

Crisis to Care – EMS Transformation RFA

EMS Agency Funding Application Form

I. General Information

This is the application for the Care Coordination & Alternative Response Request for Applications (RFA). All sections of this application must be completed in full to be considered for funding and this application form shall not exceed twenty-five (25) pages (excluding attachments or supporting documents). Applicants should refer to the RFA for information regarding application evaluation criteria and refer to the RFA Narrative for detailed information on eligibility, program requirements, and allowable use of funds.

Applicants with questions are encouraged to participate in the biweekly RFA office hours, which provide an opportunity to receive technical assistance and clarification related to the application and program requirements. Details on office hours, including dates, are provided in the RFA Narrative.

Completed applications should be submitted no later than **June 15th, 2026**, to the Crisis to Care (CTC) email <RHT.CTC@ky.gov>.

Late or incomplete applications will not be considered for funding.

II. Agency Information

EMS Agency Name:

Agency License Number (KBEMS):

Address:

Service Area:

Agency Type (i.e. government, private, hospital-based, etc.):

Number of Employers/Providers and Service Mix

- Paramedics:

- AEMTs:
- EMTs:
- EMRs:
- Administrative Staff:

III. Applicant Information

Name:

Title/Position:

Email Address:

Phone Number:

Date of Application Submission:

IV. Contact Information

If there are specific staff members or other critical agency stakeholders you would like to receive communications about this project, please provide their contact information. This will help ensure everyone stays informed and up-to-date on project progress and key updates. Copy and paste the table for additional staff or other critical stakeholders, as needed.

Name:

Title/Position:

Email Address:

Phone Number:

V. TNT/TAD Program Capacity Evaluation

Scope of Services

Does your agency currently operate TNT/TAD protocols?

- No – proposed new program
- Pilot or limited scope
- Fully operational program

Proposed TNT/TAD Program Services

1) Identify any known service gaps or system pressures (e.g. ED overcrowding, frequent low-acuity 911 utilization, long-transport times).

2) Describe proposed on-scene workflows and standard operating procedures for TNT/TAD encounters, including:

- Patient identification and eligibility
- Clinical decision-making process
- Scenarios requiring mandatory transport to an emergency department
- On demand primary care telemedicine engagement on scene
- Patient satisfaction scores post encounter

- 3) Identify technologies that will be used to support TNT/TAD operations (e.g. telehealth platforms, EHR/ePCR systems, decision-support tools). How will this technology support clinical oversight, documentation, and communication with receiving partners?

Timeline

- 4) Provide a detailed timeline outlining key activities and milestones for program implementation and operation for the period of August 2026 through July 2027. Timelines should reflect key milestones with dates, sequencing of activities (startup, training, service launch), and any assumptions or dependencies affecting feasibility.

Alternative Destinations

- 5) Identify anticipated alternative destination partners (e.g. urgent care centers, behavioral health facilities, sobering centers, primary care clinics) that will support TNT/TAD services and include their role in TAD services.

VI. Application Narrative

- 6) Describe the methodology for operationalizing TNT/TAD protocols and the key steps to ensuring adequate preparation among EMS providers.

- 7) Please identify potential barriers and describe planned strategies or resolutions to mitigate those barriers.

- 8) Please describe your evaluation plan, outcomes to be measured, data collection measures, and how results (i.e. volume of TNT patient counters, TAD transports, and emergency room transports avoided) will be used to assess success.

- 9) Please describe your sustainability plan for how the program will continue to operate after grant funding concludes, including demonstrated strength of the program, target patient encounters, and anticipated emergency room transports avoided.

VII. Application Attachments

(1) Have you attached documentation from agency leadership and/or medical director demonstrating organizational commitment to establishing TNT/TAD protocols? (check off or highlight choice)

YES

NO

(2) Have you attached a budget for federal FY27 using the provided budget template ("Attachment A")?

YES

NO

VIII. Attestations

You affirm that your agency, if awarded, will enroll in and utilize the designated statewide care coordination technology in accordance with program requirements and implementation timelines.

AGENCY AFFIRMS

You affirm that your agency will comply with all applicable federal, state, and local laws, regulations, and program requirements related to this funding, including EMS agency licensure and scope of service standards.

AGENCY AFFIRMS

You affirm that all awarded funds will be used solely for allowable purposes as defined in the RFA and associated grant guidance.

AGENCY AFFIRMS

You affirm that all EMS providers and staff under this program will meet required credentialing, training, and certification standards and will operate within their authorized scope of practice.

AGENCY AFFIRMS

You affirm that your agency is in good standing with KBEMS.

AGENCY AFFIRMS

You affirm that your agency is in good standing with the Kentucky Department of Medicaid Services (DMS).

AGENCY AFFIRMS

You affirm that your agency will cooperate with monitoring and evaluation activities related to this funding, including providing documentation upon request.

AGENCY AFFIRMS

IX. Authorized Agency Representative Signature & Sign Off

Full Name: _____

Position / Title: _____

Signature: _____

Date: _____