

Joe Lombardo
Governor



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Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



Stacie Weeks,
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Administrator

REVISED

Notice of Grant Funding Opportunity: Electronic Health Record Implementation

Date of Revision: September 12, 2024

Summary of Revisions: Application deadline shall be **no later than 5:00pm PST March 31, 2025**. Added required information on Attachment A: Cover Letter. Added requirement that all systems implementation must occur on or after July 1, 2023.

Background

The Nevada Department of Health and Human Services (DHHS) Division of Health Care Financing and Policy (DHCFP) has been asked to manage funding appropriated through [Assembly Bill 7](#) (AB 7, 2023) for the purpose of awarding grants to health care providers and medical facilities to comply with the requirements of Nevada Revised Statute (NRS) 439.589, as amended by Section 1.08 of AB 7.

AB 7 amends current law by requiring, instead of authorizing, that patient's health care records are created, authenticated, and stored in a computer system by all health care providers, as are defined by [NRS 629.031](#). It also requires that such a computer system allows patients to access their records electronically and forward them to other people.

Purpose

The purpose of this grant opportunity is to financially assist health care providers and medical facilities to comply with the requirements of [NRS 439.589](#), as amended by Section 1.08 of AB 7 - implementation of an electronic health record system:

- a) Hospitals and physician group practices with more than 20 employees must comply on or before **July 1, 2024**.
- b) Persons and entities subject to the provisions of NRS 439.589, as amended by Section 1.08 of AB 7, other than those otherwise described in item (a.) and (c.) in this list, must comply on or before **July 1, 2025**.
- c) Physician group practices or other business entities organized for the purpose of practicing a health care profession with 20 or fewer employees, including, without limitation, sole proprietorships, must comply on or before **January 1, 2030**.

Project Description

Through passage of AB 7, one-time appropriated funding for grants is available for eligible applicants to purchase and implement a system for the electronic maintenance, transmittal and exchange of electronic health records, prescriptions, and health-related information in compliance with NRS 439.589, as amended by Section 1.08 of AB 7.

Regulations surrounding these requirements for all health care providers to implement an electronic health record have been recommended by the [Electronic Health Information Advisory Group](#) in an advisory capacity to the Director of the

Department of Health and Human Services. Draft regulations are available for review and public comment as Legislative Counsel Bureau (LCB) File number R173-24, posted to the LCB register here: https://www.leg.state.nv.us/register/indexes/2024_NAC_REGISTER_NUMERICAL.htm. Any public comments on draft regulations R173-24 should be directed to communityandprovider@dncfp.nv.gov; all public notices for draft regulations R173-24 will be posted here: <https://dncfp.nv.gov/Public/AdminSupport/PublicNotices/>.

Funding for this purpose will only be available through June 30, 2025; and is subject to availability pending number of applications received and amount of each approved application.

Once the one-time grant funds are expended, it is expected that the health care provider or medical facility maintain the financial responsibility to sustain the electronic health records system to comply with NRS 439.589, as amended by Section 1.08 of AB 7. DHHS, DHCFP is releasing this Notice of Grant Funding Opportunity and will review applications based on eligibility as outlined in AB 7 and funds available.

Funds Available

A total of \$3,000,000 is available to support health care providers and medical facilities in complying with the requirements of NRS 439.589, as amended by Section 1.08 of AB 7 - implementation of an electronic health record system.

The number of grants available and amount of funds awarded per grant will be variable. The total amount awarded will be based upon individual applications. Funding for this purpose is subject to availability pending number of applications received and amount of each approved application. Eligible applicants are encouraged to apply as soon as possible. All system implementation associated with this funding opportunity must be on or after July 1, 2023.

Timeline

The grant funding opportunity authorized by AB 7 and through this announcement is available **through March 31, 2025**. Therefore, **all eligible applicants must apply before 5:00pm PST March 31, 2025**, to be considered for funding under this announcement, subject to availability of funds pending number of applications received and amount of each approved application. Eligible applicants are encouraged to apply as soon as possible.

Eligible Applicants

Eligible applicants for the one-time grant funds appropriated through Assembly Bill 7 of the 2023 Legislature as dispersed through DHCFP include:

- a provider of health care, as defined in [NRS 629.031](#), who is licensed pursuant to title 54 of NRS; or
- any person licensed pursuant to title 57 of NRS; **and**
- who have a staff of less than 50 people, or who work for an entity that has a staff of less than 50 people.

NRS 629.031 defines a provider of health care as:

- a) A physician licensed pursuant to [chapter 630](#), [630A](#) or [633](#) of NRS;
- b) A physician assistant;
- c) A dentist;
- d) A licensed nurse;
- e) A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician or paramedic pursuant to [chapter 450B](#) of NRS;
- f) A dispensing optician;
- g) An optometrist;
- h) A speech-language pathologist;
- i) An audiologist;

- j) A practitioner of respiratory care;
- k) A licensed physical therapist;
- l) An occupational therapist;
- m) A podiatric physician;
- n) A licensed psychologist;
- o) A licensed marriage and family therapist;
- p) A licensed clinical professional counselor;
- q) A music therapist;
- r) A chiropractic physician;
- s) An athletic trainer;
- t) A perfusionist;
- u) A doctor of Oriental medicine in any form;
- v) A medical laboratory director or technician;
- w) A pharmacist;
- x) A licensed dietitian;
- y) An associate in social work, a social worker, a master social worker, an independent social worker or a clinical social worker licensed pursuant to [chapter 641B](#) of NRS;
- z) An alcohol and drug counselor or a problem gambling counselor who is certified pursuant to [chapter 641C](#) of NRS;
- aa) An alcohol and drug counselor or a clinical alcohol and drug counselor who is licensed pursuant to [chapter 641C](#) of NRS;
- bb) A behavior analyst, assistant behavior analyst or registered behavior technician; or
- cc) A medical facility as the employer of any person specified in this subsection.

How to Submit an Application

Interested and eligible applicants must electronically submit a complete application with all required application components to: communityandprovider@dncfp.nv.gov no later than 5:00pm PST on March 31, 2025 to be considered for grant funding available through this announcement. Applications lacking any required components will not be considered complete under this announcement and will not be further considered. Complete all requested information in associated templates A-C.

Required application components include:

1. Cover Letter
 - a. see Attachment A for a template – all components are required.
2. Scope of Work
 - a. see Attachment B for a template – all components are required.
 - b. Instructions/examples/notes are displayed in **red font**.
 - c. The Scope of Work should not contain any red text once completed.
3. Budget
 - a. see Attachment C for a template – all components are required.
 - b. The information required in the budget section (i.e., line item budget) may be returned in an Excel spreadsheet or other office application document such as Word.
 - c. Not all budget categories may be applicable. Only complete fields in the specific budget categories necessary to support your application/request.
 - d. Not all budget requests may be approved. Applicants should consider how each budgetary request put forward applies to the eligibility requirements outlined in AB 7 and this announcement.
 - e. Include a copy of a vendor quote for electronic health records system and/or associated components, as applicable to the request and this announcement in addition to the information required in the Attachment C template.

Attachment A – Cover Letter

1. Date of application
2. Applicant Organization
 - a. Legal Name:
 - b. Mailing Address:
 - c. Physical Address (if different):
 - d. Number of staff employed by provider of health care or medical facility:
 - e. *Nevada Business License:
 - f. *Nevada Vendor ID:
 - g. *Unique Entity ID:
3. Contact Completing Application
 - a. Name:
 - b. Title:
 - c. Email address:
 - d. Telephone:
4. AB 7 Grant Funding Request
 - a. Identify category of eligibility under this announcement.
 - i. For example, if applying as a “provider of health care” defined by NRS 629.031, identify specific provider type under NRS 629.031.
 - b. Amount of total request: \$
 - f. Provide expected date of implementation.
 - i. Note: funding timeframe must not extend past June 30, 2025.
5. *I certify that I have a staff of less than 50 persons or work for an entity that has a staff of less than 50 persons, the information contained herein is true and accurate to the best of my knowledge, and that I am submitting this application on behalf of the Applicant Organization. I also acknowledge that these funds are for implementation only. Any costs associated with maintenance or re-occurring costs to the system will be at the organization expense, not DHCFP.*
 - a. Signature of Authorized Agency Representative:
 - b. Name and Title:
 - c. Date:

* If you do not currently have a **Nevada Business License** through the Secretary of State, you may apply after the application is approved. To apply for a Nevada Business License, visit <https://www.nvsilverflume.gov>. If you are not currently a **vendor with the State of Nevada**, you may apply after the application is approved. However, active vendor registration with the State of Nevada is required to receive funds awarded through this announcement opportunity. To apply for vendor status, visit Vendor Registration: <https://controller.nv.gov/VendorDB/VendorRegistrationReq/>. If you do not have a **Unique Entity ID**, you may apply for one after the application is approved. To apply for a Unique Entity ID, visit www.SAM.gov.

Attachment B – Scope of Work

Description of Scope of Work and Deliverables

Project Summary

The project summary is a summary of the proposed activity if the application is approved. This section is meant to serve as a detailed and accurate description of the proposed electronic health record system initial purchase and/or work /training, when separated from the application.

Goal 1: Describe the primary goal the applicant wishes to accomplish with this funding.

<u>Objective</u>	<u>Activities/Deliverables</u>	<u>Due Date</u> Not to exceed beyond 6/30/25	<u>Documentation Needed</u>
1.	1.	XX/XX/XX	1. Note any documentation to verify the activity has been completed here.
2. Add more lines for objectives if necessary	2.	XX/XX/XX	2.

Note: Add lines to the table as applicable to accomplish all the goals of the funding. This document should not contain any red text when completed.

Attachment C – Budget

Budget Category:		Item Cost:	Total Cost:
Supplies			
<i>List tangible and expendable personal property, such as office supplies, program supplies, etc.</i>			
Describe supplies	Cost of supply line item	Total cost of line-item request	
	\$0.00	\$0.00	
	\$0.00	\$0.00	
Total Request for Supplies		\$0.00	
<i>Justification: Provide narrative to justify purchase of budget items. Include details regarding how budget item supports deliverables of the project.</i>			
Equipment			
<i>List Equipment purchase costing \$5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies</i>			
Describe equipment	Cost of equipment line item	Total cost of line-item request	
	\$0.00	\$0.00	
	\$0.00	\$0.00	
Total Request for Equipment		\$0.00	
<i>Justification: Provide narrative to justify purchase of budget items. Include details regarding how budget item supports deliverables of the project.</i>			
Contractual/Consultant			
<i>Define scope of work to be completed by contractor or consultant and by what timeframe. What will be the specific services/tasks that will be completed and specific deliverables. How do deliverables relate to, or achieve, your goals and objectives.</i>			
Name of contractor/consultant	Timeframe for completion	Specific deliverables to be completed	Total cost
Total Request for Contractual/Consultant		\$0.00	
Training			
<i>List all costs associated with training, including justification of expenditures.</i>			
Describe training	Cost of training line item	Total cost of line-item request	
Total Request for Training		\$0.00	
GRAND TOTAL ALL ITEMS		\$0.00	