Rural Health EMS RFA Webinar

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Welcome

- Webinar is being recorded.
- Microphones for participants have been muted.
- Please put questions in the Q&A.
- We will take questions at the end of the webinar.

Goal of this Webinar

- Quick Overview of the NC DHHS Rural Health Transformation Program
- Introduce the NC Mobile Integrated Healthcare Request for Application Competitive Grant Funding
- Review Application Process
- Question & Answers

https://hpp.nc.gov/mobile-integrated-health-rfa/

Request for Application Site

https://hpp.nc.gov/mobile-integrated-health-rfa/

Rural Health Transformation Program

- $50 Billion Dollar Grant
  - $10 Billion Per Year / 5 Year Grant
  - Year 1 Ends 30 September 2026
  - Year 1 Expenditures Due by 30 September 2027
- NC DHHS to Receive ~$213 Million Initial Year
- EMS Initiatives
  - Recruitment/Retention Incentives
  - Expanding Connectivity & Telemedicine
  - Expanding MIH & CP Programs

Rural Health Transformation Program

Vision — *To advance innovative solutions that foster independence, improve health, and promote well-being for all rural North Carolinians*

Required Federal Elements

- *Improving Access | Improving Outcomes | Partnerships*
- *Workforce*
- *Cause ID | Financial Solvency*
- *Technology Use | Data-Driven Solutions*

NC Rural Health Priorities

1. Build Rural Community Care Network "Hubs"
2. Create Models & Capacity for Expanded Primary Care, Prevention, and Chronic Disease Management
3. Expand and Integrate Behavioral Health and SUD Services
4. Build a Robust & Resilient Workforce & Innovative Care Team Models for Rural Communities
5. Ensure Fiscal Sustainability of Rural Health Providers Through Innovative Financial Models
6. Modernize Rural Care Delivery Through Digital Forward Solutions

Success measures — *Coordinated networks of care serving rural residents resulting in reductions of chronic disease burden, increases in access for mental health care; 10% reduction in rural provider vacancy rates by Year 5; 70 new rural practices connected to the state's health information exchange; 15% increase in rural hospital readiness for value-based payment*

Expand & Integrate Behavioral Health & Substance Use Disorders Services

- A funding opportunity for Primary 911 EMS Agencies
- Focus on mental health and substance use care
- Total funding available: $10 million

WHAT WE KNOW:
Mobile Integrated Healthcare (MIH) & Community Paramedicine (CP)

MIH MODEL POWERED BY COMMUNITY PARAMEDICINE (CP) PROVIDERS

1 20+ YEARS OF PROVEN IMPLEMENTATION

20+ YEARS

MIH–CP programs have been successfully operating across the U.S. for over two decades.

2 FILLS CRITICAL RURAL CARE GAPS

MIH–CP extends care beyond hospitals by:

- Delivering in-home services
- Addressing workforce shortages
- Improving care coordination

3 LIMITED MOUD EMERGENCY ACCESS

38%

Only 38% of North Carolina's population lives in a county with MOUD emergency access.

Significant opportunity for MIH–CP expansion.

4 HIGHER ED RELIANCE IN RURAL AREAS

Multi-state analysis shows rural populations are **"at greater risk of utilizing the emergency department"** for mental health and substance use disorders.

ED often serves as the default access point.

5 DEMONSTRATED IMPACT

- Reduced **cost per patient**
- Reduced **emergency department utilization**
- Improved **care coordination and follow-up**

6 UNSUSTAINABLE COST TRENDS

Healthcare costs are increasing.

Available funding is decreasing.

Driving need for lower-cost care models.

MIH–CP IS A PROVEN, SCALABLE MODEL THAT IMPROVES ACCESS, REDUCES COSTS, AND STRENGTHENS RURAL HEALTH SYSTEMS—PARTICULARLY FOR BEHAVIORAL HEALTH AND SUBSTANCE USE CARE.

Mobile Integrated Health Grant Opportunity

The North Carolina Office of Emergency Medical Services (NCOEMS) is soliciting applications for competitive grant funding from EMS organizations to expand **Mobile Integrated Health (MIH)** and **Community Paramedicine (CP)** programs in **rural communities** across North Carolina.

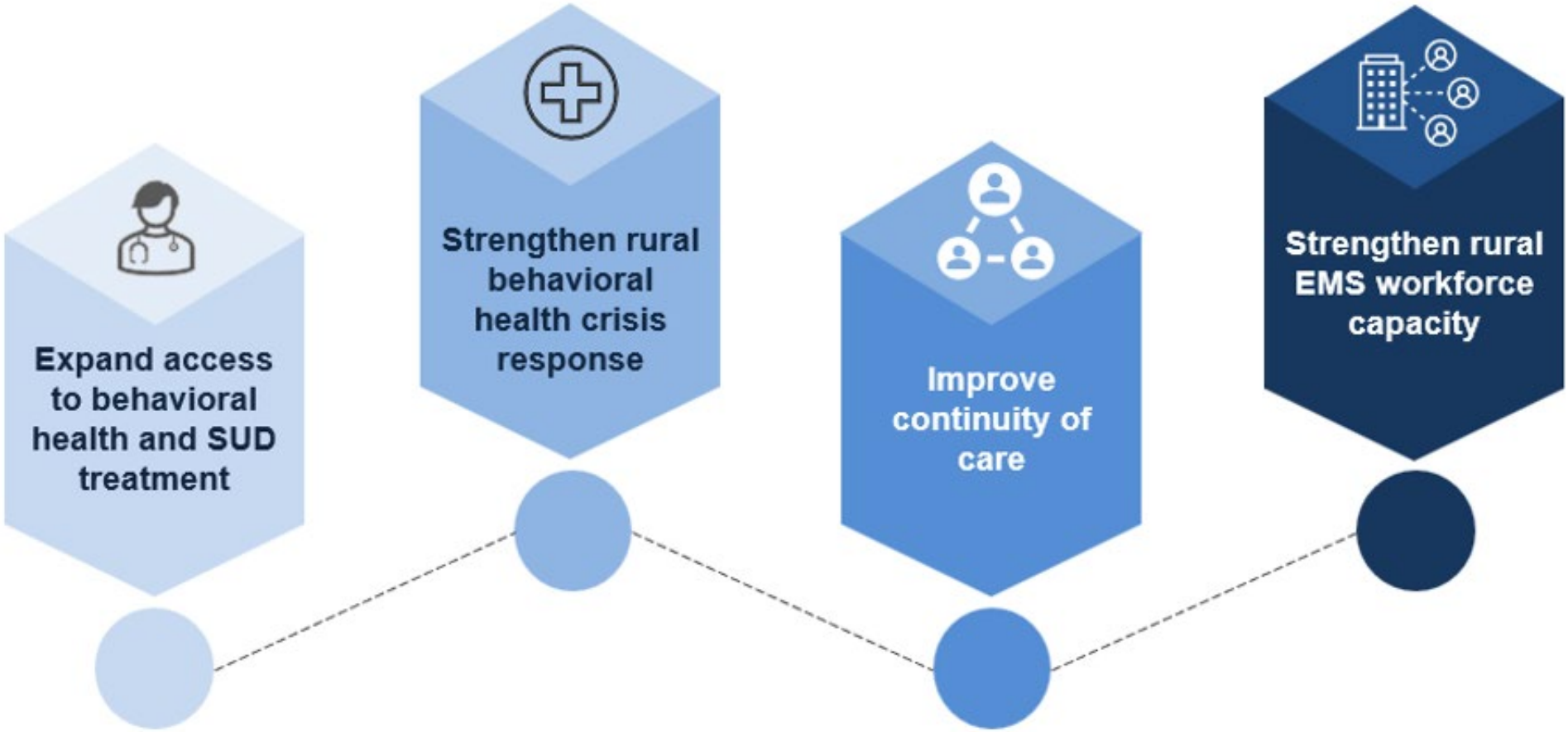
This five-year initiative strengthens behavioral health crisis response, improves treatment access for individuals with substance use disorder (SUD), and reduces emergency department use related to mental health crises and opioid overdoses.

THIS INITIATIVE WILL:

- Strengthen behavioral health crisis response
- Improve treatment access for individuals experiencing SUD
- Improve continuity of care and connect patients to treatment
- Strengthen the rural EMS workforce

Building healthier rural communities through local care, connection, and compassion.

Who Does This Help?

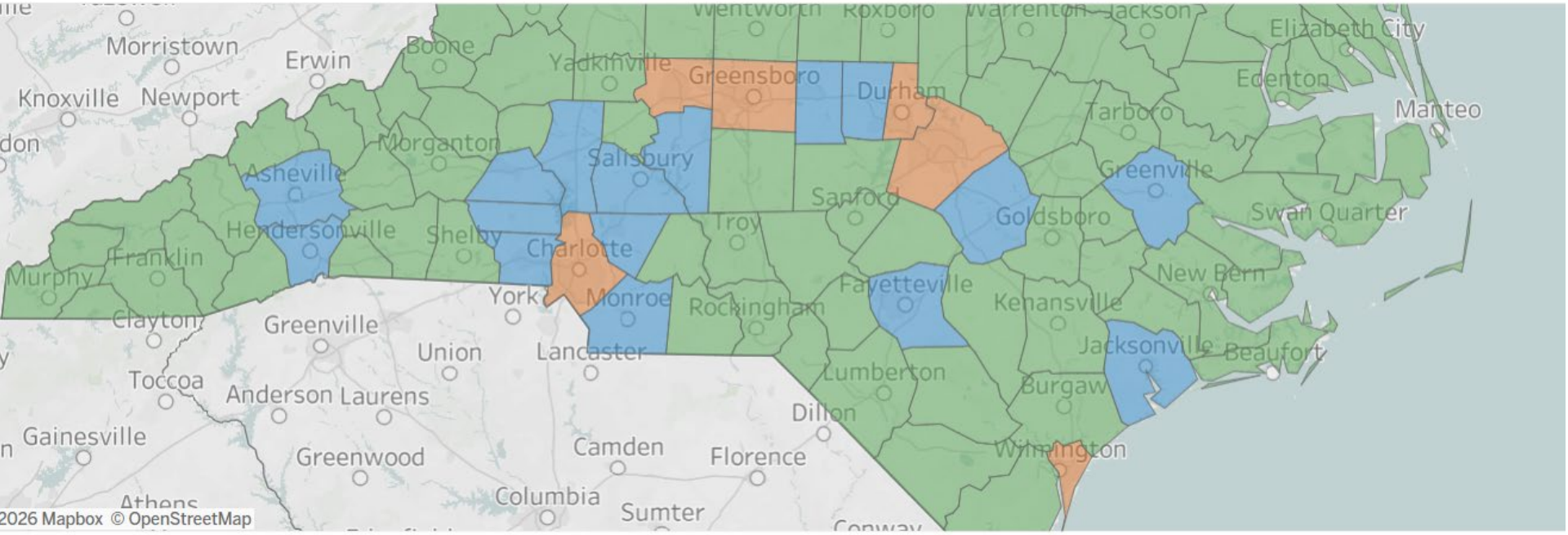


Who Can Apply?

- Entities must meet two conditions:
  1. Be a licensed North Carolina EMS agency that provides primary 911 response.
  2. Utilize the program funds to support a rural area as defined by the NC Rural Health Center:
     a) Rural or rural-adjacent areas with low population density (≤750 people/sq. mile) and limited healthcare access.

Who Can Apply?

NC Rural Center County Classifications



Rural	Suburban/Regional City	Urban
3,646,750	3,073,322	3,719,316

https://www.ncruralcenter.org/how-we-define-rural/

What Will the Program Do?

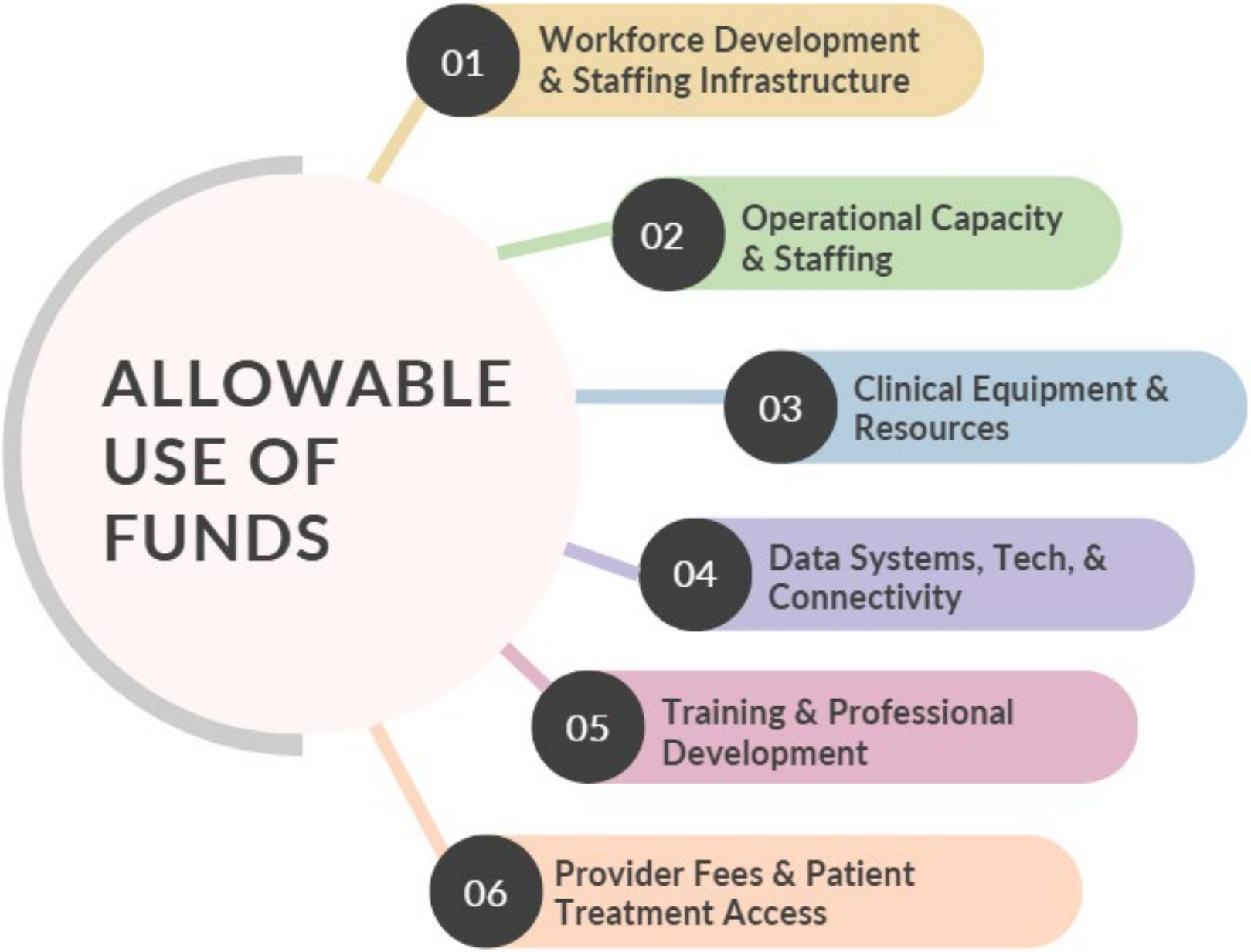
- Expand Existing Programs
  - Add staff, equipment, or services
  - Serve more patients and communities
  - Improve quality and quantity of services
- Start New Programs
  - Build MIH/CP programs from the ground up
  - Develop partnerships with healthcare providers
  - Create new ways to reach patients in rural areas

What Will the Program Do?

1	**Operational Capacity and Readiness**	• Increase # of MIH/CP programs and expand existing operations through additional personnel, service units, and program infrastructure.
2	**Treatment Access**	• Increase patient access to MOUD by expanding geographic coverage, service hours, and scope of MIH/CP services.
3	**Emergency Response**	• Improve EMS response to behavioral health crises and overdoses through increased scope of practice and MOUD protocols
4	**Care Coordination**	• Improve follow-up and continuity of care for patients receiving MIH/CP services.
5	**Workforce Training**	• Increase % of EMS clinicians completing approved behavioral health and substance use disorder training

Estimated Awards

- Estimated Number: 50 - 100 awardees
- Estimated 1st Year: $50,000 - $300,000 Award
- Total Funding Available in Year 1: $10,000,000
- The number of awards and award amounts may vary based on program readiness, scope of services, and the availability of funds.
- Applicants should budget for the initial award period (Year 1) only. Continuation funding in Years 2–5 is not guaranteed and will depend on performance and funding availability.


ALLOWABLE USE OF FUNDS
01
Workforce Development & Staffing Infrastructure
02
Operational Capacity & Staffing
03
Clinical Equipment & Resources
04
Data Systems, Tech, & Connectivity
05
Training & Professional Development
06
Provider Fees & Patient Treatment Access

Workforce Development & Staffing

DIRECT SERVICE PERSONNEL

- EMS Clinician
- Human Services Managers (e.g., licensed social workers, care navigators, community health workers)
- Peer Support Specialist
- Behavioral Health Clinician
- Assertive Community Treatment (ACT) Team Integration Staff

PROGRAM AND ADMIN SUPPORT

- Local Program Coordinator
- Data Specialist
- Quality Analyst
- RHTP Support Staff
- Administrative Support Staff
- HR Support for background checks, driving record monitoring, and credential verifications

RECRUITMENT & RETENTION STRATEGIES

- Rural workforce incentives
- Tuition assistance or MOUD certification sponsorship
- Retention bonuses for multi-year commitment
- Career ladder development for CP specialization

Operational Capacity and Staffing

FACILITY

- Lease or renovation of rural stabilization sites
- Co-location with healthcare partners
- Facility rentals
- Spaces to support ACT-style integrated response teams

VEHICLES

- CP/MOUD response vehicles
- Mobile crisis units
- Co-located opioid treatment unit transport support
- Mobile unit parking/storage space

Clinical Equipment & Resources

MEDICAL EQUIPMENT

- Necessary medical equipment - examples include:
  - Cardiac Monitor
  - Blood Alcohol Content Monitor
  - Point-of-Care Testing
  - Vital sign monitoring devices
  - Portable oxygen
  - Lockable medication storage

MEDICATION AND CLINICAL SUPPLIES

- Necessary medication and clinical supplies - examples include:
  - Narcan (Naloxone)
  - MOUD
  - Syringes/needles
  - Sharps containers
  - Zofran and supportive medications
  - Educational medical supplies for patient engagement
  - Harm reduction kits

UNIFORMS AND IDENTIFICATION

- CP/MOUD specific identifiers
- Safety apparel

Data Systems, Tech, & Connectivity

MOBILE CONNECTIVITY

- Satellite Internet Services
- Hotspot backup systems

DOCUMENTATION PLATFORMS

- Separate Electronic Patient Care Record (EPCR) documentation module distinct from traditional EMS run reporting
- Longitudinal patient record capability
- Care coordination documentation

TELEHEALTH EQUIPMENT & HARDWARE

- Laptops/tablets
- Ruggedized documentation devices

COMMUNICATION DEVICES & PLATFORMS CONNECTIVITY

- Dedicated cell phones
- Encrypted messaging platforms

Training & Professional Development

INITIAL STAFF TRAINING

- MOUD waiver/education
- Behavioral health crisis de-escalation
- Trauma-informed care
- Motivational interviewing
- Harm reduction principles

CONTINUING EDUCATION

- Ongoing MOUD protocol updates
- Peer integration best practices
- Case review and quality improvement sessions
- Conferences and Travel
- MOUD best practice conferences

Provider Fees & Patient Treatment Access

TREATMENT PROVIDER PARTNERSHIPS

- Contracted physician oversight
- Behavioral health provider fees

HEALTHCARE ACCESS & EXPANSION STRATEGIES

- Funding to support provider recruitment in counties lacking MOUD prescribers
- Bridge clinic model development
- Assertive Community Treatment (ACT) team build-out within CP structure

TELEHEALTH ACCESS

- MOUD consult services for underinsured/uninsured
- Rural telepsychiatry access

PATIENT SUPPORT STRATEGIES

- Co-pay assistance
- Medication bridge funding
- Establishing partnerships with organizations to deliver transport support services for follow-up care

UNALLOWABLE COSTS

The following costs are not allowed with grant funds.

1

MEALS & FOOD

Funding meals, including food costs for community meetings, is not an allowable use of funds.

2

NEW CONSTRUCTION

New construction is unallowable.

3

REIMBURSABLE SERVICES

Grant funds cannot be used for services that are eligible for reimbursement by Medicaid, Medicare, private insurance, and other third-party payers.

4

BROADBAND INFRASTRUCTURE

Funding cannot be used for broadband infrastructure.

These costs are not allowed under this grant program.

Administrative Cost Cap

- The Rural Health Transformation Program has implemented a 10% administrative cost cap.
- Direct Costs: MIH Program
  - EMS Clinician
  - Medications
  - Medical Equipment
- Admin Costs:
  - Office Space
  - HR / IT Support Staff
  - Management
  - Billing

Anticipated Timeline

- Completed applications must be submitted to https://nc.readyop.com/fs/4jP3/8f8d7100 no later than 23:59 on May 20, 2026.
- Applicants must demonstrate ability to initiate services within 90–180 days of contract execution.

Required Application Components

- Application Must Include:
  - Required form fields in ReadyOp
  - Project Narrative Document (10-page limit)
  - Line-Item Budget Summary (template)
  - Budget narrative
  - Supporting documents
    - Letter of project intent on agency letterhead indicating signatory involvement
    - Letters of support from key partners
    - Letter of support from medical director
    - Organizational Chart (optional)
    - Program Implementation Chart (optional)

What Makes a Strong Application?

- Clear plan
- Real community need
- Strong partnerships
- Ready to start quickly
- Focus on patient impact

https://hpp.nc.gov/mobile-integrated-health-rfa/

5 STEPS TO APPLY

1

REVIEW THE RFA

Carefully read the Request for Applications (RFA) and all materials.

2

WORK ON YOUR PROJECT PLAN

Include all budget items and a clear budget narrative that supports your plan.

3

WORK WITH YOUR COMMUNITY, SIGNATORY, AND MEDICAL DIRECTOR

Engage key partners and obtain all required approvals and signatures.

4

REACH OUT FOR TECHNICAL ASSISTANCE

Contact NCOEMS with any questions or for support before you submit.

5

SUBMIT NO LATER THAN MAY 20TH, AT 23:59

Submit your complete application by the deadline. Late applications will not be accepted.

Plan early, collaborate often, and reach out—we're here to help!

What Happens After You Apply?

- Review & Decision Making
  - NCOEMS will utilize a panel approach to review and score applications
  - Awards are based on need, readiness, and impact
- Budget Review & Changes
  - Changes: Costs, Scope of Work, Timeline
- Award Process
  - Financial Assistance Contract
- After Award
  - Funds are reimbursement-based
  - Must submit regular reports

Technical Assistance

Mondays 1300 - 1345

Thursdays 0900-0945

Questions can be sent to:

OEMSMIH@dhhs.nc.gov