

Welcome!

Hospital State Division (HSD) Overview



HSD Mission & Values

Mission

- Enhance access to quality care by supporting states with resources to strengthen the rural health infrastructure.

Vision

- Healthy people living in rural communities in America.

Values

- Integrity
- Relationship building/Partnership
- Adaptability
- Mission-driven

We achieve our mission through:

- Grant Programs to States
- Technical Assistance Support
- Evaluation and Data Analysis

Hospital State Division

People

Flex Team	SORH Team	SHIP Team	Division Leadership
Victoria (Tori) Leach (State Flex Program Coordinator and TASC TA for Flex); population health and innovation program areas	Sarah Ndiang’ui (SORH Program Coordinator and NOSORH)	Salamatu (Sallay) Barrie (SHIP Program Coordinator and VRHAP)	Kristi Martinsen Division Director
Natalia Vargas (RQITA/MBQIP), quality program area	Mikael (Mike) Redmond (Rural Veterans Health Access Program)	Jeanene Meyers (Rural Healthcare Provider Transitions Project)	Rachel Moscato Deputy Division Director
Laura Seifert (Flex Monitoring Team), financial and operational program areas	Suzanne Snyder (Delta Systems Program)		
Tahleah Chappel (EMS Supplement), EMS program area			

HSD Project Officer Map



Hospital State Division

Programs

Supporting States

- **State Offices of Rural Health (SORH)**
 - 50 States
 - \$11 Million
- **Medicare Rural Hospital Flexibility (Flex)**
 - 45 States
 - 8 States EMS supplemental funding
 - \$28.5 Million (\$2 million EMS Supplement)
- **Small Rural Hospital Improvement Grant Program (SHIP)**
 - 46 States
 - \$18.5 Million
- **Flex Rural Veterans Health Access Program (RVHAP)**
 - 3 States
 - \$850,000

Supporting Grantees

- **Data/Evaluation**
 - FMT: Supports Flex Program and CAHs and provides MBQIP Quarterly Reports
- **Technical Assistance**
 - TASC: Supports Flex Program and SHIP Program grantees
 - RQITA: Supports Flex Programs MBQIP and CAHs
 - NOSORH: Supports SORH

Supporting Hospitals

- **Delta Region Community Health Systems Development (DRCHSD)**
 - Supporting 28 sites
 - \$10 million
- **Rural Healthcare Provider Transitions Project (RHPTP)**
 - Hospitals and clinics
 - \$800,000
- **Vulnerable Rural Hospitals Assistance Program (VRHAP)**
 - 30 Hospitals
 - \$800,000

[Visit FORHP Webpage to Learn More about HSD Programs](#)



HSD Programs

State Run Programs



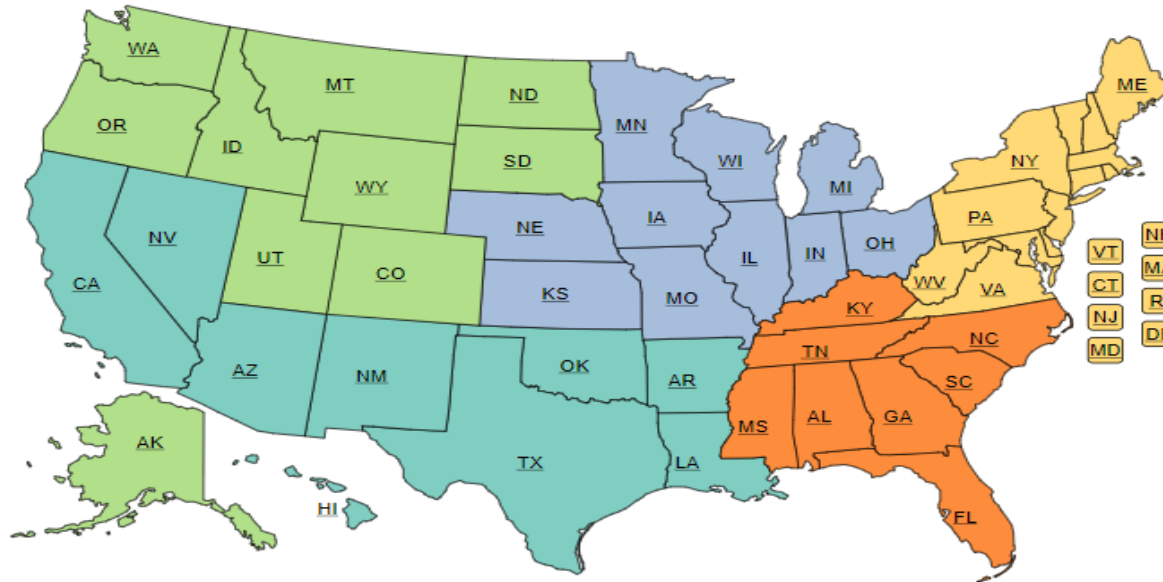
HSD Project Officers

[Home](#) > [Federal Office of Rural Health Policy](#) > [Rural Hospital Programs](#) > Project Officers for Rural Hospital Programs

Project Officers for Rural Hospital Programs

Click a state or use the dropdown menu to see state data

Indiana



**Indiana
(Region C)**

SORH Project Officer:
Mikael Redmond
301-443-2867
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SHIP Project Officer:
Jeanene Meyers
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FLEX Project Officer:
Tanleah Chappel
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Federal Office of Rural Health Policy Regions

See [HHS Regions Map](#)



<https://www.hrsa.gov/rural-health/rural-hospitals/region-map.html>



HSD Program Roles

Project Officer

- Monitors portfolio of assigned states within a program
- Exercises programmatic and oversight activities

Program Coordinator

- Provides overall leadership in administration and oversight of the grant programs
- Responsible for program development, review, award and monitoring

State Offices of Rural Health (SORH)

- **Program Coordinator: Sarah Ndiang'ui**

- Mike Redmond – Project Officer
- Suzanne Snyder – Project Officer
- Sarah Ndiang'ui – Project Officer

- Awards \$11M across 50 states, \$3:\$1 state to federal match

The SORH Program creates a focal point within each State for rural health issues. The program provides an institutional framework that links communities with State and Federal resources to help develop long-term solutions to rural health problems. State Offices of Rural Health support a wide range of activities, depending on the needs of their state. State Offices of Rural Health may support quality improvement networks, loan repayment programs, annual rural health conferences, regular rural health updates, information or technical assistance for grant writing, support for rural health clinics or emergency medical services.



SORH Grantees

- Single grantee in each of 50 States, as designated by the Governor.
- Flexibility in deciding where to locate SORH.
 - 37 in State Health Departments / Agencies
 - 10 in institutes of higher learning (PA, KY, WI, OK, AZ, NV, MT, OR, ND & CT (at community college))
 - 3 are not-for-profit organizations (SC, CO, MI)
 - Several SORH have changed models (OR, OK, MN, CT)
- Many SORH Directors are also State Primary Care Officer (PCO).



Medicare Rural Hospital Flexibility Grant Program (Flex)

- **Program Coordinator: Victoria Leach**
 - Tahleah Chappel – Project Officer, EMS Lead
 - Natalia Vargas – Project Officer, Quality Lead
 - Laura Seifert – Project Officer, Finance and Operations Lead
 - Tori Leach – Project Officer, Population Health Lead
- **Awards \$26.5 M across 45 states and 1350 hospitals (CT, DE, MD, NJ, RI have no CAHs)**
 - September 1, 2019 – August 31, 2024
- **Supports Critical Access Hospitals (CAHs) and their Rural Health Clinics (RHCs) through:**
 - Quality Improvement
 - Financial & Operational Improvement
 - Population Health Improvement
 - Rural Emergency Medical Services (EMS) Improvement
 - Innovative Model Development
 - CAH Designation
- **Under the Flex Program, the Medicare Beneficiary Quality Improvement Project (MBQIP) seeks to improve the quality of care provided in CAHs by facilitating voluntary reporting of quality measures not required by CMS.**



Flex EMS Supplements

Purpose: To improve access to quality emergency medical care in rural communities. These projects will develop an evidence base for Flex Program EMS activities, by funding projects in the following two focus areas.

- Funding Period: September 1, 2019 –August 31, 2022
- Two Focus Areas
 - Focus Area 1-Implement Demonstration projects on sustainable models of rural EMS care
 - AZ, OH, SC, WA
 - Focus Area 2-Implement demonstration projects on data collection and reporting for a set of rural-relevant EMS quality measures
 - FL, KY, ND, NM



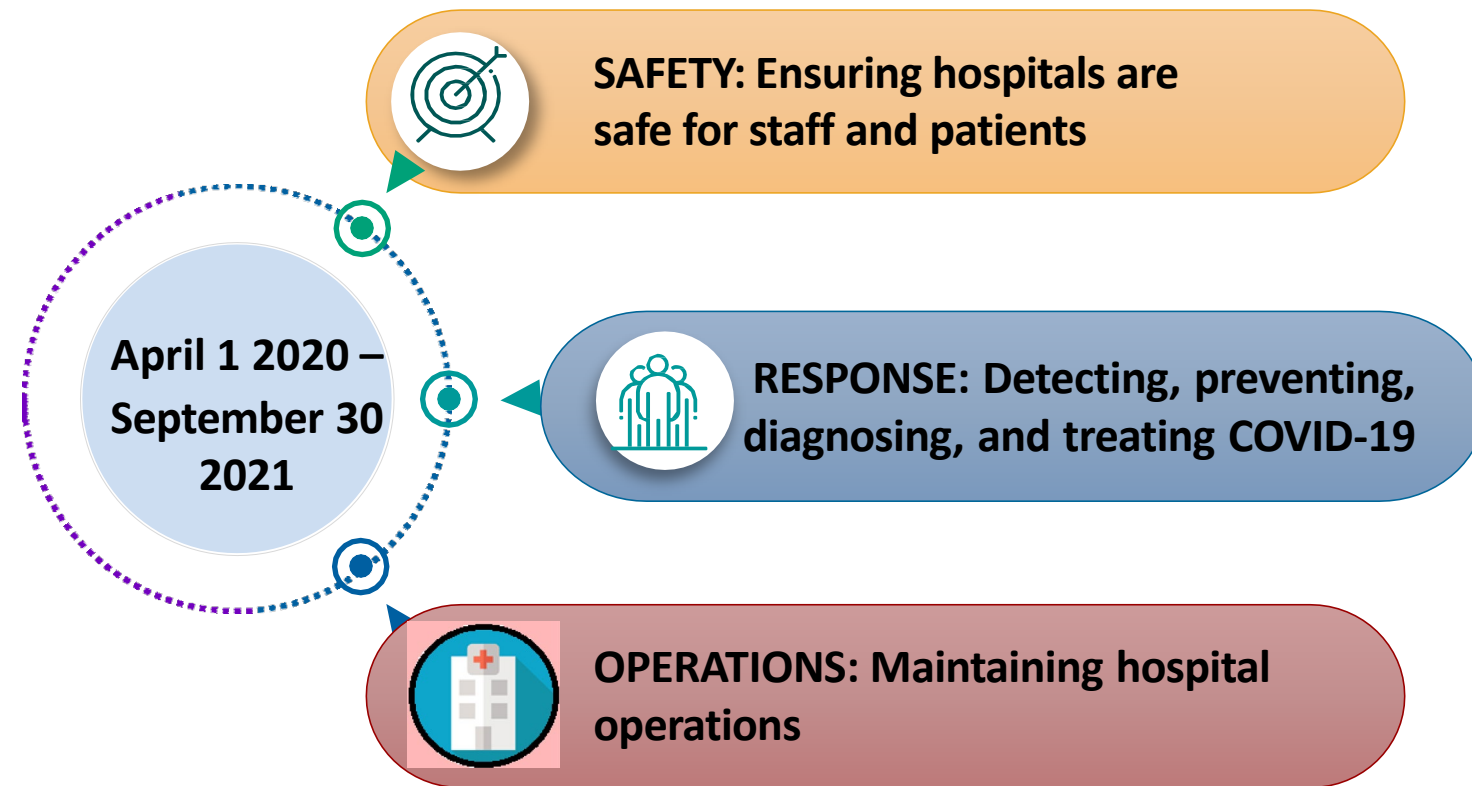
Small Rural Hospital Improvement Grant Program (SHIP)

- Program Coordinator: Sallay Barrie
 - Jeanene Meyers – Project Officer
 - Sallay Barrie – Project Officer
- Awards \$18M across 46 states (CT, DE, NJ, RI have no hospitals), ~\$11800 per hospital
- The Small Rural Hospital Improvement Grant Program (SHIP), supports small rural hospitals with: 1) value-based purchasing programs (VBP), 2) accountable care organizations (ACOs), 3) payment bundling (PB), and 4) implementation of prospective payment system (PPS).
- Funds can be used to purchase computer software and hardware (such as applications that focus on quality improvement, performance improvement and patient safety); staff education and training; and offset costs related to the implementation of PPS.
- Eligible hospitals: All small rural hospitals located in the U.S. and the territories, including faith-based and tribal organizations, are eligible to apply through their State Office of Rural Health (SORH). SHIP-eligible hospitals are acute care hospitals with 49 beds or less.



Coronavirus Small Rural Hospital Improvement Grant Program (COVID SHIP)

- One-time funding to support hospitals prevent, prepare for, and respond to the coronavirus-related (COVID-19) public health emergency.



Available on the [CARES Act SHIP Funding](https://www.ruralcenter.org/ship/cares-act) webpage on the SHIP website:
<https://www.ruralcenter.org/ship/cares-act>



Rural Veterans Health Access Program (RVHAP)

- **Program Coordinator: Mike Redmond**

- Provides funding to States to work with providers and other partners to improve the access to needed health care services and improve the coordination of care for veterans living in rural areas.
- Collaboration with Veterans Rural Health Resource Centers (VRHRC)
- Three objectives:
 - Increasing care coordination
 - Increasing access to mental health services and substance use disorder services
 - Increasing access to crisis intervention services and the detection of PTSD, traumatic brain injury, etc.

- Awardees: Oklahoma, Wyoming, and Utah



HSD Programs

Programs Supporting State Grantees



State Offices of Rural Health Coordination and Development Program

- **Program Coordinator: Sarah Ndiang'ui**
 - Supports training and resource development to build capacity of the State Offices of Rural Health
 - Current Awardee: [National Organization of State Offices of Rural Health](#)
 - Supports: SORH grantees
 - \$750,000/year
 - Many programs work with NOSORH to help promote program changes or policy updates. Check with Sarah if you need to make a connection with Teryl Eisinger, the CEO.



Information Services to Rural Hospital Flexibility Grantees Program

- **Program Coordinator: Kristi Martinsen**

- Provides direct and timely information that is easy for Flex Programs to use
- Comprehensive network of rural health resources, a variety of communication tools, education and technical assistance services
- Current Awardee: The Technical Assistance and Services Center ([TASC](#)) at the National Rural Health Resource Center
- Supports: Flex Program and SHIP Program grantees
- \$1.1 million/year



Rural Quality Improvement Technical Assistance Cooperative Agreement (RQITA)

- **Program Coordinator: Natalia Vargas**

- Assist Flex grantees with CAH challenges around data reporting and quality improvement through newsletters, toolkits, one-one consultations, and other resources.
- Current Awardee: Stratis Health
- Supports: Flex Programs (MBQIP) and CAHs
- \$600,000/year



Medicare Rural Hospital Flexibility Program Evaluation

- **Program Coordinator: Laura Seifert**

- The Flex Monitoring Team ([FMT](#)) is a consortium of the Rural Health Research Centers at the Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine.
- Funded by FORHP to evaluate the impact of the Flex program
- Synthesize State Flex Program work plans, CAH quality and financial data
- Create policy briefs and other reports as informed by data elements
- Develops the quarterly and annual MBQIP reports for all CAHs and State Flex Grantees
- [Critical Health Access Hospital Measurement and Performance Assessment System \(CAHMPAS\)](#)
- Supports: Flex Program and CAHs
- \$1,585,000/year



HSD Programs

Support Direct to Rural Hospitals



Rural Healthcare Provider Transition Project (RHPTP)

- **Program Coordinator: Jeanene Meyers**
- Provides TA to assist eligible small rural hospitals and rural health clinics (RHCs) in strengthening their foundation in key elements of value-based care, including, but not limited to:
 - Quality
 - Efficiency
 - Patient experience and
 - Safety of care
- **Value-Based Care** – Paying for health care services in a manner that directly links performance on measures in categories of cost, quality and the patient's experience of care.
- First year projects underway
- New application period to open soon—rolling basis
- Additional information - <https://www.ruralcenter.org/rhptp>



RHPTP TA Offerings:

Selected for onsite TA	5 small rural hospitals and/or RHCs	Not participating in VBC and ready for onsite TA to prepare for VBC
Selected for Learning Collaboratives (LC)	20 SRHs/RHCs	Not participating in VBC and “not ready” for onsite TA. Provide virtual coaching through LCs and consider for onsite TA in next application cycle.
Not ready for TA (onsite or LCs)	Unlimited – Open to all SRH/RHC	Not participating in VBC. Applicants benefit from webinars and tools that build knowledge for future participation in the LCs.
Not Selected for TA		Applicants participate in VBC, receiving RHPTP-like TA via other programs, or in financial distress. Applicants referred to more appropriate programs such as Flex, SHIP, or VRHAP.



Delta Region Community Health Systems Development Program (DRCHSD)

- **Program Coordinator: Suzanne Snyder**
 - Enhance healthcare delivery in the Mississippi Delta region through intensive, multi-year technical assistance to healthcare facilities in rural communities.
 - Technical Assistance Focus Areas:
 - Quality Improvement
 - Telehealth
 - Care Coordination
 - Population Health
 - Integration of Social Services
 - Emergency Medical Services (EMS)
 - Workforce
- Current Awardee: The National Rural Health Resource Center
- Amount: \$10 million
- Supports: Hospitals and communities in the rural Delta Region



Vulnerable Rural Hospitals Assistance Program (VRHAP)

- **Program Coordinator: Sallay Barrie**

- Targeted in-depth technical assistance to vulnerable rural hospitals and their communities that are struggling to maintain health care services, whether at risk of losing their hospital or working to maintain services following the recent closure of a rural hospital.
- Current Awardee: Texas A&M, Center for Optimizing Rural Health
- Amount: \$800,000/year
- Supports: 30 rural hospitals annually

