

Center for Health Information Technology & Innovative Care Delivery

Announcement for Grant Applications

Grant ID Number: MHCC 16-012

Issue Date: March 7, 2016

Title: Telehealth Technology Pilot – Round Four

I. BACKGROUND

The Maryland Health Care Commission (MHCC) intends to competitively award one or more grants to demonstrate the impact of using telehealth technology to support value-based care delivery in primary care where the applicant(s) aim to expand patient access to health services tailored to the needs of different communities and patient populations.¹ The total funding amount for this grant announcement is \$90,000 for an 18-month period. The MHCC may issue a single award up to the funding amount; applicants are required to include a 2:1 match rate. Applicants must demonstrate how the use of telehealth in conjunction with existing care coordination will be used to improve population health. Demonstrated sustainability of the pilot is a requirement of the applicants.

In October 2014, the Telemedicine Task Force (Task Force), convened by MHCC and the Maryland Health Quality and Cost Council, submitted a report to the Governor and General Assembly with recommendations to expand the use of telehealth to improve health status and care delivery throughout the State.² The Task Force was comprised of public and private stakeholders and consisted of three advisory groups that addressed clinical issues, financial and business models, and technology solutions for telehealth. The Task Force's report identified 10 use cases as potential pilot projects that could be implemented in Maryland.³ The use cases cover a broad spectrum of care. The MHCC believes that the experience gained from implementing pilot projects of these use cases and others will inform: 1) better practices and industry implementation efforts; 2) potential policies to support the advancement of telehealth; and 3) the design of large telehealth programs and projects across the State.

Since 2014, MHCC has awarded nine telehealth grants to organizations to demonstrate the impact of using telehealth on care delivery in community based health clinics, residential care, and hospitals. In

¹ Telehealth is the delivery of health education and services using telecommunications and related technologies in coordination with a health care practitioner. Telehealth includes the following technologies: real-time audio video conferencing; store-and-forward; remote monitoring; and mobile health.

² Senate Bill 776, *Telemedicine Task Force – Maryland Health Care Commission*, (Chapter 319, 2013 Regular Session). Available at: mgaleg.maryland.gov/2013RS/chapters_noln/Ch_319_sb0776E.pdf.

³ A complete list of use cases is included in the Task Force final report: mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/tlmd/tlmd_ttf_rpt_102014.pdf.

Round Four, MHCC is seeking grant applications where telehealth can be used to demonstrate its value in primary care value-based care delivery models.

II. REQUIREMENTS

An applicant must identify the prime recipient of the grant award and the participating organizations that, combined, form the applicant. The application must specify the use case to be implemented, how the meaningful use of electronic health records support the use case, and how the applicant intends to integrate with the State-Designated health information exchange, the Chesapeake Regional Information System for our Patients (CRISP) and/or an electronic health record (EHR) system.⁴ Applicants are also required to describe how the use of telehealth will transform care delivery. The awardee will be required to implement telehealth as part of their broader practice transformation initiative. At the conclusion of the grant, awardees will be required to submit a report to MHCC that assesses the findings from the pilot and describes the impact of using telehealth on practice transformation. The report should serve as a framework for guiding primary care practices through the adoption and meaningful use of telehealth. In addition, the report should detail the sustainability model for the telehealth program after the pilot period.⁵ The MHCC will provide grantees with a guidance document on the report content and structure.

A. TASKS

To be considered for a grant award, an applicant is required to:

1. Propose a telehealth technology use case that meets the following requirements:
 - a. Enables the early provision of appropriate treatment;
 - b. Reduces hospital emergency department visits, admissions, and readmissions;
 - c. Improves access to care;
 - d. Provides direct and indirect cost savings to patients and providers;
 - e. Improves population health;
 - f. Maximizes the use of telehealth; and
 - g. Supports practice transformation and/or enhanced care coordination.
2. Secure a 2:1 financial match with a maximum of 20 percent of the match being: 1) in-kind technical professional hours provided by information technology staff or consultants; 2) clinical care hours attributed to work on the pilot in cases where the clinical care hours cannot be otherwise reimbursed through standard methods, such as carrier reimbursement; or 3) a combination of (1) and (2) above. Other grant funds cannot be used as match.
3. Go-live with telehealth technology implemented and clinical protocols developed for the selected use case within six months of award date, which includes enrolled participants/patients, if applicable.

⁴ CRISP enables clinical data to be available to appropriately authorized and authenticated health care providers anywhere in the State of Maryland. For more information on CRISP, refer to their website: crisphealth.org/.

⁵ Report length is approximately 10 pages, which does not include appendices.

4. Integrate telehealth system or related technology system with CRISP; e.g., EHR interface, tele-monitoring data submission or feed, etc.
5. Identify and track at least three clinical goals of the pilot that can be evaluated pre-and post-implementation (including at certain intervals during the implementation) of telehealth technology. A sample is provided below. The quality measures for each goal should be clear and verifiable, and aligned with a project objective. The goals must:
 - a. Include measure(s), key definitions for all terms of each measure, and a baseline definition (see table below for format); and
 - b. Include a numerator and denominator, and identify how the numerator and denominator will be calculated.

| Clinical Goals [Example: Reduce hospital emergency room visits, admissions, and readmissions] | | |
|--|---|--|
| Measure <i>EXAMPLE</i> | Key Definitions <i>EXAMPLE</i> | Mechanism to Measure <i>EXAMPLE</i> |
| Percent [increase/decrease] in [specific measure] <i>Suggested Denominator:</i> Total number of patients [that meet the use case participation requirements] within the [defined timeframe] <i>Suggested Numerator:</i> Number of patients [that received the intervention] <i>Percent Change:</i> A month performance period minus a month base line performance period from the previous year | Hospitalization: Hospital emergency department visits, admissions, and readmissions Hospital Readmissions: <i>ED visits, admissions, and readmissions:</i> 1: [Qualifiers] in the current month for the same or related condition to any acute care hospital <i>Baseline:</i> 1. [Qualifiers] in the same month in the prior year. The prior month refers to the same month in the prior year to the start of the pilot | Denominator: How the pilot participants plan to calculate the denominator including source of the data (e.g., calculated on a daily basis through the EHR, then totaled for each quarter) Numerator: How the pilot participants plan to calculate the numerator including source of the data (e.g., calculated on a daily basis through the EHR, then totaled for each quarter) |

6. Identify and report monthly project milestones including specific process measures that will be demonstrated at the monthly site visits. A sample is provided below.

| Telehealth Project Monthly Technology Milestones | | |
|---|--|--|
| Monthly Technology Milestones | Process Measures | Responsible Lead |
| Month 1: Project set-up | Assess physical set-up of facility including clinical space, physical security, furniture and lighting | Name, Title (Project Manager, Technical Manager) |
| | Assess equipment set-up | Technical Manager |
| | Share draft of marketing materials | Project Director |
| Month 2: Technology refinement | Demonstrate video conferencing testing | Technical Manager |

Key tasks following an award:

1. Participate in a kick-off meeting with MHCC staff.
2. Submit a detailed project plan in a manner and format determined by MHCC.
3. Submit a monthly milestone report detailing items to be demonstrated at monthly site visits by MHCC.
4. Submit a final assessment report at the conclusion of the grant that includes:
 - a. Description of the technology infrastructure used in the pilot, including EHRs, HIEs, and telehealth equipment;
 - b. Lessons learned, including impact on the target population;
 - c. Pilot implementation challenges, both expected and unexpected, how these challenges were addressed, and whether or not they were mitigated;
 - d. Cost effectiveness of the implemented use case;
 - e. Results of the assessment;
 - f. Sustainability model;
 - g. The progress made in achieving clinical goals and other metric(s) that may have been collected as part of the assessment; and
 - h. Recommendations for replication of the pilot.
5. Throughout the duration of the grant award:
 - a. Host monthly site-visits, where MHCC staff will visit the facilities involved in the pilot project, meet with project team and demonstrate monthly milestones.
 - b. Review MHCC site visit letter and demonstrate response to recommendations by the next site visit.
 - c. Participate in at least two educational events, meetings, or webinars to showcase and/or demonstrate the work of the pilot project;
 - d. Submit monthly reimbursement requests along with supporting documentation; and
 - e. Submit bi-weekly written updates on the progress of making use of telehealth technology, monthly milestones, and achieving the clinical goals in a format specified by MHCC, which will serve as an audit trail for both the grant award and matching funds.

B. REQUIRED QUALIFICATIONS

The applicant must have the following qualifications:

1. Involve primary care practice(s) in the process of achieving practice transformation or has recently transformed to a value-based care delivery model;
2. Demonstrated experience in the deployment of telehealth, EHRs, or HIE;
3. Demonstrated experience in the delivery of health care services;
4. Proof of professional liability insurance coverage for use of telehealth by all partners;
5. Proof of partnership relationship between all participating organizations; and
6. Employ or contract with the required staff included in II.C. of the announcement who have at least a bachelor's degree or the equivalent experience and demonstrate at least five years relevant experience.

GRANT TASKS & DUE DATES

| Grant Tasks | Due Date |
|---|----------|
| Submit draft project plan and clinical quality measures report | 6/1/16 |
| Kick-off meeting – to discuss draft project plan | 6/15/16 |
| Submit final project plan and clinical quality measures report, including clinical baseline and goals | 6/21/16 |
| Use case project | |
| Begin technology assessment, development and installation | 6/21/16 |
| Go live with telehealth technology and clinical protocols | 11/30/16 |
| Conclude implementation of the pilot | 1/31/18 |
| Final Report | |
| Draft | 1/1/18 |
| Final | 1/31/18 |
| <i>Compiled report final draft</i> | 9/1/17 |

Note: Grant tasks/due dates are tentative and subject to change at the discretion of MHCC, after discussion with the awardee, and are not listed within the table in any particular order.

C. STAFFING AND PERSONNEL REQUIREMENTS

An applicant may propose to augment or revise the following list of required personnel.

| Labor Categories | Description |
|-------------------|--|
| Project Director | A senior level individual that will coordinate all aspects of the work and take responsibility for meeting the schedule of tasks. |
| Technical Manager | A management level individual with experience in managing technology deployment that can ensure staff training and utilization of the technology among all participants. |

| Labor Categories | Description |
|---------------------|--|
| Clinical Consultant | A licensed health care practitioner that will work on the pilot, using the telehealth technology, and provide consultation to the Technical Manager to increase the effectiveness of the use of telehealth technology and redesign clinical processes. |

D. TERM OF GRANT

The grant begins on or about **June 1, 2016** and will end **January 1, 2018**. Awardee submission of reimbursement requests is required by the 15th of the month for the prior month and must include a description of the completed tasks in accordance with the Task Schedule in Section II, as well as supporting documentation for requested funds and match contribution. The supporting documentation must be of a quality that will withstand an audit. The match contribution within each reimbursement request must reflect a 2:1 match for that time period. The MHCC will not reimburse in one lump sum all equipment costs; reimbursement requests for equipment costs must be equally distributed throughout the timeframe of the grant. All tasks and work performed, and all reimbursement request documentation included must be to the satisfaction of MHCC for reimbursement approval. Reimbursement requests for any outstanding award funds must be submitted no later than February 15, 2018 or the end date of an authorized extension of the grant.

If it becomes necessary to revise this announcement for grant applications before the due date for applications, amendments will be announced on MHCC’s website. Multiple and/or alternate applications will not be accepted. The MHCC will not be responsible for any costs incurred by an applicant in preparing and submitting an application or in performing any other activities relative to this grant notification. The MHCC reserves the right to cancel this announcement for grant applications, accept or reject any and all applications (in whole or in part) received in response to this announcement for grant applications, to waive or permit cure of minor irregularities, and to conduct discussions with all qualified or potentially qualified grant applicants in any manner necessary to serve the best interests of MHCC and accomplish the goals of this grant announcement.

Prior to an entity conducting business in the State, it must be registered with the Department of Assessments and Taxation, State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. It is strongly recommended that any potential applicant complete registration prior to the due date for receipt of applications.

E. HOW TO APPLY

An applicant submitting a grant application must follow the requirements detailed below. Grant applications are due to MHCC by 5:00 p.m. Eastern Daylight Time on Tuesday, **April 12, 2016**. Applications must be submitted via email to christine.karavinopulos@maryland.gov.

All questions regarding this announcement for grant applications should be submitted via email to lynn.albizo@maryland.gov; all questions and responses will be posted on MHCC’s website.

F. REQUIREMENTS FOR APPLICATION

An application must be prepared in a clear and precise manner and address all requested items, as described below, in 15 or fewer pages. Original and creative approaches to using telehealth are encouraged. The application MUST contain the following sections:

1. *Cover page*: A completed template cover page in Attachment A to this grant announcement.
2. *Scope of work*:
 - a. Executive Summary. A half-page overview of the purpose of your organization's application, summarizing the key points.
 - b. Statement of the Problem. Clearly state the problem that needs to be solved and the objective of the proposed telehealth initiative; please limit to one page.
 - c. Scope of work and strategy. This section should describe the proposed telehealth project. Address the requirements for each task and describe how the proposed services, including the services of any proposed sub-awardee(s), will meet or exceed the requirement(s). Include a concise and detailed description of the scope, breadth, and plans/approach for completing each task described in Requirements (Section IIA, above), *including how the applicant plans to complete the tasks to the highest level of quality and in a timely manner*.

The application should be structured using the sections detailed below, where relevant, technical architecture and clinical workflow diagrams should be used to depict the proposed telehealth pilot. Information submitted in the Appendices should be specific to support the application, and not simply technical brochures. Material in the appendices is not included in the total page count. The MHCC may request additional material, if needed for clarification, during evaluation of grant applications.

- i. Project Description
 - a) What will the pilot do? What is the overarching purpose of the pilot? What are the key programmatic components of the project? Literally, who will do what for whom, with whom, where, and when?
 - b) What will be the benefits and measurements of success? If the pilot is successful, what visible, tangible, objectively verifiable results will you be able to report at the end of the pilot? What longer-term benefits do you expect for the target population and the broader community? What is the envisioned benefit of implementing telehealth technology?
 - c) Clearly specify if the funds will be used to support initial technology investment(s) or expansion of existing telehealth programs.

- d) Demonstrate its ability to be able to go-live with proposed telehealth technology and clinical protocols of selected use case within 180 days of award date.
 - e) How will the pilot be sustained after grant support ends? Will the pilot require ongoing outside support after the proposed grant ends?
 - f) Describe the telehealth use case to be deployed. Who are the participants? Describe the current conditions that the telehealth use case is expected to address. Explain the current relationship between the participants and the expected impact of the telehealth pilot.
- ii. Project Plan
- a) What is the timeline for accomplishing specified tasks? As an example, prepare a Gantt chart or other timeline listing project tasks, the time period over which these tasks will be undertaken, and monthly milestones. The work plan chart may be attached as an appendix item to the application.
 - b) The specific methodology and techniques to be used in executing the tasks should be included in this section.
- d. Applicant qualifications. Describe the qualifications of the organization(s) that will be participating in the tasks under the grant, including each organization's experience in performing similar work and, if applicable, work performed specifically related to assessing, developing, and managing telehealth. The applicant must demonstrate how it meets the Qualifications Requirements (Section IIB, above); please limit to one page.
- e. Experience and qualifications of the proposed staff. Describe the experience and qualifications of the proposed staff in performing similar work and, if applicable, work performed specifically related to telehealth. The grant applicant must demonstrate how its proposed staffing model meets the staffing requirements and required personnel described under Qualifications Requirements (Section IIC, above), and, if applicable, as augmented by the applicant. Other essential staff, their roles in the pilot, and their relevant qualifications should be identified; please limit to one page.
3. *Proposed Milestones:* Using Attachment B, identify at least six months of milestones that will be demonstrated at the monthly site visits. The proposed milestones attachment is not included in the Scope of Work page count.
4. *Proposed Clinical Measures:* Using Attachment C, identify at least three clinical goals of the pilot that can be evaluated pre-and post-implementation (including in certain intervals during the implementation) of telehealth technology. The proposed clinical measures attachment is not included in the Scope of Work page count. The quality measures for each goal should be clear and verifiable, and aligned with a project objective. The goals must:

- Include measure(s), key definitions for all terms of each measure, and a baseline definition (see table below for format); and
 - Include a numerator and denominator, and identify how the numerator and denominator will be calculated.
5. *Additional documentation:* An applicant must include, as an appendix (appendices are not included in the Scope of Work page count) to the application, an individual resume or detailed biography for each of the personnel who will be assigned if the applicant is awarded the grant. Sub-awardees, if any, must be identified, and a detailed description of their contributing role(s) relative to the requirements must also be included in the application. Each resume or biography must include the amount of experience the individual has completed of the type of work and tasks detailed in this grant announcement.
 6. Documentation from professional liability insurance carrier(s) demonstrating all participating practitioners have coverage for telehealth services.
 7. *Financial proposal:* The financial proposal must include the costs of equipment proposed under the grant and the fully-loaded hourly rate for the work to be performed. Include an estimate of the total number of hours required to complete each task. Submit a budget for both award funds and matching funds using Attachment D. The financial proposal attachment is not included in the Scope of Work page count.
 8. *Letters of commitment:* Letters of intended commitment to work on the project from personnel from each organization must also be included as an appendix (appendices are not included in the Scope of Work page count) to the application. The letters of commitment should contain a brief description (approximately one paragraph) of the work to be performed for the pilot by that organization.
 9. *Disclosure:* An applicant must disclose any substandard quality of care level deficiencies, CMS admissions ban, and note any outstanding health and safety violations.
 10. *Demonstration of Technology:* Applicant must be prepared to demonstrate, if requested by MHCC, the technology or technologies it proposes to deploy as part of the project.

G. CONDITIONS OF AN AWARD

In the event that MHCC determines that an awardee is not complying with the grant requirements as contained in this application, MHCC may take one or more enforcement actions. These range from actions designed to allow the awardee to take corrective action, such as withholding payment or temporarily suspending an award, to disallowing costs, recouping payments made, or terminating an award. Different processes apply depending on the type of enforcement action. If an enforcement action is planned, MHCC will notify the awardee and indicate the effect of the action. Additionally, MHCC may authorize a no-cost extension of the grant period in the event that more time is needed to demonstrate pilot objects. *Applicants are required to acknowledge in their grant application the conditions of an award.*

**MINORITY BUSINESS ENTERPRISES AND SMALL BUSINESSES
ARE ENCOURAGED TO RESPOND TO THIS GRANT ANNOUNCEMENT**

Attachment A: Application Cover Page

Applicant Organization

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Federal Tax ID Number: _____

Official Authorized to Execute Contracts

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Project Director (or alternative staffing model)

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Technical Manager (or alternative staffing model)

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Clinical Consultant (or alternative staffing model)

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Grant Request

Project Title: _____

Amount Requested: \$ _____ Match Contribution: \$ _____

Attachment B

| Attachment B: Telehealth Project Monthly Technology Milestones | | |
|--|------------------|--|
| [Name of Grantee] | | |
| Monthly Technology Milestones | Process Measures | Responsible Lead |
| Month 1: Project Set up | | Name, Title (Project Manager, Technical Manager..) |
| | | |
| <i>Add additional rows as needed</i> | | |
| Month 2: | | |
| | | |
| <i>Add additional rows as needed</i> | | |
| Month 3: | | |
| | | |
| <i>Add additional rows as needed</i> | | |
| Month 4 | | |
| | | |
| <i>Add additional rows as needed</i> | | |
| Month 5: | | |
| | | |
| <i>Add additional rows as needed</i> | | |
| Month 6: | | |
| | | |
| <i>Add additional rows as needed</i> | | |
| | | |
| | | |

Attachment D: Financial Proposal

Organization Name: _____

Project Name: _____

| Revenues | Dollar Amount |
|-----------------------------|---------------|
| MHCC Grant Request | |
| Organization Match | |
| Other Grant/Funding Request | |
| Total Project Cost | |

| Budget Request | Grant Funds | Match Funds | Total Funds Requested |
|-----------------------|-------------|-------------|-----------------------|
| Staff | | | |
| % FTE, Name, Title | | | |
| % FTE, Name, Title | | | |
| % FTE, Name, Title | | | |
| Item (specify) | | | |
| Total | | | |
| | | | |