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Kentucky Rural Health Transformation Program (RHTP)

Crisis to Care –EMS Transformation
EMS Agency Funding Guidance Narrative

May 2026

TEAM KENTUCKY®
CABINET FOR HEALTH AND FAMILY SERVICES

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Overview of Funding Opportunities for EMS Agencies

Background and Context

Introduction to the Rural Health Transformation Program (RHTP)

The Rural Health Transformation Program (RHTP) is a statewide initiative funded by the Centers for Medicare & Medicaid Services (CMS) to improve health access, quality, and outcomes for rural Kentuckians. With a focus on addressing long-standing gaps in rural healthcare through care delivery modernization, workforce capacity strengthening, and preventative and community-based service expansions, this program is designed to address various health gaps. The Commonwealth of Kentucky was awarded $212.9 million through the CMS Rural Health Transformation Fund, with funds released annually based on performance metrics. Through this funding, subrecipients will be responsible for carrying out various initiatives and ensuring long-term sustainability through data interoperability, workforce expansion, and technological infrastructure.

RHTP Funding Support for EMS Agencies

Under Kentucky's RHTP, EMS agencies are supported primarily through the Crisis to Care (CTC) initiative to strengthen pre-hospital and crisis response program capacity through initiative programming alongside routine EMS operations. The CTC initiative focuses on enhancing integrated EMS response and coordination, enabling EMS agencies to better manage patients in the field and coordinate care pathways. Moreover, the RRR initiative supports behavioral health crisis responses and aims to develop a link between EMS, crisis stabilization, and recovery services. Recognizing a heavy reliance on 911 and emergency departments as default access points for crisis care in rural regions, these initiatives respond to this issue by repositioning EMS as a front-line connector to care.

EMS in Kentucky

Rural communities often rely on EMS as the main point of access to care. Yet many areas face limited coverage, long response times and few local health services. Expanded support for EMS enables agencies to respond more effectively to low-acuity and non-emergent needs. Treat-No-Transport (TNT) and Transport to Alternative Destinations (TAD) models allow EMS providers to assess and appropriately manage patients on scene or transport them to non-emergency department settings better suited to their needs. A TNT/TAD model can reduce unnecessary emergency department utilization, improve patient experience, and reduce repeat emergency department encounters following discharge.

Eligibility Requirements

Eligible applicants are non-profit, Kentucky Board of EMS licensed Class Ia or Class Ib EMS agencies that provide 911 emergency responses within the Commonwealth of Kentucky and be in good standing at the time of application and throughout the award period. To be considered

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for funding, applicant agencies must hold an active EMS agency license and be in good standing at the time of application and throughout the award period.

Technology Participation Requirement

Registration and onboarding onto the statewide care coordination technology platform is **required as a condition of award** and is intended to support statewide care coordination. The CTC team is still evaluating technology solutions but anticipates using Pulsara or a similar platform. Technology will be determined prior to agencies receiving notice of award.

TND/TAD protocol implementation, and program evaluation. **Registration will be provided at *no cost* to participating EMS agencies.** The statewide platform supports real-time, HIPAA-compliant communication, and coordination across EMS agencies, hospitals, and alternative destinations. Use of this platform is intended to:

- Reduce radio congestion
- Facilitate emergency rooms and specialty teams receiving information simultaneously
- Improve continuity across hand-offs or transfers of care
- Yield faster door-to-treatment times
- Enhance efficiency of on-scene or in-route medical consults
- Support regional and state-level coordination

The state and its technical partner will support awarded agencies with onboarding, training, and phased implementation of the care coordination platform at no additional cost.

Optional Behavioral Health Training for Awardees

As part of the grant award, EMS agencies can participate in **optional** behavioral health training for their providers, which will be provided at no cost to the agencies. **EMS providers may also be reimbursed for work time missed while attending behavioral health trainings.** This addition reflects the Commonwealth's commitment to strengthening statewide behavioral health response capacity and ensuring EMS agencies are equipped to meet increasing behavioral health demands across communities.

The optional baseline behavioral health training is intended to establish consistent, foundational behavioral health response capabilities across EMS agencies statewide. Training will be delivered regionally by Community Mental Health Centers (CMHCs) or other qualified providers using appropriately credentialed clinical staff. Optional training is intended to qualify for Kentucky Board of Emergency Medical Services (KBEMS) continuing professional education, subject to certification approval. Specific grant funding will be allocated to support this requirement, scaled to agency size, and intended to cover backfill costs so staff can attend training on a rolling basis while maintaining required agency staffing coverage and any travel necessary to attend training. Additional details can be found in Appendix D.

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Current Reimbursement Challenges & Funding Opportunities for TNT/TAD

EMS agencies are increasingly responding to 911 calls that do not require ED transport but still demand timely, skilled clinical intervention, care coordination, and appropriate linkage to follow-up services. Historically, EMS reimbursement models have been narrowly structured around ambulance transport to hospital emergency departments, creating financial disincentives for alternative responses when treatment on scene or transport to a non-ED destination is clinically appropriate and aligned with patient needs.

Treat-No-Transport (TNT): Addressing a Historic Service Gap

Treat-No-Transport (TNT), sometimes referred to as "treatment-in-place," allows EMS providers to assess, treat, and safely release patients at the scene without transport when medically appropriate. While this approach reduces ED utilization, preserves ambulance availability, and better serves patients – particularly in cases pertaining to behavioral health, overdose, diabetes, chronic condition exacerbations, or injuries – EMS agencies historically received no reimbursement for these services. As a result, agencies often absorbed the full cost of personnel time, medications, and medical supplies without compensation.

Changes in Medicaid reimbursement policy over the last few years have enabled the Department of Medicaid Services (DMS) to reimburse for a base payment of $89.20 per TNT call in addition to the allowable medical supplies used during care. Despite this advancement, adoption of this reimbursement DMS code (A0988) remains inconsistent across agencies due to administrative, operational, and start-up barriers, including protocol development, training, medical oversight requirements, documentation workflows, and billing system capacity.

This RFA positions TNT as a critical strategy, enabling EMS agencies to respond to low-acuity and non-emergent crises with clinically appropriate care while ensuring agencies are financially supported for services already being delivered. This funding opportunity is intended to accelerate agency readiness to operationalize TNT at scale by supporting implementation costs that are not otherwise reimbursable.

Transport to Alternative Destinations (TAD)

Transport to Alternative Destinations (TAD) allows EMS agencies to transport patients to clinically appropriate, non-emergency destinations instead of hospital emergency departments when transport is necessary, but an ED admission is not. These destinations may include:

- Urgent care centers
- Free-standing emergency departments
- Primary care offices or clinics
- Federally qualified health centers (FQHCs)
- Community Mental Health Centers (CMHCs) or other behavioral health facilities

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All proposed alternative destinations must be approved by the agency's medical director and have the operational capacity to accept EMS transport. Agencies are to establish clear patient inclusion and exclusion criteria, standard operating procedures (SOPs) governing destination selection, and appropriate data collection processes to support ongoing program evaluation. Agencies are not required to have finalized destination agreements at the time of application but should demonstrate an understanding of the steps necessary to establish these partnerships prior to TAD program launch.

At the federal level, the Centers for Medicaid and Medicare Services (CMS) Emergency Triage, Treat, and Transport (ET3) Model demonstrated that reimbursing EMS agencies for transport to alternative destinations is both feasible and beneficial for patients and health systems. Under ET3, participating agencies were reimbursed for transport to approved non-ED sites, setting a national precedent for expanded EMS care pathways.

Currently, reimbursement for TAD transports outside of this pilot model remains inconsistent, creating a financial barrier to broader adoption – even when alternative destinations represent the most appropriate level of care. To address this gap, this RFA establishes a **grant-supported TAD reimbursement model**, under which EMS agencies will be eligible to receive reimbursement through grant funds for approved transport to alternative destinations in lieu of traditional ED transport.

Following award, the Department for Public Health (DPH) will work directly with EMS agencies awardees to finalize reimbursement parameters, including eligible transport types, documentation requirements, and payment workflows. This collaborative approach enables agencies to confidently implement TAD protocols, formalize community partnerships, and collect utilization data to inform long-term sustainability strategies.

Funding Opportunity Overview

Eligible agencies may apply for this funding opportunity based on their current capacity, community needs, and proposed use of funds. If an eligible agency is not prepared to apply in the current funding year, it may apply in future years through a rolling process, contingent upon the availability of grant funds.

This RFA's funding opportunity supports agencies in building the foundational clinical, operational, and billing infrastructure needed to safely and effectively implement TNT and TAD.

Funding Structure & Duration

Funding is structured to support early implementation while allowing programs time to build capacity before transitioning toward longer-term- sustainability. Agencies establishing TNT/TAD protocols may apply for one year of initial implementation funding. Year 1 funding is intended to support protocol development activities, establishment of on-scene telehealth services, development of partnerships among alternative destinations, and EMS provider training.

Continuation of funding beyond Year 1 is not automatic. Agencies seeking to expand or scale their TNT/TAD program in Year 2 and have fulfilled all the requirements will be eligible for a

streamlined application for a second funding opportunity (Expanding TNT/TAD Programs) in the subsequent funding cycle. This structure recognizes that newly established TNT/TAD frameworks require time to demonstrate readiness for expansion and are not expected to be fully sustainable after a single year of operation.

- Grant Year 1 will be funded at 100%
- Grant Year 2 requires a new application under Pathway 2

Agencies may opt in to a second year of funding, subject to meeting defined program requirements and performance benchmarks. Funding for Year 2 is intended to continue supporting program operations and expansion while agencies work toward longer-term sustainability. Also, agencies may initially apply for TNT/TAD funding beyond Year 1 or in subsequent years, as funding applications are processed on a rolling basis.

For Year 2 funding, agencies must:

- Formally opt in to continued funding
- Demonstrate progress toward required implementation and performance metrics
- Remain compliant with program requirements, including training and reporting expectations

For agencies approved for Year 2 funding, eligible costs may continue to be supported at 100 percent during this period. Future funding beyond this point is anticipated to transition toward a phased cost-share model, contingent on funding availability and program performance.

- Grant Year 1 will be funded at 100%
- Grant Year 2 requires agencies to opt-in to an additional year of funding with 100% funding provided if grant requirements are met
- Grant Year 3+ is subject to phased cost-sharing and funding availability

**Additional grant funding may be available beyond the 5-year RHT base period of performance depending on funding allocations made by Centers for Medicare & Medicaid Services (CMS).*

Support from Rural Health Transformation (RHT)?

- Application Technical Assistance: Participating agencies will have access to structured opportunities for technical assistance to support their application development and compliance requirements, which may include:
    - Information Session: An information webinar providing an overview of TNT/TAD services, including eligibility, funding structure, and application expectations for this RFA
    - RFA Office Hours: Two optional, technical assistance sessions for applicants to ask questions and receive application support
    - Learning Collaborations: Collaborations will provide structured opportunities for prospective applicants to engage in shared learning and peer exchange on program developments

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    - Inquiry Submission Form: An online form will be available for applicants to submit written questions throughout the RFA period and submitted inquiries will receive responses within a five-business day timeframe
    - Frequently Asked Questions (FAQs): To provide transparency and equal access to information, responses to frequently asked questions will be compiled and shared with all applicants
- **Financial Support (Grant Funding):** RHT will provide grant funding to support allowable costs associated with establishing or expanding TNT/TAD protocols. While a template cost submission (Attachment B) with suggested line items is provided, agencies may propose additional or revised line items as appropriate.
  Data & Reporting: To support accountability and long-sustainability for programming, RHT will provide agencies with guidance on expectations for reporting performance metrics, program impact, and outcomes. While a template of data (Attachment B) with suggested line items is provided, agencies may opt to report additional data metrics.

Collectively, these supports are intended to ensure that participating EMS agencies are not only funded to develop TNT/TAD service protocols, but are also equipped with the guidance, training, and infrastructure needed for long-term success.

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TNT/TAD Protocol & Capacity Development

What Services Are Covered?

This funding opportunity supports agencies that do not currently have established protocols for treat-no-transport (TNT) or transport to alternative destinations (TAD) and wish to launch one.

What is Being Funded?

To support the development of TNT/TAD protocols, agencies can apply for the funding sources below while acknowledging the limitations on amounts requested.

Personnel: Funds can support a program coordinator/lead, dedicated to TNT/TAD protocol development, alternative destinations partnership building, and tabletop training

Supplies: Funds can be utilized to support the purchase of medical supplies needed to provide on-scene EMS services

Technology: Funds can be utilized to provide tablets and telehealth programming to enable TNT/TAD workflows and consultation with physicians, as well as billing system configurations or updates

What Does Implementation Look Like?

Timeframe

Given the protocol development and service delivery setup required for TNT/TAD, we do not anticipate EMS agencies will be able to begin operating their program immediately. To account for this, we have outlined an anticipated implementation timeline below. This timeline is intended to set clear expectations for when agencies can realistically begin launching their TNT/TAD program.

- Month 1: Award, Mobilization and Readiness Assessment
    - Description
        - Designate a TNT/TAD operational and medical lead
        - Review funding, reporting requirements, and allowable uses
        - Assess staffing, call volume, medical direction, billing, technology statuses
        - Initiate onboarding to care coordination technology platform
    - Intended Outputs
        - Internal implementation lead identified
        - Implementation plan and timeline
        - Stakeholder and partner conversations scheduled
        - Onboard onto care communication technology platform
- Months 2-4: Protocol Development and External Engagement
    - Description

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        - Draft or adapt TNT/TAD clinical and operational protocols in line with state EMS regulations
        - Begin process/workflow mapping for TNT/TAD workflow
        - Configure the care coordination technology and telehealth to support TNT/TAD workflows
    - Intended Outputs
        - Draft TNT/TAD protocols ready for review
        - Preliminary MOUs or letters of intent with EDs and alternative destinations
        - Identified any gaps in training, documentation, and billing processes
- Months 5-6: Protocols Finalized and Billing Alignment
    - Description
        - Finalize and approve TNT/TAD response protocols
        - Deliver TNT/TAD training to EMS providers (i.e. clinical criteria, refusal/transport alternatives, technology platform utilization)
        - Establish documentation standards with billing requirements
        - Conduct tabletop exercise and simulated TNT/TAD training
        - Update any necessary agreements with the billing agencies/vendors
    - Intended Outputs
        - Billing process for TNT/TAD clearly identified
        - Agreements or amendments executed with billing agencies
        - Protocols formally approved
        - EMS providers trained on TNT/TAD scenarios and protocols
- Months 7-8: Phased Implementation
    - Description
        - Launch use of TNT/TAD protocols on a limited basis
            - Monitor provider adherence, documentation quality, billing successes and denials
        - Continue refining coordination with alternative destinations
    - Intended Outputs
        - First TNT/TAD encounters with the new protocols completed
        - Initial billing submissions underway
        - Early lessons learned documented
- Months 9+: Full Implementation and Stabilization
    - Description
        - Expand TNT/TAD to all EMS providers
        - Address billing denials and resubmission processes
        - Formalize longer-term agreements with alternative destination partners
        - Establish routine reporting reviews and data collection metrics
        - Utilize early data to refine protocols, training, and overall TNT/TAD workflow
    - Intended Outputs
        - TNT/TAD embedded in agency standard operations

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- Consistent billing and reimbursement with denials being addressed
- Strong relationships and coordination alternative destinations and telehealth medical partners

The care coordination technology will support TNT/TAD operations by enabling real-time communication among EMS, medical control, and alternative destination providers. Furthermore, this technology will further enable treat-no-transport and alternative destination decision-making and support statewide reporting on TNT/TAD utilization and outcomes.

Agency Expectations

Documentation

Agencies awarded funding must submit and maintain the following documentation related to the implementation and operation of TNT/TAD services:

- Finalized TNT/TAD program model description and standard operating procedures (SOPs), including:
  - ✓ eligible call types and patient inclusion/exclusion criteria
  - ✓ clinical decision-making workflows
  - ✓ use of telehealth consultation and transport decision logic
  - ✓ listing and description of approved alternative destinations
- Medical oversight and protocol documentation, including:
  - ✓ TNT/TAD protocols approved by agency medical director
  - ✓ Physician consultation arrangements solidified
  - ✓ Telehealth partner agreements
- Agency-specific timeline with:
  - ✓ EMS provider training milestone
  - ✓ Technology procurement and configuration
  - ✓ Initial service delivery date

*Data & Utilization Metrics**

- Overall Data
  - TNT/TAD call volume
  - Final patient disposition data (patient treated without transport, transported to alternative destination, or transported to ER)
  - Repeat encounters
  - Geographic coverage for TNT/TAD call runs
  - Avoided emergency department transport with TNT/TAD
- TNT-Specific Data
  - Average on-scene time
  - Percentage of TNT calls with physician consultation
- TAD-Specific Data
  - Average transport time to alternative destinations

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- Percentage of TAD calls with physician consultation

A more expanded list of data metrics for TND/TAD programming and Year 1 reporting requirements can be referenced within Appendix C.

Submission Instructions

Submit materials in *PDF format* by no later than **5 PM on Monday, June 15th** to the Crisis to Care inbox <RHT.CTC@ky.gov>. Please include "RHT EMS Transformation RFA" in the subject line.

Application form not to exceed twenty-five (25) pages, excluding any attachments and supporting documents.

If any immediate questions emerge, reach out via email <RHT.CTC@ky.gov>.

Guidance on Questions

- **Frequently Asked Questions (FAQ):** An FAQ document will be made available to address common questions related to agency availability, application requirements, and program expectations. The FAQ will be updated with high yield questions and posted alongside RFA materials.
- **Office Hours:** Biweekly office hours will be hosted during the application period to provide applicants with an opportunity to ask questions and receive clarification on the RFA and submission requirements.
- **Direct Support:** Should applicants have direct questions regarding this RFA, they should reach out to the Crisis to Care inbox <RHT.CTC@ky.gov>. Please include "RHT EMS Transformation RFA" in the subject line.

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Appendix

Appendix A – Application Submission Documents

Application Template

Please refer to “Attachment A” in the RFA package and fill out the application form for funding to ensure standardized submissions.

Budget Template

Please refer to “Attachment B” in the RFA package and fill out the application budget template for funding to ensure standardized submissions.

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Appendix B – CMS Evaluation Report of TNT/TAD Pilot (January 2025)

The Centers for Medicare & Medicaid Services (CMS) previously piloted treatment-no-transport (TNT) and transport to alternative destinations (TAD) through the Emergency Triage, Treat, and Transport (ET3) Model between 2021 and 2023. CMS's final evaluation found that TNT and TAD generated valuable insights on utilization patterns, operational feasibility, and system impacts, while also highlighting common implementation challenges such as workforce capacity, partner readiness, and protocol adoption.

We encourage agencies to learn more about the potential for TNT/TAD through the ET3 Model Final Evaluation Report released in January 2025.

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Appendix C – Data Reporting Metrics for TND/TAD Program

Patient Encounters

- Primary complaint / condition category
- Acuity level on scene
- EMS unit type responding (Basic Life Support (BLS) vs. Advanced Life support (ALS))

Clinical Evaluation

- Percentage of TNT/TAD encounters meeting protocol inclusion criteria
- Mortality related to TNT/TAD (if applicable)
- Adverse events following TNT/TAD (e.g. ED transfer with X hours)

Operational Outcomes

- Repeat 911 call or ED visit within defined follow-up window
- Successful linkage of patients to outpatient, primary care, social services, etc.
- Volume of patients refusing care post on-scene physician consult (Against Medical Advice (AMA))

Program Efficiency

- Estimated hours saved through TNT/TAD
- Change in EMS unit out-for-service time compared to traditional ED transport
- Number of ED bed-hours avoided (aggregate)

Program Implementation

- Percentage of EMS providers trained on TNT/TAD protocols within agency
- Date protocols implemented, revised, etc.
- Number of alternative destination partners onboarded to program
- Volume of patients transported to each type of alternative destination within TAD calls

Year 1 – Flexible Reporting Period

During Year 1, awarded agencies may select and report on a subset of metrics from this appendix that align with their approved program model, implementation phase, and current data collection capacity. Agencies are not required to develop or submit a separate evaluation plan during Year 1 and may rely on program guidance provided by RHT.

This flexible reporting approach is intended to support program start-up, allow agencies to establish sustainable data collection and reporting workflows, and reduce administrative burden during early implementation. RHT will provide technical assistance and resources to

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support agencies with data collection, reporting processes, and interpretation of required measures as needed.

Year 2 and Beyond – Standardized Evaluation Metrics

Beginning in Year 2, agencies will be required to report on a defined set of standardized data metrics identified by RHT as part of the program evaluation framework. These metrics will support consistent program-level evaluation, outcome assessment, and comparability across awarded sites.

RHT will apply required metrics and evaluation requirements consistently across all awardees and will continue to provide technical assistance, data collection tools, and reporting guidance to support accurate and timely submission.

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Appendix D – Optional Behavioral Health Training

Overview

This appendix provides additional detail on the optional behavioral health training described in the main RFA narrative. Participation in this training is available to all EMS agencies.

The goal of this offering is to ensure that EMS providers statewide have a shared, baseline set of behavioral health skills to respond effectively to behavioral health–related calls.

Training Delivery and Coordination

Optional behavioral health training will be delivered regionally in coordination with local Community Mental Health Centers (CMHCs). Training will be led by appropriately credentialed clinical staff and offered at local CMHC sites or EMS agencies at times convenient for participating providers.

Awarded agencies can engage with their regional CMHC or another approved behavioral health provider to support training planning, scheduling, and delivery.

Training is intended to qualify for Kentucky Board of Emergency Medical Services (KBEMS) continuing professional education (CE credit), subject to certification approval.

Recommended Trainings

All EMS agencies that request behavioral health funding must ensure staff complete baseline behavioral health training grounded in a co-occurring care framework. We recognize that individuals and families with co-occurring conditions are an expectation in our system yet are likely to have poorer outcomes and higher costs than those with needs in only a single domain. EMS agencies are an essential partner in designing a system of care that, at every level, addresses the needs, hopes, and dreams of individuals and families with co-occurring mental health/substance use conditions, and other complex health and human service challenges. The goal is to build staff competency and capability to recognize and respond to overlapping mental health, substance use, and developmental or intellectual needs.

At a minimum, agencies must ensure staff are trained in the following foundational, cross-cutting skills applicable to all encounters:

- Recognition of behavioral health needs across diverse populations and presentations
- Trauma-informed response and person-centered engagement
- De-escalation techniques and crisis response considerations
- Safety, stabilization, and appropriate referral or escalation

These optional training courses represent the minimum baseline training requirement for all funded agencies. Additional topic-specific or advanced training opportunities may be offered by CMHCs or other partners at no cost to participating agencies.

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Behavioral Health Champion

All EMS agencies that request behavioral health funding must designate one *Behavioral Health Champion*.

The Behavioral Health Champion will:

- Serve as the primary point of contact for behavioral health training coordination
- Support internal implementation and staff engagement including but not limited to:
    - Securing technical assistance from the CMHC Community Based Crisis Coordinator to meet the needs of paramedicine patients with behavioral health conditions
    - Coordinating care pathways and bidirectional referrals for the paramedicine program with other behavioral health providers in the community such as hospitals and CMHCs
    - Enabling collaboration and elevated care planning between shared patients of the CMHCs and paramedicine team
    - Engaging in ongoing continuous quality improvement to improve health outcomes of paramedicine patients with behavioral health conditions
- Participate in regional behavioral health collaboration, including the 988 Regional Coalition. 988 Regional Coalitions convene local partners, including emergency services, to identify community trends, share resources, and strengthen behavioral health crisis response. These meetings provide a structured forum for feedback on 988 services, collaborative problem solving, and coordinated awareness efforts. Engagement from law enforcement, EMS, and 911 enhances understanding of local needs and supports more effective cross system planning. Coalition input informs both local improvements and statewide strategic priorities.

Designation of a Behavioral Health Champion is required for all EMS agencies that request behavioral health funding.