACEP
Director

SUBJECT: +EMS Local Assistance Grant Funding Opportunity Announcement

The California Emergency Medical Services Authority (EMSA) is seeking proposals from Local EMS Agencies (LEMSAs), or Regional Health Information Organizations with support from a LEMSA, for projects to develop and implement interoperable health information exchange between emergency ambulance service providers and hospitals/electronic health records via health information exchange organizations (HIOs).

This funding is made available through the California Department of Health Care Services as part of a CMS 90/10 Funding and CARESTAR Foundation matching funds.

This local assistance grant funding opportunity promotes interoperability and supports collaborative solutions to integrate EMS as a critical component of the health care system into the health information exchange landscape consistent with State directions from California Department of Health Care Services and CMS.

Each project proposal must be submitted by a LEMSA or another entity who will hold the contract, if selected, and must include commitments to participate from emergency ambulance service providers and Emergency Medical Services (EMS) receiving hospitals in the LEMSA's jurisdiction and at least one regional health information organization (or equivalent).

EMSA anticipates making multiple awards totaling approximately \$8 million. The application deadline is 5 p.m. on March 13, 2019. Projects are expected to begin in May 2019 and be completed no later than June 30, 2021. Late proposals will be accepted but they will receive a lower priority for funding. As further funding becomes available, grant funding opportunities will be made available.

The attached Grant Funding Opportunity provides a detailed explanation of the intent, scope of work, deliverables, milestones, application and eligibility requirements, scoring criteria and timelines. Questions should be submitted in writing to Leslie Witten-Rood, HIE in EMS Project Manager, at hieems@emsa.ca.gov or mailed to the address above by March 1, 2019.

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**Emergency Medical Services Authority
Grant Funding Opportunity Announcement**

January 30, 2019

You are invited to submit a local assistance grant proposal for development and implementation of a locally based +EMS Health Information Exchange. Proposals are due by **5 p.m. PST, March 13, 2019.**

Proposals must be submitted by mail and electronic mail, Please provide • Five (5) hard copies mailed (including one copy with original signatures) and 1 electronic version of application to:

**California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6056
Attn: Leslie Witten-Rood, HIE in EMS Project Manager
hieems@emsa.ca.gov**

Awards are anticipated to be made on or about April 22, 2019

Please note that no *verbal* information given will be binding upon the State unless such information is issued in writing as an official addendum. Read the attached document carefully. To submit a valid proposal, you must comply with the instructions contained in this document. By submitting a proposal, your organization agrees to the terms and conditions stated in this invitation.

Period of Performance

The period of performance shall be upon approval through June 30, 2021. There will be no extensions beyond the contract end date and all deliverables must be submitted before that date.

Amount

Total amount available for the +EMS projects will be approximately \$8 million. The Emergency Medical Services Authority anticipates that there will be multiple awards at various levels of funding.

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I. INTRODUCTION

Emergency Medical Services (EMS) is an integral part of the health care system - actions taken by EMS providers at the scene and enroute to the hospital effect outcomes, quality of care and patient satisfaction. Health information exchange allows providers in the field to appropriately access and securely share a patient's vital medical information electronically.

Currently, few EMS systems are connected to a Regional HIO or HIE or other electronic health/medical records system. There are many challenges to sharing of EMS data, including funding, proprietary systems, and a lack of collaboration. The Emergency Medical Services Authority (EMSA) is working to overcome those challenges and support providers, health information organizations, vendors, and local EMS agencies in creating the infrastructure necessary for secure two-way exchange between EMS and hospitals, and other health care providers and facilities.

EMS providers and hospitals are both covered entities and have electronic patient health information. The transmission of treatment, payment, and operations (TPO) information between covered entities, about a specific patient is allowed under HIPAA and the California Health and Safety Code.

The funds will be used to develop and onboard health information technology projects over three years for technology and infrastructure to give EMS providers in the field access to send and receive, find and use critical patient information to improve patient care.

A. Purpose and Description of Services

EMSA is seeking proposals from Local EMS Agencies (LEMSAs), or Regional Health Information Organizations with support from a LEMSA, to develop and implement a locally based system for interoperable health information exchange between EMS providers and hospitals via Regional Health Information Organizations (HIOs). This local assistance grant opportunity supports collaborative solutions to integrate EMS as a critical component of the health care system into the health information exchange (HIE) landscape.

The "+EMS" system concept, consisting of SEARCH, ALERT, FILE, and RECONCILE functionality, establishes interoperability and exchange of clinically relevant patient information during daily emergency medical treatment and transport. It allows EMS providers to: 1) SEARCH for a limited data set such as previous encounters, health problems, medications, allergies and advance directives, such as Physician's Order for Life Sustaining Treatment (POLST), at the patient's side using demographic information; 2) ALERT the receiving hospital as to the patient's status prior to transport or enroute to the hospital in the form of a visualization tool providing key patient metrics for the call and

transport in progress often displayed on a dashboard in the hospital emergency department;

- 3) FILE the electronic patient care report information into the longitudinal patient record as discrete data, including as an EMS Continuity of Care Document; and
- 4) RECONCILE a limited set of outcome and billing information from the patient's hospital record (ADT Messages) and discharge summary, back into the EMS electronic patient care report (ePCR) for quality analysis and system improvement.

This local assistance grant opportunity seeks a solution to the deliverables for implementation of +EMS for daily EMS exchange in California, coordinated through a local EMS agency, which includes, at a minimum one emergency 9-1-1 ambulance provider, one hospital, and one Regional HIO.

The selected projects will implement principles of health information exchange interoperability for EMS to improve clinical decision making and transitions of care between ambulance and hospital healthcare providers and support longitudinal patient records.

Successful completion of the grant objectives and milestone reporting will occur through direct collaboration with EMSA, LEMSAs, ambulance service providers, and receiving hospitals. This project will be completed during the grant period and is anticipated to remain operational after the grant period ends as a locally-sustained capability with support from ambulance providers, and hospitals.

B. Match Requirement

No match is required for this grant funding opportunity. However, proposers may include additional non-federal cash match to enhance their funding levels under certain conditions.

C. Key Action Dates

Below is the tentative time schedule for this Grant Funding Opportunity Announcement. Dates listed below are estimates only, and subject to change at EMSA's sole discretion.

Key Actions	Dates	Time
Application Released to Prospective Applicants	January 28, 2019	5:00 p.m.
Date for Proposal Submittal	March 13, 2019	5:00 p.m.
Evaluation Process Completed	April 1, 2019	5:00 p.m.
Notice of Intent to Award	April 15, 2019	5:00 p.m.
Proposal Award Date	April 22, 2019	5:00 p.m.

D. Award and Protest

Notice of the proposed award shall be posted in a public place in the office of EMSA and on the following internet site www.emsa.ca.gov for five (5) business days prior to awarding the Contract.

If any Applicant, prior to the award of agreement, files a protest with EMSA on the grounds that the (protesting) proposer would have been awarded the contract had EMSA correctly applied the evaluation standard in the Announcement, or if the agency followed the evaluation and scoring methods in the Announcement, the agreement shall not be awarded until either the protest has been withdrawn or EMSA has decided the matter. It is suggested that you submit any protest by certified or registered mail.

Within five (5) days after filing the initial protest, the protesting Applicant shall file with EMSA a detailed written statement of issues specifying the grounds for the protest if the original protest did not contain the complete grounds for the protest.

Upon award of the agreement, the Applicant must have completed and submitted to the awarding agency the Payee Data Record (STD. 204), to determine if the Applicant is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. No payments shall be made unless a completed STD 204 has been returned to the awarding agency.

Upon award of the agreement, Contractor must sign and submit to EMSA a Contractor Certification Clauses (CCC).

E. Key Words/Terms

Word/Term	Definition
Applicant	The respondent to this solicitation
Application	An applicant's formal written response to this solicitation
CEMSIS	California Emergency Medical Services Information System
Days	Days refers to calendar days
EHR	Electronic Health Record
EMS	Emergency Medical Services
EMSA	California Emergency Medical Services Authority
ePCR	Electronic Patient Care Report
HIE	Health Information Exchange: The secure sharing (location, identification, sending, requesting, receiving, and/or publishing) of health information among unaffiliated entities electronically using national standards.
HIO	Health Information Organization: An organization whose primary business is establishing policies and offering HIE services for health information sharing among otherwise unaffiliated organizations.
LEMSA	Local Emergency Medical Services Agency
NEMSIS	National Emergency Medical Services Information System
NOPA	Notice of Proposed Award, a public notice that identifies award recipients
ONC	Office of the National Coordinator
PULSE	Patient Unified Lookup System for Emergencies
Project Manager	The person designated by the applicant to oversee the project and to serve as the main point of contact for EMSA
Recipient	The recipient of an award under this solicitation
Solicitation	This entire document, including all attachments and exhibits ("solicitation" may be used interchangeably with "grant funding opportunity")
State	State of California

II. ELIGIBILITY REQUIREMENTS

A. Applicant Requirements

1. Eligibility

- a. The prime applicant submitting the application must be a LEMSA. However, contracting may be done directly with participants identified by the LEMSA, including non-profit Regional HIOs.
- b. Applications must represent a coalition of participants including:
 - 1) At least one emergency 9-1-1 ambulance provider,
 - 2) At least one hospital offering emergency department services,
 - 3) At least one Regional HIO, or equivalent entity serving that functional aspect.
- c. The adoption of electronic Patient Care Reports (ePCR), in a NEMSIS 3/HL7 format, by ambulance providers is required to provide timely electronic patient information to hospitals. The ePCR system must use NEMSIS 3-compliant products.
- d. LEMSAs selected to receive funding for this project must be submitting data to the California EMS information System.

III. APPLICATION ORGANIZATION AND SUBMISSION INSTRUCTIONS

A. Application Format

Format	<ul style="list-style-type: none"> • Font: 12-point, Arial (excluding Excel files, original template headers and footers, and commitment or support letters) • Margins: One inch on all sides (excluding headers and footers) • Spacing: Single-spaced, with a blank line between each paragraph • Pages: Numbered and printed double-sided (when determining page limits, each printed side of a page counts as one page) • Signatures: Manual (i.e., not electronic) • Labeling: Tabbed and labeled
Page Limits	<ul style="list-style-type: none"> • Proposals shall not exceed 20 pages.
Number of Copies of the Application	<ul style="list-style-type: none"> • Five (5) hard copies mailed (including one copy with original signatures) • One (1) electronic version of application emailed including attachments.

B. Application Delivery

Mail or deliver proposals to the following address:

California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6056
Attn: Leslie Witten-Rood, HIE in EMS Project Manager
hieems@emsa.ca.gov

C. Application Terms and Conditions

1. By submitting a Proposal, the Applicant agrees that:

- a. Proposals that reference an applicant's own terms and conditions or provisions will be considered non-responsive and will be rejected.
- b. Note that all agreements entered into with the State of California will include by reference General Terms and Conditions and Contractor Certification Clauses that may be viewed and downloaded at <http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>.
- c. The State does not accept alternate contract language from a prospective contractor. An offer with such language will be rejected. The State's General Terms and Conditions are not negotiable.
- d. No oral understanding or agreement shall be binding on either party.
- e. The awarding agency reserves the right to reject all proposals. The agency is not required to award.
- f. Proposals must contain all requested information and data and conform to the format described in this section. It is the offeror's responsibility to provide all necessary information for the State to evaluate the response, verify requested information and determine the offeror's ability to perform the tasks and activities defined in the State's Scope of Work.
- g. Proposals must contain all requested information and data and conform to the All proposals must be submitted (received by the department, not post marked) under sealed cover and sent to EMSA by dates and times shown in the above listed Key Action Dates.

It is the sole responsibility of the Applicant to verify receipt of the submitted proposal.

D. Application Content

1. The proposal responds to the State's Scope of Work and must map each task/deliverable item back to the Scope of Work. The response must include any additional information necessary to explain how the applicant intends to meet the State's requirements.
2. The proposal should include the following sections as appropriate:
 - a. Abstract: (no greater than 1 page)
This should be a short summary of the overall proposal and what is requested.
 - b. Preparedness to Achieve HIT for EMS: Description of the coalition's preparedness to complete the grant requirements within the grant period including use of NEMESIS 3 implementation, ePCR and EHR software in use, existing health information exchange integration and query-based HIE activities, and Regional HIO CTEN participation (query).
 - c. Service Area: A description of the served area, including the approximate population and geographic area, the baseline number of hospitals with emergency departments in the area, the baseline number of ambulance companies responding to emergency 9-1-1 calls in the area, and an approximate number of 9-1-1 calls in served area.
 - d. Proposed Scope of Work: Description of proposed work with methodology for achieving SEARCH, ALERT, FILE and RECONCILE functionality and the proposed participants. Use Charts A and B as a sample of the minimum information required to identify the proposed system participants. Optional POLST functionality may be proposed. Note: Scalable projects may be included in the plan with a justification and description of the rationale.
 - e. Work Plan: A work plan that provides enough detail to demonstrate to the evaluator that the applicant and responding team can successfully meet all requirements and includes the following:
 - 1) Tasks to be accomplished.
 - 2) The schedule for each task.
 - 3) Expected dates of and plan for reporting on metrics, milestones, and deliverables.
 - 4) Baseline number (current), denominator (all potential), target number of both emergency ambulance providers and EMS receiving hospitals.

- 5) A list of coalition participants, short descriptions of their capabilities, and roles in the project. Commitment to execute Service Level Agreements among participants.
 - 6) The project team including all participants and their role.
 - 7) A description of how each milestone metric will be achieved. Respondents that do not achieve the required milestone metrics will not receive payment. Organizations should consider the risk of this project.
 - 8) Any other requirements or optional proposals shown in the Scope of Work document.
- f. Budget: A budget summary, narrative and justification. Include a proposed detailed line item budget submitted in excel format.
- g. Letters of support: Support letters from project participating entities (i.e. hospitals, HIO, emergency medical services providers). (Not included in 20-page limit)

E. Scope of Work

Applicant shall implement a locally-based, electronic patient lookup system for emergency ambulance providers and establish secure, bidirectional movement of electronic patient health information with hospitals for daily emergency medical services (called +EMS). This locally based system will provide four functional benefits.

- First, paramedics and EMTs on ambulances, and optionally non-transport first responders, will be able to access individual patient information relevant to an emergency case to enhance clinical decision making for individual patients.
- Second, hospital emergency departments receiving real-time patient information through a dashboard will lead to improved clinical decision support and creating an environment where time sensitive treatments can be expedited through advance notification, such as in the areas of trauma, chest pain, or stroke.
- Third, the integration of electronic pre-hospital care records into the hospital (EHR) will allow clinical care providers in both rural and urban communities across the continuum to support a more comprehensive, longitudinal, integrated patient record for seamless transitions of care.
- Fourth, patient outcome data will be returned to EMS providers for quality and system improvement.

Infrastructure Onboarding:

The project must include the following activities related to infrastructure onboarding:

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- Local EMS Agencies should identify the target number of ambulance providers and EMS receiving hospitals that will be the subject of the health information technology for EMS grant activities.
- Emergency Ambulance Providers are the primary provider that targeted for SEARCH, ALERT, FILE, RECONCILE (SAFR) functionality. Other ambulance providers and ALS non-transport providers may also be included. The requested target is for no less than 80% of Emergency Ambulance Providers in a LEMSA area to achieve SAFR functionality.
- EMS Receiving Hospitals are the required target for Alert, File, and Reconcile functionality as these will assist the hospital in meeting their Meaningful Use Stage 2 and 3 requirements. The requested target is for no less than 80% of receiving hospitals in a LEMSA area to achieve AFR functionality.
- Integration with no less than one Regional Health Information Organization (or alternative equivalent query service).
- Travel Cost will need to be included in your bid. EMSA will not pay for travel to or out of the state of California for this project.

Milestones and Metrics:

The following measurable objectives for each Emergency Ambulance Provider and EMS Receiving Hospital are proposed. However, the proposer may propose metrics that are different with sufficient justification:

1. Adoption Milestone Phase:
 - Contract with the Regional Health Information Organization (RHIO) that will serve as the “hub” for patient query information. Alternative “hub” functionality may serve as the methodology to achieve SEARCH functionality.
 - Develop service level agreements for health information exchange on-boarding between the RHIO and ambulance providers and hospitals.
 - Identify the specific EMS providers and hospitals that will be on-boarded (as noted in the tables below).
 - Demonstrate successful Adoption of SEARCH and ALERT functions among all stakeholders in production. Success is defined as at least one SEARCH with a patient match, retrieval of health information for at least one matched patient, and ALERT reporting of important patient information for at least one patient on a hospital ED dashboard. The metric is measured per participant.
 - Optionally, the proposer may include integration with consumer mediated information sources into the ePCR process.

2. Exchange Milestone Phase:

- Demonstrate SEARCH functionality with minimum of 50% usage and 30% match success, or retrieval success, by paramedics of identified pre-hospital patients for 3 consecutive months (measured on a monthly basis). The metric is defined as the number of times, for which an emergency patient is searched for, and a patient is successfully identified or for which information is successfully retrieved from the RHIO or other clinical system by the ePCR, divided by the number of new patient encounters created in the ePCR during a 1-month period. The metric is measured per participant.
- Demonstrate ALERT functionality with minimum of 80% usage (on emergency patients to be transported to a defined hospital) for 3 consecutive months (measured on a monthly basis). Success is defined as success of at least one patient match, retrieval of health information for at least one matched patient, and reporting of critical patient information for at least one patient in a hospital ED dashboard. The metric is measured per participant.

3. Interoperability Milestone Phase:

- Demonstrate FILE functionality with minimum of 40% usage per record (on transported patients to a defined hospital) for 3 consecutive months (measured on a monthly basis). The metric is defined as the number of times a patient record created in the ePCR is successfully transmitted to the HIO and/or hospital EHR, matched to a patient, and incorporated as structured information. The metric is measured per participant.
- Demonstrate RECONCILE functionality with minimum of 40% usage per record (on transported patients) for 3 consecutive months (measured on a monthly basis). The metric is defined as the number of times a patient record (ADT) is successfully transmitted from the hospital EHR to the ePCR, matched to a patient and encounter, and incorporated as structured information. Hospital discharge summaries also qualify and are encouraged. The metric is measured per participant.

4. Data and Analytics Milestone Phase:

- Evaluate and report usage during the SEARCH and ALERT and the FILE and RECONCILE phases on monthly basis.
- Submit prehospital data and hospital outcome information on matched patients to EMSA.
- Evaluate performance measures that involve pre-hospital and hospital data elements. The following are suggested measures you could choose to use in a proposal:
 - Outcome Measurements should be proposed by the LEMSA
 - EMS Core Measures
 - EMS Provider Primary Impression-Diagnosis Accuracy
 - EMT Provider Primary Impression Treatment Protocol Compliance

5. Reporting:
- The project must also provide the following additional deliverables:
 - Monthly progress reports against the project plan.
 - A final report documenting the project objectives, implemented solution, and overall accomplishments.

Health Information Technology for EMS+EMS Metrics Summary (Proposed)

Type	Measurements	Threshold
STRUCTURE (Adoption)	<u>Connections Made (Adoption)</u> <ul style="list-style-type: none"> • % Emergency Ambulance Providers • % of EMS Receiving Hospitals • HIE/HIO Connected (for SEARCH Query) 	80% 80% Yes
PROCESS (Exchange and Interoperability)	<u>Search (Exchange)**</u> <ul style="list-style-type: none"> • % Usage • % Patient Match • % CCD Returned • POLST Record Returned <ul style="list-style-type: none"> ○ EMS ○ Hospital <u>Alert (Exchange)</u> <ul style="list-style-type: none"> • % Usage Dashboard Display • Evaluate Drug-Drug and Drug-Allergy interactions (by Hospital) <u>File (Interoperability)</u> <ul style="list-style-type: none"> • % Records Filed in Structured Format <u>Reconcile (Interoperability)</u> <ul style="list-style-type: none"> • % Records (ADT and hospital discharge summaries) returned to ePCR System 	50% 30% -- -- HIE MU Stage 3 (M3) 80% Required Clinical Decision Support MU Stage 3 (M2) HIE MU Stage 3 (M2) 40% Required 40%
OUTCOME	<u>% Primary Impression – Diagnosis Agreement (ADT-DG1 segments where PV2-12 ="E")</u> <u>(Consider Over Triage and Under Triage components)</u> <ul style="list-style-type: none"> • Trauma • Heart Attack/STEMI • Stroke 	

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	<ul style="list-style-type: none"> • Sepsis • Diabetic Emergency • Respiratory Distress • Other (As Proposed) <p><u>% Patients Transported to ED Disposition (PV1-36)</u></p> <ul style="list-style-type: none"> • Admitted • Discharged • Transferred <p><u>% Protocol Compliance (If DG1, then test Pre-Hospital Treatment protocols)</u></p> <ul style="list-style-type: none"> • Trauma • Heart Attack/STEMI • Stroke • Sepsis • Diabetic Emergency • Respiratory Distress • Other (As proposed) <p><u>Time in Hospital</u></p> <ul style="list-style-type: none"> • Admission Date (ADT PV1-44) • Discharge Date (ADT PV1-45) <p><u>Core Measures and Dashboard for Interventions</u></p> <ul style="list-style-type: none"> • Trauma • Heart Attack/STEMI • Stroke • Sepsis • Diabetic • Opioid Overdose • Other (As proposed) 	<p>Clinical Decision Support MU Stage 3 (M1) - 5 Measures Required</p>
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G. Rights in Data

In general, recipients own the rights in data resulting from a grant-supported project or program. However, the Notice of Award may indicate alternative rights, e.g., under a cooperative agreement or based on specific programmatic considerations as stated in the applicable program announcement or solicitation. Except as otherwise provided in the Notice of Award, any publications, data, or other copyrightable works developed under an HHS grant may be copyrighted without prior approval.

For this purpose, “data” means recorded information, regardless of the form or media on which it may be recorded, and includes writings, films, sound recordings, pictorial reproductions, drawings, designs or other graphic representations, procedural manuals, forms, diagrams, work flow charts, equipment descriptions, data files, data processing or computer programs (software), statistical records, and other research data.

Protected patient health information is not considered data for the purposes of this section.

H. Payments

Milestone Payments as a reimbursement are allowed for services performed under this contract, not less than ten (10) percent of the contract amount shall be withheld pending final completion of the contract, and receipt and acceptance by EMSA of any final reports required under the contract. However, for those contracts that consist entirely of separate and distinct tasks, any funds withheld with regard to a particular task may be paid upon completion of that particular task.

Exhibit D applies if contract deliverables are not meet

Out of State Travel

Out of State Travel will not be funded by this contract

If a need for the contractor to travel to or from the state of California the cost will covered by the contractor and not paid for by state or federal funds.

I. Measurable Objectives/Milestones

1. Adoption Milestone
 - a. Entering into Service Level Agreements between HIO, ambulance, hospitals, and or vendors as required

- b. Testing of required functionality for SEARCH, ALERT, FILE, and RECONCILE functions
2. Exchange Milestone
 - a. Onboard SEARCH and ALERT functions with ePCR and transmission to hospital ED dashboard
 - b. Usage of SEARCH capability on 50% of patients in pre-hospital setting
 - c. Transmission of 80% of eligible records from the field to the emergency department during ALERT phase
3. Interoperability Milestone
 - a. File (and Reconcile) functions between ePCR and EHR
 - b. Incorporation of external information from EMS ePCR to Hospital
 - c. Transmission of 40% of eligible records between the emergency ambulance provider and the hospital during FILE and RECONCILE phases
4. Data and Analytics Milestone
 - d. Evaluate and report on SAFR functionality
 - e. Report on Performance and Outcome measures
5. Optional -- Physician's Order for Life Sustaining Treatment (POLST) Milestone
 - d. Enable ePCR interfaces to be "POLST-Ready"
 - e. Connectivity to and Incorporation of POLST information sources including a POLST eRegistry or RHIO/HIEs that contain this information.
 - f. Onboarding of RHIOs or HIEs that have POLST forms or information.

J. Acceptance Criteria

1. It shall be the State's sole determination as to whether a deliverable has been successfully completed and acceptable to the State. There must be a signed acceptance document for each deliverable before invoices can be processed for payment.
2. Acceptance criteria shall consist of the following:
 - a. Reports on written deliverables are completed as specified and approved.
 - b. All deliverables must be in a format that can be used by the State.
 - c. If a deliverable is not accepted, the State shall provide the rationale in writing within five days of receipt of the deliverable or upon completion of acceptance testing period.

K. Other Reporting Requirements

- a. On a monthly basis, each contractor staff person shall complete a timesheet to be included with invoices submitted to EMSA
- b. On a monthly basis, each contractor will supply a progress report to EMSA
- c. The contractor will develop and provide ad hoc reports as deemed appropriate and necessary by the State and Federal Funding source.

L. State Responsibilities

- 1. EMSA will have responsibility for project management and grant management for the +EMS program.
- 2. EMSA will provide access to business and technical documents as necessary for the contractor to complete the tasks identified in the department's purchase document.
- 3. Provide access to subject matter experts for consultation via the Statewide HIE in EMS Advisory Committee.

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**IV. Evaluation and Award Process****A. Evaluation**

1. EMSA will pre-review all eligible proposals (i.e., those that are received in the time and manner prescribed) to determine which ones meet the following criteria specified in this proposal. If a response is missing any of this information, it may be deemed not responsive.
 - a. Application received by the specified due date and time in the “Key Activities Schedule”.
 - b. Application includes a project abstract.
 - c. Application contains letters of support.
2. Applications that pass the pre-review stage will then be submitted to the Evaluation Committee for review and scoring based on the Scoring Criteria in Section C of this Part.

B. Notice of Award

Award of a local assistance contract resulting from this grant opportunity will be based on a best value.

This contract is contingent upon award and continued funding of the State HIT for EMS Program.

Please note that approval of specific contract language is subject to CMS review and approval and may vary from the samples contained herein.

C. Scoring Criteria

	Description	Maximum Points
1	<p>Preparation to achieve completion of HIT for EMS grant within grant period</p> <ol style="list-style-type: none"> 1. Progress towards NEMESIS 3 2. Existing health information exchange integration activities 3. Prior work on query based health information activities 4. Estimated completion dates and realistic timeline 5. Regional HIO CTEN Participation (Query) 	20
2	<p>Scope of Proposal</p> <ul style="list-style-type: none"> • Description of the proposed project • Coalition participants • Project team • Impact of project/broad participation <ul style="list-style-type: none"> ○ Size of area population ○ # of hospitals participating out of # of eligible hospitals and % of area EMS transports received by participating hospitals. ○ # of ambulance services participating out of # of ambulance services eligible and % of area EMS transports conducted by EMS provider participants. • Implementation of SEARCH, ALERT, FILE and RECONCILE functionality • Detailed work plan including measurable objectives and milestones (Adoption, Exchange, and Interoperability) • Plan for measuring metrics, reporting milestones and deliverables 	50
3	<p>Budget</p> <ul style="list-style-type: none"> • Budget summary, narrative and justification • Amount • Detailed Budget • Cost/value 	20
4	<p>Commitment of participants, including regional HIO</p> <ul style="list-style-type: none"> • Letters of support • Commitment to submit NEMESIS 3 data to EMSA • Commitment to sign a participation agreement. 	10
	TOTAL	100

C. Grant Submission Cover Sheet and Checklist

Please complete this sheet and checklist and include with GFO submission:

Grant Applicant's Contact Information	
Lead Agencies Name:	
Staff Person Name:	
Title:	
Address:	
Phone:	
Email:	

Submission Questions	
\$	Total Amount Request in GFO
\$	Amount Requested for the Lead Agency
#	# of proposed sub-recipients included in GFO Budget
\$	Total amount budgeted for sub-recipients
	If awarded, what is the estimated time necessary to enter into a signed grant contract?
*A Lead Agency is the entity submitting the GFO	
*Sub-recipients could be any of the following: HIOs, EMS Providers, Hospital's and LEMSA, or vendors you included in your proposed Budget.	

Submission Checklist		
	Included required items in application: <ul style="list-style-type: none"> • Abstract • Preparedness to achieve HIT for EMS • Service Area • Scope of work • Work Plan • Detailed Budget completed in excel format • Budget Narrative 	(Attachment A)
	Included proposed milestones and metrics	(Attachment A)
	Included support letters	(Page 10)
	Included chart for EMS Emergency Provider by LEMSA Area	(Exhibit D Chart A, Page 36)
	Included chart for EMS Receiving Hospital's	(Exhibit D Chart B, Page 36)
	I have read and understand the Federal and State funding terms and conditions for this application.	(Attachment A, B,C, D)

V. ATTACHMENT

A. Sample Contract

STANDARD AGREEMENT

STD 213 (Rev 06/03)

AGREEMENT NUMBER

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

CONTRACTOR'S NAME

2. The term of this Agreement is: through

3. The maximum amount of this Agreement is:

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

This contract is awarded based on an Interagency Agreement.

- Exhibit A Scope of Work
Exhibit B Budget Detail and Payment Provisions
Exhibit B-1 Cost Sheet
Exhibit C* General Terms and Conditions
Exhibit D Special Terms and Conditions (Attached hereto as part of this agreement)
Exhibit E Sample Invoice

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

BY (Authorized Signature)

DATE SIGNED(Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

STATE OF CALIFORNIA

AGENCY NAME

BY (Authorized Signature)

DATE SIGNED(Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

California Department of General Services Use Only

Exempt per:

STATE OF CALIFORNIA

1) Project Summary

Implement interoperable health information exchange between Emergency Medical Services (EMS) providers and hospitals via Regional Health Information Organizations (HIOs).

2) Project Locations

Emergency Medical Services Authority located at 10901 Gold Center Drive, Suite 400, Rancho Cordova, CA 95670.

3) Agreement Term

Upon Approval – June 30, 2021

4) Project Representatives

The project representatives during the term of this agreement will be:

State Agency	Emergency Medical Services Authority
Section/Unit	Administrative Unit
Attention	
Address	10901 Gold Center Dr, Ste 400 Rancho Cordova, CA 95670-6073
Phone	
Fax	
E-Mail	

Contractor	
Name	
Phone	
Fax	
E-Mail	

Direct all administrative inquiries to:

State Agency	Emergency Medical Services Authority
Section/Unit	
Attention	
Address	10901 Gold Center Dr, Ste 400 Rancho Cordova, CA 95670-6073
Phone	
Fax	
E-Mail	

Contractor	
Section/Unit	
Attention	
Address	
Phone	
Fax	

5) Specifications

A. General

Implement interoperable health information exchange between EMS providers and EMS receiving hospitals via health information exchange organizations (HIOs), for SEARCH, ALERT, FILE, and RECONCILE functionality.

B. Description of Work

The following measurable objectives for each Emergency Ambulance Provider and EMS Receiving Hospital (as applicable) are proposed:

1. Adoption Phase:

- Contract with the Regional Health Information Organization (RHIO) that will serve as the “hub” for patient query information. Alternative “hub” functionality may serve as the methodology to achieve SEARCH functionality.
- Develop service level agreements for health information exchange on-boarding between the RHIO and ambulance providers and hospitals.
- Identify the specific EMS providers and hospitals that will be on-boarded (as noted in the tables below).
- Demonstrate successful Adoption of SEARCH and ALERT functions among all stakeholders in production. Success is defined as at least one SEARCH with a patient match, retrieval of health information for at least one matched patient, and ALERT reporting of important patient information for at least one patient on a hospital ED dashboard. The metric is measured per participant.

2. Exchange Phase:

- Demonstrate SEARCH functionality with minimum of 50% usage and 30% match success, or retrieval success, by paramedics of identified pre-hospital patients for 3 consecutive months (measured on a monthly basis). The metric is defined as the number of times for which a patient is searched for, and a patient is successfully identified or for which information is successfully retrieved from the RHIO or other clinical system by the ePCR, divided by the number of new patient encounters created in the ePCR during a 1-month period. The metric is measured per participant.

- Demonstrate ALERT functionality with minimum of 80% usage (on patients to be transported to a defined hospital) for 3 consecutive months (measured on a monthly basis). Success is defined as success of at least one patient match, retrieval of health information for at least one matched patient, and reporting of critical patient information for at least one patient in a hospital ED dashboard. The metric is measured per participant.
3. Interoperability Phase:
- Demonstrate FILE functionality with minimum of 40% usage per record (on transported patients to a defined hospital) for 3 consecutive months (measured on a monthly basis). The metric is defined as the number of times a patient record created in the ePCR is successfully transmitted to the HIO and/or hospital EHR, matched to a patient, and incorporated as structured information. The metric is measured per participant.
 - Demonstrate RECONCILE functionality with minimum of 40% usage per record (on transported patients) for 3 consecutive months (measured on a monthly basis). The metric is defined as the number of times a patient record (ADT) is successfully transmitted from the hospital EHR to the ePCR, matched to a patient and encounter, and incorporated as structured information. Hospital discharge summaries also qualify and are encouraged. The metric is measured per participant.
4. Data and Analytics Phase:
- Evaluate and report usage during the SEARCH and ALERT and the FILE and RECONCILE phases on monthly basis.
 - Submit prehospital data and hospital outcome information on matched patients to EMSA.
 - Evaluate performance measures that involve pre-hospital and hospital data elements.
 - Outcome Measurements should be proposed by the LEMSA
 - EMS Core Measures
 - EMS Provider Primary Impression-Diagnosis Accuracy
 - EMT Provider Primary Impression Treatment Protocol Compliance
5. Reporting Phase:
- The project must also provide the following additional deliverables:
 - Monthly progress reports against the project plan.
 - A final report documenting the project objectives, implemented solution, and overall accomplishments.

C. Deliverables

1. The project must achieve and report on the metrics described in the scope of work and based upon the accepted work plan.

- a. During the Adoption Phase, entering into Service Level Agreements between ambulance, hospitals, Regional HIO, and/or vendors as required for your project.
 - b. During the Adoption Phase, demonstrate successful implementation of SEARCH and ALERT functions among all required stakeholders in production.
 - c. During the Exchange Phase, demonstrate successful SEARCH metrics during a 3-month reporting period, with no less than the required success rate by the final month of the reporting period, achieved by the final month of the reporting period.
 - d. During the Exchange Phase, demonstrate successful ALERT metrics during a 3-month reporting period, with no less than the required success rate, achieved by the final month of the reporting period.
 - e. During the Interoperability Phase, demonstrate successful FILE metrics during a 3-month reporting period, with no less than the required success rate, achieved by the final month of the reporting period.
 - f. During the Interoperability Phase, demonstrate successful RECONCILE metrics during a 3-month reporting period, with no less than the required success rate, achieved by the final month of the reporting period.
2. The project must also provide the following additional deliverables:
 - a. No less than quarterly progress reports against the project plan.
 - b. A final report documenting the project objectives, implemented solution, and overall accomplishments.

6) Travel

Travel costs are based on California Department of Human Resources maximum reimbursement rates. Reimbursable rates can be found at <http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>.

Budget Detail and Payment Provisions**1) Invoicing and Payment**

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the rates listed in Exhibit B-1, titled Cost Sheet, which is attached hereto and made a part of this Agreement.
- B. Invoices shall be submitted in accordance with this agreement and Exhibit E-Sample Invoice, which is attached hereto and made a part of this Agreement.
- C. Invoices shall include the Agreement Number, company name and remittance address, sufficient scope and detail to define the actual work performed and specific milestones completed, including a description of the activities of the Contractor and Subcontractor, the hours allocated to those activities, the locations where work was performed, the expenses claimed, any required reports, and shall be submitted in duplicate not more frequently than monthly in arrears to:

EMSA Contracts Analyst
Emergency Medical Services Authority
10901 Gold Center Drive
Rancho Cordova, CA 95670-6073
916-431-3694
hieems@emsa.ca.gov

If any of this information is not on the invoice, it may cause delays in payment processing.

- D. Final Invoices must be submitted no later than sixty (60) days after the end date of this agreement.
- E. Payment will be for actual services provided or actual costs. If the EMS Authority does not approve the invoice in accordance with identified general tasks or deliverables in this contract, payment of the invoice will be withheld by the EMS Authority and the Contractor will be notified. The Contractor must take timely and appropriate measures to correct or remedy the reason(s) for non-acceptance and demonstrate to the EMS Authority that the Contractor has successfully completed the scheduled work for each general task or deliverable before payment will be made.

2) Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

3) Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

Exhibit C

General Terms and Conditions (GTC)

GTC 610

Please Note: This page will not be included with the final Agreement. The General Terms and Conditions, GTC 610, will be included in the Agreement by reference to Internet site:

<http://www.documents.dgs.ca.gov/ols/CCC-307.doc>

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



Special Terms and Conditions

Special Terms and Conditions

1. Amendments

This agreement allows for amendments to add time for completion of specified deliverables and/or to increase funding. Should either party, during the term of this agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall be made through the State's official agreement amendment process. No amendment will be considered binding on either party until it is formally approved by both parties and the Department of General Services, if such approval is required.

2. Excise Tax

The State of California is exempt from federal excise taxes, and no payment will be made for any taxes levied on employees' wages. The State will pay for any applicable State of California or local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this Agreement. California may pay any applicable sales and use tax imposed by another state.

3. Force Majeure

Neither party shall be liable to the other for any delay in or failure of performance, nor shall any such delay in or failures of performance constitute default, if such delay or failure is caused by "Force Majeure." As used in this section, "Force Majeure" is defined as follows: unforeseen circumstances that make performance of the agreement impossible such as acts of war, civil unrest, acts of governments (such as changes in law) and acts of God such as earthquakes, floods, and other natural disasters such that performance is impossible.

4. License and Permits

The Contractor shall be an individual or firm licensed to do business in California and shall obtain at his/her expense all license(s) and permit(s) required by law for accomplishing any work required in connection with this contract.

- A. If you are a Contractor located within the State of California, a business license from the city/county in which you are headquartered is necessary; however, if you are a corporation, a copy of your incorporation documents/letter from the Secretary of State's Office can be submitted. If you are a Contractor outside the State of California, you will need to submit to the Emergency Medical Services Authority (EMSA) a copy of your business license or incorporation papers for your respective State showing that your company is in good standing in that state.
- B. In the event, any license(s) and/or permit(s) expire at any time during the term of this contract; Contractor agrees to provide EMSA with a copy of the renewed license(s) and/or permit(s) within 30 days following the expiration date. In the event the Contractor fails to keep in effect at all times all required license(s) and permit(s), the State may, in addition to any other remedies it may have, terminate this contract upon occurrence of such event.

5. Inspection of Services

Services performed by Contractor under this Agreement shall be subject to inspection by EMSA at any and all times during the performance thereof.

If EMSA official conducting the inspection determines that the services performed by Contractor (and/or materials furnished in connection therewith) are not in accordance with the specification, EMSA may, at its option, have the work performed by an alternate provider, charging the Contractor with any excess cost occasioned thereby.

6. Liability for Loss and Damages

Any damages by the contractor to the State's facility including equipment, furniture, materials or other State property will be repaired or replaced by the contractor to the satisfaction of the State at no cost to the State. The State may, at its option, repair any such damage and deduct the cost thereof from any sum due contractor under this Agreement.

7. Cancellation / Termination (SCM 7.85)

- A. This agreement may be cancelled or terminated without cause by the State by giving thirty (30) calendar days advance written notice to the Contractor. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment/invoicing instructions/requirements. Contractor may submit a written request to terminate this Agreement only if the State should substantially fail to perform its responsibilities as provided herein.

- B. Upon receipt of a notice of termination or cancellation from the State, Contractor shall take immediate steps to stop performance and to cancel or reduce subsequent contract costs.
- C. Contractor shall be entitled to payment for all allowable costs authorized under this agreement, including authorized non-cancelable obligations incurred up to the date of termination or cancellation, provided such expenses do not exceed the stated maximum amounts payable.
- D. However, the agreement may be immediately terminated without advance notice for cause. The term "for cause" shall mean that the Contractor has committed a material breach of the provisions of the contract. In this instance, the contract termination shall be effective as of the date indicated on the State's notification to the Contractor. (Refer to GC, Exhibit C, Item 7. Termination for cause.)
- E. This agreement may be suspended or cancelled without notice, at the option of the Contractor, if the Contractor or State's premises or equipment are destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the Contractor is unable to render service as a result of any action by any governmental authority.

8. Disputes

Any dispute concerning a question of fact arising under this contract that is not disposed of by agreement shall be decided by the Director of EMSA, who may consider written or verbal evidence submitted by the Contractor. The decision of the Director of EMSA, issued in writing, shall be conclusive and binding on both parties to the contract on all questions of fact considered and determined by the Director of EMSA.

9. Federal General Terms and Conditions

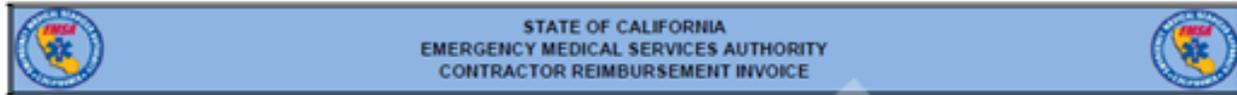
The Contractor will be required to comply with all applicable Federal Regulations and guidelines covered under:

- a) 42 CFR 495 Subpart D and 45 CFR 75
- b) Software and ownership rights
45 CFR 95.617
- c) HITECH regulations
42 CFR 495 Subpart D are the HITECH regulations
- d) Any other applicable federal regulations

Please note that approval of specific contract language is subject to CMS review and approval and may vary from the samples contained herein.

Sample Invoice

STATE OF CALIFORNIA
 EMERGENCY MEDICAL SERVICES AUTHORITY
 FAIT 501B (Rev. 2-2016)



To: Emergency Medical Services Authority
 Attention: Lisa Vigil
 10901 Gold Center Drive, Suite #400

DATE: _____
 CONTRACT NUMBER: _____
 INVOICE NUMBER: _____
 INVOICE PERIOD: _____
 INVOICE AMOUNT: \$ _____

From: _____

Purpose of this invoice is to reimburse contractor for actual expenditures incurred while performing the activities agreed upon as contained in Contract Number #. Supporting documentation of requested reimbursement will be provided upon request.

Description	Contract Budget	Contract Expenditures			Remaining Balance
		Current	Prior	YTD	
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -				
	\$ -	\$ -	\$ -	\$ -	\$ -
Total Reimbursement Request	\$ -	\$ -	\$ -	\$ -	\$ -

I certify that I am the duly appointed and acting officer of the herein named agency and the costs being claimed herein are in all respects true, correct, and in accordance with the contract provisions, and funds were expended or obligated during the contract period; and the amount claimed above has not previously presented to or reimbursed by the Emergency Medical Services Authority.

Signature: _____ Title: _____
 Printed Name: _____ Date: _____

For EMSA Use Only

I certify that this reimbursement claim is in compliance with all terms/conditions, laws, and regulations governing its payment and hereby approved for payment.

Signature: _____ Title: _____
 Printed Name: _____ Date: _____

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



+EMS Local Assistance Grant Funding Opportunity Announcement

SAMPLE SUMMARY CHARTS

EMS/ Emergency Ambulance Providers (List all in LEMSA Area)

Ambulance Provider Name
Transport Units
Annual Responses
EHR Vendor
Proposed Grant Participant (Yes/No)

% of Emergency Ambulance Providers Proposed to participate
% of Total Emergency Responses

EMS Receiving Hospitals (List all in LEMSA Area)

EMS Receiving Hospital Name
Base Hospital (Yes/No)
Annual ambulance transports received
EHR Vendor
Proposed Grant Participant (Yes/No)

% of EMS Receiving Hospitals Proposed to participate
% of Total Ambulance Transports Received

CHART A

SAMPLE

EMS/ Emergency Ambulance Providers (List all in LEMSA Area)

	Ambulance Provider Name	Location (City)	# Transport Units	# Annual Emergency Responses	EHR Vendor	Proposed Grant Participant (Yes/No)
1						
2						
3						
4						
5						
6						

Summary

% of Emergency Ambulance Providers Proposed to participate (Participants/ total ambulance providers)

% of Total Emergency Responses (Volume of Participating Providers/Total Emergency Responses)

CHART B

SAMPLE

EMS Receiving Hospitals (List all in LEMSA Area)

	EMS Receiving Hospital Name	Location (City)	Base Hospital (Yes/No)	# Annual Ambulance Transports Received	EHR Vendor	Proposed Grant Participant (Yes/No)
1						
2						
3						
4						
5						
6						

Summary

% of EMS Receiving Hospitals Proposed to participate (Participants/ total EMS Receiving Hospitals)

% of Total Ambulance Transports Received (Volume of Participating Providers/Total Ambulance Transports Received)