







DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

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HEALTH RESOURCES ADMINISTRATION  
Rockville, Maryland 20852

September 7, 1973

BUREAU OF HEALTH SERVICES  
RESEARCH AND EVALUATION

TO: COORDINATORS, GRANTEE OFFICIALS AND RAG CHAIRMEN OF  
REGIONAL MEDICAL PROGRAMS  
REGIONAL DIRECTORS, DHEW

A FY 1974 Operating and Spending Plan is under consideration by the Department of Health, Education, and Welfare. Funding ceilings for the 1st quarter and for the full year already have been provided to you in our telegram of September 7, 1973, which are based upon the Department's recent release of the 1st quarter funds and the funding level of \$46.4 M for the full fiscal year which we have proposed to the Department. Revised grant awards utilizing 1st quarter funds will be issued on October 1 to provide support through December 31, 1973 only since Departmental authority to implement the full fiscal year Operating and Spending Plan has not been received. Upon the further release of funds, additional awards will be made covering the remainder of the fiscal year. Program and funding application instructions are attached which will enable you to plan your activities for the entire fiscal year and submit grant applications to RMPS as required.

During this period, we are drastically simplifying the administrative processes of grant application review and award. Therefore, our first action is to request by September 14, 1973, only the program and budget information related to needs for additional funds through December 31, 1973. (See Instructions, Section IV. B, (4), a (1)). We will obtain the further budgets required from the beginning date of the current budget period through that same ending date of support subsequent to the actual award of funds. Considering the number of unresolved issues which still surround the Operating and Spending Plan for the full fiscal year, it is suggested that you develop plans which will enable you to respond quickly to possible changes. This may call for special RAG meetings and the rapid submission of program and budgetary data.

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The activities described in the attached instructions require a variety of provider expertise; require experience in coordinating efforts among hospitals, medical centers, educational institutions and the health professions; and require the ability to use seed money or staff resources effectively without long term commitment. Therefore, it is expected that all RMPs will direct their resources toward these types of activities because they clearly have the capability and experience required.

Sincerely yours,



Herbert B. Pahl, Ph.D.  
Acting Director  
Regional Medical Programs Service

Attachment

REGIONAL MEDICAL PROGRAMS SERVICE

APPLICATION INSTRUCTIONS FOR FY 1974

I. EXPLANATION OF THE REVIEW AND APPORTIONMENT PROCESS

A. Funding Allocation Mode

(1) General Background:

In order to make an equitable distribution among RMPs of FY 74 funds, the apportionment of FY 1973 funds among RMPs has been determined after annualizing the Council approved funding levels for the RMPs for FY 1973 prior to the implementation of the "phase-out" plans and excluding HSEA and EMS funds.

By computing for each RMP what its percentage of the total was for FY 1973 and applying that percentage figure to the total funds which is anticipated will be made available in FY 1974 for grant support, a ceiling for each RMP has been established for the current fiscal year.

If the \$6.9 M of FY 73 funds which were distributed to RMPs in early July is released, your portion of those awarded funds will be used as an offset against the ceiling established for you for FY 74.

(2) Support Thru 12/31/73:

On approximately October 1 all 53 programs will receive revised awards from funds released for the first quarter which will provide support through 12/31/73. To apply for your portion of these first quarter funds you must have an application into RMPS by September 15 (see Section III B 1). The requested support may not exceed the lesser of the two ceilings transmitted to you in the telegram of September 7, 1973 which is your FY 74 ceiling prorated for the first quarter. The ceiling for this first quarter is exclusive of any support specifically earmarked for Pediatric Pulmonary Centers notified by the Assistant Secretary for Health in his telegram of July 13, 1973. Awards made from available first quarter funds will be based on the extent to which the proposed activities meet RMPS guidelines.

In determining support to be requested for project activities in FY 1974, emphasis should not be placed on continuation activities and every effort is to be made by each RMP to support those priorities and options (see Section II).

(3) Support for Period of 1/1/74 Thru 6/30/74:

Those first quarter FY 74 funds awarded to an RMP for support through 12/31/73 will be subtracted from the funding ceiling established for that RMP for the full year to derive the ceiling level which may not be exceeded for the period of 1/1/74 through 6/30/74. To request support for their program for this period, RMPs will submit by November 12, 1973, an abbreviated application for review by the NAC on November 26-27, 1973.

B. General Rules for Application and Awards for FY 1974

- (1) Additional funds requested by RMPs to assure viability thru 9/30/73 have been disregarded since these instructions offer different program opportunities, and project continued RMPS support of RMPs thru 6/30/74.
- (2) The application for the period 1/1/74 thru 6/30/74 should include a separate list of all project titles and discrete program staff titles by priorities and options described in Section II. All other project and program staff titles should be listed separately under a single miscellaneous group.
- (3) General areas of activity or concentration can be described rather than specific projects where these have not yet been developed.
- (4) The RMPS Guidelines, DHEW Grants Administration Manual, HSMHA Issuances and other applicable policies remain in effect. The "Governing Principles and Requirement-Discretionary RMP Funding Rebudgeting Authority" NID issuance dated September 20, 1972, continues to apply during FY 1974. However, authorization under this NID is limited to embarking upon new projects which are consistent with the priorities and options set forth in Section II of these Instructions. RMPs not in a triennial status must obtain written RMPS approval before initiating any new, unapproved activities.

- (5) Principal reliance will be placed upon the local RMP review structure and process for: (1) reviewing each proposed project with respect to its technical and professional adequacy and feasibility, and (2) assessing its potential need and impact in the local area.
- (6) All funding levels established by RMPS and conveyed to the RMPs are understood to include all direct and indirect costs.
- (7) A final report of program and individual project accomplishments funded during the period July 1, 1973 thru December 31, 1973 must be submitted with the Report of Expenditures which is due 120 days after the termination of grant support (due May 1, 1974). Also similar reports are required for the period 1/1/74 thru 6/30/74 (due November 1, 1974).
- (8) Because of the time element involved in preparing and submitting the applications for the budget period 1/1/74 thru 6/30/74, every effort should be made to provide the CHP agencies with applications as soon as possible in order to obtain their comments in accordance with the RMPs' own review process including consideration by the RAG.
- (9) Unless otherwise notified officially in writing by DHEW, regions, when both submitting budget proposals requesting support for FY 1974 and subsequently implementing the approved program, should not contemplate making any expenditure beyond 6/30/74.

C. Description of Areas of Concentration for RMPS Staff and NAC Review

Activities proposed for FY 1974 will be reviewed against criteria that fall into two different groupings. They are:

(1) Program Criteria

The application submitted by each region, and the region itself, will be reviewed and evaluated in terms of:

- a. The presence of a full-time Coordinator, and the size, composition and experience of the full-time program staff and their ability to (1) provide program leadership and direction, (2) furnish

assistance in development of proposals, and (3) manage and monitor approved projects and activities.

- b. Capability of present Regional Advisory Group and related committee structure to provide (1) adequate technical review of proposals and (2) past record in establishing and implementing funding priorities.
- c. Record of performance in successfully programming and implementing recent special initiatives (e.g., EMS, Model Cities "earmark").
- d. Past success in (1) attracting other funds and (2) finding continuation support for RMP-initiated activities.

(2) General Criteria

All proposed projects, feasibility studies, and discrete program staff activities, regardless of the particular programmatic area in which they fall, will be reviewed and assessed against the following general criteria:

- a. Capability of the region to move forward rapidly in a given programmatic area (e.g., quality assurance, hypertension) as reflected by its recent base of activity in that area, or other factors.
- b. Feasibility of (1) getting the proposed project or activity underway by 1/1/74, (2) "productively completed" by 6/30/74, with (3) RMP funding support concluded by 6/30/74, at the latest. ("Productively completed" is defined as either an activity which by its very nature is essentially of short-duration and one-time, such as an inventory of existing hospital-based, ambulatory care facilities, the development of quality standards for intensive coronary care, or the increase of tissue typing capability in a given area; or a project or activity that will be fully underway, truly operational, in a short-time for which there is reasonable evidence that the continuing costs of operational maintenance will be available through the regular health care financing system or from other sources.)

II. Priorities and Options (Should any decision made by the Department require a change in this Section all regions will be notified immediately).



A. Strengthening Local Planning Processes

This includes some financial as well as professional and technical assistance by program staff aimed at increasing provider inputs to State and areawide health planning efforts. Particular emphasis will be placed on: (1) assisting with implementation of the cost containment provisions (Section 1122) of the Social Security Amendments of 1972 and (2) planning for more effective community-based manpower development and utilization programs.

B. Strengthening Local Quality Assurance Efforts

Specific emphasis would be on: (1) assisting with the establishment of standards of specialty care in those areas of particular RMP competency and experience (e.g., cardiovascular surgery, high voltage radiotherapy) and (2) assisting with the development of norms, criteria, standards and techniques associated with the implementation of the PSRO provisions of the Social Security Amendments of 1972. The RMPs will engage in pilot efforts only and will not be responsible for the actual operation of PSROs.

C. Emergency Medical Services

RMPs will continue their support of planning and development of certain components (e.g., communications, coordinating councils) of either State or areawide EMS systems. Currently 28 RMPs are engaged in efforts along these lines as a result of \$9 million in supplemental funding in June 1972.

D. Kidney Disease

Existing RMP efforts to develop a national network for dialysis and transplantation of patients with end-stage kidney disease, will be refocused towards expanding present capabilities and provide start-up where none presently exists. This is necessary because of the increasing flow of kidney disease patients as a result of Medicare reimbursement for such patients, effective this July 1, as provided by Section 2991, Title II of the Social Security Amendments of 1972.

E. Hypertension

RMPs will, in cooperation with NHLI, seek to provide financial and other assistance in the design, development

and implementation of community-based hypertension control programs. Major educational efforts for both physicians and the consumers would be emphasized, as well as assistance for those community screening efforts which have local support for continuation.

### III. GENERAL INSTRUCTIONS

A. Follow existing instructions in filling out the application pages except as indicated in these supplementary instructions.

B. Deadline for Submission of Applications

(1) The deadline for submitting applications for support of program activities thru 12/31/73 is September 14, 1973.

(2) The deadline for submitting applications for support of program activities from 1/1/74 thru 6/30/74 to be reviewed by the NAC on November 26-27, 1973, is November 12, 1973.

C. Where to Mail and Number of Copies Required

Submit to RMPS original and 10 copies of the application requesting support of program activities thru 12/31/73. Submit to RMPS original and 30 copies of application requesting support of program activities for the period 1/1/74 thru 6/30/74. Applications should be addressed to HRA, BHSR&E, RMPS, Room 11-25, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

D. Required Review by DHEW Regional Office

Two copies of the application requesting support for the period 1/1/74 thru 6/30/74 must be submitted concurrently to the Regional Director of the appropriate HEW Regional Office(s). Fourteen days maximum is afforded the RD to review and furnish comments to RMPS for consideration by RMPS and the NAC. Since time is at a minimum, every effort should be made to comply with this requirement.

### IV. Completing the Application

A. Complete pages 1, 2, 5, 6, 15 and 16 for support thru 12/31/73. For support from period of 1/1/74 thru 6/30/74 complete above pages and in addition complete page 7.

B. Complete pages 15 and 16 for activities as shown below:

- (1) Use pages 15 and 16 for both Program Staff and Operational Activities. In the case of the former write "Program Staff" on line 4 of the 15s submitted for Program Staff activities and do the same on "card 1" of page 16s submitted for Program Staff.
- (2) Complete a separate page 15 and 16 for each Program Staff activity (i.e., feasibility or planning study or contract, etc.) Submit a single page 16 for all other program staff activities. Also, a consolidated page 16 is to be submitted covering total Program Staff activities.
- (3) Complete a separate page 15 and 16 for each operational activity. Also, submit a consolidated page 16 covering total project activities.
- (4) Complete applications for the applicable periods as follows:
  - a. Two separate requests are to be submitted for the budget period ending 12/31/73. They are: (1) a budget to be submitted to RMPS by September 14, 1973, for the additional funds requested and (2) another budget to be submitted to RMPS after the award is received on approximately October 1, 1973, for the period of time from the beginning of the current budget period thru 12/31/73 and which includes the additional funds awarded. Both budgets should be prepared following instructions in 1, 2 and 3 above.
  - b. For applications to be submitted for support beginning 1/1/74, budgets are to be prepared following instructions in 1, 2 and 3 above.
- (5) In completing item 11, "Proposal," on page 15, outline as follows:
  - a. Indicate whether the activity is an extension of an activity approved under the Regions' phase-out plan, and if so, why.

- b. State what pledges, or other evidence, of financial support beyond project termination date in 1974 have been received or will be negotiated if the activity is to be continued. List specific sources of potential financing such as Blue Cross, the XYZ Foundation, etc.
- c. Summarize plans for publicizing the activity and its results including plans for publications, press coverage and reports.
- d. State the objectives of the activity.
- e. Outline the work to be done during the period of RMPS support.
- f. Identify expected results in quantifiable terms, if possible.
- g. Summarize the role of any cooperating organizations, especially those expected to pick up eventual support, where applicable.
- h. Describe special cooperative relationships, for example; CHP "A" & "B" agencies, as they relate to strengthening local quality assurance efforts.
- i. Indicate specifically whether work is to be completed during the RMP period of support (not to exceed 6/30/74), or whether it is expected to continue under other auspices.