

REQUEST FOR REIMBURSEMENT:

Emergency Medical Services Regulatory Board

INTRODUCTION

The Minnesota Emergency Medical Services Regulatory Board (EMSRB) is soliciting ***Requests for Reimbursements*** (RFR) from Minnesota licensed ambulance services that took ***extraordinary*** steps for Ebola Preparedness. The funds appropriated by the legislature this last year are intended, pursuant to [SF 174 Sec. 7 \(5\)](#), for the costs of statewide planning, coordination, preparation, and response activities related to Ebola:

- *costs directly attributable to maintaining a state of readiness with respect to the public health threat posed by Ebola. The Emergency Medical Services Regulatory Board shall proportionally allocate this grant to these service providers. and*
- *The appropriations in this section are one time.*

The objective is to select and fund ambulance services that went above and beyond their normal scope of practice and ambulance services that incurred ***extraordinary*** expenses directly attributable to maintaining a state of readiness with respect to the public health threat posed by Ebola.

AUTHORITY for REQUEST FOR REIMBURSEMENT:

Minnesota Session Laws – [2015 Chapter 3—S.F. No. 174](#)

Section 7 (5) provides: \$148,000.00 to the Emergency Medical Services Regulatory Board for service providers who can demonstrate ***extraordinary*** costs directly attributable to maintaining a state of readiness with respect to the public health threat posed by Ebola. **The Emergency Medical Services Regulatory Board shall proportionally allocate this grant funding to these service providers.**

Note: The Session Law stated that there shall make be no payments under this grant for expenses that are reimbursable with federal funds.

IMPORTANT DATES: (Timeline and Process)

Request for Reimbursement Publication Period: March 1, 2016 – March 31, 2016

Pre-Reimbursement Conference Call: March 9, 2016 10:00 AM

Deadline for Question Submission: March 28, 2016 4:00P.M.

Final Submission Deadline for Request for Reimbursement: March 31, 2016 4:00 PM

Anticipated review and selection period: April 4 - 8, 2016

ATTACHMENTS

- A. Ebola Narrative Template in Word Format
- B. Microsoft Excel 2010 Excel document – Tabs included are:
 - a. Ebola Invoice
 - i. Do not adjust this tab; it will pre-populate
 - b. Itemized List
 - i. Please fill in the appropriate items

ATTACHMENTS (Continued)

- c. Detailed Description
 - i. Please give a detailed description of the expense showing how the cost was an extraordinary and was directly attributable to maintaining a state of readiness with respect to the public health threat posed by Ebola.
- d. Other Grants Received
- e. Notes
- C. Evaluation Criteria
- D. W-9 Form
- E. Sample Contract
- F. Session law: [SF 174 Sec. 7 \(5\)](#)
- G. EMSRB Contract with MDH for Ebola Appropriation

REQUIREMENTS FOR REIMBURSEMENT CONTENT AND FORMAT

Reimbursement requests must include at least the following components, presented in the outline that follows. Specific requirements, comments and instructions for each section are detailed on the following pages of this document.

I. Ambulance Service Name and Region

The name of your ambulance service must be listed as well as the EMS region in which you provide ambulance service. Also include any Ebola-Designated Hospital(s) with which your ambulance service may be associated.

II. Reimbursement Request Narrative

Applicant reimbursement requests must satisfactorily address the following areas, as specified in [SF 174 Sec. 7 \(5\)](#). The reimbursement request must clearly support the goal of maintaining a state of readiness with respect to the threat posed by Ebola and evidence *extraordinary* costs were incurred by the ambulance service to meet the goal. Each request will be evaluated on the following criteria:

A. **Statewide Planning:**

1. How the ambulance service was engaged in the statewide planning for Ebola preparedness.

B. **Coordination:**

1. Ambulance Service was/is specifically associated with an Ebola Designated Hospital.
2. The requesting ambulance service regularly serves an Ebola Designated Hospital and or collaborated with an Ebola Designated Hospital to prepare for an Ebola situation.
3. Ambulance Service that incurred specific costs related to working with Minnesota Department of Health (MDH) or the Center for Disease Control (CDC) in the development of EMS guidelines and policies for receiving and transportation of suspected or confirmed Ebola patients.
4. Ambulance Service coordinated development of guidelines or protocols at the local or regional levels for receiving and transporting suspected or confirmed Ebola patients.

C. **Preparation:**

1. Ambulance Services that provided education or training to EMS personnel specifically for Ebola preparedness.

II. Reimbursement Request Narrative (Continued)

2. Ambulance Services that can show education and training above and beyond normal education and training to prepare for a potential Ebola situation. Education and training must have occurred between July 1, 2014 and June 30, 2015.
3. Those Ambulance Services that performed exercises and drills to specifically prepare for receiving and transporting suspected or confirmed Ebola patient and have records of the exercises and drills.
4. Ambulance services that purchased equipment and supplies above and beyond day to day infection control supplies and specific to receiving and transportation of a suspected or confirmed Ebola patient.

D. Response Activities:

1. An Ambulance Service that provides service to a high risk area or population of people from countries where Ebola outbreaks occurred and/or where a significant portion of the population was being monitored for suspected Ebola cases.
2. Ambulance service that transported a suspected Ebola patient.

Please note that NOT all criteria must be met for a successful application.

A Sample Narrative is included in *Attachment A*.

III. Expenses

A. Expense Line Items

- The reimbursement process will be managed in accordance with state law and pursuant to the Minnesota Department of Administration's Office of Grant Management policies. (See <http://mn.gov/admin/government/grants/>.)
- All expense line items must be accompanied by appropriate documentation showing the money was actually spent on items specifically related to those costs pertaining to the Narrative form.

B. Reimbursement Justification

Justification of the expenses is an important part of the reimbursement request and must be detailed enough to clearly show how all amounts were determined and how they specifically relate to Ebola preparedness.

The EMSRB may request additional information, during the evaluation of reimbursement requests, for any items that do not contain detailed information.

OTHER REQUIREMENTS

Acceptance and Intent to Abide by Requirements

By submitting this request for reimbursement the requestor agrees to the following:

1. No funds distributed from this reimbursement will be used to pay any fines or fees.
2. No funds distributed from this reimbursement will be used to pay for items that the grantee received from any other grant funding or reimbursement source.

List of Other Funding Received for Ebola Preparedness Activities

Applicants must list all other funding received specifically for handling or dealing with Ebola preparedness.

Eligibility

The requestor must be able to demonstrate the education/trainings, materials purchased, were completed between July 1, 2014 and June 30, 2015.

Invoices

Ambulance services requesting reimbursement will be required to submit invoices detailing their expenses specifically related to Ebola Preparedness using ***Attachment B.***

W-9

Ambulance services requesting reimbursement will be required to submit a completed W-9 Form and list a phone number for your ambulance service.

Evaluation and Designation

Criteria to be used in the evaluation of the requests for reimbursements are contained in ***Attachment B.*** Additional information may be requested from applicants during the review process.

Submission of Reimbursement Requests

Applicants must submit reimbursement requests no later than **4:00 P.M. on March 31, 2016.** Applicants may submit their request for reimbursement either in Electronic Copy or Hard Copy. (Please submit in only one format.)

Submissions of electronic copies please send to: christopher.popp@state.mn.us . In the subject line please write: Ebola Related Expenditures Reimbursement Request

Submissions of hard copies may be sent to:

Christopher L. Popp
Grant Review Manager
Emergency Medical Services Regulatory Board
2829 University Ave. S.E., Suite 310
Minneapolis, MN 55414-3222

Cover Letter/Acceptance Form, Required Signatures

Reimbursement requests must be accompanied by a cover letter (one copy) bearing original signatures of authorized officials of the Ambulance Service.

Attachments

All attachments herein are incorporated by reference and are a part of this Request for Reimbursement. These attachments have been provided digitally in Microsoft Excel or Microsoft Word format. Respondents are free to use other spreadsheet software and are not required to use the Microsoft Excel or Microsoft Word products, but must provide the attachments in a readily-convertible format.

The W-9 attachment is a PDF document.

Questions

Please send all questions directly to Christopher L. Popp (Chris) either by email, phone, or regular mail:

Christopher L. Popp
Grant Review Manager
Emergency Medical Services Regulatory Board
2829 University Ave. S.E., Suite 310
Minneapolis, MN 55414-3222
(651) 201-2808
Christopher.popp@state.mn.us

Questions will be answered by posting via the EMSRB's website:
<http://mn.gov/boards/emsr/grantprojects/projects/ebolareadiness.jsp>

Website

Information relating to this reimbursement request will be posted at the EMSRB's website at
<http://mn.gov/boards/emsr/grantprojects/projects/ebolareadiness.jsp>