

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: December 11, 2015

TO: Local EMS Agency Administrators

FROM: Howard Backer, MD, MPH, FACEP
Director

SUBJECT: +EMS Local Assistance Grant Funding Opportunity Announcement

The California Emergency Medical Services Authority (EMSA) is seeking proposals from Local EMS Agencies (LEMSAs) for projects to develop and implement interoperable health information exchange between emergency ambulance service providers and hospitals/electronic health records via health information exchange organizations (HIOs).

This local assistance grant funding opportunity supports collaborative solutions to integrate EMS as a critical component of the health care system into the health information exchange (HIE) landscape consistent with ONC Grant 90IX006/01-00, awarded by the Office of the National Coordinator for Health Information Technology for PULSE +EMS.

Each project proposal must be submitted by a LEMSA, which will hold the contract if selected, and must include commitments to participate from at least one hospital, at least one health information organization and at least one emergency ambulance service provider in the LEMSA's jurisdiction.

EMSA anticipates making multiple awards totaling approximately \$700,000. The application deadline is January 28, 2015. Projects are expected to begin in March 2016 and be completed within 18-months.

The attached Grant Funding Opportunity provides a detailed explanation of the intent, scope of work, deliverables, milestones, application and eligibility requirements, scoring criteria and timelines. Questions should be submitted in writing to June Iljana, HIE in EMS Project Coordinator, at june.iljana@emsa.ca.gov or mailed to the address above.

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**Emergency Medical Services Authority
Grant Funding Opportunity Announcement**

December 11, 2015

You are invited to submit a local assistance grant proposal for development and implementation of a locally based +EMS Health Information Exchange. Proposals are due by **5 p.m. PST January 19, 2016.**

Proposals must be submitted by mail and electronic mail, to:

**California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6056
Attn: June Iljana, HIE in EMS Project Coordinator
june.iljana@emsa.ca.gov**

A bidder's conference will be held December 18th at 10 a.m. at the address above. All questions must be submitted in writing by December 21, 2015 and will be answered in writing by December 23, 2015.

Awards are anticipated to be made on or about March 1, 2016.

Please note that no *verbal* information given will be binding upon the State unless such information is issued in writing as an official addendum. Read the attached document carefully. To submit a valid proposal, you must comply with the instructions contained in this document. By submitting a proposal, your organization agrees to the terms and conditions stated in this invitation.

Period of Performance

The period of performance shall be upon approval though June 30, 2017. There will be no extensions beyond the contract end date and all deliverables must be submitted before that date.

Amount

Total amount available for the +EMS projects will be approximately \$700,000. The Emergency Medical Services Authority anticipates that there will be multiple awards at various levels of funding.

Table of Contents

I.	INTRODUCTION	4
	A. Purpose and Description of Services	4
	B. Match Requirement	5
	C. Key Action Dates	6
	D. Award and Protest.....	6
	E. Key Words/Terms	7
II.	ELIGIBILITY REQUIREMENTS	7
	A. Applicant Requirements	7
III.	APPLICATION ORGANIZATION AND SUBMISSION INSTRUCTIONS	8
	A. Application Format.....	8
	B. Application Delivery.....	8
	C. Application Terms and Conditions	9
	D. Application Content	9
	E. Scope of Work	11
	F. Deliverables.....	14
	G. Rights in Data	16
	H. Progress Payments.....	16
	I. Measurable Objectives/Milestones Required for Payment.....	16
	J. Acceptance Criteria.....	17
	K. Other Reporting Requirements.....	17
	L. State Responsibilities.....	17
IV.	Evaluation and Award Process	17
	A. Evaluation.....	17
	B. Notice of Award.....	18
	C. Scoring Criteria	18
V.	ATTACHMENT	20
	A. Sample Contract	21

I. INTRODUCTION

Emergency Medical Services (EMS) is an integral part of the health care system - actions taken by EMS providers at the scene and enroute to the hospital affect outcomes, quality of care and patient satisfaction. Health Information Exchange (HIE) allows providers in the field to appropriately access and securely share a patient's vital medical information electronically.

Currently, few EMS systems are connected to a health information exchange or other electronic health/medical records system. There are many challenges to sharing of EMS data, including funding, proprietary systems, and a lack of collaboration. EMSA is working to overcome those challenges and support providers, health information organizations, vendors, and local EMS agencies in creating the infrastructure necessary for secure two-way exchange between EMS and other health care providers, facilities and payers.

The U.S. Department of Health and Human Services, Office of the National Coordinator for Health Information Technology, has awarded to the California Emergency Medical Services Authority (EMSA) a grant of \$2.75 million over two years to advance HIE statewide during a disaster and regionally in daily EMS activities.

California is one of 12 states to receive support through this \$29.6 million program, funded by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The selected projects seek to expand the adoption of HIE technology, tools and services and increase the integration of health information in interoperable health IT to support care processes.

The funds will be used to develop two health information technology projects over two years: 1) connectivity between existing health information organizations (HIOs) to support health care provider access to health records statewide during a disaster, and 2) technology and infrastructure to give EMS providers in the field access to send and receive critical patient information.

A. Purpose and Description of Services

The Emergency Medical Services Authority (EMSA) is seeking proposals from Local EMS Agencies (LEMSAs) to develop and implement a locally based system for interoperable health information exchange between EMS providers and hospitals via health information exchange organizations (HIOs). This local assistance grant opportunity supports collaborative solutions to integrate EMS as a critical component of the health care system into the health information exchange (HIE) landscape consistent with ONC Grant 90IX006/01-00, awarded by the Office of the National Coordinator for Health Information Technology (July 27, 2015-July 26, 2017) for PULSE +EMS.

The “+EMS” system concept, consisting of SEARCH, ALERT, FILE, and RECONCILE functionality, establishes interoperability and exchange of clinically relevant patient information during daily emergency medical treatment and transport. It will allow EMS providers to: 1) SEARCH for a limited data set such as health problems, medications, allergies and advance directives at the patient’s side using demographic information; 2) ALERT the receiving hospital as to the patient’s status prior to transport or enroute to the hospital in the form of a visualization tool providing key patient metrics for the call and transport in progress; 3) FILE the electronic patient care report information into the longitudinal patient record as discrete data; and 4) RECONCILE a limited set of outcome and billing information from the patient’s hospital record back into the EMS electronic patient care report (ePCR) for quality analysis and system improvement (desirable grant component but not required).

This local assistance grant opportunity seeks a solution to the ONC primary deliverables for implementation of +EMS for daily EMS exchange in 2 or more regional areas of California, which includes, at a minimum, one emergency 9-1-1 ambulance provider, one HIO, and one hospital in each area.

The selected projects will demonstrate the application of principles of health information exchange interoperability for EMS to improve clinical decision making and transitions of care between ambulance and hospital healthcare providers and support longitudinal patient records.

Successful completion of the grant objectives and milestone reporting will occur through direct collaboration with EMSA, California Association of Health Information Exchanges, HIOs, LEMSAs, ambulance service providers, and receiving hospitals. This project will be completed during the grant period and is anticipated to remain operational after the grant period ends as a locally-sustained capability with support from ambulance providers, hospitals, and HIOs.

B. Match Requirement

The applicant’s match requirement is \$1 for every \$3 federal dollars awarded. In other words, for every three dollars received in federal funding, the applicant must contribute at least one dollar in non-federal resources toward the program’s total cost. This is a soft match requirement, so the contractor may elect to meet the match requirement in the form of non-federally funded in-kind contributions.

For example, if \$100,000 in federal funds is requested, then the minimum match requirement is $\$100,000/3$ or \$33,333. If the required non-federal share is not met by the grantee, ONC will disallow any unmatched federal dollars. In preparing the proposal budget, applicants should consider these cost-sharing requirements and account for a match on their best estimate of expenditures.

C. Key Action Dates

Below is the tentative time schedule for this Grant Funding Opportunity Announcement. Dates listed below are estimates only, and subject to change at EMSA's sole discretion.

Key Actions	Dates	Time
Application Released to Prospective Applicants	December 11, 2015	5:00 p.m.
Bidders' Conference	December 18, 2015	10:00 a.m.
Written Questions Submittal Deadline	December 21, 2015	3:00 p.m.
Final Date for Proposal Submittal	January 19, 2016	5:00 p.m.
Evaluation Process	January 20, 2016	
Notice of Intent to Award	January 25, 2016	TBD
Protest Period	January 26 – February 1, 2016	NA
Proposal Award Date	February 2, 2016	NA

D. Award and Protest

Notice of the proposed award shall be posted in a public place in the office of EMSA and on the following internet site www.emsa.ca.gov for five (5) business days prior to awarding the Contract.

If any Applicant, prior to the award of agreement, files a protest with EMSA on the grounds that the (protesting) proposer would have been awarded the contract had EMSA correctly applied the evaluation standard in the Announcement, or if the agency followed the evaluation and scoring methods in the Announcement, the agreement shall not be awarded until either the protest has been withdrawn or EMSA has decided the matter. It is suggested that you submit any protest by certified or registered mail.

Within five (5) days after filing the initial protest, the protesting A shall file with EMSA a detailed written statement of issues specifying the grounds for the protest if the original protest did not contain the complete grounds for the protest.

Upon award of the agreement, the Applicant must have completed and submitted to the awarding agency the Payee Data Record (STD. 204), to determine if the Applicant is subject to state income tax withholding pursuant to California Revenue and Taxation Code Sections 18662 and 26131. No payments shall be made unless a completed STD 204 has been returned to the awarding agency.

Upon award of the agreement, Contractor must sign and submit to EMSA a Contractor Certification Clauses (CCC).

E. Key Words/Terms

Word/Term	Definition
Applicant	The respondent to this solicitation
Application	An applicant's formal written response to this solicitation
CEMSIS	California Emergency Medical Services Information System
Days	Days refers to calendar days
EHR	Electronic Health Record
EMS	Emergency Medical Services
EMSA	California Emergency Medical Services Authority
ePCR	Electronic Patient Care Report
HIE	Health Information Exchange: The secure sharing (location, identification, sending, requesting, receiving, and/or publishing) of health information among unaffiliated entities electronically using national standards.
HIO	Health Information Organization: An organization whose primary business is establishing policies and offering HIE services for health information sharing among otherwise unaffiliated organizations.
LEMSA	Local Emergency Medical Services Agency
NEMSIS	National Emergency Medical Services Information System
NOPA	Notice of Proposed Award, a public notice that identifies award recipients
ONC	Office of the National Coordinator
PULSE	Patient Unified Lookup System for Emergencies
Project Manager	The person designated by the applicant to oversee the project and to serve as the main point of contact for EMSA
Recipient	The recipient of an award under this solicitation
Solicitation	This entire document, including all attachments and exhibits ("solicitation" may be used interchangeably with "grant funding opportunity")
State	State of California

II. ELIGIBILITY REQUIREMENTS

A. Applicant Requirements

1. Eligibility

- a. The prime applicant must be a LEMSA
- b. Applications must represent a coalition of participants including:
 - 1) At least one LEMSA
 - 2) At least one HIO
 - 3) At least one emergency 9-1-1 ambulance provider, and

- 4) At least one hospital offering emergency department services.
- c. The adoption of electronic Patient Care Reports (ePCR), in a NEMSIS 3/HL7 format, by ambulance providers is required to provide timely electronic patient information to hospitals. The ePCR system must use NEMSIS 3-compliant products by the time milestones are achieved.
- d. LEMSAs selected to receive funding for this project must agree to submit data to the California EMS information System.

III. APPLICATION ORGANIZATION AND SUBMISSION INSTRUCTIONS

A. Application Format

Format	<ul style="list-style-type: none"> • Font: 12-point, Ariel (excluding Excel files, original template headers and footers, and commitment or support letters) • Margins: One inch on all sides (excluding headers and footers) • Spacing: Single-spaced, with a blank line between each paragraph • Pages: Numbered and printed double-sided (when determining page limits, each printed side of a page counts as one page) • Signatures: Manual (i.e., not electronic) • Labeling: Tabbed and labeled
Page Limits	<ul style="list-style-type: none"> • Proposals shall not exceed 20 pages.
Number of Copies of the Application	<ul style="list-style-type: none"> • Five (5) hard copies mailed (including one copy with original signatures) • Must email an electronic version of application including attachments.

B. Application Delivery

Mail or deliver proposals to the following address:

California Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6056
Attn: June Iljana, HIE in EMS Project Coordinator
june.iljana@emsa.ca.gov

C. Application Terms and Conditions

1. By submitting a Proposal, the Applicant agrees that:

- a. Proposals that reference an applicant's own terms and conditions or provisions will be considered non-responsive and will be rejected.
- b. Note that all agreements entered into with the State of California will include by reference General Terms and Conditions and Contractor Certification Clauses that may be viewed and downloaded at <http://www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx>.
- c. The State does not accept alternate contract language from a prospective contractor. An offer with such language will be rejected. The State's General Terms and Conditions are not negotiable.
- d. No oral understanding or agreement shall be binding on either party.
- e. The awarding agency reserves the right to reject all proposals. The agency is not required to award.
- f. Proposals must contain all requested information and data and conform to the format described in this section. It is the offeror's responsibility to provide all necessary information for the State to evaluate the response, verify requested information and determine the offeror's ability to perform the tasks and activities defined in the State's Scope of Work.
- g. Proposals must contain all requested information and data and conform to the All proposals must be submitted (received by the department, not post marked) under sealed cover and sent to the Emergency Medical Services Authority by dates and times shown in the above listed Key Action Dates.

It is the sole responsibility of the Applicant to verify receipt of the submitted proposal. Applications received after the date and time stated in this Application are not valid regardless of the circumstances causing the late submittal.

D. Application Content

1. The proposal responds to the State's Scope of Work and must map each task/deliverable item back to the Scope of Work. The response must include any additional information necessary to explain how the applicant intends to meet the State's requirements.
2. The proposal must include the following as appropriate:

**California Emergency Medical Services Authority
+EMS Grant Funding Opportunity Announcement**

- a. Description of the coalition's preparedness to complete the grant requirements within the grant period including progress towards NEMSIS 3 implementation, existing health information exchange integration and query-based HIE activities, and HIO CTEN participation (query).
- b. Description of proposed work with methodology for achieving SEARCH, ALERT, FILE and (optionally) RECONCILE functionality.
- c. A description of the served area, including the approximate population and geographic area, the number of hospitals with emergency departments in the area, the number of ambulance companies responding to emergency 9-1-1 calls in the area, and an approximate number of 9-1-1 calls in served area.
- d. A work plan that provides enough detail to demonstrate to the evaluator that the applicant and responding team can successfully meet all requirements and includes the following:
 - 1) Tasks to be accomplished.
 - 2) The schedule for each task.
 - 3) Expected dates of and plan for reporting on metrics, milestones, and deliverables.
 - 4) Baseline number (current), denominator (all potential), target number
 - 5) A list of coalition participants, short descriptions of their capabilities, and roles in the project. Commitment to execute Service Level Agreements among participants.
 - 6) The project team including all participants and their role.
 - 7) A description of how each milestone metric will be achieved. Respondents that do not achieve the required milestone metrics will not receive payment. Organizations should consider the risk of this project.
 - 8) Any other requirements shown in the Scope of Work document.
 - 9) A budget summary, narrative and justification.
 - 10) A project budget/cost worksheet in Microsoft Excel format with acknowledgement that a 3:1 match is required. The budget must include a plan for the match requirement. (Not included in 20-page limit)
 - 11) Letters of support from all project participating entities (ie hospitals, HIO, emergency medical services providers). (Not included in 20-page limit)

E. Scope of Work

Applicant shall develop and implement a locally based electronic patient lookup system for daily emergency medical services (called +EMS). This locally based system will provide four functional benefits. First, paramedics and EMTs on ambulances will be able to access individual patient information relevant to an emergency case to enhance clinical decision making for individual patients. Second, hospital emergency departments receiving real-time patient information through a dashboard will lead to improved clinical decision support and creating an environment where time sensitive treatments can be expedited through advance notification, such as in the areas of trauma, chest pain, or stroke. Third, the integration of electronic pre-hospital care records into the hospital (EHR) will allow clinical care providers in both rural and urban communities across the continuum to support a more comprehensive, longitudinal, integrated patient record for seamless transitions of care. Fourth, as an optional function, patient outcome data will be returned to EMS providers for quality and system improvement.

1. The project must include the following activities:
 - a. Develop and document the end-to-end workflow for SEARCH, ALERT, and FILE activities, including actions of EMS, ambulance service provider, hospital, HIO, and other actors or stakeholders.
 - b. Work with the Statewide HIE in EMS Advisory Committee subcommittee on Consumable Data Content and Transport to identify and document the technical content requirements and technical standards that will be used for transporting the necessary information. This includes:
 - 1) Information retrieved by the EMS ePCR during SEARCH,
 - 2) Information sent by the EMS ePCR to the hospital emergency department (ED) during ALERT,
 - 3) Information sent by the EMS ePCR to the hospital electronic health record (EHR) or HIO during FILE, and
 - 4) Information sent by the hospital EHR or by an HIO to the EMS ePCR during RECONCILE.
 - c. Work with the Statewide HIE in EMS Advisory Committee subcommittee on Patient Identification to identify and document the means by which patients will be identified in SEARCH, ALERT, FILE, and RECONCILE stages.
 - d. Work with other Statewide HIE in EMS Advisory Committee subcommittees as they are created and identified, and are useful to your project. EMSA anticipates creating a subcommittee on Sustainability later in 2016.

- e. Document the technical architecture that accomplishes the required movement of information to accomplish SEARCH, ALERT, and FILE activities.
- f. Implement technical components of the solution that are not already in place, which may include:
 - 1) Mechanisms for EMS to search for a patient record in the HIO, provider, or other clinical system via an ePCR;
 - 2) Mechanisms for the ePCR to retrieve patient information from the HIO, provider system, and other clinical system ;
 - 3) A dashboard to display critical patient information in the hospital ED;
 - 4) Mechanisms to send critical patient information from the ePCR for display in the hospital ED dashboard; and
 - 5) Mechanisms to send a patient record from the ePCR to the HIO and/or hospital and incorporate it into the EHR in a structured format. Some projects using a longitudinal community health record within the EHR may choose to incorporate the health information from the ePCR into that community record rather than the hospital EHR as long as it is still accessible by the hospital EHR in structured format.
 - 6) The solution is expected to build upon existing capabilities of an HIO, not create a new HIO or a specialty network for EMS activities only. Funds should not be used to implement basic HIO functionality, but extend it as necessary to accomplish SEARCH, ALERT, FILE, and (optionally) RECONCILE activities for the +EMS workflow identified by the respondent.
- g. Work with EMS and EMSA's contractor(s) to define a user acceptance test plan for all technical components of the solution. This test plan will be used to help document the implementation metric identified under deliverables.
- h. Perform successful user acceptance testing.
- i. Create training materials and train all stakeholders in the use and work flow of the solution, as necessary.
- j. Operate the solution in production with real patients involved in emergency 9-1-1 calls, to include:
 - 1) Searching for matching patients in the HIO and/or provider systems from the ePCR prior to reaching the hospital ED, supporting SEARCH and FILE activities;

**California Emergency Medical Services Authority
+EMS Grant Funding Opportunity Announcement**

- 2) Retrieving matching patient records from the HIO and/or provider systems prior to reaching the hospital ED, supporting SEARCH activities;
 - 3) Sending critical patient information from the ePCR to the hospital ED dashboard prior to reaching the hospital ED, supporting ALERT activities; and
 - 4) Sending patient records from the ePCR and incorporating them in the HIO or hospital EHR following patient delivery to the hospital ED, supporting FILE activities.
- k. At this time metrics to support EMSA reporting to ONC may change if ONC requires additional reporting. At this time, anticipated metrics include:
- 1) A description of the target service region,
 - 2) The number of ambulance companies offering emergency 9-1-1 services in the target region,
 - 3) The number of hospitals offering emergency 9-1-1 ED services in the target region,
 - 4) The number of patients per month transported by the partnering ambulance service(s) to the partnering hospital ED (during the measurement period),
 - 5) The number of patients successfully identified per month in a SEARCH activity (during the measurement period),
 - 6) The number of patients for which health information could be successfully retrieved in a SEARCH activity (during the measurement reporting period),
 - 7) The number of patients for which health information was transmitted to the hospital ED dashboard in an ALERT activity (during the reporting period), and
 - 8) The number of patients for which health information was transmitted to the hospital EHR, matched to a patient, and incorporated in a FILE activity (during the reporting period).
- l. Provide monthly progress reports on activity against the project plan.
- m. Provide monthly invoices, including the match during that month.
- 1) Matching information must include the activity for the match, the labor hours and rate if in-kind effort, or other source of match.
 - 2) The response should outline, through the project plan, how each of these activities is accomplished, by when, and which stakeholders are involved.

2. Extra points will be given to projects that elect to include these additional optional tasks:
 - a. Develop and document the end-to-end workflow for RECONCILE activities, including actions of EMS, ambulance, hospital, HIO, and other actors or stakeholders.
 - b. Document the technical architecture that accomplishes the required movement of information to accomplish RECONCILE activities.
 - c. Implement technical components of the solution that are not already in place to send a patient record from the hospital EHR to EMS and incorporate it into the ePCR.
 - d. Operate the solution in production with real patients, to include sending patient records from the HIO or hospital EHR and incorporating them into the ePCR following patient delivery to the hospital ED, supporting RECONCILE activities.
 - e. Provide metrics to support EMSA reporting to ONC, as required. At this time, anticipated metrics include the number of patients for which health information was transmitted from the hospital EHR, matched to a patient, and incorporated in the ePCR in a RECONCILE activity (during the reporting period).

F. Deliverables

1. The project must achieve and report on the following metrics:
 - a. Entering into Service Level Agreements between HIO, ambulance, hospitals, and/or vendors as required for your project no later than April 2016.
 - 1) Success is defined as a signed contract, participant agreement, or other collaboration agreement establishing participation of at least one LEMSA, one ambulance service, one hospital, and one HIO.
 - b. Demonstrate successful implementation of SEARCH and ALERT functions among all required stakeholders in production no later than April 2017.
 - 1) Success is defined as success of at least one patient match, retrieval of health information for at least one matched patient, and reporting of critical patient information for at least one patient in a hospital ED dashboard.

**California Emergency Medical Services Authority
+EMS Grant Funding Opportunity Announcement**

- c. Demonstrate successful ALERT metrics during a 3-month reporting period, with no less than 10% success rate by the final month of the reporting period, achieved no later than November 30, 2016.
 - 1) The metric is defined as the number of times a patient is successfully identified and for which information is successfully retrieved from the HIO or other clinical system by the ePCR, divided by the number of new patient encounters created in the ePCR during a 1-month period.
- d. Demonstrate successful SEARCH metrics during a 3-month reporting period, with no less than 10% success rate by the final month of the reporting period, achieved no later than April 30, 2017.
 - 1) The metric is defined as the number of times a patient is successfully identified and for which information is successfully retrieved from the HIO or other clinical system by the ePCR, divided by the number of new patient encounters created in the ePCR during a 1-month period.
- e. Demonstrate successful FILE metrics during a 3-month reporting period, with no less than 10% success rate by the final month of the reporting period, achieved no later than May 31, 2017.
 - 1) The metric is defined as the number of times a patient record created in the ePCR is successfully transmitted to the hospital EHR, matched to a patient, and incorporated as structured information.
- 2. The response must clearly show each milestone on the project plan schedule, and demonstrate how each milestone will be met.
- 3. Extra consideration may be given to projects that elect to also meet an additional milestone:
 - a. Demonstrate successful RECONCILE metrics during a 1-month reporting period, equaling no less than 10% success rate during that month, achieved no later than July 31, 2017.
 - 1) The metric is defined as the number of times a patient record is successfully transmitted from the hospital EHR to the ePCR, matched to a patient and encounter, and incorporated as structured information.
- 4. The respondent may add to the definitions of these metrics to demonstrate how their proposed solution will meet each metric.

5. The project must also provide the following additional deliverables:
 - a. Monthly progress reports against the project plan.
 - b. A final report documenting the project objectives, implemented solution, and overall accomplishments.

G. Rights in Data

In all cases, whether HHS funded all or part of the project or program resulting in the data, the Federal government must be given a royalty-free, nonexclusive, and irrevocable license for the Federal government to reproduce, publish, or otherwise use the material and to authorize others to do so for Federal purposes, e.g., to make it available in government-sponsored databases for use by other researchers. Data developed by a sub recipient also are subject to this policy.

H. Progress Payments

Progress payments are allowed for services performed under this contract, not less than ten (10) percent of the contract amount shall be withheld pending final completion of the contract, and receipt and acceptance by EMSA of any final reports required under the contract. However, for those contracts that consist entirely of separate and distinct tasks, any funds withheld with regard to a particular task may be paid upon completion of that particular task.

I. Measurable Objectives/Milestones Required for Payment

1. Adoption
 - a. Entering into Service Level Agreements between HIO, ambulance, hospitals, and or vendors as required
 - b. Testing of required functionality for Search, Alert, and File functions
2. Exchange
 - a. Search and Alert functions with ePCR and transmission to hospital ED dashboard
 - b. Transmission of 10% of eligible records
3. Interoperability
 - a. File (and Reconcile) functions between ePCR and EHR
 - b. Incorporation of external information from EMS ePCR to Hospital
 - c. Transmission of 10% of eligible records

J. Acceptance Criteria

1. It shall be the State's sole determination as to whether a deliverable has been successfully completed and acceptable to the State. There must be a signed acceptance document for each deliverable before invoices can be processed for payment.
2. Acceptance criteria shall consist of the following:
 - a. Reports on written deliverables are completed as specified and approved.
 - b. All deliverables must be in a format that can be used by the State.
 - c. If a deliverable is not accepted, the State shall provide the rationale in writing within five days of receipt of the deliverable or upon completion of acceptance testing period.

K Other Reporting Requirements

1. On a monthly basis, each contractor staff person shall complete a timesheet.
2. The contractor will develop and provide ad hoc reports as deemed appropriate and necessary by the State.

L. State Responsibilities

1. EMSA will have responsibility for project management and grant management for the PULSE+EMS program, including ONC reporting.
2. EMSA will provide access to business and technical documents as necessary for the contractor to complete the tasks identified in the department's purchase document.
3. Provide access to subject matter experts for consultation via the Statewide HIE in EMS Advisory Committee.

IV. Evaluation and Award Process

A. Evaluation

1. EMSA will pre-review all eligible proposals (i.e., those that are received in the time and manner prescribed) to determine which ones meet the following criteria specified in this proposal. If a response is missing any of this information, it may be deemed not responsive.
 - a. Application received by the specified due date and time in the "Key Activities Schedule".
 - b. Application includes a project abstract.

- c. Application contains letters of support.
- 2. Applications that pass the pre-review stage will then be submitted to the Evaluation Committee for review and scoring based on the Scoring Criteria in Section C of this Part.

B. Notice of Award

Award of a local assistance contract resulting from this grant opportunity will be based on a best value. This contract is contingent upon award and continued funding of a State HIE Program grant from the U.S. Health and Human Services Agency, Office of the National Coordinator for Health Information Technology.

C. Scoring Criteria

	Description	Maximum Points
1	<p>Preparation for completion of grant within grant period</p> <ul style="list-style-type: none"> 1. Progress towards NEMSIS 3 2. Existing health information exchange integration activities 3. Prior work on query based health information activities 4. Estimated completion dates 5. Realistic timeline 6. HIO CTEN Participation (Query) 	20
2	<p>Scope of Proposal</p> <ul style="list-style-type: none"> • Description of the proposed project • Coalition participants • Project team • Impact of project/broad participation <ul style="list-style-type: none"> ○ Size of area population ○ # of hospitals participating out of # of eligible hospitals and % of area EMS transports received by participating hospitals. ○ # of ambulance services participating out of # of ambulance services eligible and % of area EMS transports conducted by EMS provider participants. ○ # of LEMSAs participating out of # of LEMSAs eligible • Alignment with EMSA intent per ONC Grant 90IX006/01-00 • Implementation of SEARCH, ALERT, FILE and (optional but preferred) RECONCILE functionality • Detailed work plan including measurable objectives and milestones (Adoption, Exchange, and Interoperability) • Plan for measuring metrics, reporting milestones and deliverables 	50

**California Emergency Medical Services Authority
+EMS Grant Funding Opportunity Announcement**

	Description	Maximum Points
3	Budget (Excel format) <ul style="list-style-type: none"> • Budget summary, narrative and justification • Amount • Cost/value • 3:1 match plan 	20
4	Commitment of participants, including local HIO/HIE <ul style="list-style-type: none"> • Letters of support • Commitment for 3:1 match from all participants • Commitment to submit NEMSIS 3 data to EMSA • Commitment to sign a participation agreement. 	10

V. ATTACHMENT

A. Sample Contract

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213 (Rev 06/03)

AGREEMENT NUMBER
REGISTRATION NUMBER

- This Agreement is entered into between the State Agency and the Contractor named below:
 STATE AGENCY'S NAME _____
 CONTRACTOR'S NAME _____
- The term of this Agreement is: _____ through _____
- The maximum amount of this Agreement is: _____
- The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

This contract is awarded based on an Interagency Agreement.

- Exhibit A Scope of Work
- Exhibit B Budget Detail and Payment Provisions
- Exhibit B-1 Cost Sheet
- Exhibit C* General Terms and Conditions
- Exhibit D Special Terms and Conditions (Attached hereto as part of this agreement)
- Exhibit E Sample Invoice

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
 These documents can be viewed at www.dgs.ca.gov/ols/Resources/StandardContractLanguage.aspx

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		<i>California Department of General Services Use Only</i>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
		
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
STATE OF CALIFORNIA		
AGENCY NAME		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
		
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS		
		<input type="checkbox"/> Exempt per:

1) Project Summary

The California Emergency Medical Services (EMS) Authority is seeking proposals for local assistance grants to implement interoperable health information exchange between EMS providers and hospitals via health information exchange organizations (HIOs).

2) Project Locations

Emergency Medical Services Authority located at 10901 Gold Center Drive, Suite 400, Rancho Cordova, CA 95670.

3) Agreement Term

Upon Approval – July 30, 2017

4) Project Representatives

The project representatives during the term of this agreement will be:

State Agency	Emergency Medical Services Authority
Section/Unit	Administrative Unit
Attention	
Address	10901 Gold Center Dr, Ste 400 Rancho Cordova, CA 95670-6073
Phone	
Fax	
E-Mail	

Contractor	
Name	
Phone	
Fax	
E-Mail	

Direct all administrative inquiries to:

State Agency	Emergency Medical Services Authority
Section/Unit	
Attention	
Address	10901 Gold Center Dr, Ste 400 Rancho Cordova, CA 95670-6073
Phone	
Fax	
E-Mail	

Contractor	
Section/Unit	
Attention	
Address	
Phone	
Fax	

5) Specifications

A. General

The California Emergency Medical Services (EMS) Authority is seeking proposals for local assistance grants to implement interoperable health information exchange between EMS providers and hospitals via health information exchange organizations (HIOs).

B. Description of Work

1. The project must include the following activities:

- a. Develop and document the end-to-end workflow for SEARCH, ALERT, and FILE activities, including actions of EMS, ambulance service provider, hospital, HIO, and other actors or stakeholders.
- b. Work with the Statewide HIE in EMS Advisory Committee subcommittee on Consumable Data Content and Transport to identify and document the technical content requirements and technical standards that will be used for transporting the necessary information. This includes:
 - 1) Information retrieved by the EMS ePCR during SEARCH,
 - 2) Information sent by the EMS ePCR to the hospital emergency department (ED) during ALERT,
 - 3) Information sent by the EMS ePCR to the hospital electronic health record (EHR) or HIO during FILE, and
 - 4) Information sent by the hospital EHR or by an HIO to the EMS ePCR during RECONCILE.
- c. Work with the Statewide HIE in EMS Advisory Committee subcommittee on Patient Identification to identify and document the means by which patients will be identified in SEARCH, ALERT, FILE, and RECONCILE stages.
- d. Work with other Statewide HIE in EMS Advisory Committee subcommittees as they are created and identified, and are useful to your project. EMSA anticipates creating a subcommittee on Sustainability later in 2016.

- e. Document the technical architecture that accomplishes the required movement of information to accomplish SEARCH, ALERT, and FILE activities.
- f. Implement technical components of the solution that are not already in place, which may include:
 - 1) Mechanisms for EMS to search for a patient record in the HIO, provider, or other clinical system via an ePCR;
 - 2) Mechanisms for the ePCR to retrieve patient information from the HIO, provider system, and other clinical system ;
 - 3) A dashboard to display critical patient information in the hospital ED;
 - 4) Mechanisms to send critical patient information from the ePCR for display in the hospital ED dashboard; and
 - 5) Mechanisms to send a patient record from the ePCR to the HIO and/or hospital and incorporate it into the EHR in a structured format. Some projects using a longitudinal community health record within the EHR may choose to incorporate the health information from the ePCR into that community record rather than the hospital EHR as long as it is still accessible by the hospital EHR in structured format.
 - 6) The solution is expected to build upon existing capabilities of an HIO, not create a new HIO or a specialty network for EMS activities only. Funds should not be used to implement basic HIO functionality, but extend it as necessary to accomplish SEARCH, ALERT, FILE, and (optionally) RECONCILE activities for the +EMS workflow identified by the respondent.
- g. Work with EMS and EMSA's contractor(s) to define a user acceptance test plan for all technical components of the solution. This test plan will be used to help document the implementation metric identified under deliverables.
- h. Perform successful user acceptance testing.
- i. Create training materials and train all stakeholders in the use and work flow of the solution, as necessary.
- j. Operate the solution in production with real patients involved in emergency 9-1-1 calls, to include:
 - 1) Searching for matching patients in the HIO and/or provider systems from the ePCR prior to reaching the hospital ED, supporting SEARCH and FILE activities;

- 2) Retrieving matching patient records from the HIO and/or provider systems prior to reaching the hospital ED, supporting SEARCH activities;
 - 3) Sending critical patient information from the ePCR to the hospital ED dashboard prior to reaching the hospital ED, supporting ALERT activities; and
 - 4) Sending patient records from the ePCR and incorporating them in the HIO or hospital EHR following patient delivery to the hospital ED, supporting FILE activities.
- k. At this time metrics to support EMSA reporting to ONC may change if ONC requires additional reporting. At this time, anticipated metrics include:
- 1) A description of the target service region,
 - 2) The number of ambulance companies offering emergency 9-1-1 services in the target region,
 - 3) The number of hospitals offering emergency 9-1-1 ED services in the target region,
 - 4) The number of patients per month transported by the partnering ambulance service(s) to the partnering hospital ED (during the measurement period),
 - 5) The number of patients successfully identified per month in a SEARCH activity (during the measurement period),
 - 6) The number of patients for which health information could be successfully retrieved in a SEARCH activity (during the measurement reporting period),
 - 7) The number of patients for which health information was transmitted to the hospital ED dashboard in an ALERT activity (during the reporting period), and
 - 8) The number of patients for which health information was transmitted to the hospital EHR, matched to a patient, and incorporated in a FILE activity (during the reporting period).
- l. Provide monthly progress reports on activity against the project plan.
- m. Provide monthly invoices, including the match during that month.
- 1) Matching information must include the activity for the match, the labor hours and rate if in-kind effort, or other source of match.
 - 2) The response should outline, through the project plan, how each of these activities is accomplished, by when, and which stakeholders are involved.

2. Extra points will be given to projects that elect to include these additional optional tasks:
 - a. Develop and document the end-to-end workflow for RECONCILE activities, including actions of EMS, ambulance, hospital, HIO, and other actors or stakeholders.
 - b. Document the technical architecture that accomplishes the required movement of information to accomplish RECONCILE activities.
 - c. Implement technical components of the solution that are not already in place to send a patient record from the hospital EHR to EMS and incorporate it into the ePCR.
 - d. Operate the solution in production with real patients, to include sending patient records from the HIO or hospital EHR and incorporating them into the ePCR following patient delivery to the hospital ED, supporting RECONCILE activities.
 - e. Provide metrics to support EMSA reporting to ONC, as required. At this time, anticipated metrics include the number of patients for which health information was transmitted from the hospital EHR, matched to a patient, and incorporated in the ePCR in a RECONCILE activity (during the reporting period).

Deliverables

1. The project must achieve and report on the following metrics:
 - a. Entering into Service Level Agreements between HIO, ambulance, hospitals, and/or vendors as required for your project no later than April 2016.
 - 1) Success is defined as a signed contract, participant agreement, or other collaboration agreement establishing participation of at least one LEMSA, one ambulance service, one hospital, and one HIO.
 - b. Demonstrate successful implementation of SEARCH and ALERT functions among all required stakeholders in production no later than April 2017.
 - 1) Success is defined as success of at least one patient match, retrieval of health information for at least one matched patient, and reporting of critical patient information for at least one patient in a hospital ED dashboard.

- c. Demonstrate successful ALERT metrics during a 3-month reporting period, with no less than 10% success rate by the final month of the reporting period, achieved no later than November 30, 2016.
 - 1) The metric is defined as the number of times a patient is successfully identified and for which information is successfully retrieved from the HIO or other clinical system by the ePCR, divided by the number of new patient encounters created in the ePCR during a 1-month period.
- d. Demonstrate successful SEARCH metrics during a 3-month reporting period, with no less than 10% success rate by the final month of the reporting period, achieved no later than April 30, 2017.
 - 1) The metric is defined as the number of times a patient is successfully identified and for which information is successfully retrieved from the HIO or other clinical system by the ePCR, divided by the number of new patient encounters created in the ePCR during a 1-month period.
- e. Demonstrate successful FILE metrics during a 3-month reporting period, with no less than 10% success rate by the final month of the reporting period, achieved no later than May 31, 2017.
 - 1) The metric is defined as the number of times a patient record created in the ePCR is successfully transmitted to the hospital EHR, matched to a patient, and incorporated as structured information.
2. The response must clearly show each milestone on the project plan schedule, and demonstrate how each milestone will be met.
3. Extra consideration may be given to projects that elect to also meet an additional milestone:
 - a. Demonstrate successful RECONCILE metrics during a 1-month reporting period, equaling no less than 10% success rate during that month, achieved no later than July 31, 2017.
 - 1) The metric is defined as the number of times a patient record is successfully transmitted from the hospital EHR to the ePCR, matched to a patient and encounter, and incorporated as structured information.
4. The respondent may add to the definitions of these metrics to demonstrate how their proposed solution will meet each metric.

5. The project must also provide the following additional deliverables:
 - a. Monthly progress reports against the project plan.
 - b. A final report documenting the project objectives, implemented solution, and overall accomplishments.

- 6) Travel

Travel costs are based on California Department of Human Resources maximum reimbursement rates. Reimbursable rates can be found at <http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>.

SAMPLE

Budget Detail and Payment Provisions**1) Invoicing and Payment**

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor for actual expenditures incurred in accordance with the rates listed in Exhibit B-1, titled Cost Sheet, which is attached hereto and made a part of this Agreement.
- B. Invoices shall be submitted in accordance with this agreement and Exhibit E-Sample Invoice, which is attached hereto and made a part of this Agreement.
- C. Invoices shall include the Agreement Number, company name and remittance address, sufficient scope and detail to define the actual work performed and specific milestones completed, including a description of the activities of the Contractor and Subcontractor, the hours allocated to those activities, the locations where work was performed, the expenses claimed, any required reports, and shall be submitted in duplicate not more frequently than monthly in arrears to:

Lisa Vigil, Contracts Analyst
Emergency Medical Services Authority
10901 Gold Center Drive
Rancho Cordova, CA 95670-6073
916-431-3694
lisa.vigil@emsa.ca.gov

If any of this information is not on the invoice, it may cause delays in payment processing.

- D. Final Invoices must be submitted no later than sixty (60) days after the end date of this agreement.
- E. Payment will be for actual services provided or actual costs. If the EMS Authority does not approve the invoice in accordance with identified general tasks or deliverables in this contract, payment of the invoice will be withheld by the EMS Authority and the Contractor will be notified. The Contractor must take timely and appropriate measures to correct or remedy the reason(s) for non-acceptance and demonstrate to the EMS Authority that the Contractor has successfully completed the scheduled work for each general task or deliverable before payment will be made.

2) Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient

funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.

- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.

3) Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

COST SHEET

Important Considerations

The rates, set forth below in clear legible figures, shall be binding for the term of the Agreement and shall include the cost of insurance, State sales tax, and every other items of expense, direct or indirect, incidental to the Agreement total.

Company Name (Printed)	
Signature of Person Authorizing Pricing	
Printed Name and Title of Person Signing	
Date	

Exhibit C

General Terms and Conditions (GTC)

GTC 610

Please Note: This page will not be included with the final Agreement. The General Terms and Conditions, GTC 610, will be included in the Agreement by reference to Internet site:

<http://www.documents.dgs.ca.gov/ols/CCC-307.doc>

Special Terms and Conditions

1. Amendments

This agreement allows for amendments to add time for completion of specified deliverables and/or to increase funding. Should either party, during the term of this agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall be made through the State's official agreement amendment process. No amendment will be considered binding on either party until it is formally approved by both parties and the Department of General Services, if such approval is required.

2. Excise Tax

The State of California is exempt from federal excise taxes, and no payment will be made for any taxes levied on employees' wages. The State will pay for any applicable State of California or local sales or use taxes on the services rendered or equipment or parts supplied pursuant to this Agreement. California may pay any applicable sales and use tax imposed by another state.

3. Force Majeure

Neither party shall be liable to the other for any delay in or failure of performance, nor shall any such delay in or failures of performance constitute default, if such delay or failure is caused by "Force Majeure." As used in this section, "Force Majeure" is defined as follows: unforeseen circumstances that make performance of the agreement impossible such as acts of war, civil unrest, acts of governments (such as changes in law) and acts of God such as earthquakes, floods, and other natural disasters such that performance is impossible.

4. License and Permits

The Contractor shall be an individual or firm licensed to do business in California and shall obtain at his/her expense all license(s) and permit(s) required by law for accomplishing any work required in connection with this contract.

- A. If you are a Contractor located within the State of California, a business license from the city/county in which you are headquartered is necessary; however, if you are a corporation, a copy of your incorporation documents/letter from the Secretary of State's Office can be submitted. If you are a Contractor outside the State of California, you will need to submit to the EMS Authority a copy of your business license or incorporation

papers for your respective State showing that your company is in good standing in that state.

- B. In the event, any license(s) and/or permit(s) expire at any time during the term of this contract; Contractor agrees to provide the EMS Authority with a copy of the renewed license(s) and/or permit(s) within 30 days following the expiration date. In the event the Contractor fails to keep in effect at all times all required license(s) and permit(s), the State may, in addition to any other remedies it may have, terminate this contract upon occurrence of such event.

5. Inspection of Services

Services performed by Contractor under this Agreement shall be subject to inspection by the EMS Authority at any and all times during the performance thereof.

If the EMS Authority official conducting the inspection determines that the services performed by Contractor (and/or materials furnished in connection therewith) are not in accordance with the specification, the EMS Authority may, at its option, have the work performed by an alternate provider, charging the Contractor with any excess cost occasioned thereby.

6. Liability for Loss and Damages

Any damages by the contractor to the State's facility including equipment, furniture, materials or other State property will be repaired or replaced by the contractor to the satisfaction of the State at no cost to the State. The State may, at its option, repair any such damage and deduct the cost thereof from any sum due contractor under this Agreement.

7. Cancellation / Termination (SCM 7.85)

- A. This agreement may be cancelled or terminated without cause by the State by giving thirty (30) calendar days advance written notice to the Contractor. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment/invoicing instructions/requirements. Contractor may submit a written request to terminate this Agreement only if the State should substantially fail to perform its responsibilities as provided herein.
- B. Upon receipt of a notice of termination or cancellation from the State, Contractor shall take immediate steps to stop performance and to cancel or reduce subsequent contract costs.

- C. Contractor shall be entitled to payment for all allowable costs authorized under this agreement, including authorized non-cancelable obligations incurred up to the date of termination or cancellation, provided such expenses do not exceed the stated maximum amounts payable.
- D. However, the agreement may be immediately terminated without advance notice for cause. The term “for cause” shall mean that the Contractor has committed a material breach of the provisions of the contract. In this instance, the contract termination shall be effective as of the date indicated on the State’s notification to the Contractor. (Refer to GC, Exhibit C, Item 7. Termination for cause.)
- E. This agreement may be suspended or cancelled without notice, at the option of the Contractor, if the Contractor or State’s premises or equipment are destroyed by fire or other catastrophe, or so substantially damaged that it is impractical to continue service, or in the event the Contractor is unable to render service as a result of any action by any governmental authority.

8. Disputes

Any dispute concerning a question of fact arising under this contract that is not disposed of by agreement shall be decided by the Director of the EMS Authority, who may consider written or verbal evidence submitted by the Contractor. The decision of the Director of the EMS Authority, issued in writing, shall be conclusive and binding on both parties to the contract on all questions of fact considered and determined by the Director of the EMS Authority.

9. Intellectual Property Rights

All work products, intellectual property or otherwise, developed under this contract shall become the property of the EMS Authority. Products shall not be disclosed without the written permission of the Director of the EMS Authority and the Administration if necessary. Each report developed for this contract shall also become the property of the EMS Authority and shall not be disclosed except in such manner and such time as the Director of the EMS Authority may direct. No written product(s) shall be used for lobbying purposes.

No products, processes, or materials developed using grant funds may be patented or copyrighted to the contractor.

Sample Invoice

**Contractor
Address
City, State, Zip**

Contract Number:
For the Period Covering:

	Total Budget	Expenditures This Period	Expenditures To Date	Budget Balance
List description of charge by date				
Total				

SAMPLE

Amount Requested: \$ _____
Total Requested to \$ _____
Date: _____

I certify that this claim is in all respects true, correct, supportable by available documentation, and in compliance with all terms, conditions, laws, and regulations governing its payment.

Contractor Signature