





MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

TO : RMP Coordinators, RAG Chairmen, Grantee Officials, National Advisory Council Members and DHEW Regional Health Administrators DATE: March 7, 1974

FROM : Acting Director, DRMP

SUBJECT: RMP Guidelines and Instructions for Grant Requests

Attached are the RMP Guidelines and Instructions to be followed by the Regional Medical Programs in submitting their application requests for grant funds for Fiscal Year 1975.

Such applications for support through June 30, 1975 will be accepted by the Division of Regional Medical Programs on two dates: May 1, 1974 and July 1, 1974. The May 1 applications must include a request for continued support of program staff and for continuation support for ongoing activities which local review indicates is needed beyond June 30, 1974. In addition, the May 1 application may include requests for funding of any "new" activities which have undergone complete local review, including the opportunity for CHP agencies to have 30 days for review and comments, and which the Regional Advisory Group has approved.

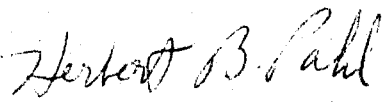
Because it is anticipated that many RMPs may have some important new program proposals which will not have been fully developed and reviewed by May 1, an RMP may submit another application for supplemental funds for those on July 1, 1974.

There have been a number of important developments since September 1973 when DRMP last announced submission dates for applications for RMP funds. Among them are:

- * Enactment and implementation of the "Emergency Medical Services Act of 1973." Under that Act, "new" EMS activities may no longer be funded through RMP grants; previously approved and funded activities may continue to be supported, however.

- * The National Cancer Institute now is providing contract funds for cancer control activities.
- * Interim regulations have been promulgated under the "Social Security Amendments of 1972" that govern payments for kidney transplantation and dialysis under Medicare.
- * Final PSRO area designations will be announced shortly and regulations issued.
- * The Administration has introduced its Comprehensive National Health Insurance proposal.
- * Several unified health planning bills have been introduced in Congress which call for amalgamation of the functions of RMP, CHP and other Federally-supported programs with state boundaries being an important consideration in the designation of local areas for planning and resource development purposes. The attached document "Health Resources Planning," has been included and treats more fully opportunities in this area.

These developments and other events affect the local areas served by the RMPs and have implications for the ongoing and proposed activities to be conducted by them. RMPs repeatedly have demonstrated their capacity to adapt national initiatives to local conditions and I am confident the applications submitted in May and July will again reflect that capacity.


Herbert B. Pahl, Ph.D.

Enclosures

RMP GUIDELINES AND INSTRUCTIONS
APPLICATION FOR AND AWARD OF GRANT FUNDS FOR FY 75

A. INTRODUCTION

The previously impounded FY 73 funds and the balance of the FY 74 funds not yet awarded, have been released as a result of recent Federal Court Order. Thus, as much as approximately \$120 million may be available for award to the RMPs. Of the total available to RMPs, \$4.275 million will be used to fund pilot arthritis programs specifically.

This document sets forth the guidelines, instructions, and related information governing the application for and award of the regular (or non-arthritis) RMP grant funds. A separate announcement and guidelines covering the arthritis "earmark" have been issued already.

Those directives regarding and restrictions on the use of RMP funds issued on or after February 1, 1973, that were contrary to the recent Federal Court Order, including the June 30, 1974, cut-off date for the expenditure of previously awarded funds, have been specifically rescinded.

B. USE OF FUNDS

These funds may be requested and used for such program activities as are consistent with Title IX of the PHS Act, the "RMP Mission Statement" of June 30, 1971, other applicable policies and requirements in effect prior to February 1973, and locally established priorities and identified needs. As regards local priorities and

needs, RMPs and their Regional Advisory Groups should give considerable "weight" to those critical needs and priorities identified through the more broadly-based CHP planning process and reflected in their plans.

Within the very broad range of activities permitted it is suggested that particular concern and appropriate emphasis be accorded to those activities that would:

1. Facilitate the transition to the general kind of Health Resource Planning mechanisms and efforts envisaged by pending legislative proposals (e.g., H.R. 12053, S. 2994). This would include assisting with the major CHP plan development effort currently underway.
2. Increase the availability of and improve the access of primary care services for medically underserved populations and areas.
3. Lead to greater coordination and/or sharing, on a geographically integrated basis, of expensive secondary and tertiary patient care resources and services.

Section 1206(e) of the recently enacted "Emergency Medical Services Act of 1973" in effect precludes the use of RMP and other Federal grant funds not appropriated under that Act to initiate new EMS activities. Regions may, however, apply for and be awarded RMP funds for continuation support of those EMS activities or projects previously approved and funded.

What constitutes a "new grant or contract," or differentiates it from a continuation, has not been authoritatively defined as yet; and perhaps it can only be on a case-by-case basis. Therefore, Regions are cautioned that in certain "questionable" cases, DRMP may not be free to award funds for specific EMB proposals.

RMPs also are reminded they should not fund any end-stage kidney disease projects directly relating to the expansion or creation of transplantation and/or dialysis services or capacity unless and until the sponsoring institution or agency has received the required interim approval from the Social Security Administration in accordance with applicable regulations. Those are DHEW Regulations No. 5, Part 405, pertaining to "Federal Health Insurance for the Aged" issued under Title 20, Chapter 3 of SSA.

C. DURATION OF SUPPORT

Awards generally will be for an additional twelve-month period through June 30, 1975. In no case will the budget period for these RMP grants extend beyond June 30, 1975.

Funds awarded RMPs must be obligated by that date (June 30, 1975). Contracts let prior to June 30, 1975, in support of operational projects and activities extending beyond that date, however, will be treated as valid expenditures. (All RMP-initiated contracts must, of course, include a standard "escape clause.") No obligation or expenditures (e.g., salaries, travel) in direct support of program staff may be made after June 30, 1975, under any circumstances.

D. ALLOCATION AND AWARD OF FUNDS

In order to provide Regions with a reasonable estimate or target figure for application purposes, it is strongly suggested their application requests (total costs) not exceed 140 percent of their actual annualized funding level (exclusive of supplemental amounts for EMS, HS/EA, kidney and pediatric pulmonary activities) in effect prior to the February 1, 1973, phase-out announcement. This is a target figure only. Requests need not equal it and they may exceed it.

Moreover, establishment of such a target figure is in no way intended to suggest that all or most RMPs can expect to be awarded that amount. As in the past, it is quite possible that actual awards will be less than the amounts requested in many instances. The amount(s) actually awarded will be determined by the Acting Director, DRMP, based upon (1) review and assessment of the application proposals by DRMP staff and an ad hoc outside review group, (2) recommendations of the National Advisory Council, and (3) the total amount actually available for award to the RMPs.

Awards for funds requested on or before May 1, 1974, will be made by June 30 of this year for the period July 1, 1974 through June 30, 1975. Supplemental awards for funds requested by July 1 will be made by August 30 for the period September 1, 1974 through June 30, 1975.

E. REVIEW PROCESS AND CRITERIA

Principal responsibility for review of operational projects and,

where appropriate, program staff activities such as feasibility and planning studies, as to their technical adequacy continue to reside with the local RMP and its Regional Advisory Group.

Similarly, RAGs also will continue to have the authority to determine which proposed activities are to be funded within the total amount awarded a Region subject to such conditions or restrictions as may have been specifically placed upon its grant award. It is expected that RAGs will, in setting their funding priorities, accord full consideration to CHP comments regarding priority needs.

At the national level, applications for (1) funding of program staff and activities through FY 75 and (2) continuation support for presently ongoing operational projects through all or part of FY 75, will be reviewed by DRMP staff and acted upon by the Director under a delegation of authority made to him by the National Advisory Council at its November 1973 meeting. Applications requesting funds for (3) new operational projects, whether submitted on May 1 or June 1, will be reviewed and assessed by an ad hoc review panel of outside consultants, including former RMP Review Committee and Council members and ex-coordinators, as well as staff. (Applications from those RMPs still within an approved triennium whose local review process has been duly certified, may be accorded somewhat less intensive review than others.)

The overall program proposal and request of each Region will be considered by Council which, in the light of staff and consultant review and assessment, will recommend a maximum funding level to the Director of DRMP.

The following criteria and factors will be used by staff, the ad hoc review panel, and Council in assessing program proposals and recommending funding levels:

1. Program Leadership - Ability of the present coordinator, RAG chairman, and executive committee to provide strong program leadership and direction.
2. Program Staff - Adequacy of program staff (e.g., experience, numbers, skills and competencies) to (a) manage and monitor operational projects and activities, and (b) undertake such activities as will contribute to local CHP plan development and related efforts.
3. Regional Advisory Group - Extent to which the RAG has been an active, dominant and positive force in setting overall goals, objectives, and priorities for the program; and the ability of it and the related advisory structure (e.g., technical review panels, program development committees) to provide adequate technical review of proposals.
4. Past Performance and Accomplishments - Extent to which activities have in recent years (a) directly addressed substantive problems of availability and access of services, efficiency of the system, and quality of care, (b) assisted in launching other Federal initiatives (e.g., EMS), and

(c) been continued where appropriate, after termination of RMP support.

5. Objectives and Priorities - Extent to which the RMP has
(a) established rather specific short-term objectives and priorities, and (b) successfully programmed and supported activities in these areas.
6. Proposal - Degree to which the operational and other activities proposed are (a) congruent with the Region's own explicit objectives and priorities, (b) addressed to the suggested areas of emphasis noted above in Part B, and (c) in accord with CHP plans and comments, that is reflect needs and priorities identified by areawide and state CHP agencies.
7. Feasibility - Likelihood the activities and projects proposed can be successfully implemented and concluded, the results sought achieved, within the budget and time proposed.
8. CHP Relationships - Extent of (a) cooperation and coordination with CHP agencies, (b) effective working relationships, and (c) joint undertakings as reflected in previous activities.
9. Other - Relevant situational factors specific to a given Region.

F. APPLICATION INSTRUCTIONS AND TIMETABLE

These are specific instructions for the format and general information to be included when submitting applications for RMP grants on May 1, 1974 and July 1, 1974. They should be used in conjunction with the "General Instructions for Preparation and Submission

of Forms 1-16" dated February 1974, which contain detailed information on completing the preprinted forms.

Applications are due in the Division of Regional Medical Programs by the close of business on May 1, 1974 and July 1, 1974. Twenty-five copies should be sent, prepaid, to the Division of Regional Medical Programs, Room 11A-10, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852. Please designate the original signature copy.

In addition, two copies should be sent, prepaid, to the DHEW Regional Health Administrator, by the same dates.

The application should be assembled in the following order:

1. Table of Contents
2. Pages 1-3 (preprinted)
3. Overall Program Report - narrative, see outline below
4. Review and Comments by CHP Agencies - list and comments
5. RAG and Committee Lists and Information - Pages 4 & 5 (preprinted)
6. Program Staff Information - Pages 6 & 7 (preprinted)
7. Activity Summary - Page 15 (preprinted)
8. Financial Data Record - Page 16 (preprinted)

In the assembled application, all individual pages should be numbered consecutively at the bottom, including narrative reports as well as the preprinted forms.

A covering letter should accompany the application describing the final aspects of the Regional Advisory Group's review of the application and the priorities set. Specific mention should be made of the RAG's consideration of CHP comments, and action steps that have been taken or are planned as a result of their review

and comments. (Copies of the written comments received from CHP agencies and a listing of the specific proposal sent to each area-wide CHP agency, should be included as Part 4 of the application as noted above.)

It is especially important that these application submissions, and the information they contain, be as concise--brief, specific, and to the point--as possible. The large number of applications to be reviewed, the short time in which this must be accomplished, the use of an ad hoc review group and other factors necessitate this.

The following is an outline of the points that should be covered in the Overall Program Report (Item 3 in the assembled application). Please try to keep this Report or section to 20 pages.

- A. A brief description of the Regional Advisory Group's recent activities, current functions, and present status, including its committee/subcommittee structure. If the RMP has a free-standing grantee organization, a brief description of the Board functions is also needed.
- B. A brief outline or chart of the RMP review process and any variations of the application(s) submitted.
- C. A current organization and manning chart of the program staff with a brief description of the functions of sub-units and duties of key professional staff, including pertinent information about their length of experience in that RMP.

D. A brief description of the major program thrusts to date, including information on major activities initiated with RMP funds now being continued with other funds.

E. An overview of proposed programs for FY 1975. The May application will include pages 15 and 16 for those discrete activities which have received full review, including CHP review and comment.

The overview action should describe not only how those discrete activities fit into the overall program, but also how the proposals under development for submission in the July application will fit into the overall program. (The overview section submitted in the May application probably can be resubmitted in the July 1974 application with minor modifications under point C.)

G. OTHER

All general DRMP and other Federal policies, requirements, and the like (e.g., discretionary funding, RAG-grantee responsibilities and relationships), other than those specifically rescinded recently, continue to be applicable. Similarly, it is assumed that local RMP policies, requirements, review processes and procedures, and the like also continue to be governing unless they have been specifically modified or waived by RAG or other appropriate action.

Regions are reminded of the legislatively mandated CHP review and comment requirement. Existing policy in this regard, which must be adhered to, requires that areawide CHP agencies have an opportunity, at least 30 days prior to final RAG action, to comment on proposed RMP activities. Copies of written CHP comments should, as noted in the foregoing section, accompany applications submitted to DRMP.

All inquiries, questions and requests for elaboration and clarification, whether by phone or in writing, should be directed to the Region's assigned Operations Officer or appropriate Operations Desk Chief.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
ROCKVILLE, MARYLAND 20852

March 7, 1974

BUREAU OF HEALTH RESOURCES DEVELOPMENT

HEALTH RESOURCES PLANNING

Bills have been introduced in both the U.S. Senate and the House of Representatives (S.2994 and H.R. 12053) to replace the current Regional Medical Program and Comprehensive Health Planning authorizations with a strengthened program for health planning. The Administration is preparing legislation to achieve the same goal. Based on the assumption that we must build on our current planning capability, there is now an excellent opportunity for federally supported programs that deal with health resources planning --Comprehensive Health Planning, Regional Medical Programs, Hill-Burton, and Experimental Health Services Delivery Systems--to build on current relationships and work together to prepare for the transition that lies ahead.

The Health Resources Administration has already taken informal steps in this direction by pulling the Comprehensive Health Planning, Regional Medical Programs, Hill-Burton, and Experimental Health Services Delivery Systems Programs more closely together. There is a similar need for the programs supported by the Health Resources Administration to explore new working relationships. It is necessary to the extent practical that these programs pool their resources and talents to provide the base for the health resources planning program that is anticipated.

There are at least four areas in which such joint efforts can take place. First is the development of the data base necessary to make planning decisions. This would include activities to provide access to existing sources of data and to increase the ability of planners to analyze it. It would also encompass activities to generate data that is not currently available such as: patient data, community health interview data, service utilization data, etc.

Second is the conduct of studies that will provide the information needed to evaluate planning alternatives. Such studies fall under two major headings: problem identification and solution, and program analysis. Problem identification and solution studies involve the investigation, analysis, and development of reports on population health needs. This can focus on patterns of disease as well as the identification of the factors affecting those diseases and the related interventions with their costs and benefits. Program analysis studies involve the examination of the effectiveness of various components of the health system, such as preventive services, emergency medical services, ambulatory care services, inpatient services,

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home health care services. Program analysis also involves the study of the efficiency of the components of the health system including the duplication of health services and their relative costs.

Third is the development of health plans that identify health problems, inventory and analyze health resources and their utilization and propose solutions to both improve the health status of people and the efficiency and operating effectiveness of the health delivery system. Plan development very much builds on the data and studies activities already described. There now is a need to facilitate plan development by using program resources both in the plan development process and in achieving proposed solutions.

Fourth is the development or refinement of criteria and standards. Health service standards are necessary for both adequate analysis of health resources and project review. The determination of such standards makes explicit the value or medical judgements on which an area's health system will be evaluated. While some criteria can be generated nationally, it will need to be refined or detailed to reflect local conditions.

The RMP, CHP, HB and EHSDS programs bring different expertise and experience to the accomplishment of the above. The challenge before us is to build upon that experience as we develop a new health planning structure and in so doing demonstrate the viability of current structure and practice.