TEXAS Health and Human Services | Texas Department of State Health Services

Emergency Care Attendant Training Request

General Information

The Department of State Health Services (DSHS) is required by the 77th Texas Legislature, Health and Safety Code (HSC) 773.025, House Bill (HB) 2446, to facilitate initial training of Emergency Care Attendants (ECA) in rural or underserved areas of the state. Funds have been allocated to the DSHS for the purpose of providing training grants to Emergency Medical Services (EMS) Training Programs, Coordinators and/or Instructors to conduct the ECA classes in or near communities that lack local EMS training resources.

The ECA training funds are distributed based on a documented need by a governmental entity or nongovernmental organization where, if the request was not approved, there would be a degradation or cessation of ability to provide emergency medical care in their area of responsibility. The process strives to meet the needs of the EMS Providers and relies on input from the Regional EMS Offices to aid in determining the severity of the problem and recommendation on funding. A final recommendation/approval for funding comes from the Director of EMS/Trauma Systems (EMS/TS), who is the approval authority.

The Department of State Health Services shall ensure training is provided without charge to students who agree to perform emergency care attendant services for at least one (1) year with a local emergency medical services provider or first responder organization. Students, who fail to test, or become certified and fail to fulfill this agreement, may have administrative action taken against them, including but not limited to, the repayment of tuition.

Procedures for Completion and Submission of ECAT Funding
These steps must be followed to ensure consideration of your request.

1. Review the ECAT funding program request document thoroughly. Incomplete or incorrectly completed forms may result in delay or denial of your request.

2. Complete the ECAT Funding Application, individual contract forms, course schedule and equipment list. These are to be completed for and by the course sponsor, course coordinator, lead and assistant instructors. Incomplete forms will delay the processing of your request which will delay your proposed course start date. The complete application and all supporting documents are to be submitted at least 12 to 14 weeks prior to your proposed course start date.

Special Note:

The approval requirements for the ECAT grants are NOT the same as regular ECA courses. ECAT funding program requests are routed to the address listed below, not the DSHS regional staff.

Submission

The ECAT funding application and all other supporting documents may be submitted by mail, fax or email. Signatures of the course coordinator and medical director are required on the Course Sponsor Form. This will affirm both parties are aware of this course and all information submitted on the application is accurate. Application and all other supporting documents are to be submitted to:

Emergency Care Attendant Training (ECAT) Funding Program EMS/Trauma Systems (MC-1876)
Texas Department of State Health Services
P. O. Box 149347
Austin, TX 78714-9347

Email: fundingapp@dshs.texas.gov
Fax: 512- 206-3778

Note: **Do not start a class before receiving final approval from the DSHS**. Once the application for ECAT grant funding has been completed and all information is verified by EMS/Trauma Systems, the information will be forwarded to the appropriate staff for approval and processing; a course will be set up; contracts initiated; and a course number will be generated that will later be provided to the sponsoring agency. Approval will be in the form of an email from the DSHS, EMS/TS.

Reimbursement will not be authorized for any requested ECAT grant funding course begun without prior approval.

Penalties:

Falsification or omission of documentation related to the need or situation will result in revocation of funds. Persons who knowingly submit erroneous or fraudulent information will be subject to actions by the DSHS in accordance with either 157.16 (relating to provider license) or to 157.36 (relating to EMS personnel), as appropriate.

Approval and Disapproval process:

Approval

a. Upon receipt of complete application, EMS/TS will compile the application information to ensure complete information is ascertained for approval.

b. The ECAT application will then be submitted for approval by the State EMS Director, Director of EMS/Trauma Systems, Manager, EMS/Trauma Systems Group, the Regional EMS Manager and the Regional EMS Specialist.

c. EMS/TS will prepare for contract initiation to the DSHS, Contract Management Unit (CMU), who will develop contracts for entities purchasing textbooks/workbooks and all other instructor(s) and or coordinator(s) fees.

d. An ECAT grant funding course will not be reimbursed if the course starts prior to the official notification by EMS/TS.

Note: Each ECAT Grant Funding contract will have a prescribed start and end date, generally a span of ninety (90) days, which should be ample time to complete the ECA course. The end date of a contract, though firm, can be extended under extenuating circumstances. **It is essential that the DSHS, EMS/TS be contacted immediately if for some reason the course cannot be completed by this date.**

Approval of ECAT Grant Funding courses will be determined based on the location, which must satisfy the requirement as a rural or underserved area; the population level in that county; and demonstrated need for ECA training exists. To assist in this criteria-based decision, the Regional EMS staff input is not only essential but critical. The primary determination, as stated in House Bill 2446 is:

a. Rural Criteria: A county or area with less than 50,000 in population, and EMS care exists with a response time of ten minutes or more.

b. Underserved Criteria: A county or area in which the minimum level of EMS care does not exist, and or EMS response time is greater than ten minutes and ECA training does not exist.

Non-Approval

a. If the DSHS does not recommend funding of the ECAT request, an email will be routed to the requesting agency.

b. The requesting agency has the right to appeal the decision.

~~~~~~~~~ Special Notes~~~~~~~~~

Do not start a class before receiving final approval, as any class that begins without prior approval will not be funded.

You will not be reimbursed for any expense incurred that is not specifically stated within the contract. Reimbursements will only be made to the entity/person named in the contract that specifies no higher than the contracted amount.

Special Note to Course Coordinators: The course approval requirements for this course are NOT the same as regular ECA courses. ECAT Funding Applications are to be sent to the address listed on the ECAT Funding Application. They are NOT to be sent to the Regional Offices for approval.

Submission of Application:

Application requests may be emailed to EMS/Trauma Systems (EMS/TS) or sent by fax. It is highly recommended to contact EMS/TS via email or by phone to provide notice of an expecting fax of your application or to confirm receipt of your faxed application.

Reimbursement Process:

DSHS will enter into individual contracts with each of the following: EMS training programs, course sponsor, EMS coordinators, and/or the EMS instructor(s) to teach the ECAT class. In the event a coordinator is not available to coordinate a class, DSHS may be contacted for further assistance or guidance. Also, Regional EMS program staff may assist in guidance in identifying a regional coordinator. It is the requesting agency's responsibility to solicit Coordinator(s) and Instructor(s) for an ECA course through the ECAT Grant program. A signed contract is required to receive reimbursement for books, coordination and instruction. Anyone receiving reimbursement must supply EMS/TS with the following:

- Federal Identification Number (FIN)
- Vendor Identification Number (VIN)/Texas Identification Number (TIN)/Payee Number - If you have received prior reimbursement from DSHS, you may already have a VIN, TIN, or Payee Number established. ***Claims for reimbursement must be made no later than 30 days after the end of the contract period. Any claims received after that date will be considered late and will not be reimbursed.***
- Social Security Number- If you have NOT received prior reimbursement from DSHS, you will need to provide a Social Security Number in order to set up a VIN/TIN/Payee Number. You will be assigned a random 11-digit number to protect your personal information.

Reimbursement Standards:

Funding will be reimbursed based on the following standard(s):

I. If the course is sponsored through an EMS licensed provider; a registered first responder organization (FRO); or a volunteer fire department, the reimbursement rate is up to $125.00 per student for text/workbooks.

A. A coordinator for a course will be reimbursed at a one-time single rate of $500.00. Coordinators will be reimbursed for travel based on travel distance between home of record and location of course (as provided in application), and will be calculated by DSHS, EMS/TS. Mileage reimbursement will only be authorized if coordinator home of record is in a different town, city or county from where the course is located. EMS/TS may require written verification from the affiliated EMS Education Program to acknowledge and agree that students will be allowed to NREMT test upon course completion.

B. Lead instructor for a course will be reimbursed at a rate of $30.00 per hour for a maximum of 60 hours (up to $1,800.00). The lead instructor will be reimbursed for travel based on travel distance between home of record and location of course (as provided in application), and will be calculated by DSHS, EMS/TS. Mileage reimbursement will only be authorized if lead instructor home of record is in a different town, city or county from where the course is located. Up to $100.00 for general office supplies (paper, copies, pencils, paperclips, etc.) may be added to the lead instructor contract upon advance request only.

C. Assistant instructor(s) for a course will be reimbursed at a rate of $20.00 per hour for a maximum of 20 hours (up to $400.00). Assistant instructor(s) will be reimbursed for travel based on travel distance between home of record and location of course (as provided in application), and will be calculated by DSHS, EMS/TS. Mileage reimbursement will only be authorized if assistant instructor home of record is in a different town, city or county from where the course is located.

II. If the course is sponsored through an established EMS Education Program, the reimbursement rate is up to $250.00 per student for tuition.

Within thirty (30) days of course completion, the invoices must be submitted to the DSHS (same address used for submission of original application) for reimbursement of tuition, coordination/instruction and travel.

Book Reimbursement

Costs of textbooks and workbooks will be reimbursed upon the submission of an original invoice showing a zero balance. The entity responsible for the contract may submit documentation for reimbursement upon purchase of the books. A copy of the original invoice and proof of payment (a copy of the cancelled check or invoice that has a zero balance due) must be submitted. A copy of the cancelled check along with the textbook/workbook receipt or invoice is required for reimbursement of textbooks or workbooks upon course completion. **Taxes will not be reimbursed**; however, shipping may be reimbursed. The reimbursement amount for textbooks will be calculated based on the number of students enrolled on the third class night. If reimbursement is to a sponsored EMS Education Program, a list of students who completed the course is required as proof of student tuition. The entity must complete a DSHS invoice and attach original invoice and proof of payment to DSHS.

Travel Reimbursement

Travel is reimbursed at the rate based on the contract date as set by Texas Legislation.

ECAT Funding Application

Failure to complete all information may delay application processing/approval

1. Name of Sponsoring Agency/Organization:
2. Physical Address (street, city and zip code):
3. Mailing Address if different from physical (PO box, street, city and zip)
4. County:
5. Public Health Region your service is licensed in:
6. Firm Administrator (Contract Name):
7. Alternate Contact Name (if different from administrator):
8. Firm Administrator Contact information (Office, Cell, Fax and Email address):
9. Organization Type (i.e. City EMS, County EMS, Private, FD, FRO, Volunteer):
10. Service Level (as licensed through DSHS):
11. Firm License or First Responder Organization Number:
12. Federal ID number:
13. County(s) your service provides care to:
14. Call volume per month:
15. Square miles service covers:
16. Population service serves:
17. Primary Response (i.e. 911, Transfer, 1st Responder):
18. Trauma Service Area (a.k.a. Regional Advisory Council):
19. Does service transport patients? If yes, distance to nearest hospital:
20. Number of EMS certified personnel in organization:
21. Level of Service of nearest EMS service:
22. Distance from nearest EMS service:
23. Other Resources (i.e., industrial response team, other FRO, EMS, etc.):
24. Distance from Other Resources:
25. Name of nearest EMS training program:
26. Distance from nearest EMS training program:
27. Number of students in class (**minimum of 3 required**):
28. Have **all** students agreed and signed agreement to provide service to organization for one (1) year after training?
29. Projected start and end date of class:
30. Detailed explanation of need for ECA training (signed by requesting Firm Administrator):

To be completed by the Course Sponsor (Page 1 of 2)

The Course Sponsor will be reimbursement for textbooks upon course completion. The sponsor can be a licensed EMS provider, a registered first responder organization (FRO) or a volunteer fire department (VFD). Please print and ensure information provided below is legible.

County must be located in a rural or urban area, with less than 50,000 in population. Counties with higher population levels will be determined on case by case basis.

- Signature of Course Coordinator and Medical Director required.
- Sponsor name as it should appear on the State contract.
- The Federal Tax ID is required to initiate contracts.
- If you do not have a VIN/TIN/Payee Number, you may leave it blank
- Type of Entity: Non-Profit or For-Profit **AND** indicate if with the City or County (if applicable).
- If your firm has not contracted with DSHS in the past, a vendor set up form must be completed and submitted. To access the vendor set up form, go to: dshs-ems-trauma-systems/ems-trauma-system-funding/emergency-care-attendant-training.
- If any of the above information and/or forms are not submitted and complete, your application request may be withheld, which could delay the course start date.

Sponsor (Firm Name)				
Firm Administrator				
Firm Mailing Address			TX	
Firm Physical Address			TX	
Cell and Home #				
Office and Fax #				
DSHS Firm ID #				
Email Address				
Fed ID or SSN				
VIN/TIN/Payee Number				
County				
Course Start and End Date	Start		End	
Number of Students		Entity Type:		

Course Sponsor Continued (Page 1 of 2)

Name of Course Coordinator	
Name of Medical Director	
Medical Director Office Mailing Address	
City, County and Zip	
Office Phone	Email Address

______________________________ ______________

Course Coordinator Signature **Date**

______________________________ ______________

Medical Director Signature **Date**

To be completed by DSHS EMS/TS Requisition #

Contract Start/End Date	
Contract Amount	
Course #	
Comments:	

To be completed by the Course Coordinator

The Course Coordinator will be reimbursement at a one-time rate of $500.00 plus mileage for 2 trips (maximum) to monitor the course. DSHS, EMS/TS will verify that the Coordinator is affiliated with an education program that is set-up with NREMT for student testing. Mileage must be calculated based on travel from residence of a different town, city or county to the town or city where the course is held. Please ensure information provided below is legible.

- Coordinator name as it should appear on the state contract.
- The Federal Tax ID or Social Security Number is required to initiate contracts.
- If you do not have a VIN/TIN/Payee Number, you may leave it blank
- If you have not contracted with DSHS in the past, a vendor set up form must be completed and submitted. To access the vendor set up form, go to: dshs-ems-trauma-systems/ems-trauma-system-funding/emergency-care-attendant-training
- If any of the above information and/or forms are not submitted and complete, your application request may be withheld, which could delay the course start date.

Coordinator Name				
Name of Education Program Affiliation				
Check Box ☐	To verify that the EMS Education Program is aware and has agreed to allow students to test upon completion.			
Mailing Resident Address			TX	
Physical Resident Address			TX	
Cell and Home #				
Office and Fax #				
DSHS EMS ID #				
Email Address				
Fed ID or SSN				
VIN/TIN/Payee Number				
County of Residence				
Type of Entity	Individual - for Profit			
Course Start/End Date	Start Date:	End Date:		
Mileage (2 trip max)	# of trips ______Round Trip Miles= ________ (per trip)			

To be completed by DSHS EMS/TS **Requisition #**

Contract Start/End Date	
Course Number	
Contract Amount:	

To be completed by the Lead Instructor

The Lead Instructor will be reimbursement $30.00 per hour for no more than 60 hours plus mileage per trip. Mileage must be calculated based on travel from residence of a different town, city or county to the town or city where the course is held. Please ensure information provided below is legible.

- Instructor name as it should appear on the state contract.
- Up to $100 for General Supplies may be added to contract amount upon request. Request upon submitting application.
- The Federal Tax ID or Social Security Number is required to initiate contracts.
- If you do not have a VIN/TIN/Payee Number, you may leave it blank
- If you have not contracted with DSHS in the past, a vendor set up form must be completed and submitted. To access the vendor set up form, go to: dshs-ems-trauma-systems/ems-trauma-system-funding/emergency-care-attendant-training.
- Indicate total number of instruction hours (for this course). Hours indicated must match hours on the course schedule. Scroll down to view a sample course schedule.
- If any of the above information and/or forms are not submitted and complete, your application request may be withheld, which could delay the course start date

Instructor Name				
Mailing Resident Address			TX	
Physical Resident Address			TX	
Cell and Home #				
Office and Fax #				
DSHS EMS ID #				
Email Address				
Fed ID or SSN				
VIN/TIN/Payee Number				
County of Residence				
Type of Entity	Individual - for Profit	☐ Check box for Supplies up to $100		
Course Start/ End Date	Start Date:	End Date:		
# of Instruction Hours	____________ @ $30/hr =	Round Trip Mileage (per trip):		

To be completed DSHS EMS/TS **Requisition #**

Contract Start/End Date	
Contract Amount	
Course #	

To be completed by the Assistant Instructor

The Assistant Instructor will be reimbursement $20.00 per hour for no more than 20 hours plus mileage per trip. Mileage must be calculated based on travel from residence of a different town, city or county to the town or city where the course is held. Please ensure information provided below is legible.

- Instructor name as it should appear on the state contract.
- The Federal Tax ID or Social Security Number is required to initiate contracts.
- If you do not have a VIN/TIN/Payee Number, you may leave it blank
- If you have not contracted with DSHS in the past, a vendor set up form must be completed and submitted. To access the vendor set up form, go to: dshs-ems-trauma-systems/ems-trauma-system-funding/emergency-care-attendant-training.
- Indicate total number of instruction hours (for this course). Hours indicated must match hours on the course schedule.
- If any of the above information and/or forms are not submitted and complete, your application request will be withheld, which could delay the course start date.

Instructor Name				
Mailing Resident Address			TX	
Physical Resident Address			TX	
Cell and Home #				
Office and Fax #				
DSHS EMS ID #				
Email Address				
Fed ID or SSN				
VIN/TIN Payee Number				
County of Residence				
Type of Entity	Individual - for Profit			
Course Start/ End Date	Start Date:	End Date:		
# of Instruction Hours	___________ @ $20/hr =	Round Trip Mileage (per trip):		

To be completed by DSHS EMS/TS **Requisition #**

Contract Start/End Date	
Contract Amount	
Course #	

Student Agreement

I, ______________________________________ (print name of student) agree to provide one (1) year of service as a First Responder and/or Emergency Care Attendant (ECA) to ________________________________ (sponsoring agency), in return for receiving ECA training at no cost to me, according to the 77th Texas Legislature, HB 2446, after I successfully complete the ECA class and pass the ECA certification examination. I understand that failure to complete the one (1) year of service may be cause for the Texas Department of State Health Services to take administrative action against me, including, but not limited to, repayment of tuition.

Print Name: ____

Mailing Address: ____

City, Zip and County: ____

Contact Phone Numbers: ____

Email: ____

Signature: ____

Sponsoring Agency: ____

Date: _____________________

Textbook/Workbook Invoice

Completion of this invoice only applicable for contracted acquisition of textbooks

Payable to:
Name
Address

Invoice #:
Course #:

Invoice Date:

Submit to:
Department of State Health Services, MC 1990
DCPS/RLHS Contract Management Unit
ATTN: Frank Rivera
P.O. Box 149347
Austin, TX 78714

Textbook/Workbook Description	Quantity	Price	Total
		Total	

A copy of the original invoice and proof of payment (a copy of the cancelled check or invoice that has a zero balance due) must be attached to this invoice for reimbursement.

Coordinator Invoice

Completion of this invoice only applicable for contracted Coordinator. To claim allowable mileage, please submit a Mileage Invoice.

Payable to:
Name
Address

Invoice #:
Course #:

Invoice Date:

Submit to:
Department of State Health Services, MC 1990
DCPS/RLHS Contract Management Unit
ATTN: Frank Rivera
P.O. Box 149347
Austin, TX 78714

Description of Service	Price	Total
Coordination of ECAT Program		
Total		

Time/Date(s) of ECAT Evaluation/Monitoring			
Date	Arrival Time	Departure Time	Evaluated/Monitored Event

To the best of my ability, I attest the information provided is accurate and true.

________________________________ __________________
Signature Date

Lead Instructor Invoice

Completion of this invoice only applicable for contracted Lead Instructor. To claim allowable mileage, please submit Mileage Invoice.

Payable to:
Name
Address

Invoice #:
Course #:

Invoice Date:

Submit to:
Department of State Health Services, MC 1990
DCPS/RLHS Contract Management Unit
ATTN: Frank Rivera
P.O. Box 149347
Austin, TX 78714

Description of Service	Price	Total
Instruction of ECAT Program		
Total		

Time/Date(s) and Instruction Session(s)			
Date	Start Time	End Time	Description of Sessions

To the best of my ability, I attest the information provided is accurate and true.

Signature _______________ Date _______________

Assistant Instructor Invoice

Completion of this invoice only applicable for contracted Assistant Instructor. To claim allowable mileage, please submit Mileage Invoice.

Payable to:
Name
Address

Invoice #:
Course #:

Invoice Date:

Submit to:
Department of State Health Services, MC 1990
DCPS/RLHS Contract Management Unit
ATTN: Frank Rivera
P.O. Box 149347
Austin, TX 78714

Description of Service	Price	Total
Instruction of ECAT Program		
Total		

Time/Date(s) and Instruction Session(s)			
Date	Start Time	End Time	Description of Sessions

To the best of my ability, I attest the information provided is accurate and true.

Signature Date

Mileage Invoice

Completion of this invoice only applicable for contracted mileage

Payable to:
Name
Address

Invoice #:
Course #:

Invoice Date:

Submit to:
Department of State Health Services, MC 1990
DCPS/RLHS Contract Management Unit
ATTN: Frank Rivera
P.O. Box 149347
Austin, TX 78714

Time/Date(s) and Instruction Session(s)					
Date	From (Location)	To (Location)	From (Location)	To (Location)	Justification/Purpose for Travel

To the best of my ability, I attest the information provided is accurate and true.

_____________________________________ ____________________
Signature Date

ECA Course Equipment Requirements

Complete and attach to ECAT Application

_____ AED or AED Trainer
Stethoscopes (1/10 students)
_____ Nursing (3/10)
_____ Teaching (dual earpiece)
Sphygmomanometer
_____ Adult
Oropharyngeal airways
_____ Infant
_____ Child
_____ Adult
Bag-valve masks
_____ Infant
_____ Child
_____ Adult
Assorted oxygen delivery devices
_____ Nasal Cannula
_____ Non-rebreather
_____ Pediatric nasal Cannula
_____ Pediatric non-rebreather
Suction catheter devices
_____ Rigid
_____ Flexible
Extrication collars
_____ Small
_____ Medium
_____ Large
_____ Pediatric
_____ Traction splint assembly

_____ Triangular bandages
_____ Soft roller bandage
(1 dozen/10 students)
_____ Gauze Pads (4"x4")
(100/10 students)
_____ Sterile dressing
_____ Occlusive dressing
(1 dozen)
_____ Pillow
_____ Blanket
_____ Splinting devices
_____ Protective gloves
_____ Protective eyewear
_____ Suction device (battery,
hand or oxygen powered)
_____ Backboard (at least 6' in length)
_____ Cervical Immobilization
(short board, KED)
_____ Head immobilization device
(CID, head blocks)
_____ Webbed strap for backboard
(3 straps or 1 spider/board)
_____ Medical oxygen cylinder (full) with pin
indexed yoke
_____ Oxygen regulator
(half-ring or ratchet-action)

Note: *At least one set of each of the following should be available for each course. Amounts listed are the suggested ratio. A minimum of one (1) of each is required; exception is bandaging supplies which should be a minimum of 2/4 each. There should be adequate supplies for all students to practice skills. Programs which conduct classes on a regular basis should purchase or lease equipment that will be on hand for the duration of the class.*

ECAT Instruction Schedule

Develop a proposed Course Schedule and attach to the ECAT Funding Application. If the course schedule was altered after initial submission, a revised schedule will be required when submitting invoices for reimbursement.

Lesson Description	Date	Start Time	End Time	Total Time	Instructor(s)