



REQUEST FOR FUNDING
Office of Medicaid Policy & Planning
RFF #2022-018

**TYPE II “SPRINTER” AMBULANCE GRANT
PROGRAM**

COMPETITIVE GRANT PROGRAM
GRANT APPLICATIONS DUE: ~~November 4~~ ~~November 28~~ **February 1,**
2023, AT 4:30 PM EST
RFF DATE ISSUED: September 2, 2022

RFF Contact: hcbs.spendplan@fssa.in.gov
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I. INTRODUCTION

This is a Request for Funding (RFF) issued by the Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning (OMPP). As part of FSSA’s Home and Community-Based Services (HCBS) Spend Plan, OMPP is issuing grants to qualifying providers to cover the cost to purchase Type II “Sprinter” ambulances. The funding for these grants was made available by Section 9817 of the American Rescue Plan Act. The purpose of these grants is to improve transportation services to members residing in their home and needing non-emergent care and services within their community that requires the use of a Type II “Sprinter” ambulance.

OMPP is making available a one-time, federally funded, opportunity to cover the cost to purchase Type II “Sprinter” ambulances at \$110,000 per vehicle, and up to two (2) vehicles per Applicant, aimed at increasing Non-Emergency Medical Transportation (NEMT) services.

This RFF requests responses from:

- Indiana units of local government; and/or
- Ambulance Operators actively serving the state of Indiana’s Fee for Service Medicaid members as an active participant in our Non-Emergency Transportation Network, brokered by Southeastrans, Inc.

The State is specifically interested in increasing member access to the continuum of care for Hoosiers. The purchased vehicles must be enrolled in the State’s Fee for Service Medicaid Non-Emergency Transportation Network (currently brokered by Southeastrans, Inc.) and must serve homebound and Medicaid waiver members. When unassigned, the ambulance may be used for other NEMT or emergency trips.

A. BACKGROUND

1. Funding Appropriation

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARP), of which Section 9817 provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS). In accordance with ARP and the additional Centers for Medicare and Medicaid (CMS) guidance issued, the Indiana Family and Social Services Administration (FSSA) plans to use the federal funds attributable to the increased FMAP and state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement the strategies outlined in Indiana’s HCBS Spend Plan to enhance and expand access to, quality of, and capacity of HCBS under the Medicaid program in response to the COVID-19 Public Health Emergency (PHE).

2. OMPP Mission and Need for this RFF

The FSSA Office of Medicaid Policy and Planning efficiently and effectively administers Medicaid programs for the state of Indiana. Medicaid is more than just health coverage—it provides a vital safety net to one in five Hoosiers. OMPP’s suite of programs, called the Indiana Health Coverage Programs (IHCP), includes traditional (fee-for-service) Medicaid, risk-based managed care, and a variety of waiver services tailored to the needs of specific populations.

OMPP has identified a gap in NEMT service delivery to members residing in their own homes and requiring Type II “Sprinter” ambulance transportation. This issue was identified by a higher-than-average rate of unassigned trips due to no provider being available to serve this subset of members. The issue disproportionately impacts HCBS waiver recipients due to their residence type (home versus a skilled nursing facility). By increasing this specialized fleet of Type II “Sprinter” ambulances, OMPP seeks to reduce the no-provider assigned rate and stabilize NEMT service delivery for this sub-group of members and waiver recipients. As a result, HCBS waiver recipients will have increased ability to access medical care and remain living in their homes.

II. GRANT APPLICATION DETAILS

A. OBJECTIVE

The purpose of this RFF is to enhance NEMT service delivery to members on HCBS waivers, **living in their own homes** and in need of basic life support (BLS) ambulance transport by expanding the available fleet of Type II “Sprinter” ambulances operated by EMS providers. This population has especially limited transportation options and experiences the highest rates of missed trips due to a lack of available providers.

Available Funds: A current total of \$3,300,000 has been allocated to this fund to purchase thirty (30) new ambulances statewide. Applicants will receive \$110,000 per vehicle for the purchase of a new Type II “Sprinter” ambulance. Applicants may request to purchase up to two (2) vehicles, so long as all program requirements can be met.

Participation Requirements

1. Applicants must be appropriately licensed to operate ambulances and must be actively enrolled as a transportation provider in the state’s Medicaid Fee for Service NEMT program, currently administered by Southeastrans, Inc.
2. Applicants must be willing to pick up members at their own residence, i.e., home, condo, or apartment. Separate funding is available to assist members in addressing structural accessibility issues that may reduce/limit the ability of EMS to enter the residence with the necessary equipment.
3. Applicants must complete and submit a quarterly usage report (Attachment C) and an annual impact report to OMPP.
4. Applicants must schedule and bill for services according to the State and NEMT broker policies.

5. Applicants agree to comply with the requirements of 2 CFR 200.313 – Equipment upon receipt of grant funds and cooperate with the appropriate State or Federal agencies to verify ongoing compliance.

Key Ownership Requirements

1. The grant is intended for the purchase of new Type II “Sprinter” ambulances. Funds under this grant may only be used for the purchase of new Type II “Sprinter” ambulances. The Grantee must accept full ownership and responsibility for the following expenses, including but not limited to:
 - a. Registration and on-going titling
 - b. Fuel and routine maintenance
 - c. Driver salary, training, and credentialing
 - d. Repairs and unplanned maintenance
2. The Grantee must own and operate the vehicle for at least three (3) years.
3. The Grantee must be actively enrolled and participate in Indiana Medicaid’s Fee-for-Service NEMT program, currently administered by Southeastrans, Inc.
4. The Applicant must purchase the vehicle within two (2) months of receiving notice of the award and have the vehicle in service within four (4) months of purchase. If the Grantee experiences any delays in receiving the vehicle, then they must contact FSSA/OMPP to request an extension.
5. If the Applicant goes out of business or leaves the OMPP provider network (voluntarily or by suspension/termination), FSSA reserves the right to request a pro-rated repayment of the initial award amount.
6. The Grantee must notify FSSA within ten (10) business days of discovery if the vehicle is totaled in an accident or is no longer safe for use.

Priority Points:

1. Applicants may receive 5 Priority Points for agreeing to accept long-distance trips of 80+ miles one-way.
2. Applicants may receive 3 Priority Points for agreeing to accept after-hours, evening and weekend, pick-ups related to hospital discharges.
3. Applicants may receive 2 Priority Points for proof that the vehicle will be purchased from an Indiana company.
4. Applicants may receive 5 Priority Points for service delivery to Allen, Marion, and/or Vanderburgh counties which had a larger proportional share of Type II “Sprinter” stretcher runs in 2021.
5. Applicants may receive 5 Priority Points for service delivery that crosses stateliness to ensure access to Medicaid approved providers in neighboring states (Illinois, Kentucky, Michigan, and/or Ohio).

Timing: Applicants should plan to purchase their vehicle immediately after the signed grant agreement has been executed and have the vehicle in circulation as soon as possible, unless other arrangements have been made with OMPP due to supply limitations. FSSA will issue payments as a lump sum upfront payment and the Applicant must provide proof of purchase within sixty (60) days or by no later than ~~February 10, 2022~~ ~~March 10, 2023~~ **May 31, 2023**.

Key Performance Indicators (KPIs): This grant is for the purchase of goods; thus, there are no performance indicators attached to it. Applicants must provide proof of purchase and, if requested vehicle registration to OMPP. Quarterly reporting demonstrating the usage of the vehicle for Medicaid members will be required.

Grant Match: There is no match requirement for this grant.

Applicants must be prepared to track and show how State Objectives, including but not limited to the RFF Objectives described in this section, were met as a result of the funding received. Please note, as explained in *Section II.B*, only eligible entities may utilize grant funding to support their proposed projects. All funding must be used by eligible entities to fulfill the Objectives of the RFF.

B. USE OF FUNDS: Funds under this award may only be used for the purchase of Type II “Sprinter” ambulances by eligible EMS providers. If the Applicant is able to identify a qualifying Type II “Sprinter” ambulance that is below the grant amount, the remaining funds must be used to support the purchase of the Type II “Sprinter” ambulance. Examples of eligible uses include registration and license fees and maintenance costs. All expenditures must be consistent with applicable State and federal laws, regulations, and guidance.

C. GRANT PERIOD: All grants are expected to begin on or around ~~November 18~~ ~~December 12~~ **February 15, 2023**. If all funds are not utilized in the first round, FSSA may issue a second round of funding. The grant period of this funding runs until March 31, 2025. Applicants must retain ownership and operation of all vehicles purchased with these funds through the grant period end date.

D. PAYMENT OF FUNDS: Payment will be made by the Medicaid fiscal agent and based upon the provider’s Pay-To address that they have on file. Please double-check that your IHCP profile information is up to date when you apply. A valid Medicaid Provider ID is required to receive funding. Applicants must submit the following exactly as listed in IHCP.

1. Provider Name
2. Provider Point of Contact
3. Medicaid Provider ID

E. SAMPLE GRANT AGREEMENT ATTESTATION & PROCESS

Applicants must agree to the terms and conditions of the Sample Grant Agreement Attestation in Attachment D. In an effort to meet the goals of the grant program and prioritize distribution of funds to grantees, OMPP is using an accessible online form to receive required attestations. The Attestation Form will incorporate the terms and requirements from the original grant agreement. The entity that applies on behalf of the county/community coalitions must be able

to sign and execute the Attestation Form with the State to fund the projects awarded to the entities in the coalition. The Attestation Form outlines the State’s terms and conditions that must be followed by an awardee when receiving the grant. Applicants will be required to complete the necessary paperwork for contracting in the event that the Applicant is awarded.

F. GRANT APPLICATION SUBMISSION INSTRUCTIONS

Any interested applicant must submit a complete grant application **no later than 4:30 p.m. Eastern Standard Time on ~~November 4~~ ~~November 28~~ February 1, 2023** to be eligible for an award. Any applicant that does not submit a complete grant application on time may not be considered.

OMPP will utilize the existing Medicaid NEMT email box to receive grant applications for and questions related to this RFF. All components of the grant application should be submitted, in electronic format, via email to: hcbs.spendplan@fssa.in.gov with the subject “OMPP RFF 2022-018 – Type II “Sprinter” Ambulance Grant Program Submission.” Applicants will be expected to answer all questions as well as submit all forms associated with the application that is provided for completion as part of this RFF package.

Applicants shall fill out each component of the application, including the Technical Proposal and Grant Budget Proposal. Applicants will be asked to submit all components of the application as detailed in the Grant Application Components table in *Section II.H* below.

Once the applicant submits their application, the applicant will receive a reply email within 48 hours to the email address that the applicant used to submit their application confirming the application has been submitted. If the applicant does not appear to have received the confirmation email, they should 1) confirm they submitted the application via email to the correct email address and 2) check all spam and promotions folders for the email address the applicant used to submit their application. Applicants are encouraged to submit any questions in writing to hcbs.spendplan@fssa.in.gov.

G. GRANT APPLICATION SUBMISSION COMPONENT OVERVIEW

As part of the grant application, the applicant must submit all Grant Application Components, which are listed in the following table. Instructions regarding how to complete each component are detailed in *Section III*.

Grant Application Technical Proposal (Attachment A)

1. Applicant Information
2. Must be signed by an authorized representative
 - a. For coalitions: Executive Director/CEO or President of the Board of Directors or Facility owner or program director of the prime grantee
 - b. For individual providers: Facility Owner or Program Director
3. NEMT History
4. Residential Service Delivery Commitment
5. Sustainability & Maintenance Plan
6. Priority Points – Service Delivery

Grant Budget Proposal and Grant Budget Narrative (Attachment B)

A completed Grant Budget Proposal (Attachment B) and Grant Budget Narrative must be submitted. The applicant must describe other grant awards it has received within the past eighteen (18) months.

H. GRANT APPLICATION TIME FRAME

The overall grant application timeline can be found in the table below. Applicants must submit their grant application by the proposal deadline to be eligible for receiving a grant. Further instructions on submitting a completed grant application can be found in *Section II.G* and *Section II.H*. The timeline is subject to change.

Date	Event
September 2, 2022	RFF posted online
November 4, 2022 November 28, 2022 February 1, 2023	RFF proposals due at 4:30 p.m. ET
November 18, 2022 December 12, 2022 February 15, 2023	<i>Approximate award decisions and Attestation Form released*</i>
November 30, 2022 December 19, 2022 February 17, 2023	Attestation Form due at 4:30 p.m. ET
December 30, 2022 January 31, 2023 February 31, 2023	<i>Approximate date grant payments will be issued</i>

**Depending on how many applications OMPP receives, the award date and grant effective date may change to allow for adequate time for evaluation.*

To remain current with any updates to this timeline, it is recommended applicants check the following OMPP website frequently where any amendments to this RFF will be posted:
<https://www.in.gov/fssa/ompp/funding-information/>.

I. SUBMISSION OF APPLICATION QUESTIONS

All questions regarding the content of this RFF must be submitted to hcbs.spendplan@fssa.in.gov.

III. GRANT APPLICATION COMPONENTS

The section provides specific instructions related to each application component. Applicants must review the requirements for each component thoroughly.

A. TECHNICAL PROPOSAL

1. TECHNICAL PROPOSAL COMPONENTS

The Technical Proposal (Attachment A) narrative should be less than 12,500 words. Applicants should use their discretion in allocating word counts to each narrative section. All sections outlined below must be addressed thoroughly. Applicants are expected to adequately answer and provide specific details and examples to demonstrate the thought that went into crafting the response.

i. Applicant Information

Provide the following background information.

a. Applicant Information

1. Applicant Type: Type of Entity (Non-Profit, Local Unity of Government, or HealthSystem OR County/Community Coalition)
2. County
3. Applicant / Provider Name (must match IHCP name exactly)
4. Provider Point of Contact
5. Medicaid Provider ID

b. Title of Application

c. Single Point of Contact for all Communication Regarding the RFF

1. Contact Name
2. Contact Title
3. Contact Phone
4. Contact Email Address
5. Contact Mailing Address

d. Signature of Authorized Representative

The authorized representative must provide an electronic signature certifying that the information contained in the application is correct and that the applicant agrees to the terms and conditions of the FSSA Sample Grant Contract (Attachment D).

1. Designated Representative (Printed Name)
2. Designated Representative Title
3. Date

ii. NEMT History

Provide a summary of your history providing NEMT services as a provider under SET, may include information as a provider for an MCE or other state's broker, and/or as an independent provider before June 2019. Please detail the types of modalities your agency has accommodated, i.e., ambulatory, wheelchair, stretcher, etc.

iii. Residential Service Delivery Commitments

Residential pick-up poses unique challenges to transportation including physical access issues. FSSA is committed to helping members of HCBS waiver participants by offering home accessibility grants that may assist with items such as ramps, and to expanding telehealth when appropriate. However, these members must receive transportation to in-person medical appointments. Explain how your agency will be able to overcome physical access issues, increase staff knowledge of other funding to improve access and ensure that transport from residences is successfully provided when scheduled.

Please specifically address if and how service delivery will include residences in Allen, Marion, and Vanderburgh counties. These counties had a larger proportional share of Type II "Sprinter" stretcher runs in 2022 and as such FSSA has a specific interest in bolstering service delivery in these counties.

Please also list all counties that you will serve fully and/or partially. For counties where only partial coverage is provided, please explain your specific service delivery areas and why some areas will not be covered.

iv. Sustainability & Maintenance Plan

Describe how your program will support maintaining the vehicle and provide the necessary staff to operate the service. Describe your plan to ensure the longevity and sustainability of your project beyond the grant period.

v. Priority Points - Service Delivery

For each area below, explain if you will provide services to the impact areas and, if applicable, which geographic locations you will cover.

- Willingness to accept long-distance trips of 80+ miles one-way.
- Willingness to accept after hours, evening and weekend, trips related to hospital discharges.
- Provide proof that the Type II "Sprinter" ambulances will be purchased from and installed by an Indiana company. If applicable, please submit an estimate or invoice from the dealership as an attachment.
- Willingness to provide service in residences located within Allen, Marion, and Vanderburgh counties.
- Willingness to cross stateliness to ensure access to Medicaid approved providers in neighboring states (Illinois, Kentucky, Michigan, and/or Ohio).

2. TECHNICAL PROPOSAL POINTS

A breakdown of the maximum points each section of the Technical Proposal can receive is outlined in the table below.

Section	Title	Maximum Points Available
i.	Applicant Information	5 Points
ii.	NEMT History	10 Points
iii.	Service Delivery Commitments	25 Points
v.	Sustainability Plan	10 Points
Total Technical Proposal Points:		50 Points
<i>*All Priority Points will be added to the total score.</i>		

B. GRANT BUDGET PROPOSAL

This section provides instructions for the completion of the Grant Budget Proposal and the Grant Budget Narrative explaining the request for funds.

Allowable Expenses: Project funds must be used for activities that directly support the accomplishment of the RFF Objectives. All expenditures must be consistent with applicable state and federal laws, regulations, and guidance. Please refer to *Section II.D* for more information on the allowed use of funds.

1. Grant Budget Proposal: Complete a detailed budget for the total grant amount you are requesting by submitting a completed Attachment B – Grant Budget Proposal. The applicant shall fill out all applicable cells in this document. County/community coalitions shall complete a budget that encompasses the total proposed grant amount the coalition is requesting. The completed Grant Budget Proposal shall be submitted with the Technical Proposal via email. The grant amount requested will not be scored. Respondents may submit supplemental documentation to support their requested grant amount.

2. Grant Budget Narrative: Provide a narrative explaining how you secured bids and attach a detailed invoice for the vehicle(s) you are requesting to purchase. The Grant Budget Narrative should be below 2,500 words. Your Grant Budget Narrative should describe your business plan, including additional funds that you will leverage to support maintenance and staffing needs. The Grant Budget Narrative will be worth **10 points**.

C. PRIORITY POINTS

Applicants are eligible to receive up to **20 additional Priority Points** for meeting certain needs or priorities as follows. Applicants will be asked to indicate which of these criteria they meet in their response to the Technical Proposal and Grant Budget Proposal. Priority Points will be awarded as follows.

1. Applicants may receive **5 Priority Points** for agreeing to accept long-distance trips of 80+ miles one-way.
2. Applicants may receive **3 Priority Points** for agreeing to accept after-hours, evening and weekend, pick-ups related to hospital discharges.
3. Applicants may receive **2 Priority Points** for proof that the vehicle will be purchased from an Indiana company.
4. Applicants may receive **5 Priority Points** for service delivery to Allen, Marion, and/or Vanderburgh counties which had a larger proportional share of Type II “Sprinter” stretcher runs in 2021.
5. Applicants may receive **5 Priority Points** for service delivery that crosses stateliness to ensure access to Medicaid approved providers in neighboring states (Illinois, Kentucky, Michigan, and/or Ohio).

IV. EVALUATION CRITERIA

Proposals will be evaluated based upon the proven ability of the applicant to satisfy the requirements of the RFF. Each of the evaluation criteria categories is described below with a brief explanation of the basis for evaluation in that category. The points associated with each category are indicated following the category name (total maximum points = 25). If one or more of the listed criteria on which the responses to this RFF will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations, or policies, the specific criteria will be disregarded, and the responses will be evaluated and scored without considering such criteria or disqualified altogether.

The State reserves the right to make all final award decisions, including selecting recipients based on the State’s evaluation, total evaluation score, and other factors to be determined by the State. The State may incorporate strategic considerations when making award decisions. The State will only issue as many grants as funding allows and reserves the right to issue a partial award or no award. Finally, the State reserves the right to disqualify and not score incomplete proposals that do not provide all the required items as detailed in this RFF.

A. RFF EVALUATION CRITERIA

Step 1: Review for Mandatory Requirements and Complete Application

In this step, proposals will be evaluated to ensure that they adhere to all grant requirements, including applicant eligibility and county eligibility. Applicants must submit all information required by this RFF. Incomplete proposals may be disqualified. Further, any applications received after the deadline set forth in the RFF may be disqualified.

Step 2: Qualitative Review (Technical and Grant Budget Proposals)

Complete proposals will be scored based on the specifications set forth in *Section III.A* and *Section III.B*. This scoring will have a maximum possible score of 60 points (50 Technical Proposal points and 10 Grant Budget Proposal points). Step 2 may include one or more rounds of grant proposal clarifications or discussions (oral and/or written) between the State and the applicant focused on the details of the Technical and/or Grant Budget Proposal. Note that Grant Budget Proposals will not be scored based on the grant funding amount requested.

Grant Budget Proposals will be scored based on the narrative provided in the Grant Budget Narrative.

Step 3: Priority Points

Applicants may receive up to 20 Priority Points as outlined in *Section III.C*. The State will review the applicant’s responses to the Priority Points section and calculate the total Priority Points earned. Priority Points will be added to the total points received for the Technical Proposal and Grant Budget Proposal to create a final score for each applicant.

Step 4: Award Recommendation and Notification

All proposals will be ranked based on their scores. The committee responsible for reviewing the proposals will make grant award recommendations based upon the highest scoring applications. The State reserves the right to make all final award determinations and to determine the budget line items included in the award. FSSA intends to notify grant applicants of the award when evaluations are completed.

B. APPLICATION POINTS

The following table demonstrates the maximum points available for each grant application.

Criteria	Maximum Points Available
1. Adherence to Grant Requirements	Pass/Fail
2. Technical Proposal	50 Points
3. Grant Budget Proposal	10 Points
4. Priority Points	20 Points
Total Points:	80 Points