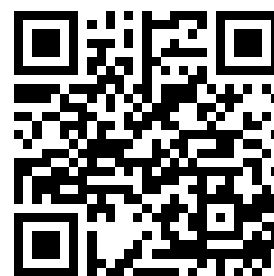


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# Emergency Medical Services Systems

## Program Guidelines "

U.S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES ADMINISTRATION /

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# **Emergency Medical Services Systems**

# **Program Guidelines**

**U. S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES ADMINISTRATION  
P.O. Box 911, Rockville, Maryland 20852**

**DHEW Publication No. (HSA) 74-2009  
FEBRUARY 1974**



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## INTRODUCTION

The Emergency Medical Services Systems Act of 1973 (Public Law 93-154) adds a new Title XII and a new Section 776 to Title VII of the Public Health Service Act. As related to training, it further amends Title VII, Sections 772(a) and 774(a) of the Act. Federal support is to provide assistance and encouragement for the development of comprehensive emergency medical services systems throughout the country and thereby improving the quality of patient care and reducing morbidity and mortality. Except for general reference to the training and research authorities of the Act, policies contained in this statement are restricted to Sections 1202, 1203, and 1204. Separate guidelines and policies have been issued covering research (Section 1205) and training (Title VII).

Awards under Sections 1202, 1203, and 1204 are authorized to States, units of general local government, public entities administering a compact or other regional arrangement or consortium, or any other public entity and any nonprofit private entity for:

### *SECTION 1202 - FEASIBILITY STUDIES AND PLANNING*

- studying the feasibility of establishing (through expansion or improvement of existing services or otherwise) and operating an emergency medical services system, and
- planning the establishment and operation of such a system.

### *SECTION 1203 - ESTABLISHMENT AND INITIAL OPERATION*

### *SECTION 1204 - EXPANSION AND IMPROVEMENT*

Refer to Chapter II for details regarding eligibility and scope of Federal assistance under the Emergency Medical Services Systems Act.

This policy statement is intended to help applicants understand the legislation, regulations, guidelines and related administrative procedures. It also familiarizes the applicant with the application procedures, evaluation, award process and post-award project administration.

Although every effort has been made to cover areas pertinent to the preparation and submission of applications for emergency medical services systems, additional questions are inevitable. Applicants are invited to direct their questions to the appropriate Regional Office shown in Exhibit A. Applicants seeking assistance from more than one Federal program or agency may find it advantageous to consult with representatives of each participating program.

This policy statement is organized by chapters and covers an application from prefiling to post-award administration. The statement is arranged such that potential applicants may determine their eligibility and the extent of limitations within the first two chapters. This is designed to conserve the applicants' time. Applicants are also exposed to legislative and program objectives to which their applications must respond. The criteria by which projects are evaluated and assigned a funding priority are outlined.

The gathering of specific program information is described as is the role of staff (Regional and Central Office) and non-Federal reviewers in the evaluation of proposals. The role of the statutory Interagency Committee is also discussed. The funding of applications, the manner of funds disbursement, the specific and general reporting requirements and the responsibilities of the grantee are delineated.

General policies covering the administration of grants are contained in DHEW publication, *Grants Administration Manual*,\* and Title 45, *Code of Federal Regulations*, Part 74. Applicants are also encouraged to read carefully the regulations covering this program since specific prerequisites regarding the components of an emergency medical services system are amplified.

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\*The Department Staff Manual - Grants Administration, which contains guidelines and policies on the fiscal and administrative aspects of grants management, is for sale for \$13.50 by the Superintendent of Documents, U.S. Government Printing Office, Washington, D. C. 20402. New and revised chapters are included in the subscription.

## GLOSSARY

The following are definitions of terms most commonly used in the award and administration of grants for EMS systems.

*Award notice or grant award* -- the Notice of Grant Award, Form PHS-5152-1, is the instrument sent to the grantee indicating the dates of the entire project period, the budget period, the amount being awarded, the general level of support recommended for the remainder of the project period, and any other special conditions under which the grant is awarded.

*Budget Period* -- the interval of time (usually 12 months) which the period of support is divided for budgetary and reporting purposes.

*Categorization* -- system used to identify the readiness and capabilities of the hospital and its entire staff to receive and treat, correctly and expeditiously, emergent patients. The four basic AMA categories are: I -- Comprehensive Emergency Service; II -- Major Emergency Service; III -- General Emergency Service; IV -- Basic Emergency Service.

*Central Communications System* -- includes a system command and control center which is responsible for establishing those communication channels and providing those public resources essential to the most effective and efficient emergency medical services management of the immediate problem, and which has the necessary equipment and facilities to permit immediate interchange of information essential for the system's resource management and control.

*Clearinghouses* -- State, Regional and Metropolitan Clearinghouses (A-95) are agencies established to facilitate coordination of State, regional and local planning and development. (Reference: OMB-Federal and Federally Assisted Programs and Projects - Evaluation, review and coordination (Rev. Circular A-95. Federal Register Vol. 38, No. 228, November 28, 1973.)

*Emergency medical services* -- the services utilized in responding to the perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

*EMS Council* -- a formally established and responsible entity representing diverse groups of both providers and consumers of emergency medical services (EMS) assembled for the purpose of reviewing and evaluating the provision of such services in a defined system's geographical area.

*EMS System* -- a system which provides for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services in an appropriate geographical area under emergency conditions (occurring either as a result of the patient's condition or of natural disasters or similar situations) and which is administered by a public or nonprofit private entity which has the authority and the resources to provide effective administration of the system.

*EMT* -- emergency medical technicians trained in emergency medical care in accordance with standards prescribed by the Department of Transportation (DHEW Pub. No. 1071-c-4, April 1970), or an equivalent training program.

*Expansion of an EMS System* -- may be expansion or improvement of medical services, functional components of this system or geographical extension of the service area currently served, or a combination of these parts. It is assumed that the expanded EMS system will be under the auspices of the same management as present capability.

*Feasibility Study* -- determining the practicability of planning, establishing, expanding or improving an emergency medical services system. This determination shall be based on: (1) the availability or development of definitive data which address the need of an appropriate geographical area; (2) the potential availability of viable resources (human, fiscal, facilities and equipment); (3) the likelihood of meeting the mandatory 15 program requirements; (4) the potential for effective coordination and integration of the EMS system within the total health services delivery system; and (5) the potential for responsible administration and authority to operate an EMS System.

*Fiscal Year* -- used in Federal Government and many state and local governments to designate the period of time from July 1 through June 30.

*Grant* -- an award of funds based on an approved budget for carrying out an activity or program.

*Grantee* -- the legally accountable entity which submits an application and receives funds for a grant-supported activity.

*Grantor* -- the agency or organization providing grant funds.

*Guidelines* -- policy statements defining the parameters and constraints for the application, receipt, and execution of an EMS grant.

*Initial operation* -- Initial operation is the bringing together of existing capability and forming an EMS system which meets all of the mandatory components or subsystems of such a system and is operated directly or indirectly by a single management agent.

*IRS Tax Exemption* -- special tax exemption given to a nonprofit organization or institute which is in business to provide a service rather than to make a profit. It is this tax exemption that is the criterion used in Government agencies to determine if an organization or institute is nonprofit.

*Medical emergency* -- an unforeseen event affecting an individual in such a manner that a need for immediate medical care (physiological or psychological) is created.

*Modernization* -- the alteration, major repair, remodeling, and renovation of existing buildings (including initial equipment thereof), and replacement of obsolete built-in equipment of existing buildings. "Major repair" means those repairs to an existing building excluding routine maintenance which restore the building to a sound state, the cost of which is no less than \$100,000. "Equipment" means those items which are necessary for the functioning of the emergency medical services system, but does not include items of current operating expense or consumed in use such as glassware, chemicals, food, fuel, drugs, paper, printed forms, books, pamphlets, periodicals, and disposable housekeeping items. "Built-in equipment" means that equipment which is permanently affixed to the wall, floor, or ceiling or otherwise restricted in a like manner, including items which require (1) the modification of a facility for installation or removal, and (2) connection to utility services such as water, gas, steam, or the building ventilation system.

*Period for meeting mandatory 15 program requirements* -- the time frame for which application is made or a negotiated period deemed appropriate by the respective Regional Health Administrator.

*Planning* -- to prepare for, develop, design and establish the mechanism for a system to deliver emergency medical services as required by the EMS Act (15 mandatory requirements) either in the form of initial establishment and operations and/or through expansion and improvement.

*Prior approval* -- documented permission to use grant funds for certain purposes not included in the approved budget as shown on the award notice. The request for such action is usually initiated by the program director and must be signed or countersigned by the authorized grantee official. The action must be approved by the DHEW awarding unit, or, where authorized, by the designated grantee official/committee or equivalent prior to the performance of the act which requires the expenditure of funds.

*Program Director* -- the individual designated by the grantee and approved by the DHEW who will be responsible for the conduct of the EMS systems project.

*Rural* -- an area that is not classified as urbanized by the Bureau of Census (a population of 50,000 or less).

## CHAPTER I

### PROGRAM ADMINISTRATION

The Emergency Medical Services Systems Act (P.L.93-154) is jointly administered by the DHEW Health Services Administration and the Health Resources Administration. Sections 1202, 1203, and 1204 of the Act are administered by the Health Services Administration and Section 1205 and Title VII are the conjoint responsibility of the Health Resources Administration and the Health Services Administration. The EMS program has a Central Office with appropriate staff for implementation in each of the ten Federal DHEW Regional Offices. The Regional Health Administrator has lead responsibility in each region and reports to the Assistant Secretary for Health. Except for the research component of the Act, the regions are responsible for requesting, reviewing, evaluating, and awarding grants and contracts under the EMSS Act. Questions regarding Sections 1202, 1203 and 1204 should be directed to the EMS Coordinator in the appropriate Regional Office. See Exhibit A for a list of Regional Office addresses and the States each region serves.

The specific responsibilities of the Interagency Committee on Emergency Medical Services are to evaluate the adequacy and technical soundness of all Federal programs and activities which relate to emergency medical services and provide for the communication and exchange of information necessary to maintain the coordination and effectiveness of such programs and activities. The Committee shall also make recommendations to the Secretary of HEW respecting the administration of the EMS program of grants and contracts.



## CHAPTER II

### ELIGIBILITY AND FUNDING LIMITATIONS AND CONSIDERATIONS

Applicants seeking funds under the provisions of the Emergency Medical Services Systems Act of 1973 (P.L. 93-154) must meet specific eligibility criteria and provide for the use of funds in accordance with program regulations and guidelines. The purpose of this chapter is to assist applicants with determining (1) eligibility for EMS funds, (2) the requirements for application clearances and review, (3) matching fund requirements and (4) funding limitations and the use of Federal funds awarded under the EMS program rules.

#### *Eligibility Requirements*

The entities that may apply for grant funds for (1) Feasibility Studies and Planning, (2) Initial Establishment and Operation, and (3) Expansion and Improvement of a total EMS System are:

- a State (one of the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, or the Trust Territory of the Pacific Islands).
- a unit of general local government, (1) any city, county, township, town, borough, parish, village, or other general purpose political subdivision of a state; or (2) an Indian tribe).
- a public entity administering a compact or other regional arrangement or consortium, and
- any other public entity and any nonprofit private entity.

For additional specific guidelines on eligibility requirements on the research and training portions of the EMS Program, applicants should write to the appropriate DHEW Regional Office, Regional Health Administrator. Inquiries for research guidelines should be addressed to Bureau of Health Services Research, Health Resources Administration, Rockville, Maryland 20852.

#### *Application Clearances and Assurances*

Applicants for Sections 1202, 1203, and 1204 are responsible for submitting the documentation as described in the sections below.

Applicants should repeat the clearance requirements described below if significant changes in the scope of the program and budget occur after an award is made.

*Comprehensive Health Planning (CHP) Agencies:* It is required that all final applications be provided to the appropriate 314(a) State Health Planning Agency and the 314(b) Areawide Health Planning Agency for review and comment. When applicants are submitting final applications to DHEW Regional Offices, they should concurrently submit copies to both the State 314(a) health planning agency and the areawide 314(b) health planning agency for review and comment. The application to the Regional Office should contain a copy of the letters to the CHP Offices. A 30-day period for review and comment is provided from the date of receipt of the application by the CHP agency. Applicants should request these agencies to submit their comments to the appropriate DHEW Regional Office within the 30-day period indicated. The applicants may also request the CHP agencies to provide a copy of their comments to the applicant. Regional Offices which have not heard from CHP Agencies by the end of the 30-day review and comment period should assume concurrence.

Applicants are provided a ten-day calendar period to respond to comments of CHP Agencies. A copy of the response should be sent to the Regional Office as well as the CHP Agencies. Upon receipt of such information, the Regional Office will make the final decision regarding the responsiveness and appropriateness of the application.

*Project Notification and Review System (A-95):* Under the provisions of OMB Circular A-95, all applicants must notify State and Area A-95 Clearinghouses of their intent to apply for Federal assistance at least 30 days before the expected submission date. The operation of this Project Notification and Review System is explained in Exhibit B. The notification to the A-95 Clearinghouses and comments received from them should be included in the application.

*State EMS Organization:* If the applicant is neither a State nor an organization legally responsible for the coordination and/or control of the State EMS System, the applicant must provide to the EMS focal point a copy of the proposed application. The responsible State EMS organization will have 30 days from the date of receipt to review and comment. If comments are not provided within 30 days to the applicant, it is assumed that the State EMS organization concurs with the application.

A copy of the written request to the State EMS focal point and the comments received should be provided to the Regional Office.

*Other Reviews:* An application submitted by a public entity administering a compact or other regional arrangement or consortium must include within the scope of such an application each unit of local government located within the service area covered by such a compact, regional arrangement or consortium. The application must

document that such coordination has been accomplished. Comments from local entities should cover the extent and degree of cooperation to be provided, an evaluation of the applicant's capability to conduct the EMS project, the compatibility of the project with other local plans and an assessment of the probability of the project being accomplished.

An application submitted by a nonprofit private entity or any other public entity that is not (1) a State, (2) a unit of general local government, or (3) a public entity administering a compact, regional arrangement, or consortium must provide a copy of its application for review and comment to each state, unit of local government, and public entity included within the proposed EMS service area covered by the application. The application must contain the written comments of reviewing organizations.

Provisions for review by (1) the State Alcohol, Mental Health, and Drug Authorities and (2) local mental health authorities should be accomplished as available and appropriate.

*Special Clearance Requirement for Section 1203, Establishment and Initial Operations and Section 1204, Expansion and Improvement:*

In the event that the applicant submits an application which for specific reason(s) can not address the implementation of each of the fifteen mandatory components of a total EMS system, documentation is required to demonstrate the inability of the applicant to implement one or more components. Further, the applicant is required to submit appropriate alternatives for the missing requirement(s). The clearance organizations are, in such cases, required to specifically comment on the appropriateness of the application.

#### *Matching Funds*

P.L. 93-154 sets forth requirements for matching funds under Sections 1203 and 1204. The extent of Federal grant participation in an EMS system is conditioned by eligible costs and the limits of the grant participation percentage. Only that portion of costs which is determined by regulations and guidelines to be eligible for Federal participation can be used in the base for computing a grant request.

The EMS Act requires the matching of grant-provided funds with other non-federal contributions. The non-federal contributions may be (1) cash, including the outlay of money contributed to the grantee by third parties, and (2) in-kind contributions representing the value of noncash contributions provided by the grantee or third parties. In-kind contributions may consist of charges for real property and nonexpendable personal property, and the value of goods and services directly benefiting and specifically identifiable to the grant-supported activity.

In determining the the matching share of the project costs, neither the costs borne by other Federal funds or costs used to match other Federal grants and contracts nor the funds derived from the State and Local Fiscal Assistance Act of 1972 (Revenue Sharing) may be considered as part of the applicant's matching contribution.

Matching requirements follow:

*Section 1203, Establishment and Initial Operations*

For the first grant under Section 1203, not more than fifty (50) percent of the eligible cost for an EMS grant will be provided with Federal funds under the EMS Systems Act. In cases of exceptional financial need, the Federal share may be up to seventy-five (75) percent of such costs.

For the second grant under this Section, not more than twenty-five (25) percent of the eligible cost for an EMS project will be provided with Federal funds under the EMSS Act. In case of exceptional financial need, however, the Federal share for a second grant may be fifty (50) percent.

*Section 1204, Expansion and Improvement*

Any grant made under Section 1204 shall not exceed fifty (50) percent of the eligible costs for an EMS system grant. In cases of exceptional financial need, however, the Federal share may be seventy-five (75) percent.

The same match of funds is required for a second award.

*Funding Limitations and Considerations*

No grant may be made unless the application has been submitted in accordance with these governing policies and any other program guidelines approved by the Regional Health Administrator.

In considering applications submitted by all eligible applicants, the DHEW shall give priority of Federal funds to (1) a State, (2) units of general local government, and (3) public entities administering a compact, regional arrangement or consortium. Not less than twenty (20) percent of the appropriated funds for Sections 1202, 1203, and 1204 shall be made available for EMS Systems which now or will service rural areas.

*Section 1202, Feasibility Studies and Planning*

The eligible applicant who receives funds under Section 1202 will be required during the initial period of the grant to demonstrate the feasibility of planning and implementing a total EMS system, consideration will be given to terminating the grant.

The Act stipulates that the Secretary may not make a second grant for a study and planning project respecting an emergency medical services system for a particular geographical area which includes in whole or substantial part an area covered by a previous grant. Applicants are urged to coordinate potential planning for an area to avoid any such prohibited overlap. Applications submitted for the same State are expected to provide evidence demonstrating the extent of coordination between applicants. This will facilitate processing. When States submit statewide planning applications and note specific area(s) not to be included in the State plan, multiple awards may be made for the same State but not the same geographical area of the State.

*Sections 1203 and 1204*

No award under Section 1203 will be made to an eligible applicant in the Fiscal Year ending June 30, 1976 that did not receive an award in Fiscal Year 1975. In other words, there will be no first year awards under this Section in Fiscal Year 1976.

Special consideration shall be given to applications for systems which will coordinate with Statewide EMS Systems and which meet all other prescribed requirements. Special consideration will also be given to eligible applications which meet the mandatory requirements for a total EMS system and demonstrate the need for exceptional financial assistance.

Projects may be requested for a period of up to two years. However, each grant made under these sections shall be for a period of not more than twelve months. If the grantee demonstrates satisfactory performance during the first nine months of the grant period, a competitive extension application may be made for a second grant, again not to exceed a twelve month duration.

Consideration of requested funds under these Sections will include the availability and use of other Federal funds, not from P.L. 93-154, which are included in the total EMS System plan. Applicants should give consideration and make application for funds from other Federal sources to support the implementation of an EMS System.

No funds provided under these Sections may be used to purchase, lease, or rent equipment or facilities which do not meet published Federal Standards.

No funds provided under these Sections may be used for any training or educational program that is appropriate to Title VII or VIII of the PHS Act, unless such program and application was not approved or approved with no funds made available under these Titles.

Since determining the classification of an application for Section 1203 or 1204 may be difficult, the program position will take into consideration that expansion or improvement may occur for the geographic area serviced, for the professional services provided, and for the functional or operational components of an EMS System. It is required that such expansion or improvement be implemented under the same management organization that has been responsible for the existing system or capability. In areas of uncertainty, the DHEW Regional Health Administrator will have final authority to determine the appropriateness of such applications to either Section 1203 or 1204.

#### *Use of Grant Funds*

Any funds granted pursuant to the EMSS Act shall be expended by the grantee solely for carrying out the approved project in accordance with the appropriate section of the Act, the regulations pertaining thereto, the terms and conditions of the award, and the applicable cost principles set forth in 45 CFR Part 74 Subpart Q and DHEW Grants Administration Manual. Because allowable costs differ for Sections 1202, 1203, and 1204, they will be separately discussed. The preceding general statement is applicable to all Sections.

### *Section 1202*

Costs under this authority are limited to:

- Salaries and related benefits
- Leasing or rental of office space, furniture and equipment
- Costs related to the conducting of surveys
- Printing costs
- Domestic travel related to feasibility studies and planning activities
- Consultant's fees and related travel expenses in accordance with local compensation rates, or if unavailable, with current Federal cost principles

### *Section 1203*

Costs under this authority may be used for, but need not be limited to, the following:

1. Purchasing ambulances, provided that
  - a. No other funds, Federal or non-Federal, are available for such purpose;
  - b. The cost can be no greater than the Federal share prescribed by the applicable Department of Transportation cost sharing requirements;
  - c. The ambulance meets the requirements for size and equipment prescribed by GSA Specifications KKK-A-1822, dated January 2, 1974;
  - d. The ambulance is capable of responding to all medical emergencies in the service area of the system;
  - e. The State allocation of Federal Highway Safety Funds for Department of Transportation Standard II for the current year is not less than the allocation for 1973 or 1974 (whichever is greater), unless the total allocation for all standards is less and the reduction in the Standard II allocation is proportionate to the overall reduction;
  - f. The ambulance, by the end of the grant period, will be manned by two certified emergency medical technicians when transporting patients; and
  - g. Existing ambulances cannot be improved economically to meet the system's standards, and additional ambulances are necessary for efficient operation of the system.
2. Purchasing communications equipment, provided that
  - a. An overall public safety communications plan for the service area of the project exists and is consistent with applicable regulations of the Federal Communications Commission.

- b. Existing equipment and facilities are utilized to the fullest possible extent; and
- c. Evidence is presented that reasonable effort has been made to obtain funds from other sources for such purpose.

### 3. Alteration and Renovation of Facilities

Alteration and renovation costs may be charged to applicable PHS grants or may be used by the grantee for matching or cost sharing purposes, provided:

- a. The grant is not awarded to a foreign institution or to an individual;
  - b. The building has a useful life consistent with program purposes and is architecturally and structurally suitable for conversion to the type of space required.
  - c. The alteration and renovation is essential to the project supported by the grant, and the space will actually be used by the project.
  - d. The costs are incurred consistent with the prior approval requirements and other provisions of this PHS chapter.
- 4. Purchasing built-in equipment for existing ambulances, communications centers and emergency departments, where such equipment will be used more than 75% of the time for emergency department purposes.
  - 5. Training and continuing education for personnel provided that the applicant demonstrates to the satisfaction of the Secretary that an application was filed under Title VII or VIII of the PHS Act for a grant or contract and such application was not approved or approved with no funds made available under these Titles.
  - 6. Purchasing training aids, books, and materials, and related classroom expenses.
  - 7. Providing programs of public education and information regarding the emergency medical services system.



8. Establishing use of the universal emergency telephone number 911, except for costs customarily borne by the telephone company or local government.

Project funds may not be used for the following:

1. Construction of new facilities.
2. Acquisition of facilities.
3. Purchasing built-in hospital equipment which will be used more than twenty-five (25) percent of the time for non-emergency department purposes.
4. Maintaining equipment or replacing supplies.
5. Establishment, operation, or improvement of services or facilities involved in the care of patients in the normal hospital environs or in any other care facility, except for those which are customarily associated with the emergency department.
6. Financial assistance to trainees for stipends, tuition and fees, per diem, or other reimbursement for food, lodging, etc. Domestic travel may be supported at the rate of eight cents per mile when justified as a necessary and integral part of an approved training program. No allowance for normal commuting from the trainee's place of residence to the training site, or food, lodging or other travel costs may be paid from grant funds.
7. Costs normally borne by the patient, such as hospitalization costs.
8. Major repairs (costing more than \$100,000).\*

#### *Section 1204*

In addition to the costs allowable under Section 1203, the provisions of Section 1204 permit the acquisition of existing facilities, exclusive of land and offsite improvements. However, no funds will be made available for these types of costs at this time.\*

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\* Excluded by administrative decision

*Indirect Costs:*

The amount of any award will be made on the basis of the sum necessary for a designated portion of direct project costs plus an additional amount for indirect costs, if any, which will be calculated on an indirect costs proposal submitted to the Regional Indirect Costs Negotiator.

## CHAPTER III

### SPECIAL PROGRAM GUIDANCE

This chapter summarizes the fifteen (15) mandatory program requirements for an Emergency Medical Services System and provides additional guidelines for several of these requirements. It also describes some of the factors that DHEW will consider in assessing exceptional financial need.

#### *EMS System Components*

The Emergency Medical Services Systems Act of 1973 (P.L. 93-154) requires that plans developed and systems established, expanded, and improved with funds under this Act address the following components:

- (1) manpower
- (2) training
- (3) communications
- (4) transportation
- (5) facilities
- (6) critical care units
- (7) public safety agencies
- (8) consumer participation
- (9) accessibility to care
- (10) transfer of patients
- (11) standard medical record keeping
- (12) consumer information and education
- (13) evaluation
- (14) disaster
- (15) mutual aid agreements

In reviewing applications for funding, the DHEW shall consider these components as mandatory. If an applicant determines that one or more of these components are not appropriate within an areawide system, then justification must be provided to show an alternative system configuration which meets the intent of the Act.

Applicants are urged to read Subpart A - General, Section 103 (Definitions and Requirements) of the regulations covering the provisions of Sections 1202, 1203, and 1204 of the EMSS Act for further description of these requirements.

The explanation of the following components is provided to assist the applicant in developing each component as part of a total EMS system.

### *Standardized Patient Record Keeping (11)*

Each applicant for an award of funds under Sections 1203 and 1204 is required to present a system or plan for a system of standardized patient record keeping for EMS services. It is intended that information be collected for each patient from initial entry into the system until discharge with appropriate continuum of records for follow-up care and rehabilitation.

Consideration must be given to the patient's records during the pre-hospital phase and inclusion of such records in the patient's emergency department record. The Program may prescribe at a later time specific data for inclusion in such records as may be consistent with the independent evaluation component of an EMS system.

### *Independent Review and Evaluation (13)*

Each grant recipient under Sections 1203 and 1204 is required to conduct an independent review and evaluation of the EMS system receiving funds under this Act. It is intended that such review and evaluation be periodic and comprehensive so that changes in emergency health care can be determined.

The evaluation should be conducted by a qualified organization other than the grantee. The grant application should indicate plans for this evaluation including the organization which will conduct the evaluation or plans for selecting an evaluator.

### *Disaster Linkage (14)*

An everyday EMS system must also be capable of adequately meeting the emergency needs of a sudden disaster situation. The applicable regulations require that each EMS system have a disaster component. It must be tested at least once before completion of the grant period.

### *Mutual Aid Agreements (15)*

The Act requires that appropriate linkages be established for contiguous areas for the purpose of providing economic and efficient medical care on a reciprocal basis among EMS systems. Mutual agreements are required between cities, counties, and States to ensure rapid, quality care to persons requiring emergency services.

Each applicant is required to provide sufficient documentation demonstrating that appropriate linkages and written agreements have been developed among adjacent EMS system areas to ensure adequate care.

#### *Exception Financial Need*

The EMSS Act makes provisions for additional Federal funds to be allocated to areas that can demonstrate exceptional financial need. Applicants wishing to be considered for additional funds must explain and provide appropriate documentation to justify the need. Consideration will be given to such factors as (1) availability of other funds including Federal, (2) the tax base, (3) the area's economic conditions, (4) the projected per capita cost of the EMS system, (5) the existing EMS system's components especially those of trained manpower, transportation, communications and facilities, and (6) the ability of the community to continue the EMS program on a self-sustaining basis.

#### *Special Consideration*

It is anticipated that some decision will have to be made with regard to whether a specific application should be classified under Section 1203 or 1204. Final determination and decision relative to whether an application shall be considered under Section 1203 or 1204 will be made by the Regional Health Administrator. The Regional Health Administrator will give special consideration to the current level of system development and demonstrated ability to actualize and/or expand or improve the current emergency medical services system.

## CHAPTER IV

### APPLICATION PROCEDURES

Eligible applicants wishing to apply for a grant under Sections 1202, 1203 and 1204 should submit an "Application for Federal Assistance (non-construction programs), Form PHS-5161-1", in accordance with the instructions accompanying the form. The application form and all required appendices and other supplemental information must be postmarked no later than the date indicated in the announcement of submission dates in order to receive appropriate review and evaluation by the respective Regional Office listed in Exhibit A. Applications are reviewed periodically and applicants are notified as soon as possible of the action taken on their applications.

Several mechanisms will be used to reach eligible applicants during the initial grant cycle. Among these are a public notice in the Federal Register, State and Health Territorial Officers, Regional Medical Program, Indian Health Program, DHEW Regional EMS Staff, Interagency Committee on Emergency Medical Services, and an address list that has been maintained of individuals and entities evincing an interest in receiving application kits. Eligible applicants wishing application kits but not reachable through these means should contact the respective Regional Office.

It is expected that a minimum of two application submission dates will be announced for each future fiscal year of the authorizing legislation. A public notice of these dates will be jointly issued by the DHEW Central and Regional EMS Offices.

Application submission will be in two phases -- the preapplication phase and the formal application phase. The sections which follow describe these phases.

#### *Preapplication Procedures*

An applicant intending to submit an application for assistance under the EMS Systems Act is encouraged to maintain communication with the appropriate Regional Office program staff during the planning and development of a grant request. Applicants wishing technical assistance and additional information should contact the appropriate Regional Office.

When an applicant definitely decides to seek EMS assistance under Sections 1202, 1203 or 1204, Form PHS-5159, Preapplication for Federal Assistance, shall be completed as much in advance of the formal submission as possible. This notice alerts the DHEW Regional EMS Staff to the intent of the applicant to apply and also permits time for early resolution of technical and legal problems which might be involved. The respective Regional Office will notify applicants within 45 days of the results of the pre-application review.

Applicants are also encouraged to communicate with the appropriate planning and coordinating entities within the respective EMS service area during this phase of the planning and development of a grant request.

#### *Formal Submission of Application*

As stated in the first paragraph of this Chapter, Form PHS-5161-1 will be used by applicants to apply for grant assistance under Sections 1202, 1203 or 1204 of the EMSS Act. This form is used whether or not the applicant is applying for a new or continuation grant.

The applicant shall be supported with evidence of the appropriate planning and coordinating agencies' comments as required in Chapter II.

#### *Period of Support*

Section 1202 -- The maximum period for which an applicant may request support is twelve (12) months.

Sections 1203 and 1204 -- Support for projects under these authorities may be requested for periods of up to 24 months, but an initial grant award will be made for 12 months or less. A competing extension application must be submitted for the budget period following the initial award. Satisfactory performance during the initial grant period must be demonstrated before a second award is made.

Funds for projects approved for more than one year and which are unobligated at the end of each budget period remain in the grant account but may be used only within the limits of the budget approved for the succeeding budget period. The amounts of continuation awards may, therefore, be adjusted by the awarding Regional Office in consideration of unobligated balances remaining from funds previously awarded.

## CHAPTER V

### REVIEW AND EVALUATION OF APPLICATIONS

The DHEW Regional Office is responsible for issuing the notice that applications will be accepted under the Emergency Medical Services Systems Act (EMSS).

The Regional Office is also responsible for grant matters associated with the administration of the Emergency Medical Services Systems Act. Such matters will include the provision of technical assistance prior to submission of applications. This includes the distribution and receipt of application materials, the review and evaluation of applications, the conduct of site visits, the designation of approved applications, grant negotiations, and grant awards. The Regional Office is further responsible for notifying all the ineligible and unacceptable applicants as soon as possible after completion of review.

Applications will be reviewed by both Regional staff and non-Federal experts. The role of each is described below.

*Staff Review of Applications:* On the basis of the material prepared and submitted with the application, staff members will conduct a detailed review of the proposal. The review will be made, in part, with reference to the project evaluation criteria. In addition, initial staff assessment of the application will include a review for completeness of information, inclusion of mandatory information, compliance with required assurances, and completeness of exhibits submitted with the application. *Applicants are reminded of the importance of submitting a complete application. Delays in securing project information could seriously compromise the integrity of a proposal, or require that it be held over pending receipt of requisite data.*

*Non-Federal Review:* An indepth technical review of each application will be made by non-Federal reviewers. The majority of non-Federal reviewers for each application will not be residents of the state from which the application has been received. Reviewers will score the application in keeping with the specific evaluation criteria and score values of consideration provided elsewhere in these guidelines.

Where information in connection with an application is determined by the non-Federal reviewers to be inadequate for purposes of making a fair evaluation, the reviewers may recommend that the application be considered "Indeterminate" and request additional information. Reviewers must specify both the nature of additional information required, and means of obtaining requisite information. Reviewers



may recommend a site visit to determine or clarify certain point(s) with regard to the completed application. Site visits will be confined in those specific instances to issues raised by the reviewers. A site visit will be conducted only to enable reviewers to determine the availability of any missing elements needed by them to make decisions.

The recommendation(s) of the reviewers will be presented to the Regional Health Administrator for final disposition of an application.

A summary of the review criteria and weights follows.

Criteria for Evaluation of Applications Submitted Under 1202 -  
Feasibility and Planning for an EMS System

Applications for funds under Section 1202 shall be evaluated using the criteria and weights shown below.

<u>Criteria</u>	<u>Points</u>
1. Description of the Planning Area.....	150
2. Definition of Needs.....	200
3. Planning Approach.....	250
4. Qualifications.....	200
5. Budget Schedule.....	50
6. Community and Professional Assurance.....	<u>150</u>
TOTAL 1000	

Criteria for Evaluation of Applications Submitted Under Section 1203 - Establishment and initial operation.

Applications for funds under Section 1203 shall be evaluated using the criteria and weights shown below.

<u>Criteria</u>	<u>Points</u>
1. Scope and Broad Objective of EMS Program.....	200
2. Description of Program Area.....	200
3. Definition & Justification of Needs.....	150
4. Objectives & Implementation Approach.....	1500
5. Definition of Priorities.....	200
6. Implementation Schedule.....	50
7. Budget Schedule.....	50
8. Commitments & Assurance of Implementation...	300
9. Organization & Qualifications.....	200
10. Other Factors.....	<u>150</u>
TOTAL	3000

## Criteria for Evaluation of Applications Submitted Under Section 1204 - Expansion and Improvement

The guidelines for review and evaluation of applications submitted under Section 1204 are presented below and follow the recommended outline for planning an area-wide EMSS. Applicants must detail the exact scope of the request for expansion or improvement even when support is being requested for only one component of the total EMS system. However, applicants are required to address each of the other mandatory components in terms of the existing or planned capabilities to enable reviewers to determine the extent to which the system either meets or will meet the requirements of the Act.

Applications for funds under Section 1204 shall be evaluated using the criteria and weights shown below.

<u>Criteria</u>	<u>Points</u>
1. Scope and Broad Objective of EMS Program.....	100
2. Description of Program Area.....	150
3. Definition of Justification of Needs.....	400
4. Objectives of Implementation Approach.....	1500
5. Definition of Priorities.....	100
6. Implementation Schedule.....	50
7. Budget Schedule.....	50
8. Commitments of Assurance of Implementation...	300
9. Organization of Qualifications.....	200
10. Other Factors.....	<u>150</u>
TOTAL 3000	

## CHAPTER VI

### POST-AWARD PROGRAM ADMINISTRATION

The responsibility for effective and efficient management of the program following an award rests with both the grantee and the grantor. Grantees are responsible for administering their grants according to the provisions of this document, the related regulations and PHS general policy statements, including the following:

- planning, establishing, operating, expanding and improving the EMS System in accordance with the objectives of the approved application
- informing the appropriate Regional Office of any important changes in the EMS program
- expending grant funds only for authorized purposes
- submitting all required reports
- maintaining appropriate financial reports
- fulfilling all assurances as certified.

The Regional Health Administrator shall ensure that funds are prudently expended and that the grantees conform to the above requirements and others as promulgated in related program policy statements.

### PROJECT CHANGES

#### *Extension of Time for Project*

Where additional time is required to assure adequate completion of the approved project objectives, the project period may be extended. In no event shall the project period exceed two years, except by use of funds previously awarded but remaining unobligated at the end of such time for grants awarded under Sections 1203 and 1204. No single extension may exceed twelve (12) months. The negotiation regarding extension of time to complete a project may be either at the initiative of DHEW or the grantee.

#### *Change in Project Objectives or Scope:*

Prior written approval by the appropriate Regional Office is required when the grantee wishes to make changes which would alter the approved objectives for which the grant was made.

#### *TEMPORARY ABSENCE OF PROGRAM DIRECTOR:*

Where the absence of the program director is anticipated to exceed a continuous period of three months, plans for the conduct of the project during his absence must be approved by the appropriate Regional Office. A request for such approval must be signed by an authorized grantee official and be submitted at least thirty (30) days before the departure of the program director, or as soon as it is known that he will be absent.

#### *WITHDRAWAL OF THE PROGRAM DIRECTOR:*

If the program director relinquishes or expects to relinquish active direction of the project, the Regional Office must be notified immediately. The grantee may request that the project be continued under the direction of another program director for the duration of Federal support. The request may be made by letter, countersigned by the authorized official, explaining the reason for the change and accompanied by a biographical sketch describing the proposed director's qualifications. The individual proposed by the grantee as the new program director must be found acceptable by the appropriate Regional Office following review of his qualifications and reevaluation of the project in light of the proposed change.

#### *CHANGE OF GRANTEE:*

Grants for EMS projects may not be transferred from one grantee to another, without approval of PHS.

#### *REBUDGETING OF GRANT FUNDS:*

Grant funds may be used only for purposes described in the approved application or for such related purposes as may subsequently be approved as necessary to the activities of the grant. Approval of a grant budget by PHS constitutes prior approval for expenditure of funds for costs included in the approved budget. PHS permits the grantee to depart from the grant budget agreed upon at the time of award to meet certain anticipated requirements in the approved project. Such departure must be in compliance with PHS policy, the Federal regulations governing the grant program, and the policies and procedures of the grantee. Rebudgeting must not contribute an increase in cost to PHS for support of the project.

Grantees should follow the budget revision procedures described in Title 45 CFR, Part 74, Subpart "L" as implemented by PHS.

## COSTS

Costs chargeable to the grant may only be incurred within the budget period indicated on the notice of Grant Award. Grant funds may not be used to reimburse costs incurred prior to the beginning date of an initial grant.

## PAYMENTS

Grant prepayments will be made either on a monthly cash request or a letter of credit method. The policies and requirements set forth in 45 CFR Part 74, Subpart K will govern payments. Questions concerning the method of payments should be directed to the respective Regional Grants Management Office.

## INCOME, CREDITS, AND REFUNDS

*Income* - The grantee is accountable for all grant-related income generated by activities performed under PHS grants. Such income may be produced by the services of individuals, by use of equipment and facilities from royalties and profits from publications, films or similar materials, or from general services of the grantee. Except for the special circumstances listed in the paragraph below, all grant related income earned during the grant period shall be treated in accordance with one or a combination of the following options, to be designated in the grant's terms and conditions.

- used by the grantee for any purposes which further the objectives of the grant;
- deducted from the total project costs for the purpose of determining the net costs on which the Federal share of costs will be based; or

Grant related income may not be used to reimburse unallowable costs.

Grantees are required to maintain records of the receipt and disposition of the DHEW share of grant-related income in the same manner as required for the funds provided by the grant which gave rise to the income.

*Interest* - Pursuant to Section 203 of the Intergovernmental Cooperation Act of 1968 (42 U.S.C. 4213), a State will not be held accountable for interest earned on grant funds, pending their disbursement for grant purposes. A State, as defined in Section 102 of the Intergovernmental Cooperation Act, means any one of the several States, the District of Columbia, Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State, but does not include the governments of the political subdivisions of the State. All grantees other than a State, as defined in this section, must return all interest earned on grant funds to the Federal Government.

*Credits* - During the grant period, refunds and rebates applicable to charges made to a grant should be credited to the grant account. Those received after the termination of the project period should be returned to DHEW unless otherwise instructed. Checks for funds to be returned should be made payable to DHEW and forwarded to the Regional Financial Management Officer in the appropriate Regional Office. The check must identify the relevant grant account and the reason for payment.

#### ACCOUNTING, RECORDS, AND AUDIT

*Accounting* - The accounting for grant funds will be in accordance with generally accepted accounting principles consistently applied, and in accordance with cost principles set forth in Title 45 CFR Part 74, Subpart Q, appropriate to the grantee involved.

*Financial Records and Records Retention* - Recipients of grants are required to maintain grant records to support identifiable charges to a grant-supported project and to make them readily available for examination by personnel authorized to examine grant accounts. Grantees should refer to Subpart D, Title 45 CFR Part 74, for retention and custodial requirements for records.

*Audit* - Grantees are subject to periodic audit by the awarding audit agency. The audit is made to (a) verify financial transactions and to determine whether grant funds were used in accordance with applicable laws, regulations, and procedures; (b) provide DHEW and grantee management with objective appraisals of financial, accounting system, and administrative controls; and (c) determine reliability of financial records and reports.

## REPORTS AND REPORTING REQUIREMENTS

Except for the financial reporting requirements mentioned above and unless other instructions are given, Reports should be sent to the Regional Health Administrator in the appropriate region (See Exhibit A for addresses). Both administrative and specific program reports are required.

*REPORT OF GRANT EXPENDITURES* - A report of grant expenditures is required immediately following the end of the budget period.

The report for the final year of any grant must have no unliquidated obligations and must indicate the exact balance of unexpended funds. The Report forms are routinely mailed to the grantee before the end of the budget period and should be completed in accordance with the instructions accompanying the form.

*PROGRESS REPORTS* - Both interim and final progress reports are required for grant-supported activities.

*Interim Reports* - The time of submission of interim progress reports will vary with the Section of the law which is involved. For Section 1202, the interim report is due three months after an award is granted. Nine months after a Section 1203 award is granted an interim report is due. In the case of Section 1204, an interim report is due with the submission of a competing extension application. A second award under Sections 1203 and 1204 will not be made unless the progress reports provide evidence of satisfactory program progress.

*Final Reports* - A final progress report is required with the 90 days following the terminal date of the project. The report should identify the grant number, period covered, and program director, and provide a brief descriptive title of the project. Instructions will be furnished by the Regional Office concerning further detailed information needed and the number of copies.



## PUBLICATION AND PUBLICITY

### *REPORTING PROJECT RESULTS*

Program directors are expected to make the results and accomplishments of their activity available to the public. Individuals supported by EMSS grants are free to submit for publication reports of their findings to the journals of their choice. Prior PHS approval is not required for reporting results of any activity under an EMS grant. Responsibility for direction of the project, therefore, should not be ascribed to PHS. Acknowledgement of PHS support, however, must carry the following or a comparable footnote: "This project was supported by the U.S. Public Health Service grant number \_\_\_\_\_."

In the event that the grantee wishes to join with the Regional Office in simultaneously announcing the results of a project, the action should be coordinated with the appropriate Regional Health Administrator.

Three reprints of publications resulting from work supported in whole or in part by a DHEW grant must be submitted to the appropriate Regional Health Administrator.

### *RELEASE OF INFORMATION BY THE DHEW*

The Freedom of Information Act (P.L. 90-23) and associated public information regulations of the U.S. Department of Health, Education, and Welfare require the release of certain requested information on EMS grants--regardless of the reasons for the request--to any member of the public. The intended use of information pertaining to the DHEW grants or awards, therefore, will not be a criterion for release to any member of the public or information media.

The PHS makes available to members of the press and other interested persons a report listing the EMS projects awarded. Information made available includes the title or purpose of the project, grantee, name of program director, and amount of the award. In addition to the annual listing, the following information is available upon request:

- a. General description of the approved project,
- b. Approved budget as shown in the Notice of Grant Award,
- c. Total costs for each major category, and
- d. Terminal progress report under the following circumstances:

1. immediately, if there is no indication of a specific plan to publish the report in the open literature, or
2. at the end of six months, unless the program director agrees to an earlier release date. The contents of the report may otherwise be held as restricted information for six months.

*EXCEPTIONS TO PUBLIC DISCLOSURE*

For projects other than research or research training, the information contained on the face page of the application and in the Summary of the project is available before and after an award is made.

For all projects the following information is not to be made available:

1. Confidential financial information of grantee.
2. Detail of estimated budgets.
3. Information of confidential nature that would cause embarrassment of a personal nature or loss of privacy to any person.
4. Transcripts or summaries of discussions of applications by advisory bodies.

REGIONAL OFFICES  
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE

Attn: Emergency Medical Services  
Coordinator

REGION I  
Regional Health Administrator  
Government Center  
Boston, Massachusetts 02203

Connecticut  
Maine  
Vermont

New Hampshire  
Rhode Island  
Massachusetts

REGION II  
Regional Health Administrator  
26 Federal Plaza  
New York, New York 10007

New Jersey  
New York  
Puerto Rico  
Virgin Islands

REGION III  
Regional Health Administrator  
P.O. Box 13716  
Philadelphia, Pennsylvania 19101

Delaware  
Maryland  
Virginia

West Virginia  
Pennsylvania  
District of Columbia

REGION IV  
Regional Health Administrator  
50 Seventh Street, N.E.  
Atlanta, Georgia 30323

Alabama  
Florida  
Georgia  
Kentucky

Mississippi  
North Carolina  
South Carolina  
Tennessee

REGION V  
Regional Health Administrator  
300 South Wacker Drive  
Chicago, Illinois 60606

Illinois  
Indiana  
Michigan

Ohio  
Wisconsin  
Minnesota

REGION VI  
Regional Health Administrator  
1114 Commerce Street  
Dallas, Texas 75202

Arkansas  
Louisiana  
New Mexico

Oklahoma  
Texas

REGION VII  
Regional Health Administrator  
601 East 12th Street  
Kansas City, Missouri 64106

Iowa  
Kansas

Missouri  
Nebraska

REGION VIII  
Regional Health Administrator  
Federal Office Building  
19th and Stouts Street  
Denver, Colorado 80202

Colorado  
Montana  
North Dakota

South Dakota  
Utah  
Wyoming

EXHIBIT A continued

**REGION IX**

**Regional Health Administrator  
Federal Office Bldg.  
50 Fulton Street  
San Francisco, California 94102**

**Arizona  
California  
Hawaii  
Nevada**

**Guam  
American Samoa  
Trust Territory of  
the Pacific**

**REGION X**

**Regional Health Administrator  
Arcade Plaza Bldg.  
1321 Second Avenue  
Seattle, Washington 98101**

**Alaska  
Idaho  
Oregon  
Washington**

A-95 REVIEW PROCESS

STATE, REGIONAL OR METROPOLITAN CLEARINGHOUSE

Information to applicants concerning the project notification and review system

Applicants for grants under this program are subject to the requirements of the Project Notification and Review System established under the Office of Management and Budget Circular A-95. The System implements or assists in implementing Section 401 of the Intergovernmental Cooperation Act of 1968, Section 204 of the Demonstration Cities and Metropolitan Development Act of 1966, and Section 102(2)(C) of the National Environmental Policy Act of 1969.

The purpose of the System is to facilitate coordination of State, regional, and local planning and development through review of intended requests for Federal assistance (and when necessary review of the completed application) by the State clearinghouse and by the regional or metropolitan clearinghouse, as appropriate. The clearinghouses are to identify the relationship of the proposed project to State-wide or area-wide comprehensive plans, evaluate the significance of the proposal to such plans, provide an opportunity for all agencies with an interest in the proposal to review and comment, secure as appropriate the comments and views of agencies authorized to develop and enforce environmental standards, and provide liaison between interested agencies and the applicant organization.

How the System Operates

1. The System is designed to provide early contact between applicants for Federal assistance and State and local governments and agencies to assure sufficient time and opportunity for effective coordination before the application is fully developed. As soon as an organization decides to request support from the Department for a project under this program, a Notification of Intent will be sent to (1) the State clearinghouse and (2) either the regional or metropolitan clearinghouse.

- a. Many of the clearinghouses have developed their own Notification forms and instructions; these will be used by applicants when available.
- b. Where clearinghouses have not issued Notification instructions, applicants will be guided by the attachment to this information statement providing all the information indicated and in the order listed.

2. Clearinghouses have 30 days after receipt of notification from the applicant in which to disseminate the information therein to appropriate State, local, regional, or subregional agencies and to make their own review of the information.

a. For proposed EMS projects, clearinghouses will contact agencies authorized to develop and enforce emergency medical services standards for review and comments. The comments from such agencies will be made available to the applicant and must accompany the application when submitted.

b. Within this 30-day period the clearinghouses will also arrange for conferences or consultations with the applicant on any issues raised relating to the proposed project.

3. If by the end of 30 days the applicant receives no request from the clearinghouse for further consultation, or if all issues raised are resolved through discussion between the applicant and the interested agency, applicants may complete and submit the application to the DHEW.

4. If issues raised are not resolved through discussion, the clearinghouse may notify the applicant that it wishes to make comments on the completed application. Applicants will then submit the completed application to the clearinghouse before it is sent to the DHEW Regional Office, and allow the clearinghouse an additional 30 days in which to file comments with the applicant. A lesser time period may be required during the initial grant cycle.

5. Applicants will include the following with the completed application when submitted to the Department:

a. Any comments and recommendations made by or through the clearinghouses together with a statement that such comments have been considered in the development of the application; or

b. A statement that the procedures outlined above have been followed and that no comments or recommendations have been received.

#### Addresses of Clearinghouses

A Directory of Clearinghouses is maintained in each DHEW Regional Office. Applicants should request the names and addresses of the clearinghouses to which they must submit the Notification. The regional or metropolitan clearinghouse to which the Notification is sent is the clearinghouse which has responsibility for the geographical area in which the proposed activity will take place. If the proposed activity extends into two geographical areas or into two States, the clearinghouses in both areas must be notified.

Applicants can also obtain the names and addresses of the pertinent clearinghouses from the Central EMS Program Office in Washington.

Effective Date

The procedures outlined above are presently effective. Applicants now developing applications will submit Notification to clearinghouses immediately. Applications received in the DHEW Regional Offices which have no evidence of coordination through the Project Notification and Review System will be considered incomplete and processing action held up until reviews by the clearinghouses have been made.

Source: U.S. Government Printing Office, Superintendent of Documents  
Washington, D.C. 20402

U.S. Department of Health, Education, and Welfare Grants Administration Manual.

Dispatcher - Emergency Medical Technician Course. U.S. Department of Transportation. (Stock No. 5003-00097).

Medical Requirements for Ambulance Design and Equipment. National Research Council/National Academy of Sciences and U.S. Department of Health, Education, and Welfare. HSA 74-2035 (Formerly PHS 1071-C-3).

911 - The Emergency Telephone Number - A Handbook for Community Planning. Office of Telecommunications Policy. Stock No. 2205-0003.

Training of Ambulance Personnel and Others Responsible for Emergency Care of the Sick and Injured at the Scene and During Transport. National Research Council/National Academy of Sciences and U.S. Department of Health, Education, and Welfare. HSA 74-2027 (Formerly PHS 1071-C-4).

Source: Office of Management and Budget, 9001 New Executive Office Building,  
Washington, D.C. 20503

Evaluation, Review, and Coordination of Federal and Federally Assisted Programs and Projects. OMB Circular A-95.

Source: U.S. General Services Administration, GSA Building, Room 6018,  
Washington, D.C. 20405

Principles for Determining Costs Applicable to Grants and Contracts With State and Local Governments. OMB Circular A-87.

Uniform Administrative Requirements for Grant-in-Aid to State and Local Governments. OMB Circular A-102.

Source: General Services Administration (3FRS13S), Building 197, Washington Navy Yard, Washington, D.C. 20407

Federal Specifications for Ambulances - Emergency Care Vehicles. General Services Administration. KKK-A-1822 GSA-FSS.

Source: Emergency Medical Services, Box 911, Rockville, Maryland 20852

Emergency Medical Services Communications Systems. U.S. Department of Health, Education, and Welfare, Emergency Medical Services Division. HRA 74-3109. Formerly HSM 73-2003.



Exhibit C

Hospital Disaster Plan - External Plan, Internal Plan. From "Accreditation Manual for Hospitals." HSM 72-2020. Formerly DEHS-7.

Source: American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610

Categorization of Hospital Emergency Capabilities.

Developing Emergency Medical Services - Guidelines for Community Councils.

Source: American College of Surgeons, Committee on Trauma, 55 East Erie Street, Chicago, Illinois 60611

Guidelines for Design and Function of a Hospital Emergency Department.

Source: National Technical Information Service, Springfield, Virginia 22151

An Evaluation Methodology for Emergency Medical Service (EMS) Systems. Computer Sciences Corp. (PB 221 605).

Source: DHEW Regional Offices listed in Exhibit A.

Federal Register Reprint, DHEW Administration of Grants, Vol. 38, No. 181, Title 45, Subpart 74, September 19, 1973.











U.S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Health Services Administration  
P.O. Box 911  
Rockville, Maryland 20852

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