U.S. Department of Health and Human Services
Health Resources and Services Administration
Federal Office of Rural Health Policy
Medicare Rural Hospital Flexibility Program

Non-Competing Continuation Progress Report
Program Specific Instructions
5-U2W-2021-001
Available in EHBs: March 24, 2021
Due in EHBs: May 14, 2021
Funding Start Date: September 1, 2021

Important update: See the recording of the webinar scheduled for March 25, 2021 @ 3 pm ET for details on preparing the Non-Competing Continuation Progress Report. A link to the webinar recording will be posted on the Flex Program Funding Guidance webpage after the event.

I. 2021 Progress Report Overview

This is the Health Resources and Services Administration (HRSA) Non-Competing Continuation (NCC) Progress Report to provide program and budgetary related progress made during the current reporting period (September 1, 2020 – August 31, 2021) and future activities for the upcoming reporting period (September 1, 2021– August 31, 2022) on your Medicare Rural Hospital Flexibility (Flex) Cooperative Agreement. The requirements in the FY 2019 Notice of Funding Opportunity (NOFO), HRSA-19-024, continue for the funding year FY 2021.

You are required to provide an update on your program's progress to allow for continued funding into Year 3 of your program's 5-year project period (September 1, 2019 - August 31, 2024). The purpose of this program is to enable state designated entities to support critical access hospitals in quality improvement, quality reporting, performance improvement, and benchmarking; to assist facilities seeking designation as critical access hospitals; and to create a program to establish or expand the provision of rural emergency medical services. Flex Program objectives include the areas of quality, operational, financial, and population health improvement with the goal of supporting access to necessary health care services in rural communities. This report is intended to cover Flex activities and EMS Supplement activities ONLY, and should not report on other HRSA funded program (i.e. Small Rural Hospital Improvement Program, State Offices of Rural Health, or Primary Care Office) unless the activity specifically relates to the Flex Program.

The continuation of cooperative agreement funding is based on compliance with applicable statutory and regulatory requirements, demonstrated organizational capacity to accomplish the project's goals, adequate justification for all projected costs, availability of appropriated funds, and a determination that continued funding would be in the best interest of the Government. Inadequate justification and/or progress may result in the reduction of approved funding levels.

The continuation funding process is not a vehicle to request changes in scope or re-budgeting of your project. If significant changes in scope or budgeting are necessary, you should request via prior approval separately through EHBs, after discussing proposed changes with your HRSA Federal Office of Rural Health Policy (FORHP) Project Officer and as specified in your Notice of Award (NOA). The Technical Assistance and Services Center (TASC) has the ability to review one element of your NCC submission, please reach out to tasc@ruralcenter.org.

Flex Program Structure

The Medicare Rural Hospital Flexibility Program Structure for FY 2019-FY 2023 document on the TASC website describes required and optional program areas, goals, objectives, and related activity categories. The six Flex program areas are: 1) CAH Quality Improvement, 2) CAH Operational and Financial Improvement, 3) CAH Population Health Improvement, 4) Rural EMS Improvement, 5) Innovative Model Development, and 6) CAH Designation. Section VII of this instruction document has a quick reference list of all of the Program Areas, Goals, and Activity Categories in the current Flex Program. Note that we last updated the MBQIP Measures list in August 2020 please refer to the updated list rather than earlier versions.

MBQIP Updates and CAH Eligibility Requirements

As announced on the NCC Webinar, we are suspending MBQIP eligibility this year, but will continue the eligibility requirements for the next Flex reporting period. All CAHs are eligible to participate in Flex-funded activities in FY 2021 (September 1, 2021 – August 31, 2022). Of note, all grantees continue to be responsible for meeting their program area 1 goals related to quality. CAHs are highly encouraged to continue reporting as many MBQIP measures as possible, regardless of what the minimum requirements are for the year. FORHP encourages grantees to reassess quality improvement activities within program area 1, recognizing that various MBQIP reporting changes in the past budget year (including potential downward trends in MBQIP measure reporting), have hampered our collective efforts to demonstrate impact on using data to drive quality improvement. However, we also recognize the resiliency across the Flex programs and the grit to partner with FORHP in meeting our Flex goals.

As a result, for FY 2021, FORHP is pursuing an opportunity to support current CAH priorities **as part of the Flex work plans and program activities** within Program Area 1**.** More specifically, FORHP will provide an opportunity for states to receive enhanced technical assistance (TA) in order to highlight a specific QI activity that can demonstrate to FORHP how CAHs are making progress in using quality measures to drive improvement. Through participation in "the MBQIP Quality Project," states can select *any quality measure/measure area* that aligns with current priority areas at the state and hospital level and focus on demonstrating improvements in care for **one** quality measure/measure area.

Measures selected for the MBQIP QI Project may be part of the MBQIP core measures, the MBQIP additional measures, or any other quality measure that CAHs find relevant for QI purposes. Programs are highly encouraged to leverage and integrate **existing or planned** QI-related efforts or projects that are most beneficial to CAHs (e.g., swing-bed, infection control initiatives).
The MBQIP Quality Project will address the MBQIP goal to connect measurement to quality improvement, and allow states to showcase their efforts in making tangible improvements in care

through a focused QI project. For additional details on what the FY 2021 MBQIP QI Project entails, please refer to the TASC website.

Lastly, we continue to assess the MBQIP quality reporting requirements to ensure alignment with other national quality reporting programs and relevance with CAH needs. As part of ongoing MBQIP development, we announced a few changes to MBQIP measures and a new process for obtaining the MBQIP data reports. These updates are also mentioned in the updated MBQIP Fundamentals Guide. MBQIP data reports are now accessible through state-specific folders in the NIH Secure System.

The most recent MBQIP measure change is listed below. These change includes:

- Revisions to the EDTC Measure: for further information, an MBQIP measure change summary is available here.

II. 2021 Progress Report Instructions

The forms and documents identified in the following table are required submissions for the FY 2021 NCC. Attached files may be in one of the following formats: .rtf, .doc, .docx, .xls, .xslx, or .pdf. Please check with your project officer before attaching any other file types. Please ensure text is searchable and **do not attach scanned images of text documents, which include .jpeg files**. Please use informative file names and **start every file name with your state's two-letter postal abbreviation**, for example AK_FY21_Narrative.docx.

An electronic version of these instructions and templates for the attachments are available at https://www.ruralcenter.org/content/flex-program-funding-guidance.

Content	Title		Type	Required	Max. Pages
Performance Narrative	Performance Narrative		Attachment	Yes	10
Budget Justification	FY 2021 Budget Justification Narrative		Attachment	Yes	N/A
	1	Work Plan Template Update	Attachment	Yes	N/A
	2	Position Descriptions and Biographical Sketches of New Staff	Attachment	Yes	N/A
	3	Flex QI Project Proposal	Attachment	Yes	N/A
	4	EMS Supplement: Progress Report	Attachment	EMS Supplement Awardees Only	5
	5	EMS Supplement: Budget Justification	Attachment	EMS Supplement Awardees Only	N/A
	6	EMS Supplement: Work Plan Template Update	Attachment	EMS Supplement Awardees Only	N/A

III. 2021 Progress Report Submission Details

A. Performance Narrative (Attachment – Required)

The purpose of the *Performance Narrative* is to provide a comprehensive overview of the cooperative agreement-funded project and to document project activities and accomplishments. This report will provide information about the overall progress of the project since the competitive application and plans for continuation of the project in the FY 2021 budget period through the Non-Competing Continuation. The Performance Narrative should include the information in the order listed in the instructions below and should be no more than 10 pages in length (at least single spaced, type 12 font, one-inch margins). This page count does not include any attachments.

Instructions for the Performance Narrative

The Performance Narrative in EHBs concisely reviews current work and future plans for the state Flex program. Activities should be clearly identified by the standard Flex activity categories (see Section VII of this instruction document) and the narrative should align with, and reference, the attachments listed below.

In the Performance Narrative, include the following required section. In the Performance Narrative, clearly describe:

Significant Changes, Challenges, and Barriers faced or anticipated in the remainder of the FY 2020 budget year (September 1, 2020 – August 31, 2021) and future FY 2021 budget year (September 1, 2021 – August 31, 2022), including activities potentially not completed, in danger of delay, or those that need a change of scope.

- Discuss any changes due to the COVID-19 Response to your current or future year work plans.
- Discuss any staffing changes since the 2020 Non-Competing Continuation Progress Report (May 2020) and any unfilled positions and plans to fill the positions.
- Describe plans to mitigate or manage significant changes, challenges, and barriers.
- Describe potential/anticipated impact on meeting any goals of the Flex program.
- Describe any anticipated technical assistance needs.

B. Budget Justification FY 2021 (Attachment – Required)

The purpose of the *Budget Justification Narrative* is to provide a clear overview of proposed spending for the cooperative agreement-funded project. The Budget Justification must be sufficiently detailed and cover use of federal funds for each object class category listed on the SF-424A. Travel and contractual costs must be itemized. Itemized travel costs should include, at minimum, airfare or mileage, lodging, per diem, and miscellaneous expenses as applicable for each trip, plus any other requirements determined by your organization's travel policies. Itemized contractual costs should include deliverables.

Flex-specific budget requirements:

(1) Recipients should base budgets on FY 2021 Flex award levels. See projected funding levels by state listed in Section VI of these instructions.
(2) At least one full time equivalent position is dedicated to the state Flex program.
(3) FORHP expects all recipients to participate in the 2021 National Flex Meeting (Reverse Site Visit) and one other regional or national meeting each year related to the administration of the Flex program, as a part of ensuring program maintenance and integrity. The budget should include necessary travel funds for these out-of-state meetings.
(4) A Flex representative is encouraged to attend the NRHA CAH Conference in Kansas City, MO.
(5) Whenever staff turnover occurs by personnel directly responsible for executing the duties of the Flex program, the replacement personnel are required to attend a Flex Program Workshop in Duluth, MN, within one year of start date in the role.
(6) Indirect costs for the Flex program are limited by statute. Following HRSA policy this indirect cost limitation is applied to the direct cost of the program and the requested indirect cost in the proposed budget should be no more than 15% of the direct cost. This limit comes to approximately 13.04% of the total program award, inclusive of direct and indirect costs.
(7) Recipients and sub-award recipients may not use Flex funds for the following purposes:
    a. For direct patient care (including health care services, equipment, and supplies);
    b. To purchase ambulances and any other vehicles or major communications equipment;
    c. To purchase or improve real property; and/or
    d. For any purpose which is inconsistent with the language of the NOFO HRSA-19-024 or Section 1820(g) (1, 2) of the Social Security Act (42 U.S.C. 1395i-4(g) (1) and (2)).

C. Attachments

The Attachments provide specific supporting information to inform the story of the funded project described in the performance narrative. These attachments do not have page limits unless specified.

(1) **Attachment 1: Update Work Plan Template (Required).** Please use the Work Plan Template to update the future year (FY 2021) include ongoing activities that will continue from the current budget period, as well as any new activities and indicate if each activity is new or ongoing. If this future work plan eliminates an activity category that was in the current (FY 2020) work plan or adds an activity category that was not in the current work plan then the project requires a change of scope through an EHBs Prior Approval, and should be discussed with your FORHP project officer.

(2) **Attachment 2: Position Descriptions and Biographical Sketches (Required)**. Include position descriptions for all new positions and/or new staff for which program support is requested. Please indicate if new positions are filled or currently vacant. Include a biographical sketch, curriculum vitae, or resume for all new staff. If there are no staff changes, please include a single page labeled Attachment 2 and stating, "No staffing changes since May 2020." **Please also include the organization names and primary contacts for your significant contracts/partners**.

(3) **Attachment 3: Flex Quality Improvement Project Proposal**. Please include a short paragraph describing the Quality Improvement project you would like to focus on for the Flex QI Project. Please reference the TASC website for more details on this project.

(4) **Attachment 4: EMS Supplement: Progress Report (Required for EMS Supplement Awardees).** Awardees of the EMS Supplemental Funding must include an updated progress report to provide program and budgetary related progress made during the current reporting period (September 1, 2020 – August 31, 2021) and future activities for the upcoming reporting period (September 1, 2021– August 31, 2022) on your Medicare Rural Hospital Flexibility Program – Emergency Medical Services Supplement Cooperative Agreement. The requirements in the FY 2019 Notice of Funding Opportunity (NOFO), HRSA-19- 095, continue for the funding year FY 2021:

Focus Area 1: To implement demonstration projects on sustainable models of rural EMS care. Projects will facilitate the development and implementation of promising solutions for the problems faced by vulnerable EMS agencies and contribute to an evidence base for appropriate interventions.

Focus Area 2: To implement demonstration projects on data collection and reporting for a set of rural-relevant EMS quality measures. Projects will facilitate the development of a core set of validated, rural-relevant EMS quality measures.

Your progress report should include the following:

- **Significant Changes, Challenges, and Barriers** faced or anticipated in the remainder of the FY 2020 budget year (September 1, 2020 – August 31, 2021) and future FY 2021 budget year (September 1, 2021 – August 31, 2022), including activities potentially not completed, in danger of delay, or those that need a change of scope. Discuss any staffing changes since the FY 2020 Non-Competing Continuation Progress Report submission and any unfilled positions and plans to fill the positions. Describe plans to mitigate or manage significant changes, challenges, and barriers.

(5) **Attachment 5: EMS Supplement: Budget Justification FY 2021 (Required for EMS Supplement Awardees).** The purpose of the Budget Justification Narrative is to provide a clear overview of proposed spending for the program-funded project. The Budget Justification must be sufficiently detailed and cover use of federal funds for each object class category listed on the SF-424A. Travel and contractual costs must be itemized. Itemized travel costs should include, at minimum, airfare or mileage, lodging, per diem, and miscellaneous expenses as applicable for each trip, plus any other requirements determined by your organization's travel policies. Itemized contractual costs should include deliverables

(6) **Attachment 6: EMS Supplement: Work Plan Template Update (Required for EMS Supplement Awardees).** Please use the EMS Supplement Work Plan Template to update your future year (FY 2021) sheets in the excel file.

IV. Reporting Requirements

Reporting Requirement	Reporting Deadline
Performance Improvement and Measurement System (PIMS)	October 30, 2021
End of Year Report	November 30, 2021
Federal Financial Report (FFR)	January 30, 2022
Non-Competing Continuation (NCC) Progress Report	March 2022

Federal Financial Report (FFR)

The Federal Financial Report (FFR) for the FY 2021 budget period must be submitted **no later than January 30, 2022**, and must be submitted electronically through the Payment Management System (PMS). As of October 1, 2020 there have been some changes made to the FFR submission process. Details on the change can be found here. HRSA expects that all funds will be used within the year they are awarded.

The Federal Financial Report (FFR) for the previous budget period (FY2020) must be submitted **no later than January 30, 2021**, and must be submitted electronically through the Payment Management System (PMS). While it is an expectation that all funds are used within the year they are awarded, if you anticipate that there will be an unobligated balance (UOB) of funds at the completion of the current budget period and that these funds will be needed to complete the activities of the project objectives, you must note this in the 'FFR Remarks' block and request prior approval to use the UOB as carryover for your project in the new budget period. You may do so by submitting a prior approval request through the HRSA EHBs within 30 days of the electronic FFR submission. The request to use the UOB shall include an explanation of why the funds were not spent and why the carryover is needed, a detailed budget justification and SF424A. The prior approval is subject to review by grants management and the program office for appropriate modification of the UOB and the grantee is reminded only activities listed in the approved FY 2020 work plan are eligible for carryover into FY 2021 budget period.

Performance Improvement and Measurement System (PIMS)

FORHP created specific performance measures within the Performance Improvement and Measurement System (PIMS) located in the HRSA EHBs. Recipients report program data in this system annually following the end of the budget period. For Flex, the PIMS report focuses on two topics that reflect some, but not all, of the significant work of state Flex programs: 1) CAH participation in Flex-funded performance improvement activities and 2) total state Flex program spending (for both performance improvement and other work) in each activity category of the Flex program.

End of Year Report

In the next few months, FORHP will be working with you, Flex Stakeholders, to develop a template for an End of Year Report. You will be asked to update your Work Plan Template for your FY 2021 and Summary 5-Year tabs to report. This will help capture the full budget year of data and accomplishments and minimize the burden of NCC reporting. We will be providing webinars, additional education, and support for more technical assistance on this report.

V. Technical Assistance

Program Assistance

Recipients are encouraged to request assistance, if needed, when submitting their Non-Competing Continuation Progress Report. Please contact the Flex Program Coordinator or your FORHP Project Officer to obtain additional information regarding overall program issues:

Victoria Leach
Flex Program Coordinator
Health Resources and Services Administration
Federal Office of Rural Health Policy
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: 301.945.3988
E-mail: vleach@hrsa.gov

Grants Management

Recipients may obtain additional information regarding business, administrative or fiscal issues related to the NCC submission by contacting:

Bria Haley
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane,
Rockville, Maryland 20857
Telephone: 301.443.3778
E-mail: bhaley@hrsa.gov

Electronic Progress Report - HRSA EHBs Assistance

Recipients may need assistance when working online to submit their information electronically. For assistance with submitting the information in HRSA's EHBs, contact the HRSA Call Center, 8 a.m. to 8 p.m. ET, weekdays (except Federal holidays):

HRSA Contact Center
Phone: (877) Go4-HRSA or (877) 464-4772
E-mail: http://www.hrsa.gov/about/contact/ehbhelp.aspx

EHBs Knowledge Base: https://help.hrsa.gov/display/public/EHBSKBFG/Index
EHBs Non-Competing Continuation FAQs:
https://help.hrsa.gov/display/public/EHBSKBFG/Noncompeting+Continuation+%28NCC%29+FAQs

VI. FY 2021 Funding Levels

This table shows the FY 2021 Flex funding levels by state that are the same from FY 2020 funding levels. These funding levels are contingent upon final appropriation dollars available.

State	Recipient Name	Cooperative Agreement #	FY 2021 Funding
AK	HEALTH AND SOCIAL SERVICES, ALASKA DEPARTMENT OF	U2WRH33307	$611,422
AL	PUBLIC HEALTH, ALABAMA DEPARTMENT OF	U2WRH33293	$364,358
AR	ARKANSAS DEPARTMENT OF HEALTH	U2WRH33304	$602,319
AZ	UNIVERSITY OF ARIZONA	U2WRH33311	$551,961
CA	DEPARTMENT OF HEALTH CARE SERVICES	U2WRH33322	$542,359
CO	COLORADO RURAL HEALTH CENTER	U2WRH33305	$655,393
FL	HEALTH, FLORIDA DEPARTMENT OF	U2WRH33316	$511,289
GA	COMMUNITY HEALTH, GEORGIA DEPT OF	U2WRH33286	$651,413
HI	HEALTH, HAWAII DEPARTMENT OF	U2WRH33309	$446,074
IA	PUBLIC HEALTH, IOWA DEPARTMENT OF	U2WRH33302	$757,191
ID	HEALTH AND WELFARE, IDAHO DEPARTMENT OF	U2WRH33308	$641,351
IL	PUBLIC HEALTH, ILLINOIS DEPARTMENT OF	U2WRH33301	$824,375
IN	INDIANA STATE DEPARTMENT OF HEALTH	U2WRH33300	$656,819
KS	HEALTH AND ENVIRONMENT, KANSAS DEPARTMENT OF	U2WRH33306	$968,815
KY	UNIVERSITY OF KENTUCKY	U2WRH33312	$602,464
LA	HEALTH AND HOSPITALS, LOUISIANA DEPARTMENT OF	U2WRH33310	$563,812
MA	PUBLIC HEALTH, MASSACHUSETTS DEPT OF	U2WRH33294	$316,735
ME	HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF	U2WRH33288	$437,911
MI	MICHIGAN CENTER FOR RURAL HEALTH	U2WRH33317	$692,449
MN	DEPARTMENT OF HEALTH MINNESOTA	U2WRH33314	$911,531
MO	HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF	U2WRH33295	$510,424
MS	HEALTH, MISSISSIPPI STATE DEPARTMENT OF	U2WRH33290	$488,194
MT	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	U2WRH33320	$806,474
NC	HEALTH & HUMAN SERVICES, NORTH CAROLINA DEPARTMENT OF	U2WRH33287	$626,231
ND	UNIVERSITY OF NORTH DAKOTA	U2WRH33321	$815,742
NE	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	U2WRH33315	$882,649
NH	HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF	U2WRH33289	$431,566
NM	HEALTH, NEW MEXICO DEPARTMENT OF	U2WRH33297	$317,683
NV	UNIVERSITY OF NEVADA, RENO	U2WRH33318	$495,108

NY	HEALTH RESEARCH, INC.	U2WRH33296	$394,932
OH	HEALTH, OHIO DEPARTMENT OF	U2WRH33298	$688,294
OK	OKLAHOMA STATE UNIVERSITY	U2WRH33319	$673,496
OR	OREGON HEALTH & SCIENCE UNIVERSITY	U2WRH33327	$697,883
PA	PENNSYLVANIA STATE UNIVERSITY, THE	U2WRH33292	$444,516
SC	SOUTH CAROLINA OFFICE OF RURAL HEALTH	U2WRH33328	$394,458
SD	SOUTH DAKOTA DEPARTMENT OF HEALTH	U2WRH33329	$673,740
TN	HEALTH, TENNESSEE DEPT OF	U2WRH33325	$498,448
TX	AGRICULTURE, TEXAS DEPARTMENT OF	U2WRH33313	$901,523
UT	DEPARTMENT OF HEALTH UTAH	U2WRH33323	$391,386
VA	HEALTH, VIRGINIA DEPARTMENT OF	U2WRH33299	$356,713
VT	HUMAN SERVICES, VERMONT AGENCY OF	U2WRH33291	$320,206
WA	HEALTH, WASHINGTON STATE DEPARTMENT OF	U2WRH33326	$686,629
WI	UNIVERSITY OF WISCONSIN SYSTEM	U2WRH33303	$804,871
WV	HEALTH AND HUMAN RESOURCES, WEST VIRGINIA DEPARTMENT OF	U2WRH33324	$551,220
WY	WYOMING, DEPARTMENT OF HEALTH	U2WRH33330	$497,399
	Totals	**45**	$26,659,826

VII. Flex Program Areas, Goals, and Activity Categories

This list includes all of the same Program Areas included in the **FY 2019 Flex NOFO** with their associated goals and activity categories. Use this list as a quick reference for the structure and categorization of the Flex program. See the **FY 2019 Flex Program Structure** for more details on all of these areas and categories.

Program Area 1: CAH Quality Improvement (required)
Program Area 1 Goals: 1) Increase the number of CAHs consistently reporting quality data, and 2) Improve the quality of care in CAHs
Activity Categories:

1.1 Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs (required annually)
1.2 Report and improve Core Patient Engagement Measures (required annually)
1.3 Report and improve Core Care Transitions Measures (required annually)
1.4 Report and improve Core Outpatient Measures (required annually)
1.5 Report and improve Additional Patient Safety Measures (optional)
1.6 Report and improve Additional Patient Engagement Measures (optional)
1.7 Report and improve Additional Care Transitions Measures (optional)
1.8 Report and improve Additional Outpatient Measures (optional)

Suggested participation (output) measure:

- Number and percent of CAHs in the state participating in Flex-funded quality reporting and quality improvement activities each year. Set a target in the future work plan and report the actual number in PIMS (1.1-1.8).
- Other output measures as applicable for specific activity categories.

Suggested outcome measures:

- Consistent reporting: Number and percent of CAHs in the state reporting data every quarter for all MBQIP core measures during the budget year.
- High-quality performance: Number and percent of CAHs in the state achieving defined performance levels on one or more targeted MBQIP quality measures. Explain the reasons for selecting the chosen measure for a statewide target and the reasons for the benchmark chosen for defining high-quality performance on that measure.
- Other outcome measures as applicable for Quality Improvement and MBQIP.

Program Area 2: CAH Operational and Financial Improvement (required)
Program Area 2 Goal: Maintain and improve the financial viability of CAHs
Activity Categories:

2.1 Statewide operational and financial needs assessments (required annually)
2.2 Individual CAH-specific needs assessment and action planning (optional)
2.3 Financial improvement (optional)
2.4 Operational improvement (optional)
2.5 Value-based payment projects (optional)

Suggested participation (output) measure:

- Number and percent of CAHs in the state participating in Flex-funded operational and financial improvement projects each year. Set a target in the future work plan and report the actual number in PIMS (2.2-2.5).
- Other output measures as applicable for specific activity categories.

Suggested outcome measures:

- Number and percent of CAHs in the state meeting the benchmark for a measure identified in the Small Rural Hospital and Clinic Finance 101 Manual. Explain the reasons for selecting the chosen measure or measures for statewide tracking and the reason for the benchmark chosen for that measure.
- Example of a widely applicable measure from the manual: Number and percent of CAHs in the state with operating margins above 0.9 percent each year. Objective could be for all CAHs in the state to meet this threshold by year 4. In this example, threshold set slightly below the national median due to state-specific conditions that reduce average margins. Improving operating margins over time will contribute to the goal of improving financial viability of CAHs.
- Example of a high-level, long-term measure: Number and percent of CAHs in the state rated high or mid-high in the Financial Distress Index (FDI) calculated by UNC each year (data and historical trend available in CAHMPAS). The objective could be to decrease the number of CAHs to no more than X CAHs in the state rated high or mid-high in the FDI by year 4. Note that some states have few or no CAHs rated high or mid-high so the measure would not apply.
- Other outcome measures as applicable for operational and financial improvement.

Program Area 3: CAH Population Health Improvement (optional)
Program Area 3 Goal: Build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities
Activity Categories:

3.1 Support CAHs identifying community and resource needs (optional)
3.2 Assist CAHs to build strategies to prioritize and address unmet needs of the community (optional)

3.3 Assist CAHs to engage with community stakeholders and public health experts and address specific health needs (optional)

Suggested participation (output) measure:

- Number and percent of CAHs in the state participating in Flex-funded population health improvement projects each year. Set a target in the future work plan and report the actual number in PIMS (3.2-3.3).
- Other output measures as applicable for specific activity categories.

Suggested outcome measures:

- Determine outcome measure appropriate to the population health interventions planned.

Program Area 4: Rural EMS Improvement (optional)
Program Area 4 Goals: 1) Improve the organizational capacity of rural EMS, and 2) Improve the quality of rural EMS

Activity Categories:

4.1 Statewide rural EMS needs assessment and action planning (optional)
4.2 Community-level rural EMS assessments and action planning (optional)
4.3 EMS operational improvement (optional)
4.4 EMS quality improvement (optional)

Suggested participation (output) measure:

- Number and percent of rural EMS agencies in the state participating in Flex-funded improvement projects each year. Set a target in the future work plan and report the actual number in PIMS (4.2-3.4).
- Other output measures as applicable for specific activity categories.

Suggested outcome measures:

- Number and percent of rural EMS agencies participating in Flex activities that report quality data through a state-level data collection tool or through the National EMS Information System (NEMSIS).
- Number and percent of rural EMS agencies in the state that are financially stable, financial indicators may include operating margins, total margins, or days cash on hand meeting benchmarks.
- Other outcome measures as applicable for EMS improvement.

Program Area 5: Innovative Model Development (optional)
Program Area 5 Goal: Increase knowledge and evidence base supporting new models of rural health care delivery

Activity Categories:

5.1 Develop and test innovative models and publish report or documentation of the innovation
5.2 Develop and test CAH outpatient clinic (including CAH-owned rural health clinics) quality reporting and publish report or documentation

Suggested participation (output) measure:

- Number and percent of CAHs in the state participating in Flex-funded innovative model projects each year. Set a target in the future work plan and report the actual number in PIMS (5.1-5.2).
- Other output measures as applicable for specific activity categories.

Suggested outcome measure:

• Increased rural evidence base as shown by a published report on positive and negative results of each model including health outcomes and replicability assessment (one report reflecting the multi-year project, not expected annually).
• Other outcome measures appropriate to the innovative model planned.

Program Area 6: CAH Designation (required if requested)
Program Area 6 Goal: Assist rural hospitals to seek or maintain appropriate Medicare participation status to meet community needs
Activity Categories:

6.1 CAH conversions (required if assistance is requested by rural hospitals)
6.2 CAH transitions (required if assistance is requested by CAHs)

Suggested participation (output) measures:

• Number of rural hospitals requesting conversion assistance. Set a target in the future work plan and report the actual number in PIMS (6.1).
• Number of CAHs requesting transition assistance. Set a target in the future work plan and report the actual number in PIMS (6.2).

Suggested outcome measure:

• Number of new CAHs receiving CMS certification in the year.