# SMALL RURAL HOSPITAL IMPROVEMENT GRANT PROGRAM (SHIP)

# FY 2021 (June 1, 2021 – May 31, 2022) Hospital Grant Application

***Return to the Illinois Critical Access Hospital Network (***[***bashpole@icahn.org***](mailto:bashpole@icahn.org)***)* by:** ***Friday January 22, 2021***

To help facilitate the awards process, the State Office Rural Health (SORH) will submit one SHIP application on behalf of all eligible hospital applicants to Federal Office of Rural Health Policy (FORHP)**.** Illinois Department of Public Health serves as the SORH, and ICAHN manages the SHIP program on the Departments’ behalf.

*This form must be completed and returned to ICAHN for inclusion in the FY2021 SHIP Progress Report*. Each eligible SHIP hospital will receive equal funding.

# General Information

Hospital Name:       CMS Certification Number (CCN): #

Hospital Data Universal Number System (DUNS) Number:

Former Name *(if changed since FY20 SHIP application):*

Is there a change in hospital address since FY20 SHIP application? Yes  No

Is there a change in Administrator/CEO since FY20 SHIP application? Yes  No

Is there a change in SHIP Project Director, since FY20 SHIP application? Yes  No

If *you answered Yes to any of the above questions, please update all appropriate fields below.*

Address:

City:       State:       Zip:       County:

Phone:       Fax:

Administrator / CEO:       E-mail:

Hospital SHIP Project Director Name**:** *Click here to enter text.* Email**:** *Click here to enter text.*

Phone:

Number of beds, per Line 14 of the most recently filed Medicare Cost Report\*:

CAH: Yes  No

Tribally operated hospital under Titles I and V of P.L. 93-638? Yes  No

Cost Reporting Period: \_\_\_ mm/yy \_\_\_\_\_\_\_\_ - \_\_\_\_mm/yy\_\_\_\_\_\_\_\_

*\*Note: If hospital reports a licensed bed count greater than 49 on Line 14 but, staffs 49 beds or fewer, eligibility may be certified by submitting a written statement to the SORH that includes: 1) the number of staffed beds at the time of the most recent cost report submission, 2) the cost reporting period of the most recently filed cost report, and 3) the signature of the certifying official.*

**Does your hospital participate in any of the following Centers for Medicare and Medicaid Services (CMS) programs?**

Medicare Shared Savings Program  Yes  No

Other Accountable Care Organization Model ☐ Yes ☐ No

Hospital Inpatient Quality Reporting Program  Yes  No

Hospital Compare  Yes  No

Hospital Value-Based Purchasing Program (PPS Hospitals Only)  Yes  No

# SHIP Purchasing Menu: Planned FY 2021 (June 1, 2021 - May 31, 2022) Expenditures

From the Purchasing Menu below, check the boxes that indicate your proposed activities. In the final box, indicate the dollar amount by, investment category. **Total Budget Estimate CANNOT exceed $11,855.**

**Refer to** [SHIP Allowable Investments](https://www.ruralcenter.org/ship/allowable-investments) **webpage or use the** [Allowable Investments Search Tool](https://www.ruralcenter.org/ship/allowable-investments/search-tool) for the FY 2021 Allowable Investments.

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| --- | --- | --- |
| **Value-Based Purchasing (VPB) Investment Activities** | | |
| **Activities that support improved data collection to facilitate quality reporting and improvement.** | **Hospital Activity(s):** | **Briefly describe the Activity** |
| A. Quality reporting data collection/related training or software |  |  |
| B. HCAHPS data collection process/related training |  |  |
| C. Efficiency or quality improvement training in support of VBP related initiatives |  |  |
| D. Provider-Based Clinic quality measures education |  |  |
| E. Alternative Payment Model and Quality Payment Program training/education |  |  |

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| **Accountable Care Organization (ACO) or Shared Savings Investment Activities** | | | |
| **Activities that support the development or the basic tenets of ACOs or shared savings programs.** | **Hospital Activity(s):** | **Briefly describe the Activity** |
| A. Computerized provider order entry implementation and/or training |  |  |
| B. Pharmacy services |  |  |
| C. Disease registry training and/or software/hardware  Population Health software |  |  |
| D. Social Determinants of Health Screening software/training |  |  |
| E. Efficiency or quality improvement training in support of ACO or shared savings related initiatives |  |  |
| F. Systems performance training in support of ACO or shared savings related initiatives |  |  |
| G. Mobile health and telehealth hardware/ software |  |  |
| H. Community paramedicine hardware/software and training |  |  |
| I. Health Information Technology (HIT) training for value and ACOs |  |  |

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| --- | --- | --- | --- |
| **Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities** | | | |
| **Activities that improve hospital financial processes.** | **Hospital Activity(s)** | **Briefly describe the Activity** |
| A. ICD-10 software |  |  |
| B. ICD-10 training |  |  |
| C. Efficiency or quality improvement training in support of PB or PPS related initiatives |  |  |
| D. S-10 Cost Reporting training |  |  |
| E. Pricing Transparency training or software |  |  |

| **Investment Category** | **Amount Requested** | **Percent by Category** |
| --- | --- | --- |
| VBP Investment Activities | *Enter Amount* | *Enter Percent of funding* |
| ACO or Shared Savings Investment Activities | *Enter Amount* | *Enter Percent* |
| PB or PPS Investment Activities | *Enter Amount* | *Enter Percent* |
| **Total Requested** | **$11,855.00** | **100%** |

# FY2020 (June 1, 2020 - May 31, 2021) Investments & Expenditures (Returning Hospitals Only****)****

1. Do you anticipate expending all FY2020 funds by the end of the current budget period (May 31, 2021)?

Yes  No Briefly explain challenges. *Click here to enter text.*

1. Briefly describe activity and progress by investment category.

*VBP*: *Click here to enter text.* Activities conducted in a network or consortium?  Yes  No

*Progress:*  Started  Not started  Completed

*ACO*: *Click here to enter text.* Activities conducted in a network or consortium?  Yes  No *Progress:*  Started  Not started  Completed

*PPS/PB*: *Click here to enter text.* Activities conducted in a network or consortium?  Yes  No

*Progress:*  Started  Not started  Completed

1. Briefly describe lessons learned and/or investment impact (such as number of participants that attended training). *Click here to enter text.*

# FY2021 Network/Consortium Expenditures

Will FY2021 funds be allocated to a SHIP network/consortium? (A network formed solely for the purposes of SHIP?)  Yes network/consortium name: *Click here to enter text.*  No

Will FY2021 SHIP funds be allocated to any ***other*** network/consortium? (A network formed for purposes other than SHIP that offers programs/services that SHIP hospital can “buy into” with SHIP funds?)

Yesnetwork/consortium name*: Click here to enter text.*  No

# FY2021 Special Innovations Project Expenditures

Will FY2021 funds be allocated to a Special Innovations Project?

Yes Brief Description: *Click here to enter text.*  No

Hospital’s entire award for the next two years (FY2021 & FY2022) will be allocated to this project. A minimum of 3 hospitals will need to participate in the project. If fewer than 3 hospitals select this option, you will be notified and an alternative project will be selected for your hospital’s award.

Would like to pool funds with other hospitals on project **To Be Identified**

Have selected project from list below:

**Rural Patient Safety** – This group project will be a continuation of the FY19-FY20 SIP project. Several hospitals are currently working with Clarity Group on a Patient Safety Evaluation System, Policy and Procedure best practices analyses and development, recommendations for improving quality/safety of patient care delivery, and more.

**ACO 101: Care Coordination, Efficiency and Quality Improvement** – This group project will focus on core tenets of ACO excellence in your hospital and clinic(s). Training, education, and collaboration in areas of care coordination, efficiency and quality improvement, and more will be the basis for this group project.

**Patient Centered Medical Home** – This group project will utilize content experts to consult your primary care practice(s) in care that is comprehensive, patient-centered, coordinated, and accessible, preparing you for accreditation if so desired.

**Telehealth Education/Training, Development of Hospital/Clinic-Based Core Curriculum** – This group project will focus on the increasing need and demand for telehealth services. Content experts will provide education and training in areas of telehealth policies, patient consent, provider and patient education, workflow, and more.

**CPI Training/Certification, De-escalation, Hospital Security** – This group project will focus on Crisis Prevention Training and Certification for hospital participants, and explore the methods for nonviolent crisis intervention. Content experts will also provide education and training in other proactive approaches to hospital security.

**Diabetes Certification/Education Program, Disease Registry –** This group project will provide an opportunity for participants to receive diabetes education and certification. Content experts will educate project participants on disease registries. Education will also be provided in areas of respiratory assessment, cardiac assessment, and curriculum for special care rooms/patients.

# Signature

By signing this application, you are affirming adherence to all FY2021 SHIP eligibility and program requirements including the selection of menu investment(s) based upon the specific selection priorities listed in the SHIP Purchasing Menu Instructions. Hospitals that do not follow the purchase priorities and/or purchase hardware and/or software or services that are not listed on the SHIP Purchasing Menu will be subject to penalties including suspension from the next SHIP funding opportunity.

*Note: Prior approval from your state SHIP Coordinator is required before changing investments; no changes can be made after the mid-year point.*

**Administrator/CEO Signature:**  **Date:**

**Hospital SHIP Coordinator Signature: Date:**

(E-signatures are acceptable.)